



**Colorado
Legislative
Council
Staff**

SB16-135

**FINAL
FISCAL NOTE**

FISCAL IMPACT: State Local Statutory Public Entity Conditional No Fiscal Impact

Drafting Number: LLS 16-0393
Prime Sponsor(s): Sen. Aguilar
Rep. Ginal

Date: September 7, 2016
Bill Status: Signed into Law
Fiscal Analyst: Bill Zepernick (303-866-4777)

BILL TOPIC: COLLABORATIVE PHARMACY PRACTICE AGREEMENTS

Fiscal Impact Summary	FY 2016-2017	FY 2017-2018
State Revenue		
State Expenditures	Minimal workload increase.	
Appropriation Required: None.		
Future Year Impacts: Minimal ongoing workload increase.		

Summary of Legislation

The bill allows health insurance plans to provide coverage for health care services provided by a pharmacist as part of a collaborative pharmacy practice agreement if certain conditions are met. Specifically, the health plan must provide coverage for the same service if it is provided by a licensed physician or an advanced practice nurse, the pharmacist must be included in the insurers network of participating providers, and a reimbursement rate has been successfully negotiated in good faith between the pharmacist and the health benefit plan. The State Board of Pharmacy, the Colorado Medical Board, and the State Board of Nursing must jointly create rules governing collaborative pharmacy practice agreements.

Collaborative pharmacy practice agreements are voluntary agreements between a licensed pharmacist and a physician or advanced practice nurse that allow a pharmacist to provide evidence-based health care services to one or more patients pursuant to a specific treatment protocol delegated to a pharmacist by a physician or advanced practice nurse. Collaborative pharmacy practice agreements also may include a statewide drug therapy protocol developed by the State Board of Pharmacy, the Colorado Medical Board, the State Board of Nursing, and the Department of Public Health and Environment for public health care services.

Background

Under current law, pharmacists are permitted to provide health care services in certain situations. First, they may dispense opiate antagonist, pursuant to an order or standing orders and protocols issued by a physician, to persons who are at risk of experiencing an opiate-related drug overdose event or who may be in contact with persons who are at risk of experiencing an opiate-related drug overdose event. In addition, pharmacists and pharmacy interns who are certified in immunization and who have physician authorization may administer vaccines and immunizations to patients in accordance with Center for Disease Control guidelines.

State Expenditures

The bill results in a minimal increase in workload to the Department of Regulatory Agencies (DORA). In the first year, the State Board of Pharmacy, the Colorado Medical Board, and the State Board of Nursing in DORA will have additional workload to promulgate rules related to collaborative pharmacy practice agreements. The fiscal note assumes that DORA has sufficient legal service hours appropriated to address this rulemaking. In future years, workload in DORA may increase from complaints and disciplinary actions involving pharmacists participating in collaborative pharmacy practice agreements. Any workload increase is assumed to be minimal and can be accomplished within existing appropriations to DORA.

Effective Date

The bill was signed into law by the Governor on June 6, 2016, and it became effective on August 10, 2016.

State and Local Government Contacts

Health Care Policy and Financing
Law

Information Technology
Regulatory Agencies

Research Note Available

An LCS Research Note for SB16-135 is available online and through the iLegislate app. Research notes provide additional policy and background information about the bill and summarize action taken by the General Assembly concerning the bill.