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COLORADO HEALTH POLICY AT A CROSSROADS: GROWTH, COSTS, AND CONSEQUENCES

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ABOUT COMMON SENSE INSTITUTE

Common Sense Institute is a non-partisan research organization dedicated to the protection and promotion of Colorado's economy. CSI is at the forefront of important discussions concerning the future of free enterprise and aims to have an impact on the issues that matter most to Coloradans. CSI's mission is to examine the fiscal impacts of policies, initiatives, and proposed laws so that Coloradans are educated and informed on issues impacting their lives. CSI employs rigorous research techniques and dynamic modeling to evaluate the potential impact of these measures on the economy and individual opportunity.

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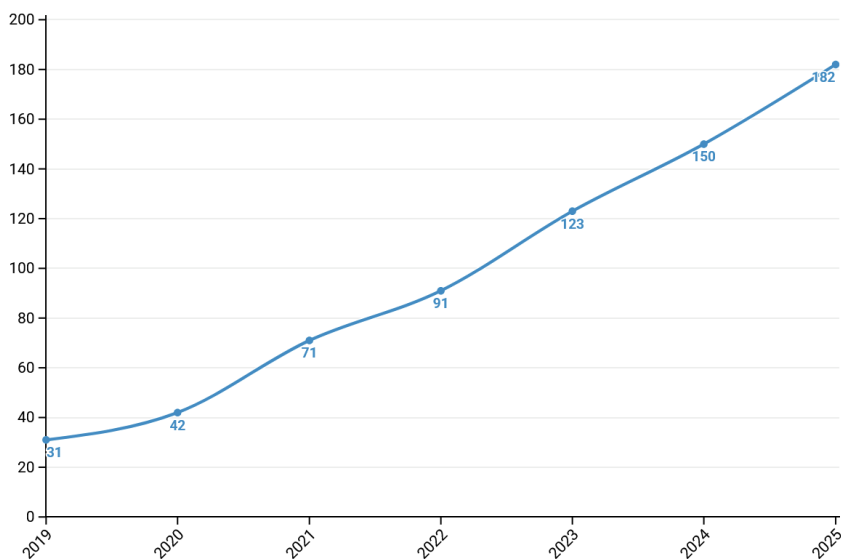
INTRODUCTION

This year, much has been made about Colorado's emerging budgetary problems; rising spending obligations, expiring federal grants, and TABOR's revenue limits left the state government with substantially less money than it had planned before the start of the year to spend. Although legislators approved enough cuts during the 2025 session to balance the newest budget, it won't be enough to prevent the same problem from reoccurring next year and beyond. That budgeting would become such a hot issue around that time was perhaps inevitable: Colorado's legislative majority, desiring to broaden the scope of government and expand its social programs, used one-time federal relief to fund ongoing expenditure, all but guaranteeing a conflict with TABOR and its spending limits, which are among the strictest in the country.

Health care (that is, appropriations to the Department of Health Care Policy and Financing) is the biggest spending item within the state's general fund and one that's perpetually on the rise. This wasn't always true—before 2011, education received a larger share of state funding—but HCPF came to dominate the budget through Medicaid expansion, new health insurance programs, and a deepening pool of coverage requirements and other laws upheld by state spending. Although federal laws, an aging population, and deteriorating public health

guarantee annual increases in some state costs, much of Colorado's burden has been added by choice, rather than necessity: since just 2019, the legislature has enacted 182 new health-care bills, many of them at great cost to the state, through direct obligation, and to providers, through regulation and underpayment. This report explores these bills, how they interact with the state's Medicaid scheme, and some of their present impacts.

Total Number of New Health-care Policies since 2019



As of this report's publication, the Colorado legislature is expected to call a special session to, in part, prepare providers, patients, and the state's health-care bureaucracy for the impacts of the One Big Beautiful Bill Act (BBB) that President Trump signed into law on July 4th. The bill's cuts to Medicaid funding, although they won't take effect until 2027, contribute to a total fiscal cost that the state's budget office expects to reach at least \$500 million per year in under a decade.ⁱ Accommodating these cuts will require a substantial legislative effort to reduce the size and cost of a program that in recent years (notwithstanding a spike in disenrollment after federal COVID-19 rules lapsed) has only increased.

KEY FINDINGS

- Colorado has enacted 182 new health-care bills since 2019. Of these, 89 directly regulate providers, 62 expand or contract state healthcare services, 22 create or modify regulatory task forces or committees, and nine affect state budgeting.
 - These bills are currently costing the state \$858 million per year, 36% of which is covered by federal funding. They also raise \$271 million per year in direct fees and TABOR-refund reductions from the private sector.
 - Without these bills, Colorado's budget shortfall before the 2025 legislative session, widely reported to be \$1.2 billion, would have been just under \$650 million.
- Policies that expand Medicaid without reducing rates of uninsurance or uncompensated care reduce providers' profits and exert upward pressure on private insurance prices. 21 of the new bills since 2019 add to Medicaid services and/or eligibility at a total state cost of \$158 million per year.
 - On average, Medicaid reimburses just 88% of providers' service costs; only two of those bills are likely to have reduced uncompensated care by enough to overcome this effect.
 - Providers are facing an extra burden of \$8.7 million per year due to the combined effects of these 21 bills.
- Average Medicaid spending per capita is 68% higher in Medicaid expansion states, like Colorado, than in non-expansion states. Spending per enrollee is also 23% higher in expansion states.
- Colorado's additional Medicaid spending has left the state especially vulnerable to revenue shortfalls and federal cuts like the BBB. Colorado spent \$11,263 on Medicaid per enrollee in 2024—\$394 more than the national average—for a total of \$12.9 billion.

NEW HEALTH-CARE BILLS

Apart from Medicaid expansion in 2014, Colorado's most impactful health-care policies in recent memory have developed over the last six years, starting with the passage of the first public-option bill in 2019. In that time, the state government has added new services, overhauled its regulations, and even begun to participate in the private insurance market.

Selected Health-care Policies Enacted since 2019	
HB19-1004: Proposal for Affordable Health Coverage Option	The act requires the state to develop and submit a proposal concerning the design, costs, benefits, and implementation of a state option for health care coverage.
HB19-1168: State Innovation Waiver Reinsurance Program	The act authorizes the state to apply for an innovation waiver, federal funding, or both, to allow the state to implement and operate a two-year reinsurance program to assist health insurers in paying high-cost insurance claims (extended through 2027).
SB20-215: Health Insurance Affordability Enterprise	The act establishes the Health Insurance Affordability Enterprise, which collects \$130 million per year in fees from hospitals.
SB21-175: Prescription Drug Affordability Review Board	The act creates the Colorado Prescription Drug Affordability Review Board, requires it to perform affordability reviews of prescription drugs, and authorizes it to establish upper payment limits for prescription drugs that it determines are unaffordable for Colorado consumers.
HB21-1232: Standardized Health Benefit Plan Colorado Option	The act requires the state to establish a standardized health benefit (public option) plan by rule on or before January 1, 2022, to be offered by health insurance carriers in the individual and small group markets.
HB22-1289: Health Benefits for Colorado Children and Pregnant Persons	The bill expands Medicaid coverage to low-income children and pregnant women regardless of immigration status and requires the Insurance Commissioner to improve the quality of health insurance coverage through the Health Insurance Affordability Enterprise, among other requirements.

Even these, however, come nowhere close to accounting for the full influence of laws enacted over that period. CSI identified 182 new bills since 2019 that concern either the regulation of health care or the provision of state health-care services. According to inflation-adjusted figures from the bills' fiscal notes, these are currently adding \$858 million to state spending each year and directly costing the private sector \$271 million. Only 36% of that state spending is covered by federal funds and the private costs are likely higher than the fiscal notes, which aren't designed to capture indirect effects, report. These estimates also exclude the costs of rulemaking actions initiated by some of the bills and ongoing spending increases in HCPF's baseline, both of which push the true cost even higher. Without these laws, the state's budget shortfall before the 2025 legislative session, widely reported to be \$1.2 billion, would have been just under \$650 million.

Of the 182 bills, 89 directly regulate providers, 62 expand or contract state health-care services, 22 create/modify regulatory task forces or committees, and nine affect state budgeting. Some more examples of each and the total fiscal impacts per category are in the list and table below.

REGULATIONS:

- SB19-238: Improve Wages and Accountability Home Care Workers
- HB22-1008: Implementation of Fertility Coverage
- HB22-1370: Coverage Requirements for Health-care Products

STATE SERVICES:

- HB22-1068: Medicaid Reimbursement for Therapy Using Equines
- SB23-289: Community First Choice Medicaid Benefit
- SB25-308: Medicaid Services Related to Federal Authorizations

COMMITTEES:

- SB19-015: Create Statewide Health Care Review Committee
- SB22-186: Create Colorado Rare Disease Advisory Council
- HB25-1223: Capital Needs of Rural and Frontier Hospitals

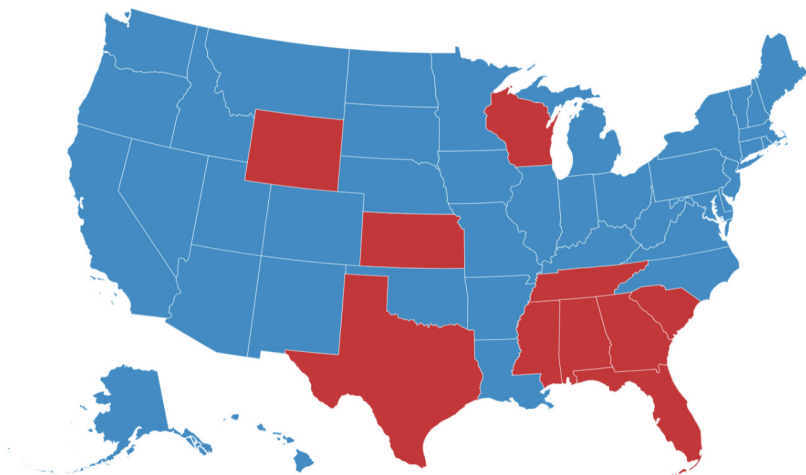
BUDGETING:

- SB21-212: Primary Care Payments Align Federal Funding
- HB24-1470: Eliminate Premium Tax to Health Insurance Affordability Fund
- SB25-270: Enterprise Nursing Facility Provider Fees

Annual Fiscal Impacts of New Health-care Bills by Type			
	State spending	State revenue	Federal funding
Regulations	\$50,596,080	\$1,936,242	\$24,337,254
State services	\$758,635,809	\$196,883,963	\$245,286,919
Committees	\$2,536,156	\$0	\$431,130
Budgeting	\$45,887,185	\$71,797,263	\$36,573,605
Totals:	\$857,655,230	\$270,617,468	\$306,628,907

A full list of bills, descriptions, and cost estimates is in this report's appendix.

One of the state government's major goals for the healthcare sector has been to broaden the scope of public insurance and extend its availability to people in financial and social circumstances that did not previously qualify them. Accordingly, many of Colorado's new health-care policies concern Medicaid; although its efforts have intensified more recently, the state government started down this path in 2014 when Colorado became the 21st state to expand Medicaid under the Affordable Care Act's allowance.ⁱⁱ Expansion allows states to offer coverage to all adults who earn up to 138% of the FPL, a much larger population than basic Medicaid covers, and receive high rates of federal reimbursement. Since the Supreme Court ruling that upheld the ACA, 40 states have made the decision to expand their programs, the most recent being North Carolina in 2023.

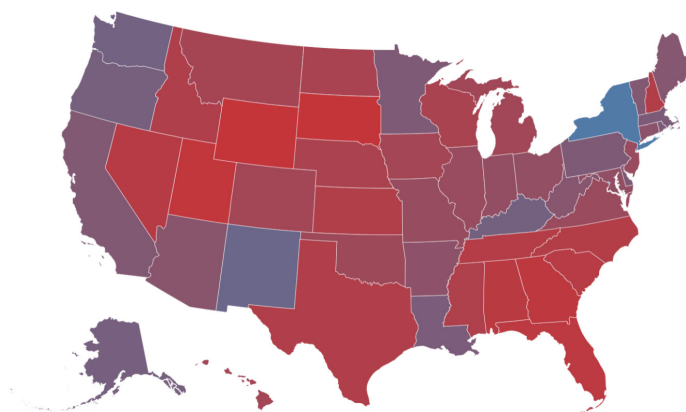


Opposition to Medicaid expansion, although successful across only a fifth of the country, hinges on fiscal costs. The most recent data support this concern: average Medicaid spending per capita is 68% higher in 40 expansion states than in the 10 non-expansion states.ⁱⁱⁱ Even spending per enrollee is 23% higher in expansion states; unless expansion enrollees are necessarily more expensive to cover, this suggests that expanding Medicaid encourages states to push costs higher through their own policies. Colorado, perhaps for that reason, spends \$11,263 on Medicaid per enrollee—\$394 more than the average among states—despite relatively low enrollment.

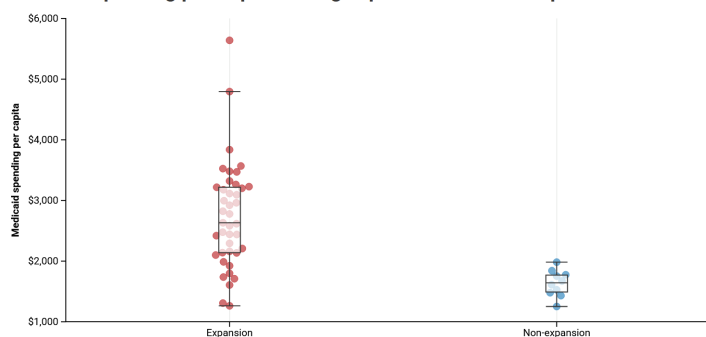
High Medicaid spending can displace other priorities within budgets and leave a state's healthcare sector vulnerable to policy changes outside of its control. This risk is heightened in expansion states: on average, 25% of expansion states' populations are enrolled in Medicaid, whereas the average rate of enrollment is just 19% in the 10 others. New Mexico and Louisiana, both expansion states, have enrollment rates above 40% of their populations. In Oregon, expansion has more than doubled the number of Medicaid enrollees. Colorado, a relatively affluent state, has a total enrollment rate of 19% (as of the end of 2024, though it has since increased slightly) and covers just 31% of its enrollees through expansion; even though the enrollment rate is down from a peak of over 30% in 2023, the state is facing large budget shortfalls due to its own overspending and forthcoming federal cuts.

Medicaid Spending per Capita

\$1,252 \$5,640

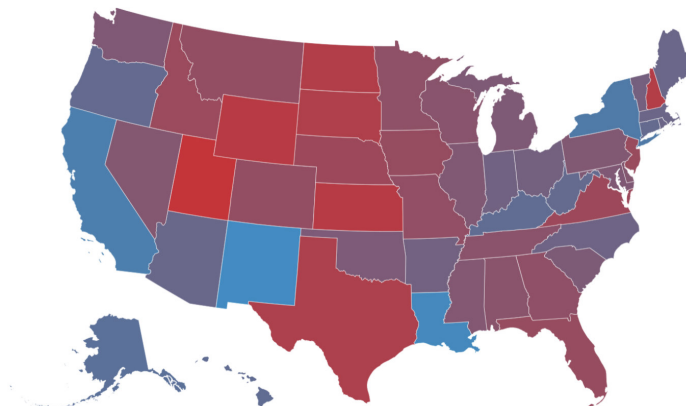


Medicaid Spending per Capita among Expansion and Non-expansion States

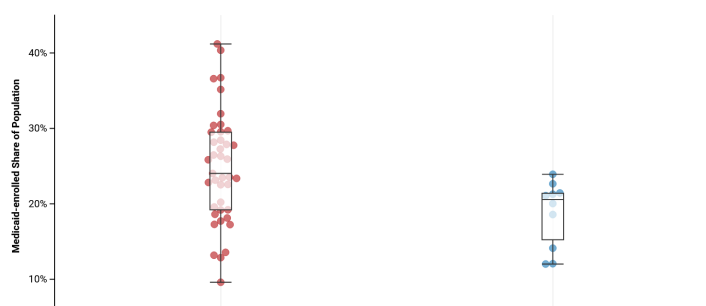


Medicaid Enrollment as a Share of Population

9.6% 41.2%



Medicaid-enrolled Share of Population among Expansion and Non-expansion States



Whereas public health insurance like Medicaid is unambiguously beneficial to those who qualify for it, expanding its influence can force insurers and providers to either cut profits, cheapen or eliminate services, or raise the prices that they charge everyone else. This phenomenon is more complex than partisans tend to acknowledge: because laws prevent hospitals from withholding certain types of care from patients who can't afford them, programs like Medicaid can save providers money (although at taxpayer expense) by reducing the amounts of uncompensated care for which they're responsible. Still, their reimbursement rates are not usually enough to cover providers' costs of providing services to eligible patients. According to the American Hospital Association, Medicaid and Medicare reimburse just 88¢ and 84¢, respectively, of every dollar spent on care for their enrollees.^{iv} Private plans, meanwhile, pay nearly twice as much—179% of the Medicaid rate and 158% of the at-cost rate—partly because of underpayments.^v This means that expanding eligibility for and adding covered services to government-subsidized insurance in ways that don't sufficiently reduce uncompensated care cuts into providers' profits and can force them to raise prices for other payers.

Colorado has enacted 21 bills since 2019 that add to Medicaid services and/or eligibility at a total state cost of \$158 million per year. CSI finds that, based on analysis of the bills and their fiscal notes, only two of these (highlighted) are likely to have reduced uncompensated care by enough to overcome the underpayment effect.

New Medicaid Services and/or Eligibility since 2019			
Title	Description ¹	State cost	Federal cost
HB19-1038: Dental Services for Pregnant Women on Children's Basic Health Plan Plus	The act requires the medical services board to include dental services to all eligible enrollees, which includes children and pregnant women.	\$351,825	\$228,686
HB19-1269: Mental Health Parity Insurance Medicaid	The act enacts the "Behavioral Health Care Coverage Modernization Act" to address issues related to coverage of behavioral, mental health, and substance use disorder services under private health insurance and the state medical assistance program.	\$324,910	\$88,608
HB20-1361: Reduce the Adult Dental Benefit	Beginning when the higher federal match afforded through the federal "Families First Coronavirus Response Act" expires, the act reduces the adult dental benefit so that it does not exceed \$1,000 per year for a participant.	-\$13,060,899	-\$9,608,822
HB22-1068: Medicaid Reimbursement for Therapy Using Equines	Subject to federal authorization and federal financial participation, on or after July 1, 2024, Medicaid reimbursement is available for therapy using equine movement when provided by a physical therapist, an occupational therapist, or a speech-language pathologist.	\$125,217	\$62,609
HB22-1289: Health Benefits for Colorado Children and Pregnant Persons	The bill expands Medicaid coverage to low-income pregnant people and children, regardless of immigration status, requires the Insurance Commissioner to improve the quality of health insurance coverage through the Health Insurance Affordability Enterprise, and extends a survey of birthing parents indefinitely, among other requirements.	\$26,956,823	\$17,601,062

¹ Verbatim from the bills' fiscal notes and bill summaries

HB23-1130: Drug Coverage for Serious Mental Illness	Effective January 1, 2025, with respect to step-therapy protocols for health insurance, section 1 of the act defines "serious mental illness" and prohibits the protocols from requiring a person to try more than one prescription drug prior to receiving coverage for the drug prescribed by the person's health-care provider.	\$158,517	\$67,406
HB23-1300: Continuous Eligibility Medical Coverage	The act requires the department of health care policy and financing to study the feasibility of extending continuous medical coverage for additional children and adults.	\$14,568,061	\$8,028,596
HB24-1038: High-Acuity Crisis for Children & Youth	The act requires the department of health care policy and financing, in collaboration with the behavioral health administration and the department of human services, to develop a system of care for children and youth who are less than 21 years of age and who have complex behavioral health needs.	\$34,037,760	\$8,898,864
HB24-1045: Treatment for Substance Use Disorders	The act prohibits an insurance carrier that provides coverage for a drug used to treat a substance use disorder under a health benefit plan from requiring prior authorization for the drug based solely on the dosage amount.	\$7,317,181	\$4,042,874
SB20-033: Allow Medicaid Buy-in Program after Age 65	Subject to federal authorization and funding, the act authorizes working adults with disabilities who are 65 years of age or older to continue participating in the existing Medicaid buy-in program.	\$3,230,844	\$1,476,891
SB20-212: Reimbursement for Telehealth Services	The act prohibits a health insurance carrier from imposing specific requirements or limitations on the HIPAA-compliant technologies used to deliver telehealth services, etc.	\$11,895,343	\$7,335,434
SB21-009: Reproductive Health Care Program	The act requires the department of health care policy and financing to administer a reproductive health care program that provides contraceptive methods and counseling services to participants.	\$3,439,765	-\$840,385
SB21-025: Family Planning Service for Eligible Individuals	The act requires the department of health care policy and financing to seek federal authorization through an amendment to the state medical assistance plan to provide family planning services to individuals who are not pregnant and whose income does not exceed the state's current effective income level for pregnant women under the children's basic health plan.	\$4,317,805	\$3,635,310
SB21-038: Expansion of Complementary and Alternative Medicine	The act expands the pilot program to include persons with a primary condition of multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy, with the total inability for independent ambulation directly resulting from one of these diagnoses.	\$1,340,058	\$661,489
SB21-137: Behavioral Health Recovery Act	The act continues the funding for the medication-assisted treatment expansion pilot program for the 2020-21 fiscal year and each year thereafter, etc.	\$15,505,686	\$975,882
SB23-289: Community First Choice Medicaid Benefit	The act requires the department of health care policy and financing to seek federal authorization through an amendment to the state medical assistance plan to implement the community first choice option.	\$30,191,988	\$68,973,929

SB24-110: Medicaid Prior Authorization Prohibition	The act prohibits the department of health care policy and financing from requiring some adults to be prescribed an antipsychotic prescription drug that is included on the preferred drug list and used to treat a mental health disorder or mental health condition.	\$3,714,199	\$2,516,674
SB24-168: Remote Monitoring Services for Medicaid Members	Beginning July 1, 2025, the act requires the department of health care policy and financing to provide reimbursement to certain Medicaid members for the use of telehealth remote monitoring for outpatient services.	\$2,162,893	\$1,011,151
SB24-175: Improving Perinatal Health Outcomes	The act requires health benefit plans to provide coverage for doula services in the same scope and duration of coverage for doula services that will be included in the department of health care policy and financing's request for federal authorization of doula services under the "Colorado Medical Assistance Act."	\$1,863,400	\$277,041
SB25-226: Extending Spinal & Related Medicine Program	The bill extends a program for complementary and integrative medicine for eligible members with certain mobility impairments in the Department of Health Care Policy and Financing.	\$2,598,294	\$1,280,656
SB25-308: Medicaid Services Related to Federal Authorizations	The bill creates two cash funds to allow the Department of Health Care Policy and Financing to implement federally matched Medicaid coverage of health-related social need and reentry services, and to reinvest the state savings in the Department of Corrections, the Department of Local Affairs, and the Department of Human Services.	\$7,388,408	\$15,116,936
Totals:		\$158.4M	\$131.8M

A Robert Wood Johnson Foundation study about the potential impacts of federal Medicaid cuts suggests that expanding Medicaid enrollment can reduce hospitals' uncompensated care by an amount equal to about one-third of the total reimbursement.^{vi} If this is true, then the two bills that expand enrollment are currently reducing uncompensated care by \$8.3 million per year (1.5% of the 2023 total), assuming that administration accounts for 5% of the state's total cost.^{vii} The other bills, however, increase underpayment by a collective \$17 million, meaning that providers are facing an extra burden of \$8.7 million per year due to the combined effects of these 21 bills. This, alongside the budgetary implications of crowding-out other spending under TABOR, the risk of overreliance on federal funds that can (and will, under the BBB) be withdrawn, and the cost-of-living burden to which this contributes among people ineligible for public insurance, casts some doubt upon the prudence of these policies.

A 2016 report by the Colorado Health Institute noted that “Colorado’s Medicaid expansion, which began in January 2014, was larger—and costlier—than almost anyone anticipated....Costs exceeded projections primarily due to the unexpectedly high enrollment, with caseload growth 71% higher than anticipated.”^{viii} Combining Medicaid expansion and persistent additions to covered services, having already put the state in a tenuous financial position under TABOR, will force Colorado to reduce costs once the BBB comes into effect. The legislature, perhaps during its upcoming special session, will have to come to terms with cutting some combination of Medicaid enrollment, coverage, and reimbursement rates. The magnitudes of the cuts will depend on the health of the state budget, HCPF’s administrative efficiency, and the prioritization of public health care relative to spending items like education and infrastructure. It is possible that policy decisions could prevent enrollment declines above what the BBB will directly cause if the state cuts funding for other parts of its budget, like education.

New recertification provisions of the BBB will achieve some of the required reduction, whether among current enrollees who aren’t compliant or those who fail to complete the lengthy recertification paperwork every six months (either out of affirmative choice, practical difficulty, or failure to understand the requirements). To the extent that people who are otherwise eligible for Medicaid but drop out of the system will require uncompensated care, this will cause cost shifts from Medicaid to hospitals that may be passed to those who use private insurance or self-pay.

Other provisions of the bill, like its community engagement requirements, will reduce enrollment directly, regardless of Colorado’s actions. Rising costs and lower federal reimbursement, however, may require enrollment reductions beyond what these effects can produce collectively; if so, the state will have to reduce program spending and overhead costs to relieve its budgetary strife. Some provisions of the BBB, like its recertification requirements, could make this additionally difficult. Depending on the approach legislators pursue, which should aim to reduce costs rather than recover them through taxation, many of the policies discussed in this report could be worth reconsidering.

CONCLUSION

In economics, “Stein’s Law” (named for Herb Stein, chief economic advisor to two presidents) says that “If something cannot go on forever, it will stop.” When governments ignore this simple but steadfast wisdom, they guarantee that they’ll eventually have to disassemble things that they, whether for practical or political reasons, once found desirable. Such is the prospect that Colorado’s Medicaid program faces now. Lawmakers will point fingers at federal policy, but, as the most recent state budget debate demonstrated—before the BBB was introduced—Colorado’s simultaneous expansions of Medicaid enrollment and Medicaid-covered services, heightened by rapid inflation and surging administrative costs, was already crowding out other state spending.

Reducing the scope of an entitlement program is never easy once recipients have come to expect benefits. The solution for Medicaid’s financial woes nationally and in Colorado, however, must include cuts to both the average expenditure per enrollee and the number of enrollees. Thus, in the upcoming special session of the state legislature and future budget processes, legislators will be forced to make uncomfortable decisions and face public rebuke, despite the fiscal necessity of cuts.

APPENDIX: BILLS

Blank cells denote figures not estimated by their respective bills' fiscal notes.

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB19-015: Create Statewide Health Care Review Committee	The act recreates the former health care task force, renamed as the statewide health care review committee, to study health care issues that affect Colorado residents.	\$21,309		
SB19-065: Peer Assistance Emergency Medical Service Provider	The act creates a peer health assistance program for emergency medical service providers who do not have access to a peer health assistance program. The program is funded through fees collected from each applicant upon initial or renewal of a certification as an emergency medical service provider.	\$27,730		\$17,808
SB19-073: Statewide System of Advance Medical Directives	The act requires the department of public health and environment to contract with one or more health information organization networks for the creation, administration, and maintenance of a statewide electronic system that allows qualified providers to upload and access advance health care directives.	\$276,686		
SB19-145: Sunset Continue Dialysis Clinic and Technician Regulation	The act implements recommendations in the 2018 sunset review and report by the department of regulatory agencies by continuing the regulation of dialysis clinics and hemodialysis technicians by the department of public health and environment for 7 years, until 2026.			
SB19-146: Sunset Home Care Agencies	The act implements recommendations of the department of regulatory agencies in its sunset review and report on the licensing of home care agencies and the registration of home care placement agencies by the department of public health and environment.			\$1,457,640

² Verbatim from the bills' fiscal notes and bill summaries

³ FY26 where available and inflation-adjusted to May 2025 otherwise

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB19-1010: Freestanding Emergency Departments Licensure	Effective July 1, 2022, the act creates a new license, referred to as a “freestanding emergency department license.”	\$39,402		\$124,507
HB19-1041: Require Surgical Smoke Protection Policies	The act requires each hospital with surgical services and each ambulatory surgical center to adopt and implement on or before May 1, 2021, a policy that prevents human exposure to surgical smoke via the use of a surgical smoke evacuation system during any planned surgical procedure that is likely to generate surgical smoke.			
HB19-1122: Colorado Department of Public Health and Environment Maternal Mortality Review Committee	The act creates the Colorado maternal mortality review committee, which is required to review maternal deaths, identify the causes of maternal mortality, and develop recommendations to address preventable maternal deaths, including legislation, policies, rules, and best practices that will support the health and safety of the pregnant and postpartum population in Colorado and prevent maternal deaths.	\$224,243		
HB19-1131: Prescription Drug Cost Education	The act requires a drug manufacturer, or a representative, agent, or employee of the manufacturer, who while employed by or under contract to represent a manufacturer engages in prescription drug marketing, to provide to a prescriber, in writing, the wholesale acquisition cost of a prescription drug when, in the course of conducting business, the manufacturer, representative, agent, or employee provides information concerning the drug to the prescriber.			
SB19-209: PACE Program Funding Methodology	The act directs the department of health care policy and financing to negotiate the monthly contracted rate for PACE program services for the 2019-20 fiscal year, and each fiscal year thereafter, using an actuarially sound upper payment limit methodology that complies with federal law regarding PACE organizations.	\$18,039,405	\$9,019,703	
SB19-222: Individuals at Risk of Institutionalization	The act requires the department of health care policy and financing to develop measurable outcomes to monitor efforts to prevent Medicaid recipients from becoming involved in the criminal or juvenile justice system.	\$283,636	\$262,380	
SB19-238: Improve Wages and Accountability Home Care Workers	The bill makes changes to reimbursement rates and sets an hourly minimum wage for home care employees.	\$22,599,802	\$11,299,901	

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB19-1001: Hospital Transparency Measures to Analyze Efficacy	The act requires the department of health care policy and financing, in consultation with the Colorado healthcare affordability and sustainability enterprise board, to develop and prepare an annual report detailing uncompensated hospital costs and the different categories of expenditures made by hospitals in the state.			
HB19-1004: Proposal for Affordable Health Coverage Option	The act requires the department of health care policy and financing and the division of insurance in the department of regulatory agencies to develop and submit a proposal to certain committees of the general assembly concerning the design, costs, benefits, and implementation of a state option for health care coverage.			
HB19-1038: Dental Services for Pregnant Women on Children's Basic Health Plan Plus	The act requires the medical services board to include dental services to all eligible enrollees, which includes children and pregnant women.	\$351,825	\$238,819	
HB19-1302: Cancer Treatment and License Plate Surcharge	The act extends the repeal date of the breast and cervical cancer prevention and treatment program 10 years to July 1, 2029.	\$2,519,885	\$1,611,197	
HB19-1320: Hospital Community Benefit Accountability	The act requires some hospitals to complete a community health needs assessment every 3 years and an annual community benefit implementation plan every year.			
HB19-1326: Rates for Senior Low-income Dental Program	Under previous law, the senior dental advisory committee recommends to the medical services board the maximum reimbursement rate for dental procedures under the Colorado dental health care program for low-income seniors that cannot be less than the reimbursement rate previously adopted by the state board of health for the program. The act changes the maximum reimbursement rate that the committee may recommend to not less than the Medicaid fee-for-service rate.			
SB19-228: Substance Use Disorders Prevention Measures	The bill provides funding for the implementation of several programs for the prevention of opioid and other substance use disorders.	\$1,807,679		

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB19-1287: Treatment for Opioids and Substance Use Disorders	This bill enacts several initiatives to improve access to behavioral health care and substance use disorder treatment services, including the development of a web-based behavioral health capacity tracking system, establishment of a care navigation program, and creation of a capacity building grant program.	\$6,920,871	\$43,113	
SB19-004: Address High-cost Health Insurance Pilot Program	The act modernizes laws authorizing health care cooperatives in the state to incorporate consumer protections such as coverage for preexisting conditions and to encourage consumers to help control health care costs by negotiating rates on a collective basis directly with providers.			
SB19-041: Health Insurance Contract Carrier and Policyholder	The act requires a contract for a health benefit plan between a carrier and a policyholder to state, as an alternative to existing premium payment requirements, that a policyholder must pay premiums to the carrier through the date that the individual covered under the policy is no longer eligible or covered if the policyholder notifies the carrier within 10 business days after the date of ineligibility or noncoverage because the individual left employment without notice to the employer or the employee was terminated for gross misconduct.			
HB19-1168: State Innovation Waiver Reinsurance Program	The act authorizes the commissioner of insurance to apply to the secretary of the United States department of health and human services for a state innovation waiver, federal funding, or both, to allow the state to implement and operate a two-year reinsurance program to assist health insurers in paying high-cost insurance claims.	\$134,387,967	\$86,884,465	\$48,588,006
HB19-1174: Out-of-network Health Care Services	Requires health insurance carriers, health care providers, and health care facilities to provide patients covered by health benefit plans with information concerning the provision of services by out-of-network providers and in-network and out-of-network facilities, etc.	\$74,935		\$24,294
HB19-1176: Health Care Cost Savings Act of 2019	The act creates a task force that is required to issue a competitive solicitation in order to select an analyst to provide a detailed analysis of fiscal costs and other impacts to 3 health care financing systems.			
HB19-1211: Prior Authorization Requirements Health Care Service	Effective January 1, 2020, the bill establishes guidelines for health insurance carriers concerning the practice of prior authorization for health care services, excluding drug benefits.			
HB19-1216: Reduce Insulin Prices	Effective January 1, 2020, the act caps the cost sharing a covered person is required to pay for prescription insulin drugs at \$100 per 30-day supply of insulin.	\$19,484		

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB19-1233: Investments in Primary Care to Reduce Health Costs	The act establishes a primary care payment reform collaborative in the division of insurance in the department of regulatory agencies.	\$66,145		
HB19-1253: Living Organ Donor Insurance	The act prohibits a person who offers life insurance, disability income insurance, health insurance, or long-term care insurance from discriminating against a person based solely on the person's status as a living organ donor.			
HB19-1269: Mental Health Parity Insurance Medicaid	The act enacts the "Behavioral Health Care Coverage Modernization Act" to address issues related to coverage of behavioral, mental health, and substance use disorder services under private health insurance and the state medical assistance program.	\$324,910	\$88,608	
HB19-1301: Health Insurance for Breast Imaging	The act requires health care coverage for breast cancer screening studies and subsequent breast imaging using the noninvasive imaging modality appropriate for each individual, as determined by the individual's health care provider, and within the appropriate use guidelines as determined by the American College of Radiology or the National Comprehensive Cancer Network.			
HB20-1065: Harm Reduction Substance Use Disorders	The act requires a carrier that provides coverage for opiate antagonists to reimburse a hospital if the hospital provides a covered person with an opiate antagonist upon discharge, etc.			
SB20-033: Allow Medicaid Buy-in Program after Age 65	Subject to federal authorization and funding, the act authorizes working adults with disabilities who are 65 years of age or older to continue participating in the existing Medicaid buy-in program.	\$3,230,844	\$1,476,891	
SB20-212: Reimbursement for Telehealth Services	The act prohibits a health insurance carrier from imposing specific requirements or limitations on the HIPAA-compliant technologies used to deliver telehealth services, etc.	\$11,895,343	\$7,335,434	
HB20-1232: Equity in Access to Clinical Trials in Medicaid	The act authorizes the state medical assistance program to cover routine costs associated with phase I through phase IV clinical trials involving the prevention, detection, diagnosis, or treatment of life-threatening or debilitating diseases or conditions.			
HB20-1361: Reduce the Adult Dental Benefit	Beginning when the higher federal match afforded through the federal "Families First Coronavirus Response Act" expires, the act reduces the adult dental benefit so that it does not exceed \$1,000 per year for a participant.	-\$13,060,899	-\$9,608,822	
HB20-1362: Limit Increase to Medicaid Nursing Facility Rates	The act limits to 2% the annual increase in the general fund share of per diem rates to nursing facilities for the 2020-21 and 2021-22 state fiscal years.			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB20-007: Treatment Opioid and Other Substance Use Disorders	The act requires insurance carriers to provide coverage for the treatment of substance use disorders in accordance with the American society of addiction medicine (ASAM) criteria for placement, medical necessity, and utilization management determinations in accordance with the most recent edition of the ASAM criteria.			
SB20-215: Health Insurance Affordability Enterprise	The act establishes the health insurance affordability enterprise.	\$369,413,388		\$152,201,132
HB20-1061: Human Immunodeficiency Virus Infection Prevention Medications	The act requires carriers to reimburse a pharmacist employed at an in-network pharmacy for prescribing HIV infection prevention drugs to a covered person and to provide an adequate consultative fee to those pharmacists.	\$20,903		
HB20-1078: Pharmacy Benefit Management Firm Claims Payments	The act prohibits a pharmacy benefit management firm (PBM) from reimbursing a pharmacy in an amount less than the amount that the PBM reimburses any affiliate for the same pharmacy services.			
HB20-1158: Insurance Cover Infertility Diagnosis Treatment Preserve	The act enacts the “Colorado Building Families Act”, which requires health benefit plans issued or renewed in Colorado on or after January 1, 2022, to cover diagnosis of infertility, treatment for infertility, and fertility preservation services.	\$10,451		
SB21-093: Sunset Continue Healthcare Infections Advisory Committee	The act implements the recommendation of the department of regulatory agencies in its sunset review of and report on the healthcare-associated infections and antimicrobial resistance advisory committee by extending the committee indefinitely.	\$128,125		
SB21-158: Increase Medical Providers for Senior Citizens	The act modifies the Colorado health service corps program administered by the primary care office in the department of public health and environment, which program includes a loan repayment program, to allow geriatric advanced practice providers, defined as advanced practice registered nurses and physician assistants with geriatric training or experience, to participate in the loan repayment program on the condition of committing to provide geriatric care to older adults in health professional shortage areas for a specified period.	\$465,833		
SB21-181: Equity Strategic Plan Address Health Disparities	The act renames the existing “health disparities grant program” as the “health disparities and community grant program” and expands the program.	\$5,326,922		

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB21-243: Colorado Department of Public Health and Environment Appropriation Public Health Infrastructure	For each of the 2021-22, 2022-23, and 2023-24 state fiscal years, the act requires the general assembly to appropriate \$21,090,149 to the department of public health and environment.			
HB21-1115: Board of Health Member Requirements	The act requires members of a county board of health or a district board of health and members of the state board of health, on and after January 1, 2022, to attend both annual public health training provided by the department of public health and environment and developed by the department of public health and environment along with the Colorado school of public health and annual public health training developed and provided by the department of public health and environment and the director of the office of emergency management concerning the role of a board of health in preparing for, responding to, and recovering from an emergency disaster.			
HB21-1169: Prohibit Discrimination Organ Transplant Recipient	The act prohibits a health-care provider, hospital, or other entity involved in making a decision regarding a person's eligibility to receive an anatomical gift, organ transplant, or any related treatment or services from discriminating against that person solely on the basis of a disability.			
SB21-009: Reproductive Health Care Program	The act requires the department of health care policy and financing to administer a reproductive health care program that provides contraceptive methods and counseling services to participants.	\$3,439,765	-\$840,385	
SB21-025: Family Planning Service for Eligible Individuals	The act requires the department of health care policy and financing to seek federal authorization through an amendment to the state medical assistance plan to provide family planning services to individuals who are not pregnant and whose income does not exceed the state's current effective income level for pregnant women under the children's basic health plan.	\$4,317,805	\$3,635,310	
SB21-038: Expansion of Complementary and Alternative Medicine	The act expands the pilot program to include persons with a primary condition of multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy, with the total inability for independent ambulation directly resulting from one of these diagnoses.	\$1,340,058	\$661,489	
SB21-142: Health Care Access in Cases of Rape or Incest	Under current law, public funds cannot be used to pay for an abortion, except in cases of life endangerment and in cases of rape or incest for Medicaid-eligible women; the act removes these requirements.			
SB21-211: Adult Dental Benefit	The act eliminates certain measures that reduce the adult dental benefit.			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB21-212: Primary Care Payments Align Federal Funding	The bill requires the department of health care policy and financing, to the extent available and permitted by the federal government and the Colorado constitution, to maximize federal funds for payments for primary care services by aligning payments with the “Colorado Medical Assistance Act.”	\$27,433,137	\$27,433,137	
SB21-214: State Payment Hospice Providers Residential Care	The act authorizes a state payment to qualified hospice providers, as defined in the act, that provide hospice services in a licensed hospice facility to persons enrolled in the medical assistance program who are eligible for care in a nursing facility but who are unable to secure a bed in a nursing facility due to the presence of COVID-19 in the state or for other reasons described in the act.			
HB21-1198: Health-care Billing Requirements for Indigent Patients	Beginning June 1, 2022, a health-care facility shall screen each uninsured patient for eligibility for public health insurance programs, discounted care through the Colorado indigent care program, and discounted care as described in the act.	\$565,065		
HB21-1227: Medicaid Nursing Facilities Demonstration of Need	The act requires the department of health care policy and financing to develop, analyze, and enforce a demonstration of need for each new nursing facility provider seeking Medicaid certification.			
HB21-1275: Medicaid Reimbursement for Services by Pharmacists	Under the act, a pharmacist is eligible for reimbursement under the medical assistance program for certain medically necessary pharmacist services, as described in the act, that are not duplicative of other pharmacist services or programs reimbursed under the medical assistance program.	\$4,547,452	\$3,014,951	
SB21-137: Behavioral Health Recovery Act	The act continues the funding for the medication-assisted treatment expansion pilot program for the 2020-21 fiscal year and each year thereafter, etc.	\$15,505,686	\$975,882	
HB21-1021: Peer Support Professionals Behavioral Health	The act authorizes the department of health care policy and financing to reimburse recovery support services organizations for permissible claims for peer support services submitted under the medical services program.	\$59,253		\$2,711
HB21-1166: Behavioral Health Crisis Response Training	The act directs the state department of health care policy and financing to obtain a vendor to provide a comprehensive care coordination and treatment training model for persons who work with persons with intellectual and developmental disabilities and co-occurring behavioral health needs.			
SB21-016: Protecting Preventive Health Care Coverage	The act expands certain preventive health-care services to include counseling, prevention, and screening for a sexually transmitted infection. The act adds contraception as a mandatory health benefit.	\$19,333		

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB21-126: Timely Credentialing of Physicians by Insurers	The act requires that when a physician applies to be credentialed as a participating physician in a health insurance carrier's provider network, the carrier must conclude the process of credentialing the applicant within 60 calendar days after the carrier receives the applicant's completed application.	\$74,386		
SB21-139: Coverage for Telehealth Dental Services	The act requires each dental plan issued, amended, or renewed in this state to cover services offered to a covered person through telehealth.			
SB21-169: Restrict Insurers' Use of External Consumer Data	The bill prohibits insurers from unfairly discriminating based on an individual's race, color, national or ethnic origin, religion, sex, sexual orientation, disability, gender identity, or gender expression, or using any external consumer data and information sources, algorithms, or predictive models that lead to unfair discrimination.			
SB21-175: Prescription Drug Affordability Review Board	The act creates the Colorado prescription drug affordability review board in the division of insurance in the department of regulatory agencies as an independent unit of state government, requires the board to perform affordability reviews of prescription drugs, and authorizes the board to establish upper payment limits for prescription drugs the board determines are unaffordable for Colorado consumers.	\$558,941		
HB21-1068: Insurance Coverage Mental Health Wellness Exam	The act adds a requirement, as part of mandatory health insurance coverage of preventive health care services, that health plans cover an annual mental health wellness examination of up to 60 minutes that is performed by a qualified mental health care provider.	\$19,333		
HB21-1140: Eliminate Donor Costs for Living Organ Donations	The act prohibits a hospital, a health facility, and a person offering an individual or group health benefit plan from charging a living organ donor any deductibles, copayments, coinsurance, benefit maximums, waiting periods, or other limitations on coverage for health care services necessary for the living organ donation.	\$19,333		
HB21-1232: Standardized Health Benefit Plan Colorado Option	The act requires the commissioner of insurance in the department of regulatory agencies to establish a standardized health benefit plan by rule on or before January 1, 2022, to be offered by health insurance carriers in the individual and small group markets.	\$2,188,782		
HB21-1276: Prevention of Substance Use Disorders	The act requires a health benefit plan issued or renewed on or after January 1, 2023, to provide a cost-sharing benefit for nonpharmacological treatment where an opioid might be prescribed.	\$719,790		
HB21-1297: Pharmacy Benefit Manager and Insurer Requirements	The act enacts the "Pharmacy Fairness Act."			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB22-079: Dementia Training Requirements Colorado Department of Public Health and Environment Department of Health Care Policy and Financing Rules	The act requires the state board of health in the department of public health and environment, with regard to nursing care facilities and assisted living residences, and the medical services board in the department of health care policy and financing, with regard to adult day care facilities, to adopt rules requiring these facilities to provide dementia training for staff providing direct-care services to clients and residents of the facilities.			
SB22-186: Create Colorado Rare Disease Advisory Council	The act creates the Colorado rare disease advisory council in the department of public health and environment to inform state agencies, the public, and the legislature about rare diseases and make recommendations concerning the needs of Coloradans living with rare diseases and their medical providers and caregivers.	\$99,047		
SB22-225: Ambulance Service Sustainability and State Licensing	On and after July 1, 2024, the act requires an ambulance service to obtain a state license from the department of public health and environment.	\$89,502		\$174,801
HB22-1157: Utilization of Demographic Data by Colorado Department Public Health and Environment	To assist with the department's assessment of health disparities and inequities, the act requires the commission to convene a data advisory working group to advise the commission concerning collecting and aggregating nonidentifying demographic data and information from Colorado residents about race, ethnicity, disability, sexual orientation, and gender identity as part of public health programs and from information acquired by or submitted to the department.			
HB22-1285: Prohibit Collection Hospital Not Disclosing Prices	The act prohibits a hospital or other person or entity collecting on behalf of the hospital from initiating or pursuing collection actions against a patient or patient guarantor for debt incurred by the patient on the date or dates of service when the hospital was not in material compliance with federal hospital price transparency laws.			
SB22-156: Medicaid Prior Authorization and Recovery of Payment	The bill prohibits prepaid inpatient health plans from requiring prior authorizations for certain services and from certain payment recoveries.			
SB22-200: Rural Provider Stimulus Grant Program	The act establishes the rural provider access and affordability stimulus grant program in the Colorado department of health care policy and financing.	\$194,741		

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB22-203: Program of All-inclusive Care for the Elderly	No later than June 30, 2023, the act requires the department of health care policy and financing, in conjunction with the department of public health and environment, to develop a regulatory plan to establish formal oversight requirements for the program of all-inclusive care for the elderly.			
SB22-236: Review of Medicaid Provider Rates	Beginning July 1, 2023, the act requires the state department to establish a schedule so that each provider rate is reviewed at least every 3 years and to provide the schedule to the Medicaid provider rate review advisory committee in addition to the JBC.	\$289,643	\$120,765	
HB22-1068: Medicaid Reimbursement for Therapy Using Equines	Subject to federal authorization and federal financial participation, on or after July 1, 2024, Medicaid reimbursement is available for therapy using equine movement when provided by a physical therapist, an occupational therapist, or a speech-language pathologist.	\$125,217	\$62,609	
HB22-1247: Additional Requirements Nursing Facility Funding	The bill appropriates funding to enhance Medicaid payments to nursing facilities to support short-term solvency.			
HB22-1268: Medicaid Mental Health Reimbursement Rates Report	The act requires the department of health care policy and financing to prepare a behavioral health rates report of Medicaid reimbursement rates for community mental health providers and independent mental health and substance use treatment providers.			
HB22-1289: Health Benefits for Colorado Children and Pregnant Persons	The bill expands Medicaid coverage to low-income pregnant people and children, regardless of immigration status, requires the Insurance Commissioner to improve the quality of health insurance coverage through the Health Insurance Affordability Enterprise, and extends a survey of birthing parents indefinitely, among other requirements.	\$26,956,823	\$17,601,062	-\$935,751
HB22-1302: Health-care Practice Transformation	The act creates the primary care and behavioral health statewide integration grant program in the department of health care policy and financing to provide grants to primary care clinics for implementation of evidence-based clinical integration care models.			
SB22-081: Health Exchange Education Campaign Health-care Services	The act requires the board of directors (board) of the Colorado health benefit exchange to create and implement a consumer outreach campaign to educate consumers regarding options for health-care coverage.			-\$4,064,842

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB22-1008: Implementation of Fertility Coverage	With respect to mandatory coverage for fertility diagnosis and treatment and fertility preservation services under health benefit plans, the act requires large employer health benefit plans issued or renewed in this state on or after January 1, 2023, to cover fertility services and requires the division of insurance to implement the coverage requirement.			
HB22-1122: Pharmacy Benefit Manager Prohibited Practices	The act enacts the “Colorado 340B Prescription Drug Program Anti-discrimination Act,” which prohibits health insurers, PBMs, and other third-party payers from discriminating against entities participating in the federal 340B drug pricing program, including a pharmacy that contracts with a 340B covered entity to provide dispensing services to the 340B entity.	\$27,770		
HB22-1269: Health-care Sharing Plan Reporting Requirements	Starting October 1, 2022, and by each March 1 thereafter, the act requires any person that is not authorized to engage in the business of insurance in this state but that offers or intends to offer a plan or arrangement to facilitate payment or reimbursement of health-care costs or services for Colorado residents to annually submit to the commissioner of insurance specified information and a certification that the information is accurate and complies with the requirements of the act.	\$69,104		
HB22-1325: Primary Care Alternative Payment Models	The act requires the division of insurance to collaborate with the department of health care policy and financing, the department of personnel, the department of public health and environment, and the primary care payment reform collaborative to develop and promulgate rules for alternative payment model parameters for primary care services offered through health benefit plans.	\$351,394		
HB22-1370: Coverage Requirements for Health-care Products	Beginning in 2023, the act requires each health insurance carrier that offers an individual or small group health benefit plan in this state to offer at least 25% of its health benefit plans on the Colorado health benefit exchange and at least 25% of its plans not on the exchange in each bronze, silver, gold, and platinum benefit level in each service area as copayment-only payment structures for all prescription drug cost tiers.	\$241,380		
SB23-151: Sunset Health Equity Commission	Pursuant to the recommendation in the department of regulatory agencies’ sunset review and report, the act extends the repeal date of the health equity commission to September 1, 2029.			
SB23-188: Protections for Accessing Reproductive Health Care	The bill codifies protections for health care providers delivering reproductive health care services in compliance with Colorado law.			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB23-189: Increasing Access to Reproductive Health Care	The act specifies that, for health benefit plans issued or renewed on or after January 1, 2025, if counseling, prevention, and screening for a sexually transmitted infection are covered services, the health benefit plan must provide coverage without cost sharing, regardless of the covered person's gender, and the coverage must include HIV prevention drugs and the services necessary for initiation and continued use of an HIV prevention drug consistent with federal guidelines.	\$86,475		
SB23-260: Individual Access to Publicly Funded Vaccines	The act allows a physician, a physician assistant, an advanced practice registered nurse, or any other person who is authorized by law to administer a vaccine to ask an individual who seeks to receive a publicly funded vaccine to present proof of health insurance or other form of identification, but a practitioner is prohibited from conditioning the receipt of the vaccine on the individual's presentation of the documentation or ability to pay an administration fee.			
HB23-1077: Informed Consent to Intimate Patient Examinations	The act prohibits a licensed physician or physician assistant; licensed medical resident, intern, or fellow; licensed professional nurse; advanced practice registered nurse; registered direct-entry midwife; or medical, nursing, or direct-entry midwife student or trainee (licensee, student, or trainee) from performing, and prohibits a licensed health-care facility from permitting a licensee, student, or trainee to perform, an intimate examination on a sedated or unconscious patient unless the patient has given specific informed consent to an intimate examination.			
HB23-1215: Limits on Hospital Facility Fees	On and after July 1, 2024, the act prohibits a health-care provider, which is an individual provider or a health facility, or a health system, which is a corporation or organization that owns, contains, or operates 3 or more hospitals, from charging, billing, or collecting a facility fee directly from a patient that is not covered by the patient's insurance for mandatory coverage for preventive health-care services that are provided in an outpatient setting.			
HB23-1218: Health Facility Patient Information Denied Service	The act requires the department of public health and environment, by August 1, 2024, and in consultation with stakeholders, to identify reproductive health-care services, LGBTQ health-care services, and end-of-life health-care services that, for nonmedical reasons, are not generally available at a specified health-care facility or that are subject to significant restriction at a covered entity. The department shall develop a simple service availability form to be filled out by each covered entity for the purpose of conveying to patients and to the public information about identified health-care services that are subject to denial of care at the covered entity.			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB23-002: Medicaid Reimbursement for Community Health Services	The act authorizes the department of health care policy and financing to seek federal authorization from the centers for Medicare and Medicaid services to provide Medicaid reimbursement for community health worker services.	\$11,957,591	\$8,210,480	
SB23-138: Appropriation to Department of Health Care Policy and Financing for Denver Health	For the 2022-23 state fiscal year, the act appropriates \$5 million from the general fund to the department of health care policy and financing to distribute to the Denver health and hospital authority.			
SB23-174: Access to Certain Behavioral Health Services	The act requires the department of health care policy and financing to provide certain behavioral health services for Medicaid recipients who are under 21 years of age.			
SB23-222: Medicaid Pharmacy and Outpatient Services Copayment	The act removes the requirement that Medicaid recipients pay a copayment for pharmacy and outpatient services.	\$7,345,507	\$5,459,357	
SB23-252: Medical Price Transparency	The act requires hospitals to make public and post each hospital's Medicare reimbursement rates.			
SB23-288: Coverage for Doula Services	Not later than September 1, 2023, the act requires the department of health care policy and financing to initiate a stakeholder process to promote the expansion and utilization of doula services for pregnant and postpartum Medicaid recipients.			
SB23-289: Community First Choice Medicaid Benefit	The act requires the department of health care policy and financing to seek federal authorization through an amendment to the state medical assistance plan to implement the community first choice option.	\$30,191,988	\$68,973,929	
HB23-1117: Affidavit Support Eligibility Public Benefits	The act eliminates the requirement for a person who is lawfully residing in the state, a legal immigrant who is a resident of the state, or a documented individual to refrain from executing an affidavit of support for the purpose of sponsoring a documented individual while the person is receiving public services or medical assistance.			
HB23-1130: Drug Coverage for Serious Mental Illness	Effective January 1, 2025, with respect to step-therapy protocols for health insurance, section 1 of the act defines "serious mental illness" and prohibits the protocols from requiring a person to try more than one prescription drug prior to receiving coverage for the drug prescribed by the person's health-care provider.	\$158,517	\$67,406	

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB23-1183: Prior Authorization for Step-therapy Exception	The act requires the department of health care policy and financing review and determine if an exception to step therapy is granted if the prescribing provider submits a prior authorization request with justification and supporting clinical documentation for treatment of a serious or complex medical condition.	\$225,000	\$168,750	
HB23-1201: Prescription Drug Benefits Contract Term Requirements	For a contract between a pharmacy benefit manager or a health insurance carrier and a certificate holder or policyholder, the act requires that the amount charged by the PBM or carrier to the certificate holder or policyholder for a prescription drug be equal to or less than the amount paid by the PBM or carrier to the contracted pharmacy for the drug.	\$250,000		
HB23-1226: Hospital Transparency and Reporting Requirements	No later than July 1, 2024, the act requires each hospital to provide specified information to the state department for previous fiscal years.	\$201,512	\$82,168	
HB23-1228: Nursing Facility Reimbursement Rate Setting	The act adjusts the supplemental Medicaid payment rates a qualifying nursing facility receives from the department of health care policy and financing.	\$59,733,885	\$29,866,942	
HB23-1243: Hospital Community Benefit	The act makes changes to hospital community benefit activity requirements and imposes certain requirements on the public meetings regarding each reporting hospital's community benefit activities and community implementation plan.	\$100,000	\$50,000	
HB23-1300: Continuous Eligibility Medical Coverage	The act requires the department of health care policy and financing to study the feasibility of extending continuous medical coverage for additional children and adults.	\$14,568,061	\$8,028,596	
HB23-1200: Improved Outcomes Persons Behavioral Health	To help serve persons with behavioral health needs who are enrolled in Medicaid, the act requires managed care entities to enter into single case agreements with willing providers of behavioral health services enrolled in the medical assistance program when network development and access standards are not met and a member needs access to a medically necessary behavioral health service.			
SB23-195: Calculation of Contributions to Meet Cost Sharing	For health benefit plans issued or renewed on or after January 1, 2025, the act requires a health insurer or pharmacy benefit manager to include in the calculation of a covered person's contributions toward cost-sharing requirements, including any annual limitation on a covered person's out-of-pocket costs, any payments made by or on behalf of the covered person for a prescription drug.	\$9,118		

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB23-284: Ensure 12-month Contraception Coverage	The act requires a carrier that offers a health benefit plan or a pharmacy benefit management firm that administers or manages contraception coverage under a health benefit plan to provide coverage for, and reimburse a prescribing provider or in-network dispensing entity for, the single dispensing or furnishing of contraception intended to last the covered person for a duration of 12 months, as permitted by the covered person's prescription, dispensed or furnished at one time, unless requested otherwise by the covered person.			
HB23-1002: Epinephrine Auto-injectors	For health coverage plans issued or renewed on or after January 1, 2024, the act requires a health insurance carrier that provides coverage for prescription auto-injectors to cap the total amount that a covered person is required to pay for injectors at an amount not to exceed \$60 for a 2-pack of the injectors.	\$74,430		
HB23-1004: Language Access in Insurance Documents	Current law allows insurance policies to be translated to and issued in a language other than English if the insurer certifies that the English-language policy that is translated complies with state insurance laws. Section 1 of the act requires the insurer to also certify that the policy has been correctly translated by a certified translator or, if a certified translator is not available to translate the policy to the particular language, by a qualified translator who certifies that the translation is correct.			
HB23-1116: Contracts Between Carriers and Providers	The bill requires carriers that process payments for health care providers to offer certain payment method options and places restrictions on process fees.	\$18,237		
HB23-1136: Prosthetic Devices for Recreational Activity	For the purposes of health insurance coverage for a prosthetic device, the act requires a health insurance carrier to provide coverage for an additional device or devices if the covered person's treating physician determines that the additional device or devices are necessary for the covered person to engage in physical and recreational activities.	\$1,544,491		
HB23-1224: Standardized Health Benefit Plan	The act makes changes to the "Colorado Standardized Health Benefit Plan Act" to require the Colorado health benefit exchange, in collaboration with the commissioner of insurance, and after a stakeholder engagement process with consumers, producers, and insurance carriers, to develop a format for displaying the standardized health benefit plans on the exchange.			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB23-1225: Extend and Modify Prescription Drug Affordability Board	In 2021, the general assembly enacted Senate Bill 21-175, concerning the Colorado prescription drug affordability review board, which created the prescription drug affordability review board in the division of insurance and an affordability review process whereby the board may review costs associated with, and establish upper payment limits for, certain prescription drugs. The 2023 act makes certain changes concerning the board.			
HB23-1227: Enforce Laws against Pharmacy Benefit Managers	The bill allows the Commissioner of Insurance to enforce existing state laws regulating pharmacy benefit managers and impose penalties, and establishes a fee-based registration program for these entities.	\$277,609		\$132,000
SB24-034: Increase Access to School-Based Health Care	For purposes of the school-based health center grant program, the act expands the definition of a school-based health center and the purposes of the grant program to authorize grants for evidence-informed, school-linked health-care services.			
SB24-042: Sickle Cell Disease Community Outreach & Services	The act creates the Arie P. Taylor sickle cell disease outreach program in the department of public health and environment. To implement the outreach program, the act requires the department to contract with one or more community-based nonprofit organizations to provide outreach and support services in the community to individuals living with sickle cell disease and their families.	\$203,494		
SB24-068: Medical Aid-in-Dying	The act modifies medical aid-in-dying laws.			
SB24-116: Discounted Care for Indigent Patients	The act authorizes a licensed or certified hospital to determine presumptive eligibility for Medicaid.	\$1,568,498	\$1,161,228	
SB24-121: Licensure of Critical Access Hospitals	The act authorizes the department of public health and environment to license critical access hospitals separately from general hospitals, and, on and after July 1, 2026, prohibits a person from operating a critical access hospital without a critical access hospital license.			
SB24-167: Training for Entry-level Health-care Workers	The act authorizes the department of public health and environment to require each operator of an assisted living residence to require each direct care worker who provides direct care services to residents of an assisted living residence to take a tuberculosis test and undergo fit testing for a respiratory mask.	\$48,511		
SB24-223: Licensing for Clinics that Provide Fertility Services	The act requires that, beginning in fiscal year 2025-26, the general assembly annually appropriate \$125,000 to the gamete agency, gamete bank, or fertility clinic fund.	\$125,000		

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB24-1262: Maternal Health Midwives	The act requires the Colorado civil rights commission to establish certain parameters when receiving reports for maternity care.	\$198,866		
HB24-1417: Fee Changes Health-care Cash Funds	The act establishes the amounts by which the state board of health in the department of public health and environment may increase the fees payable to the health facilities general licensure cash fund, the assisted living residence cash fund, and the home care agency cash fund.	\$1,074,899		\$1,074,899
HB24-1456: Increase Syphilis Testing During Pregnancy	The act requires the state board of health, on or before January 1, 2025, to promulgate rules concerning prenatal testing standards for syphilis, including the frequency of testing.			
HB24-1459: Birth Equity	The act requires each health-care facility that provides labor and delivery services to establish a policy creating a process for the facility to receive individuals who are pregnant, undergoing physiologic birth, or in the physiologic postpartum process from locations other than licensed facilities.			
SB24-110: Medicaid Prior Authorization Prohibition	The act prohibits the department of health care policy and financing (department) from requiring some adults to be prescribed an antipsychotic prescription drug that is included on the preferred drug list and used to treat a mental health disorder or mental health condition.	\$3,714,199	\$2,516,674	
SB24-168: Remote Monitoring Services for Medicaid Members	Beginning July 1, 2025, the act requires the department of health care policy and financing to provide reimbursement to certain Medicaid members for the use of telehealth remote monitoring for outpatient services.	\$2,162,893	\$1,011,151	
HB24-1045: Treatment for Substance Use Disorders	The act prohibits an insurance carrier that provides coverage for a drug used to treat a substance use disorder under a health benefit plan from requiring prior authorization for the drug based solely on the dosage amount.	\$7,317,181	\$4,042,874	
HB24-1146: Medicaid Provider Suspension for Organized Fraud	The act authorizes the department of health care policy and financing to suspend the enrollment of a Medicaid and children's basic health plan provider only if the state department identifies that the provider is participating in an alleged and ongoing organized crime or organized fraud scheme.			
HB24-1229: Presumptive Eligibility for Long-Term Care	Beginning January 1, 2026, the act removes the requirement that the department of health care policy and financing fully assess a person in need of long-term services and supports for the appropriate level of care before the person is presumed eligible for the medical assistance program.			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB24-1038: High-Acuity Crisis for Children & Youth	The act requires the department of health care policy and financing, in collaboration with the behavioral health administration and the department of human services, to develop a system of care for children and youth who are less than 21 years of age and who have complex behavioral health needs.	\$34,037,760	\$8,898,864	
SB24-073: Maximum Number of Employees to Qualify as Small Employer	Effective January 1, 2026, the act amends the definition to define a “small employer” as any person that employs an average of at least one but not more than 50 employees during a calendar year.			
SB24-080: Transparency in Health-care Coverage	The act requires health insurance carriers to comply with federal price transparency laws and to make available an internet-based self-service tool that provides real-time responses to a covered person’s questions concerning carrier prices that are based on cost-sharing information.	\$251,962		
SB24-093: Continuity of Health-care Coverage Change	The act allows an enrollee in the state Medicaid program or with a private health insurance carrier whose coverage has been terminated or not renewed to receive continued care with the enrollee’s same health-care provider or health-care facility under the enrollee’s new health benefit plan at the in-network level under the enrollee’s new health benefit plan for specified time periods if certain conditions exist.			
SB24-124: Health-care Coverage for Biomarker Testing	The act requires all large group health benefit plans to provide coverage for biomarker testing to guide treatment decisions if the testing is supported by medical and scientific evidence.			
SB24-175: Improving Perinatal Health Outcomes	The act requires health benefit plans to provide coverage for doula services in the same scope and duration of coverage for doula services that will be included in the department of health care policy and financing’s request for federal authorization of doula services under the “Colorado Medical Assistance Act.”	\$1,863,400	\$277,041	
SB24-203: Prescription Drug Board Consider Rare Disease Advisory Council	Current law requires the Colorado prescription drug affordability review board to take certain measures in determining whether to conduct an affordability review for an identified prescription drug. The act requires the board, in making such a determination, to consider whether the drug has an approved orphan drug designation for one or more rare diseases and no other indications and, if so, to consider input from consumers and the Colorado rare disease advisory council.			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB24-1149: Prior Authorization Requirements Alternatives	With regard to prior authorization requirements imposed by carriers, private utilization review organizations, and pharmacy benefit managers for certain health-care services and prescription drug benefits covered under a health benefit plan, the act requires carriers, organizations, and PBMs, as applicable, to adopt a program, in consultation with participating providers, to eliminate or substantially modify prior authorization requirements in a manner that removes administrative burdens on qualified providers and their patients with regard to certain health-care services, prescription drugs, or related benefits based on specified criteria.	\$56,083		
HB24-1258: Credit Covered Person Expenses Insurer Insolvency	For individual health benefit plans, if a covered person has paid any out-of-pocket expenses and the individual's health insurance carrier exits the health insurance market and can no longer provide health insurance benefits to the individual, the act requires the individual's new carrier to credit all of the out-of-pocket expenses paid by the individual in accordance with the original health benefit plan in the given plan year to the new health benefit plan if the individual enrolls in the new health benefit plan in the established special enrollment period.			
HB24-1382: Insurance Coverage Pediatric Neuropsychiatric Syndrome	To the extent the coverage is not in addition to the benefits provided pursuant to the health insurance benchmark plan, the act requires all individual and group health benefit plans to provide health insurance coverage for pediatric acute-onset neuropsychiatric syndrome and includes pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections.	\$9,219		
HB24-1470: Eliminate Premium Tax to Health Insurance Affordability Fund	Starting in the 2023-24 state fiscal year, the act discontinues the allocation of a portion of premium tax revenues to the health insurance affordability cash fund.			
HB25-1002: Medical Necessity Determination Insurance Coverage	The act clarifies that the health benefits coverage for the prevention of, screening for, and treatment of behavioral, mental health, and substance use disorders must be no less extensive than the coverage provided for any physical illness.			
HB25-1033: Medicaid Third-party Liability Payments	The act requires third-party payers to reimburse the department of health care policy and financing for health-care items and services rendered to a Medicaid member regardless of whether prior authorization was obtained.			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
HB25-1094: Pharmacy Benefit Manager Practices	The bill regulates pharmacy benefit manager pricing practices and places disclosure requirements on them.			
HB25-1222: Preserving Access to Rural Independent Pharmacies	The bill places requirements on pharmacy benefit managers engaging with rural independent pharmacies and modifies requirements for certain prescription drug outlets.			
HB25-1162: Eligibility Redetermination for Medicaid Members	The act authorizes the department of health care policy and financing to seek federal authorization to determine a member's eligibility for reenrollment without checking federally approved electronic data sources or requesting additional information if the member's income consists solely of social security income or another source of stable income or assets or if the member's income or assets have not changed since the initial verification during the application process.			
HB25-1223: Capital Needs of Rural and Frontier Hospitals	The department of public health and environment is required to conduct a study of capital needs for rural and frontier hospitals throughout the state.			
HB25-1309: Protect Access to Gender-affirming Health Care	The act codifies gender-affirming health care treatments in statute and prohibits a health benefit plan from denying or limiting medically necessary gender-affirming health care, as determined and prescribed by a physical or behavioral health-care provider.			
SB25-118: Health Insurance Prenatal Care No Cost Sharing	The act requires that, for health insurance policies providing maternity coverage, policies issued or renewed on or after January 1, 2027, must include prenatal care coverage without cost sharing for up to 3 office visits.			
SB25-129: Legally Protected Health-care Activity Protections	The bill strengthens protections for legally protected health care activity, including gender-affirming and reproductive health care.			
SB25-130: Providing Emergency Medical Services	The act requires hospitals, freestanding emergency departments, and licensed health-care facilities that hold themselves out to the public as providing emergency care to provide emergency medical services to a person who presents to the facility when the person requests or a request is made on the person's behalf for emergency medical services.	\$98,458		
SB25-152: Health-care Practitioner Identification Requirements	The bill requires select medical practitioners to communicate information about their state-issued qualifications.			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB25-010: Electronic Communications in Health Care	Subject to specific requirements, the act allows a notice to or from a party or other document required by law in an insurance transaction that is related to a provision of a health insurance contract or that is to serve as evidence of health insurance coverage to be delivered, stored, and presented by electronic means if the electronic means meet the requirements of the "Uniform Electronic Transactions Act."			
SB25-045: Health-care Payment System Analysis	The bill requires the Colorado School of Public Health in the University of Colorado, with assistance from a newly created analysis collaborative, to create a report on model legislation for a universal single-payer health care system.			
SB25-048: Diabetes Prevention & Obesity Treatment Act	Beginning January 1, 2027, the act requires large group health benefit plans to provide coverage for the treatment of the chronic disease of obesity and the treatment of pre-diabetes, including coverage for a comparable program to the national diabetes prevention program, medical nutrition therapy, intensive behavioral or lifestyle therapy, and metabolic and bariatric surgery.			
SB25-071: Prohibit Restrictions on 340B Drugs	The bill prohibits manufacturers from imposing restrictions on 340B Drug Pricing Program facilities and requires covered hospitals to include certain information in their annual reports.			
SB25-084: Medicaid Access to Parenteral Nutrition	The act requires the state department of health care policy and financing to create specific professional dispensing fees for the preparation and dispensing of parenteral nutrition to encourage an adequate level of market participation among infusion pharmacies that serve Medicaid members.	\$109,663	\$54,832	
SB25-228: Enterprise Disability Buy-in Premiums	The act repeals the existing Medicaid buy-in cash fund and creates the healthcare affordability and sustainability Medicaid buy-in cash fund within CHASE and directs that individuals who participate in the existing Medicaid buy-in programs pay their premiums into the buy-in cash fund.			\$6,660,761
SB25-229: Reimbursement for Community Health Workers	Beginning January 1, 2026, the act allows the department of health care policy and financing to reimburse community health workers for services rendered to Medicaid members after receiving any necessary federal authorization.	-\$11,957,591	-\$8,233,986	

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB25-270: Enterprise Nursing Facility Provider Fees	The act repeals the existing nursing facility provider fee and intermediate care facility service fee, effective May 1, 2025, and provides that, beginning on May 1, 2025, and for each state fiscal year thereafter, the Colorado healthcare affordability and sustainability enterprise within the department of health care policy and financing will charge and collect a new healthcare affordability and sustainability nursing facility provider fee and a new healthcare affordability and sustainability intermediate care facility fee that function similarly to the repealed fees.			\$65,136,502
SB25-289: Creation of a Drug Donation Program	The act amends statutory provisions relating to unused medication in facilities, including correctional facilities, nursing care facilities, assisted living residences, hospice, and other facilities, to change the defined term “medication” to “medicine” and specifies the types of unused medicines that may be redispensed to patients or donated to another entity that has legal authority to possess the medicine.			
SB25-290: Stabilization Payments for Safety Net Providers	The act creates the provider stabilization fund for use by Colorado department of health care policy and financing to distribute provider stabilization payments to safety net providers who provide services to low-income, uninsured individuals on a sliding-fee schedule or at no cost.	\$25,000,000		
SB25-294: Behavioral Health Services for Medicaid Members	The act excludes from the statewide managed care program services for Medicaid members in a qualified residential treatment program or a psychiatric residential treatment facility and in the care and custody of a county department of human or social services until July 1, 2026.			
SB25-296: Insurance Coverage for Breast Cancer Examinations	The bill expands the current prohibition on cost sharing to additional types of breast cancer screenings and examinations.			
SB25-297: Implementation of Colorado Natural Medicine Initiative	The bill requires the Department of Public Health and Environment to collect data and information on the health effects of natural medicine and to track information on how regulated natural medicine is used by individuals, among other provisions.	\$445,594		
SB25-301: Remove Authorization Requirement Adjust Chronic Prescription	The act allows a health-care provider to, under certain circumstances, adjust the dose or frequency of a chronic maintenance drug without needing prior authorization from an insurance carrier.			

Title	Description ²	Ongoing State Spending ³	Federal Funding	Direct Private Cost
SB25-308: Medicaid Services Related to Federal Authorizations	The bill creates two cash funds to allow the Department of Health Care Policy and Financing to implement federally matched Medicaid coverage of health-related social need and reentry services, and to reinvest the state savings in the Department of Corrections, the Department of Local Affairs, and the Department of Human Services.	\$7,388,408	\$15,116,936	
SB25-166: Health-care Workplace Violence Incentive Payments	The act includes a performance metric related to workplace violence in determining quality incentive payments made to hospitals.			
SB25-183: Coverage for Pregnancy-related Services	The bill requires the Department of Health Care Policy and Financing to cover abortion care services for Medicaid and Child Health Plan Plus program participants using state funds, and for public employee insurance plans to cover abortion care services for plan members.	-\$81,551	-\$1,721,497	
SB25-192: Sunset Community Health Service Agency	The bill continues the regulation of community integrated health care service agencies through 2034.	\$10,000		\$23,000
SB25-193: Sunset Primary Care Payment Reform Collaborative	The bill continues the regulation of Primary Care Payment Reform Collaborative through 2032.			
SB25-196: Insurance Coverage Preventive Health-care Services	The bill allows the Department of Regulatory Agencies to mandate insurance coverage of certain preventative health care services.			
SB25-226: Extending Spinal & Related Medicine Program	The bill extends a program for complementary and integrative medicine for eligible members with certain mobility impairments in the Department of Health Care Policy and Financing.	\$2,598,294	\$1,280,656	

REFERENCES

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