

HB 25-1016: OCCUPATIONAL THERAPIST PRESCRIBE MED EQUIPMENT

Prime Sponsors:

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Fiscal note status: This 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 authorizes a licensed occupational therapist to prescribe durable medical equipment.

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

State Expenditures

Appropriations. No appropriation is required.

Table 1 State Fiscal Impacts

Type of Impact	Budget Year FY 2025-26	Out Year FY 2026-27
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 authorizes a licensed occupational therapist to directly recommend and prescribe durable medical equipment (DME) to a patient without requesting the prescription from a licensed physician.

State Expenditures

Starting in FY 2025-26, the bill will minimally increase state workload in the Department of Regulatory Agencies and other agencies, and may potentially increase Medicaid costs.

Regulation

Beginning in FY 2025-26, workload in the Department of Regulatory Agencies may increase to make rules and conduct outreach regarding the scope of practice for licensed occupational therapists. The bill may also minimally increase workload in the Office of Administrative Courts in the Department of Personnel and Administration to handle any additional disciplinary proceedings against licensed occupational therapists prescribing durable medical equipment. This workload is expected to be minimal and no change in appropriations is required.

Medicaid

Beginning in FY 2025-26, the bill may increase Medicaid costs in the Department of Health Care Policy and Financing to the extent that more or different DME is recommended to patients by occupational therapists, relative to such recommendations coming only from physicians. Any increase in costs may contribute to higher rates paid to managed care organizations under Medicaid. This potential expenditure impact is indeterminate, but will be revised if more information becomes available.

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