

HB26-1336 “Increase Access to Pharmacy Services”

Dear Senator Mullica and Members of the Senate Health and Human Services Committee:

Thank you for the opportunity to provide written comments on behalf of HB26-1336, “Increase Access to Pharmacy Services”. My name is Gina Moore; I am a pharmacist residing in Senator Carson’s district in Castle Pines, Colorado and a Pharmacy Law Professor at the University of Colorado Skaggs School of Pharmacy. However, I am providing these comments in my capacity as Legislative Chair of the Colorado Pharmacists Society.

I would like to specifically address training of pharmacy students and what pharmacists are prepared to do upon graduation. First, all pharmacy students in the US now graduate with a Doctor of Pharmacy degree, which is a doctoral level professional degree.

Pharmacists are extensively trained on optimal drug selection and drug dosage for all patients. Specifically, weight-based dosing for pediatric patients is something our students must do in their very first semester of school. No student will progress past the first semester unless they can safely counsel on acetaminophen dosing for a child based on patient weight. Our training in dosage adjustments only increases as all pharmacists must be able to recognize appropriate dosage adjustments in patients with kidney and liver disease. Pharmacy students must also learn to perform advanced calculations using different algebraic models to calculate drug elimination in later years of their education. The point is weight-based dosing for a needed antibiotic resulting from a positive culture is straight-forward and evidence-based. The fact is we are responsible for ensuring appropriate patient dose regardless of who prescribes the medication.

Regarding testing services, our training involves being able to perform either a nasal or throat swab test to do a rapid, CLIA-waived test for strep, flu and other pathogens. These are the same tests offered in physician offices. In order to perform a throat swab, one must visualize the throat, which would reveal issues such as severe swelling or exudate that would warrant referral to a high level of care.

A 2023 study published in the Journal of Antimicrobial Chemotherapy, a leading infectious disease journal demonstrated the success of sore throat test and treat services in the UK in which 11,304 consultations in patients 6 years and older. Pharmacists were able to manage 91% of the consultations and referred approximately 9.3% of patients to primary care and only 0.2% to the ED. Antibiotic prescribing frequency was lower than that in primary care. The authors concluded these services could substantially reduce workload from the busy primary care offices and Emergency Departments.

The current administrator of CMS recently stated that pharmacists are highly underutilized, particularly as a vital, accessible resource in rural communities where doctors are scarce. With Medicaid cuts and primary care provider shortages in Colorado growing, we urge you to vote yes to support access to pharmacist services that we are well trained to provide and makes sense for our communities.

Sincerely,

Gina D. Moore, Pharm, MBA
Professor and Senior Associate Dean
Legislative Chair, Colorado Pharmacists Society

WRITTEN TESTIMONY IN SUPPORT OF HB26-1336
Increase Access to Pharmacy Services

Senate Health & Human Services Committee | April 30, 2026

Submitted by: Jessica Angleson, PharmD, MBA, BCPS

Title: Practice Advancement Lead, Colorado Pharmacists Society; Managing Network Facilitator, CPESN Colorado

Position: SUPPORT

Chair and members of the committee, thank you for the opportunity to submit written testimony. My name is Jessica Angleson. I am a clinical pharmacist, the Practice Advancement Lead for the Colorado Pharmacists Society, and Managing Network Facilitator for CPESN Colorado, a statewide network of community pharmacies building sustainable infrastructure for direct patient care services.

My work is funded through a grant from CDPHE. My job is to build a network of pharmacies across Colorado that can deliver much-needed public health services to their communities. We have the national infrastructure and the model through CPESN to make that real. But we cannot build a sustainable network without reimbursement. Right now, commercial payers have no obligation to cover pharmacist services. They will not pay voluntarily. That is what this bill fixes.

Without the payment framework in this bill, pharmacies can only reliably charge cash or bill Medicaid. That is a fraction of the community they are trying to reach. You cannot build a sustainable clinical program on that. These are small businesses trying to fill a gap, and the law is making it harder than it needs to be.

This is not a cost add. The alternative for these patients is the emergency room or urgent care. Pharmacies deliver the same care, closer to home, at a lower cost. This bill lets Colorado use what it has already invested in building, for every patient, including children ages 5 to 11 who are now included under the updated bill.

I respectfully urge your support of HB26-1336.



April 29, 2026

Senate Health and Human Services Committee
Colorado General Assembly
200 East Colfax Avenue
Denver, CO 80203

ASHP Supports Colorado HB26-1336 – Increase Access to Pharmacy Services

Chair Mullica, Vice Chair Jenet and Members of the Committee,

The American Society of Health-System Pharmacists (ASHP) strongly supports HB26- 1336 – Increase Access to Pharmacy Services. This bill will broaden Coloradoans' access to high quality essential healthcare services statewide, including in rural and underserved areas, by expanding access to clinical services from pharmacists. Specifically, the bill will:

1. Authorize pharmacists to provide test-and-treat services for minor non-chronic illnesses to pediatric patients.
2. Enhance the role of pharmacy technicians in the medication dispensing process, allowing pharmacists more flexibility to provide clinical services while maintaining patient safety.
3. Close loopholes to assure coverage for high-value cost-saving preventative services provided by pharmacists.

ASHP is the largest association of pharmacy professionals in the United States, representing over 65,000 pharmacists, student pharmacists, and pharmacy technicians in all patient care settings, including hospitals, ambulatory clinics, and health-system community pharmacies.

Pharmacists are highly capable clinicians and essential to overcoming barriers to accessing care.

Colorado pharmacists already triage symptoms, order and administer point-of-care testing and, where appropriate, prescribe medications to treat minor non-chronic illnesses for patients ages 12 and older. This bill extends those existing authorities to pediatric patients ages 5 and older, providing kids and parents with additional options in seeking care for common respiratory illnesses.

Colorado Medicaid already recognizes pharmacists as eligible providers for these services but will only cover if the services are rendered pursuant to a collaborative practice agreement with a physician. This bill removes that administrative barrier and authorizes pharmacists to be reimbursed for providing services they are independently authorized to perform under existing state law, thereby making all 700 pharmacies in the state eligible service locations for patients to receive cost-saving preventive care and prompt care for minor non-chronic conditions.

Similarly, existing law only requires commercial health plans in Colorado to recognize pharmacists as providers in health professional shortage areas. This bill would instead require health plans to recognize pharmacists as eligible providers statewide. HB26-1336 does not require Medicaid or private health plans to cover any additional services that are not already included in the plan – it merely provides patients with more options when seeking care.

Pharmacy technician final product verification is safe and effective.

After prescription information is entered into a pharmacy’s electronic system or electronic health record and reviewed by a pharmacist for clinical appropriateness and accuracy, a final physical verification ensures that the drug and drug dosage, device or product selected from a pharmacy’s inventory pursuant to the electronic system entry is the correct drug and drug dosage, device, or product.

Colorado pharmacy technicians are currently prohibited from engaging in final product verification. This means that a pharmacist must personally perform a final physical inspection before any medication may be transferred out of the pharmacy and often results in pharmacists dedicating significant time to engaging in physical verification tasks that do not involve clinical judgment and reduce pharmacists’ overall ability to engage in clinical patient care activities. Technician product verification is safe and effective, with studies consistently demonstrating it does not produce higher error rates than pharmacist verification.¹

HB26-1336 will simultaneously improve patient outcomes and reduce costs.

Access to care remains a challenge across Colorado, particularly in rural and medically underserved communities. Patients often face long wait times or must travel significant distances for relatively minor conditions, especially during respiratory illness season. With approximately 700 pharmacies across the state, extended evening and weekend hours, and most Coloradoans living within five miles of a pharmacy, HB 26-1336 allows patients to receive care where they already are.

HB26-1336 will reduce strain on emergency departments and physician offices by shifting lower acuity conditions to a complementary, lower cost care setting. Evidence from other states shows pharmacist-provided services are effective, cost efficient, and associated with high patient satisfaction, while reducing indirect costs such as missed work, travel time, and delayed treatment.

HB26-1336 represents a practical, patient centered solution that expands access, reduces system strain, lowers costs, and bolsters public health. ASHP urges you to support passage of HB26-1336. Thank you for the opportunity to testify in support of this bill. If you have any additional questions or would like further information, please contact Kyle Robb (krobb@ashp.org).

Respectfully,



Kyle Robb, PharmD
ASHP Director of State Policy & Advocacy

¹ Alex J. Adams, Steven J. Martin, Samuel F. Stolpe, “Tech-check-tech”: A review of the evidence on its safety and benefits, *American Journal of Health-System Pharmacy*, Volume 68, Issue 19, 1 October 2011, Pages 1824–1833, <https://doi.org/10.2146/ajhp110022>

April 29, 2026

To: Senate Health Committee Members

From: Andrea Crow, PharmD

Pharmacy Manager

City Market #447

905 Hwy 133 Carbondale, CO 81623

Good afternoon madame Chair and members of the committee, thank you for the opportunity to testify on behalf of HB26-1336.

My name is Andrea Crow, and I am a pharmacy manager practicing at City Market pharmacy in Carbondale, Colorado. Thank you for the opportunity to speak in support of this bill.

In my community, like many other small towns in Colorado, access to healthcare is limited. We are the only pharmacy in town and there is a shortage of primary care practitioners, especially for children. Many of my patients are uninsured, and many are Spanish speaking, which can make navigating the healthcare system especially challenging. For them, the pharmacy is often the most accessible—and sometimes the only—point of care.

In my pharmacy, I already provide testing and treatment for strep throat, COVID-19, and influenza—for patients who meet current eligibility requirements. That includes being over the age of 12 and not presenting with severe symptoms or complex medical conditions. These are services I am trained to deliver safely and effectively, and they allow patients to get care quickly. We are open 7 days a week, including weekends and evenings

Recently, I had a 10-year-old girl come in with her mother in the evening. They were Spanish speaking and uninsured. This family had been in before for medications and were familiar with our staff members. She had symptoms highly suggestive of strep throat—fever, sore throat, and swollen lymph nodes. I was fully prepared to test and treat her.

But I had to turn this patient away.

Not because of safety. Not because of a lack of training. But simply because of the patient's age. For this family, that meant seeking care elsewhere. The only option for referral at this time was the Urgent care in the next town over—this meant that this family would likely face delays, added costs, and language barriers in a less familiar setting. Because of these barriers, I do not have good faith that the child was able to get timely care.

According to the oath of a pharmacist, one of our primary goals is to facilitate relief of suffering in all of our patients. I feel that by refusing care when we are trained and equipped to test and treat, we are impeding care and perpetuating suffering.

Removing the current age restriction would have allowed me to care for that child in that moment, and it would allow pharmacists across Colorado to prevent delays in care for patients who need it most.

Thank you for your time and consideration.



National Alliance of State Pharmacy Associations

2530 Professional Road, North Chesterfield, VA 23235

Phone: (804) 285-4431 www.naspa.us

April 28, 2026

Members of the Senate Health & Human Services Committee
Colorado State Capitol
Denver, CO 80203

Dear Chair and Members of the Committee,

On behalf of the National Alliance of State Pharmacy Associations (NASPA), we write to express our strong support for Colorado House Bill 26-1336. This important legislation will expand access to essential healthcare services by enhancing pharmacists' ability to provide timely testing and treatment for patients across the state.

Specifically, NASPA supports the provision of HB26-1336 that would expand pharmacists' authority to allow them to test and prescribe treatment for patients ages 5 and up for conditions that (a) do not require a new diagnosis, (b) are minor and generally self-limiting, or (c) can be identified using a CLIA-waived test. These are conditions that pharmacists are well trained to manage safely and effectively using established protocols and evidence-based guidelines and are better treated when access to care is accelerated.

HB26-1336 would lower the existing statutory age limit for treating patients from age 12 to age 5. This change would bring Colorado in line with the majority of other states that either do not have an age limit for pharmacists' test-and-treat authority or impose one that is significantly lower than age 12. Currently, 20 states do not impose any age restriction, and among the small number of states that do, most allow pharmacists to treat children as young as 3 to 6 years old. Colorado remains an outlier, with only one state, Virginia, maintaining a higher age threshold for pharmacist-prescribed care tied to CLIA-waived testing.

By modernizing this policy, HB26-1336 will significantly improve access to care, particularly in rural and underserved areas where primary care providers may be difficult to reach. It will also expand access during evenings and weekends, when families often struggle to secure timely appointments. For parents and caregivers, this means faster relief for children with minor illnesses and fewer unnecessary delays in care.

In addition, the bill promotes efficiency and continuity of care. Under current law, families with multiple children may face the impractical situation of being able to obtain treatment for the parents and an older child at a pharmacy while being required to seek separate care for a younger sibling. HB26-1336 eliminates this inconsistency and supports a more streamlined, family-centered approach to care.

Importantly, this legislation does not expand the scope of pharmacists' practice beyond what they are already trained and authorized to do, safely and effectively, in many states across the country. Pharmacists in Colorado currently have authority to prescribe to patients aged 12 and older, and similar authority has been previously granted by the federal government under the PREP Act. HB26-1336 simply ensures that pharmacists can apply the same clinical judgment, diagnostic tools, and safety protocols to younger patients. When cases are more complex or fall outside the parameters of CLIA-waived testing, pharmacists will continue to provide appropriate counseling and refer patients to a higher level of care, as they do today.

Pharmacists are among the most accessible healthcare providers, and this legislation leverages their expertise to improve patient outcomes, reduce system strain, and increase healthcare access for Colorado families.

NASPA respectfully urges your support for HB26-1336.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Weaver', written in a cursive style.

Krystalyn K. Weaver, PharmD, JD
Executive Vice President & CEO
National Alliance of State Pharmacy Associations

Written Testimony from Upstream USA
Re: House Bill 26-1336, Access to Pharmacy Services in Colorado
Senate Health & Human Services Committee - April 30, 2026

Dear Chair Mullica and Members of the Senate Health and Human Services Committee,

Upstream USA welcomes the opportunity to submit comments regarding House Bill 26-1336, which would require health plans to reimburse pharmacists for services provided that are within their existing scope of practice. [Upstream](#) is a national nonprofit whose mission is to ensure that patient-centered contraceptive care is basic, primary healthcare. We provide free training and technical assistance to healthcare organizations across the country, supporting their ability to provide high-quality, accessible birth control counseling and care.

In 2023, Upstream launched a multi-year initiative in Colorado in partnership with the Caring for Colorado Foundation to expand access to the full range of contraceptives. We have since partnered with 20 clinics across 120 sites in the state that altogether serve over 90,000 patients of reproductive age each year.

Pharmacies serve as a critical access point for timely, affordable, and consistent access to birth control. Nearly [one in five](#) women of reproductive age report that it is difficult to get contraceptive care in their state. [33% of female hormonal contraceptive users](#) have missed taking their birth control because they were not able to get their next supply on time. Pharmacist prescribing of birth control, when implemented thoughtfully, has the potential to address these gaps in access.

Despite their potential to expand contraceptive access and improve downstream health outcomes, pharmacist prescribing policies are under-implemented. A primary barrier to implementation is the lack of reimbursement. A [2021 survey of community pharmacists](#) found that 65% were interested in prescribing contraception, but the lack of payment or reimbursement for their time was a top concern for implementation.

Currently, Colorado law requires health plans to cover services within pharmacists' scope of practice only in Health Professional Shortage Areas (HPSAs). House Bill 26-1336 would expand reimbursement to pharmacists regardless of geography, enabling pharmacists to be paid the same rate for the same service, including prescribing birth control, across the state.

In passing this bill, Colorado would expand timely, affordable, and equitable access to contraception for patients across the state. We urge you to pass House Bill 26-1336.

Thank you,

Sarah Legried
Senior Manager of Policy & Government Affairs
Upstream USA



Skaggs School of Pharmacy
and Pharmaceutical Sciences

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

04/29/2026

Written Testimony in Support of House Bill 26-1336

Dear Members of the Committee,

My name is Dr. Kelsey Schwander, and I am a clinical pharmacist and Assistant Professor at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences. Thank you for accepting my written testimony today. I am submitting testimony in writing because I am currently providing direct patient care to individuals whose stories reflect exactly why House Bill 26-1336 is so critically important.

My clinical practice is based at the Marcus Institute for Brain Health, where I care for Veterans, active-duty service members, and first responders with mild traumatic brain injury. These patients live with complex, often debilitating symptoms, chronic headaches and migraines, insomnia, PTSD, hypervigilance, anxiety, depression, suicidal ideation, substance use disorders, and hormone dysregulation, to name only a few. Many have spent years seeking help and too often feel misunderstood, unheard, or passed between systems that were never designed for the complexity of their care needs.

Our program is a three-week intensive outpatient model, drawing patients from across the United States, with a large majority coming from Colorado. We function as an interdisciplinary team that includes neurologists, physicians, pharmacists, physical therapists, speech pathologists, counselors, art therapists, and other specialists. Within this team, I meet with patients one-on-one for comprehensive medication consultations. In these visits, I often deprescribe medications, assess treatment response, minimize adverse effects, and most importantly take the time to truly understand each patient's lived experience; this is, all within my scope of practice.

I cannot count the number of times I have had patients, CIA agents, FBI agents, SWAT officers, Navy SEALs, Green Berets, firefighters, and police officers, sit in my office and break down in tears, telling me that this is the first time a healthcare provider has explained their symptoms and medications to them in a way they could understand. The work we do is transformative, not only clinically, but humanly.

Despite this impact, current statutes create significant barriers to patient access. Although I am providing services I am trained, licensed, and authorized to deliver, I am not permitted to bill independently for this care. Instead, I must bill under a medical doctor. If that physician is out sick, offsite, or otherwise unavailable, I am forced to cancel patient appointments entirely, not because care cannot be safely or appropriately provided, but because reimbursement is prohibited. For a nonprofit organization striving for sustainability, this is not just a technical issue, it is a profound access issue for patients who cannot afford delays in care.

House Bill 26-1336 directly addresses this barrier. It allows pharmacists to be reimbursed for the care we are already trained and authorized to provide, improving access while maintaining strong safeguards, a defined scope of practice, and professional accountability. This is a common-sense, cost-effective solution at a time when Colorado is facing reductions in healthcare funding and families are struggling to access timely care.

I would also like to address the age provisions in the amended bill. As an Assistant Professor at the School of Pharmacy, I can state clearly that no changes to pharmacy curricula are required to care for patients age five and older. These services are already embedded in our training and education. Pharmacists are rigorously educated in pharmacotherapy across the lifespan, and we already teach student pharmacists how to safely assess, test, treat, and refer younger patients when needed.

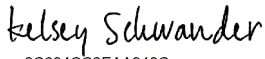
Pharmacists are among the most accessible healthcare providers in the United States. Removing unnecessary age and billing barriers does not expand scope, it simply allows us to practice fully and responsibly within the scope we already hold, meeting patients where they are.

I respectfully urge you to support House Bill 26-1336. Passing this bill will reduce barriers to care, strengthen healthcare teams, and ensure that Colorado's patients, including our heroes and their families, can access the right care at the right time.

Thank you for your time and your commitment to the health of Coloradans. I would be happy to answer any questions.

Sincerely,

Signed by:



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Kelsey Schwander, PharmD, CBIS

Assistant Professor

Pharmacist at Marcus Institute for Brain Health

[PGY1 Community-Based Pharmacy Practice Residency Program Director](#)

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