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The eighth week of the legislative session convened this week. Majority of the attention was around a [resolution](#) brought forth Wednesday by the House Majority Leader KC Becker to expel Democratic Representative Steve Lebsock from his seat because of sexual harassment allegations deemed credible after investigations. The House held joint and separate caucus meetings to discuss the allegations and procedures on Thursday, which went late into the afternoon. The House voted on the resolution Friday morning after a long discussion, which was cast after this report was sent.

[HB18-1260](#)—Prescription Drug Price Transparency—by Representatives Ginal and Jackson, was scheduled to be heard Thursday afternoon, but was laid over because of the expulsion debate. The bill would require insurance carriers to provide information on the top 25 most expensive prescribed drugs in Colorado as well as the drugs that have the highest price increases from year-to-year. It also requires pharmaceutical manufacturers to provide a 90 day advance public notice when drug prices are increased along with an explanation for any increase over 10% above what the cost was 2-years prior. The bill is supported by consumer groups, health insurance carriers, providers and public health officials in the state. Pharmaceutical manufacturers strongly oppose the bill.

Another bill following the theme of health care cost transparency is [HB18-1009](#)—Diabetes Drug Pricing Transparency Act 2018—by Representative Roberts, which was introduced early in the session but has never been heard or even calendared. The bill would require reports to the State Board of Health by pharmaceutical manufacturers, pharmacy benefit managers (PBMs) and patient advocacy groups. **The manufacturers' reports** would involve elaborate reporting of cost and profit information on insulin and other diabetic drugs. Pharmacy benefit managers would report rebates. Advocacy groups would report contributions from drug manufacturers.

[SB18-146](#)—FSEDs Required Consumer Notices—by Senators Kefalas and Smallwood, passed second reading in the Senate this week. The bill would require Freestanding Emergency Departments (FSEDs) to post notices to consumers about the type of facility, services, and insurances they accept in their facilities. They are often confused by consumers as urgent care centers but are different because FSEDs charge emergency room facility fees. The bill has received bipartisan support in the Senate. Supporters hope the bill will help consumers make informed decisions about their healthcare before entering a FSED—in time, lowering some of the costs of healthcare that have been impacted by these facilities.

[HB18-1097](#)—Patient Choice of Pharmacy—by Representatives Catlin and Danielson had made its way out of the House. The bill would prohibit insurance carriers and PBMs from excluding any licensed pharmacy from a pharmacy network and would prohibit incentives to insurers for taking mail delivery of prescription drugs. The bill is opposed by insurance carriers, PBMs, and most business groups who insist that it will raise insurance costs citing federal and state authorities. Nevertheless, supported by pharmacists, the NFIB and some consumer groups, it passed the House narrowly last week and is currently waiting to be assigned to a committee in the Senate.