

SB 25-301: REMOVE AUTHORIZATION REQMNT ADJUST CHRONIC RX

Prime Sponsors:

Sen. Wallace; Kirkmeyer Rep. Lieder; Johnson

Published for: Senate Health & Human Services

Drafting number: LLS 25-1063

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Version: Initial Fiscal Note

Date: April 22, 2025

Fiscal note status: The fiscal note reflects the introduced bill. Due to time constraints, this analysis is preliminary and will be updated following further review and any additional information received.

Summary Information

Overview. The bill prohibits insurance carriers from imposing prior authorization requirements to adjust the dose or frequency of chronic maintenance drugs under select conditions.

Types of impacts. The bill is projected to affect the following areas on an ongoing basis:

Minimal State Workload

Appropriations. No appropriation is required.

Table 1 State Fiscal Impacts

	Budget Year	Out Year
Type of Impact	FY 2025-26	FY 2026-27
State Revenue	\$0	\$0
State Expenditures	\$0	\$0
Transferred Funds	\$0	\$0
Change in TABOR Refunds	\$0	\$0
Change in State FTE	0.0 FTE	0.0 FTE

Summary of Legislation

The bill prohibits insurance carriers from imposing prior authorization requirements to adjust the dose or frequency of a chronic maintenance drug if:

- the drug was previously approved for the same chronic or debilitating condition;
- it is not an opioid or controlled substance; and
- no more than two adjustments have been made without prior authorization.

State Expenditures

The Department of Regulatory Agencies (DORA) will have additional workload to review insurance plan rate filings as insurers add the new requirement to their plans. It is assumed this work will occur as part of the regular rate review process and can be accomplished within current resources.

Costs may minimally increase for the Children's Health Plan Plus (CHP+), operated by the Department of Health Care Policy and Financing (HCPF), and for state employee insurance plans if utilization of chronic maintenance drugs increases. Because the bill is limited to a small subset of drugs and prior authorization will continue to be required for initial prescriptions and three or more alterations, this impact is expected to be minimal.

Effective Date

The bill takes effect 90 days following adjournment of the General Assembly sine die, assuming no referendum petition is filed.

State and Local Government Contacts

Health Care Policy and Financing

Regulatory Agencies

Personnel