

SB 25-124: REDUCING COSTS OF HEALTH CARE FOR PATIENTS

Prime Sponsors:

Sen. Kirkmeyer; Gonzales J. Rep. Brown; Garcia Sander

Bill Outcome: Deemed Lost **Drafting number:** LLS 25-0153

Fiscal Analyst:

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Version: Final Fiscal Note **Date:** September 4, 2025

Fiscal note status: The final fiscal note reflects the reengrossed bill. The bill was deemed lost in the House of Representatives on May 8, 2025; therefore, the impacts identified in this analysis do not take effect.

Summary Information

Overview. The bill would have placed requirements on the use of profits from the 340B Drug Pricing Program for nonprofit hospitals and added new reporting and enforcement provisions.

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

Minimal State Workload

State Revenue

Appropriations. No appropriation was 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 places requirements on entities participating in the federal 340B Drug Pricing Program and adds new reporting requirements and enforcement measures, as described below.

The bill prohibits certain nonprofit hospitals from using 340B profits for certain expenses, including certain administrative compensation, penalties and fines, advertising, and lobbying. Manufacturers or providers of 340B drugs must not limit the provision of 340B drugs to sole community hospitals and critical access hospitals.

Beginning July 1, 2026, nonprofit hospitals must submit annual reports to the Department of Health Care Policy and Financing (HCPF) on 340B program profits, operating costs, charity care, and payments to third parties. On September 1, 2026 and each year thereafter, HCPF must report this information to the General Assembly, and publish it online. Additionally, both the Department of Personnel and Administration (DPA) and HCPF must provide information to the JBC on impacts of the 340B program on state medical programs beginning November 1, 2026.

Violations of the bill are a deceptive trade practice and subject to enforcement by the Attorney General.

Background

The 340B Drug Pricing Program is a federal program that requires drug manufacturers participating in Medicaid to provide outpatient drugs to covered entities at a discount. Covered entities include federally qualified health centers and nonprofit and private hospitals that serve a high percentage of low income patients. To participate in the 340B program, covered entities must register and comply with all program requirements administered by the federal Health Resources and Services Administration. In Colorado, an estimated 68 hospitals and 20 federally qualified health centers participate in the 340B program. There are currently no requirements on how covered entities must use savings or profits generated by the purchase of discounted 340B drugs, beyond the federal guidelines of using savings to expand and lower the cost of healthcare for low-income individuals.

State Revenue

Starting in FY 2025-26, the bill may increase state revenue from civil penalties and court filing fees by a minimal amount.

Civil Penalties

Under the Colorado Consumer Protection Act, a person committing a deceptive trade practice may be subject to a civil penalty of up to \$20,000 for each violation. Additional penalties may be imposed for subsequent violations of a court order or injunction. This revenue is classified as a damage award and not subject to TABOR. Given the uncertainty about the number of cases that

may be pursued by the Attorney General and district attorneys, as well as the wide range in potential penalty amounts, the fiscal note cannot estimate the potential impact of these civil penalties.

Filing Fees

The bill may increase revenue to the Judicial Department from an increase in civil case filings. Revenue from filing fees is subject to TABOR.

State Expenditures

The bill increases state workload in HCPF, Department of Law, Judicial Department, and DPA, as discussed below.

Department of Health Care Policy and Financing

Beginning in FY 2026-27, workload will increase for HCPF to publish 340B program data provided by nonprofit hospitals and provide information to the JBC on the impacts of the program on Medicaid. This workload can be accomplished within existing appropriations.

Department of Law

Beginning in FY 2025-26, workload in the Department of Law will minimally increase to the extent that deceptive trade practice complaints are filed. The department will review complaints under the bill and prioritize investigations as necessary within the overall number of deceptive trade practice complaints and available resources.

Judicial Department

Beginning in FY 2025-26, the trial courts in the Judicial Department may have an increase in cases filed under the Colorado Consumer Protection Act from the addition of a new deceptive trade practice. It is assumed that nonprofit hospitals will abide by the law and that any violation of the legislation will result in minimal number of new cases. The fiscal note assumes that this can be accomplished within existing resources and that no change in appropriations is required.

Department of Personnel and Administration

Beginning in FY 2026-27, workload will minimally increase for the DPA to report on the impacts of 340B program on state health care plans. This can be accomplished within existing resources.

Effective Date

The bill takes effect upon signature of the Governor, or upon becoming law without his signature.

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State and Local Government Contacts

District Attorneys Law

Health Care Policy and Financing Personnel

Higher Education Public Health and Environment

Human Services Regulatory Agencies