

CommonSpirit Health, AdventHealth complete Centura Health breakup

Colorado Antitrust Reform Carries Broad State Impact

HB 1002

The bill requires the division of insurance in the department of regulatory agencies (division) to create an application for the program and requires the division and the department of health care policy and financing to make the application available on their websites and to promote the availability of the program. The bill requires a carrier that provides coverage for prescription epinephrine auto-injectors to cap the total amount that a covered person is required to pay for all covered prescription epinephrine auto-injectors at an amount not to exceed \$60 for a 2-pack of epinephrine auto-injectors. A pharmacy that dispenses epinephrine auto-injectors is authorized to collect a copayment not to exceed \$60 from the individual to cover the pharmacy's costs of processing and dispensing a 2-pack of epinephrine auto-injectors.

HB 1300

Concerning extending continuous eligibility medical coverage for certain individuals, and, in connection therewith, seeking federal authorization and making an appropriation. The bill requires the department of health care policy and financing (state department) to conduct a study to determine the feasibility of extending continuous eligibility medical coverage for eligible children and adults.

SB 195

For health benefit plans issued or renewed on or after January 1, 2025, the bill requires a health insurer or pharmacy benefit manager to include in the calculation of a covered person's contributions toward cost-sharing requirements, including any annual limitation on a covered person's out-of-pocket costs, any payments made by or on behalf of the covered person for a prescription drug if: The prescription drug does not have a generic equivalent; or The prescription drug has a generic equivalent but the covered person is using the brand-name drug after obtaining prior authorization, complying with a step-therapy protocol, or otherwise receiving approval from the carrier or pharmacy benefit manager.

SB 93

Increase Consumer Protections Medical Transactions. Concerning increasing consumer protections in various medical transactions. Makes it a deceptive trade practice to violate provisions relating to billing practices, surprise billing, and balance billing laws; and requires a health-care provider or health-care facility to provide, upon request of a prospective patient, an estimate of the total cost of a health-care service (service) to a person who intends to self-pay for the service (self-pay estimate). The bill includes requirements for the self-pay estimate and caps the amount by which the final, total cost of the service may exceed the self-pay estimate, with exceptions for emergency or unforeseen, medically necessary services required during the service. The bill makes it a deceptive trade practice to violate provisions relating to the self-pay estimate.

HB 1209

Concerning the analysis of a universal health-care system, and, in connection therewith, making an appropriation.

HB 1201

Prescription Drug Benefits Contract Term Requirements. For a contract between a pharmacy benefit manager (PBM) or a health insurance carrier (carrier) and, a certificate holder or policyholder, the bill requires that the amount charged by the

PBM or carrier to the certificate holder or policyholder for a prescription drug be equal to or less than the amount paid by the PBM or carrier to the contracted pharmacy for the drug. For group health benefit plans in effect during calendar year 2025, and each calendar year thereafter, the bill creates transparency requirements for PBMs and carriers regarding prescription drug benefits and grants audit authority to the commissioner of insurance for fully insured plans to ensure compliance with the requirements. The bill grants rulemaking authority to the commissioner of insurance.

HB 1225

Concerning the prescription drug affordability board, and, in connection therewith, modifying the affordability review process, allowing the board to establish upper payment limits for an additional number of prescription drugs, clarifying which board functions are subject to judicial review, authorizing an individual to request an independent external review of a denial of a request for benefits for a prescription drug that has been withdrawn from sale or distribution in the state, and extending the repeal date of the board.

HB 1227

Concerning the enforcement of requirements imposed on pharmacy benefit managers, and, in connection therewith, making an appropriation.