

Second Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO

REREVISED

This Version Includes All Amendments
Adopted in the Second House

LLS NO. 26-0825.01 Chelsea Princell x4335

HOUSE BILL 26-1411

HOUSE SPONSORSHIP

Brown and Sirota, Bacon, Boesenecker, Carter, Clifford, Duran, English, Froelich, Garcia, Goldstein, Jackson, Joseph, Lindsay, Mabrey, McCluskie, Nguyen, Rutinel, Rydin, Smith, Stewart R., Story, Titone, Velasco, Woodrow, Zokaie

SENATE SPONSORSHIP

Amabile and Kirkmeyer, Bridges

House Committees
Appropriations

Senate Committees
Appropriations

A BILL FOR AN ACT

101 **CONCERNING CHANGES TO HEALTH INSURANCE BENEFITS FOR CERTAIN**
102 **LOW-INCOME INDIVIDUALS WHO ARE NOT ELIGIBLE FOR**
103 **MEDICAL ASSISTANCE DUE TO THEIR IMMIGRATION STATUS,**
104 **AND, IN CONNECTION THEREWITH, MAKING AND REDUCING AN**
105 **APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

Joint Budget Committee. The bill limits the benefits pregnant women and children with a certain family household income and citizen

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

SENATE
3rd Reading Unamended
April 16, 2026

SENATE
Amended 2nd Reading
April 15, 2026

HOUSE
Amended 3rd Reading
April 11, 2026

HOUSE
Amended 2nd Reading
April 9, 2026

or immigration status are eligible for under the state medical assistance program and the medical assistance program.

Eligible pregnant women and children are subject to the following limitations on benefits:

- Beginning July 1, 2026, there is an annual cap on dental services in the amount of \$750;
- Beginning January 1, 2027, behavioral health services offered must be provided on a fee-for-service basis only;
- Beginning January 1, 2027, services offered through the accountable care collaborative are no longer covered; and
- Beginning January 1, 2027, managed care services through the medical assistance program are no longer covered.

Beginning January 1, 2027, children under 19 years old whose family household income does not exceed 260% of the federal poverty line, adjusted for family size, and who are not eligible for the medical assistance program due to their immigration status, are not eligible for home- and community-based services, community first choice, long-term home health, private duty nursing, hospice care, and nursing home care unless those children already receive those services on or before December 31, 2026.

For the 2026-27 state fiscal year, the bill caps enrollment of children in the state medical assistance program at 25,000 children if certain conditions are met.

The bill repeals provisions requiring the department of health care policy and financing to develop an outreach and enrollment strategy for enrolling eligible groups into new coverage options.

The bill repeals the state children's basic health plan.

The bill makes and reduces an appropriation to the department of health care policy and financing.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 25.5-2-104, **amend**
3 **(1)**; and **add (3.5)** as follows:


4 **25.5-2-104. State-funded health and medical care - rules.**

5 (1) (a) ~~Beginning no later than January 1, 2025,~~ There is created
6 the state medical assistance program, referred to in this section as "state
7 medical assistance". SUBJECT TO THE LIMITATIONS DETAILED IN
8 SUBSECTION (1)(b) OF THIS SECTION, state medical assistance includes all

1 benefits and services at the same cost to the beneficiary as ~~are~~ BENEFITS
2 AND SERVICES offered pursuant to the medical assistance program,
3 defined in section 25.5-4-103 (13), such that, to the maximum extent
4 possible, AN eligible ~~individuals must not be~~ INDIVIDUAL IS NOT able to
5 tell that ~~the person is~~ THEY ARE enrolled in a different program from
6 medical assistance, ~~pursuant to~~ AS DEFINED IN section 25.5-4-103 (13).

7 (b) PREGNANT WOMEN WHO ARE NOT ELIGIBLE FOR THE MEDICAL
8 ASSISTANCE PROGRAM SOLELY DUE TO THEIR IMMIGRATION STATUS AND
9 CHILDREN UNDER NINETEEN YEARS OLD WHOSE FAMILY HOUSEHOLD
10 INCOME DOES NOT EXCEED TWO HUNDRED SIXTY PERCENT OF THE
11 FEDERAL POVERTY LINE, ADJUSTED FOR FAMILY SIZE, AND WHO DO NOT
12 MEET THE IMMIGRATION REQUIREMENTS FOR ELIGIBILITY ARE SUBJECT TO
13 THE FOLLOWING LIMITATIONS ON BENEFITS:

14 (I) BEGINNING JULY 1, 2026, THEY ARE SUBJECT TO AN ANNUAL
15 CAP ON DENTAL SERVICES IN THE AMOUNT OF SEVEN HUNDRED FIFTY
16 DOLLARS;

17 
18 (II) BEGINNING JANUARY 1, 2027, THEY MUST BE OFFERED
19 BEHAVIORAL HEALTH SERVICES ON A FEE-FOR-SERVICE BASIS ONLY;

20 (III) BEGINNING JANUARY 1, 2027, THEY ARE NOT ELIGIBLE FOR
21 SERVICES OFFERED THROUGH THE ACCOUNTABLE CARE COLLABORATIVE
22 PURSUANT TO SECTION 25.5-5-419; AND

23 (IV) BEGINNING JANUARY 1, 2027, THEY SHALL NOT RECEIVE
24 MANAGED CARE SERVICES PURSUANT TO PART 4 OF ARTICLE 5 OF THIS
25 TITLE 25.5.

26 (c) BEGINNING JANUARY 1, 2027, CHILDREN UNDER NINETEEN
27 YEARS OLD WHOSE FAMILY HOUSEHOLD INCOME DOES NOT EXCEED TWO

1 HUNDRED SIXTY PERCENT OF THE FEDERAL POVERTY LINE, ADJUSTED FOR
2 FAMILY SIZE, AND WHO ARE NOT ELIGIBLE FOR THE MEDICAL ASSISTANCE
3 PROGRAM DUE TO THEIR IMMIGRATION STATUS, SHALL NOT RECEIVE,
4 PURSUANT TO THE STATE MEDICAL ASSISTANCE PROGRAM CREATED IN
5 THIS SECTION, LONG-TERM SERVICES AND SUPPORTS DESCRIBED IN
6 SECTION 25.5-5-102 (1)(e); SECTION 25.5-5-202 (1)(c), (1)(n), AND (1)(p);
7 HOME HEALTH SERVICES DESCRIBED IN SECTION 25.5-5-102 (1)(f) FOR
8 MEMBERS WHO REQUIRE ONGOING HOME HEALTH SERVICES FOLLOWING
9 SIXTY DAYS OF ACUTE HOME HEALTH SERVICES; AND SERVICES DESCRIBED
10 IN PART 19 OF ARTICLE 6 OF THIS TITLE 25.5 UNLESS THEY ALREADY
11 RECEIVE THESE SERVICES ON OR BEFORE DECEMBER 31, 2026.

12 (3.5) (a) FOR THE 2026-27 STATE FISCAL YEAR, ENROLLMENT IN
13 STATE MEDICAL ASSISTANCE OF CHILDREN UNDER NINETEEN YEARS OLD
14 WHOSE FAMILY HOUSEHOLD INCOME DOES NOT EXCEED TWO HUNDRED
15 SIXTY PERCENT OF THE FEDERAL POVERTY LINE, ADJUSTED FOR FAMILY
16 SIZE, AND WHO ARE NOT ELIGIBLE FOR THE MEDICAL ASSISTANCE
17 PROGRAM DUE TO THEIR IMMIGRATION STATUS, IS SUBJECT TO AN
18 ENROLLMENT CAP OF TWENTY-FIVE THOUSAND IF ONE OF THE FOLLOWING
19 CONDITIONS IS MET:

20 (I) ENROLLMENT OF THE CHILDREN DESCRIBED IN THIS SUBSECTION
21 (3.5)(a) IN STATE MEDICAL ASSISTANCE EXCEEDS TWENTY-FIVE THOUSAND
22 CHILDREN; OR

23 (II) EXPENDITURES FOR A FISCAL QUARTER OF THE 2026-27 STATE
24 FISCAL YEAR EXCEED ONE QUARTER OF THE APPROPRIATION FOR STATE
25 MEDICAL ASSISTANCE PLUS FIVE PERCENT TO ACCOUNT FOR COST
26 FLUCTUATIONS DUE TO SEASONALITY.

27 (b) IF A CONDITION DETAILED IN SUBSECTION (3.5)(a) OF THIS

1 SECTION IS MET, THE STATE DEPARTMENT MUST CAP THE ENROLLMENT OF
2 THE CHILDREN DESCRIBED IN SUBSECTION (3.5)(a) OF THIS SECTION AT
3 TWENTY-FIVE THOUSAND CHILDREN BEGINNING ON THE FIRST DAY OF THE
4 MONTH FOLLOWING SIXTY DAYS AFTER THE STATE DEPARTMENT
5 DETERMINES THAT A CONDITION DETAILED IN SUBSECTION (3.5)(a) OF THIS
6 SECTION IS MET.

7 (c) THE STATE DEPARTMENT SHALL ADOPT RULES NECESSARY TO
8 IMPLEMENT THE ENROLLMENT CAP DETAILED IN THIS SUBSECTION (3.5).

9 (d) ON OR BEFORE NOVEMBER 1, 2026, THE STATE DEPARTMENT
10 SHALL SUBMIT A REPORT TO THE JOINT BUDGET COMMITTEE DETAILING
11 WHAT IS DRIVING ENROLLMENT AND UTILIZATION OF STATE MEDICAL
12 ASSISTANCE BY CHILDREN WHO ARE UNDER NINETEEN YEARS OLD WHOSE
13 FAMILY HOUSEHOLD INCOME DOES NOT EXCEED TWO HUNDRED SIXTY
14 PERCENT OF THE FEDERAL POVERTY LINE, ADJUSTED FOR FAMILY SIZE, AND
15 WHO ARE NOT ELIGIBLE FOR THE MEDICAL ASSISTANCE PROGRAM DUE TO
16 THEIR IMMIGRATION STATUS. THE REPORT MUST INCLUDE STRATEGIES FOR
17 REDUCING COSTS ASSOCIATED WITH ENROLLING THESE CHILDREN IN STATE
18 MEDICAL ASSISTANCE.



20 **SECTION 2.** In Colorado Revised Statutes, 25.5-5-201, **amend**
21 (6)(a) and (6)(b) as follows:

22 **25.5-5-201. Optional provisions - optional groups - rules.**

23 (6) (a) ~~Beginning no later than January 1, 2025,~~ A pregnant person
24 who is not a citizen and who is not eligible for medical assistance
25 pursuant to subsection (4) of this section is eligible to receive medical
26 assistance pursuant to this subsection (6)(a), SUBJECT TO THE LIMITATIONS
27 DETAILED IN SECTION 25.5-2-104 (1)(b), if the individual meets the

1 eligibility requirements other than those related to citizenship and
2 immigration status.

3 (b) A pregnant person who is eligible for medical assistance
4 pursuant to this subsection (6) remains continuously eligible for all
5 medical services pursuant to the medical assistance program, SUBJECT TO
6 THE LIMITATIONS DETAILED IN SECTION 25.5-2-104 (1)(b), for the
7 twelve-month postpartum period, so long as eligibility remains in effect
8 pursuant to subsection (4.5)(a) of this section.

9 **SECTION 3.** In Colorado Revised Statutes, 25.5-8-107, **repeal**
10 (1)(i) as follows:

11 **25.5-8-107. Duties of the department - schedule of services -**
12 **premiums - copayments - subsidies - purchase of childhood**
13 **immunizations.**

14 (1) In addition to any other duties pursuant to this article 8, the
15 department has the following duties:

16 (i) ~~(f) The department shall develop and implement an outreach~~
17 ~~strategy for Coloradans who become eligible for health coverage pursuant~~
18 ~~to section 25.5-2-104, 25.5-2-105, 25.5-5-201 (6), or 25.5-8-109 (7). The~~
19 ~~state department shall work with stakeholders to develop an outreach~~
20 ~~strategy that includes:~~

21 ~~(A) Funding for community-based organizations to partner with~~
22 ~~the department on outreach;~~

23 ~~(B) A method for providing information related to eligibility and~~
24 ~~enrollment that can be provided to nonprofit partners, school districts, and~~
25 ~~charter schools for outreach purposes; and~~

26 ~~(C) At a minimum, providing information related to eligibility and~~
27 ~~coverage in English, Spanish, and in each language spoken by at least~~

1 ~~two-and-one-half percent of the population of any county who speak~~
2 ~~English less than very well, as defined by the United States bureau of the~~
3 ~~census American community survey, and who speak the minority~~
4 ~~language at home;~~

5 ~~(H) Approximately twelve and twenty-four months after~~
6 ~~implementation of the strategy required pursuant to subsection (1)(i)(I) of~~
7 ~~this section, the department shall convene stakeholders, including directly~~
8 ~~impacted individuals, service providers, and advocacy organizations that~~
9 ~~are diverse with regard to race, ethnicity, immigration status, sexual~~
10 ~~orientation, and gender identity and who are affected by higher rates of~~
11 ~~health disparities and inequities. The department shall report on the~~
12 ~~outreach and enrollment strategy outcomes, including enrollment of~~
13 ~~eligible persons into these programs compared to those persons who are~~
14 ~~eligible for coverage, but not enrolled.~~

15 **SECTION 4.** In Colorado Revised Statutes, **repeal** 25.5-2-105.

16 **SECTION 5.** In Colorado Revised Statutes, 24-75-109, **repeal**
17 (1)(a.8) as follows:

18 **24-75-109. Controller may allow expenditures in excess of**
19 **appropriations - limitations - appropriations for subsequent fiscal**
20 **year restricted - repeal.**

21 (1) For the purpose of closing the state's books, and subject to the
22 provisions of this section, the controller may, on or after May 1 of any
23 fiscal year and before the forty-fifth day after the close thereof, upon
24 approval of the governor, allow any department, institution, or agency of
25 the state, including any institution of higher education, to make an
26 expenditure in excess of the amount authorized by an item of
27 appropriation for such fiscal year if:

1 (a.8) ~~The overexpenditure is by the department of health care~~
2 ~~policy and financing for the state children's basic health plan, established~~
3 ~~pursuant to section 25.5-2-105; or~~

4 **SECTION 6.** In Colorado Revised Statutes, 25.5-4-201, **amend**
5 (1) as follows:

6 **25.5-4-201. Cash system of accounting - financial**
7 **administration of medical services premiums - medical programs**
8 **administered by department of human services - federal**
9 **contributions - rules.**

10 (1) The state department shall utilize the cash system of
11 accounting, as enunciated by the governmental accounting standards
12 board, regardless of the source of revenues involved, for all activities of
13 the state department relating to the financial administration of any
14 nonadministrative expenditure that qualifies for federal financial
15 participation under Title XIX of the federal "Social Security Act", and for
16 the administration of the state-funded health and medical care program,
17 created pursuant to section 25.5-2-104, ~~and for the state children's basic~~
18 ~~health plan, created pursuant to section 25.5-2-105,~~ except for
19 expenditures under the program for the medically indigent, article 3 of
20 this title 25.5.

21 **SECTION 7.** In Colorado Revised Statutes, 25.5-5-335, **amend**
22 (2)(a), (2)(b), and (7)(b) as follows:

23 **25.5-5-335. Continuous medical coverage for children and**
24 **adults feasibility study - federal authorization - rules - report -**
25 **definition.**

26 (2) At a minimum, the feasibility study must consider the costs;
27 implementation factors, including county workload, training, and

1 administrative burdens on the counties, information technology systems,
2 upgrades, and associated costs; potential health benefits for individuals
3 and communities, including disadvantaged and marginalized groups;
4 impacts of increased use of preventive and high-value health services;
5 administrative savings, including, but not limited to, reducing or
6 eliminating eligibility processing for populations during the continuous
7 eligibility period; reductions in administrative turnover and coverage loss;
8 and, to the extent practicable, social and economic impacts with respect
9 to the following:

10 (a) Allowing an eligible child, as defined in this article 5 and
11 articles 2, 3, 6, and 8 of this title 25.5, including children eligible under
12 ~~sections 25.5-2-104 and 25.5-2-105~~ SECTION 25.5-2-104, to remain
13 continuously eligible for medical assistance ~~and the children's basic~~
14 ~~health plan~~ for twenty-four months after the last day of the month in
15 which the child was enrolled;

16 (b) Allowing an eligible child, as defined in this article 5 and
17 articles 2, 3, 6, and 8 of this title 25.5, including children eligible under
18 ~~sections 25.5-2-104 and 25.5-2-105~~ SECTION 25.5-2-104 who are less than
19 six years ~~of age~~ OLD, to remain continuously eligible for medical
20 assistance ~~or the children's basic health plan~~ without regard to a change
21 in household income until the child reaches six years ~~of age~~ OLD;

22 (7) (b) For purposes of seeking federal authorization pursuant to
23 subsection (7)(a) of this section, an eligible child is as defined in this
24 article 5 and articles 2, 3, 6, and 8 of this title 25.5, including a child
25 eligible pursuant to ~~sections 25.5-2-104 and 25.5-2-105~~ SECTION
26 25.5-2-104, and must be under three years ~~of age~~ OLD. An eligible child
27 ~~shall remain~~ REMAINS continuously eligible without regard to household

1 income until the eligible child reaches three years of age OLD; except that
2 a child is no longer eligible and must be disenrolled from a medical
3 assistance program if the state department becomes aware that the child
4 has moved out of the state, the state department or county possesses facts
5 indicating that the family has requested the child's voluntary
6 disenrollment, the state department determines eligibility was erroneously
7 granted, or the child is deceased.

8 **SECTION 8. Appropriation - adjustments to 2026 long bill.**

9 (1) For the 2026-27 state fiscal year, \$3,378,166 is appropriated to the
10 department of health care policy and financing. This appropriation is from
11 the general fund. To implement this act, the department may use this
12 appropriation as follows:

13 (a) \$2,286,549 for Medicaid management information system
14 maintenance and projects;

15 (b) \$1,017,700 for Colorado benefits management systems,
16 operating and contract expenses; and

17 (c) \$73,917 for behavioral health fee-for-service payments, which
18 amount is subject to the "(M)" notation as defined in the annual general
19 appropriation act for the same fiscal year.

20 (2) For the 2026-27 state fiscal year, the general assembly
21 anticipates that the department of health care policy and financing will
22 receive \$137,274 in federal funds for behavioral health fee-for-service
23 payments to implement this act. The appropriation in subsection (1)(c) of
24 this section is based on the assumption that the department will receive
25 this amount of federal funds.

26 (3) Except as provided in subsection (5) of this section, to
27 implement this act, general fund appropriations made in the annual

1 general appropriation act for the 2026-27 state fiscal year to the
2 department of health care policy and financing are decreased as follows:

3 (a) \$262,500 for general professional services and special
4 projects;

5 (b) \$271,951 for medical and long-term care services for
6 Medicaid-eligible individuals, which amount is subject to the "(M)"
7 notation as defined in the annual general appropriation act for the same
8 fiscal year;

9 (c) \$753,747 for behavioral health capitation payments, which
10 amount is subject to the "(M)" notation as defined in the annual general
11 appropriation act for the same fiscal year; and

12 (d) \$15,006,358 for health benefits for children lacking access
13 due to immigration status.

14 (4) The decrease of the appropriations in subsection (3) of this
15 section is based on the assumption that the anticipated amount of federal
16 funds received for the 2026-27 state fiscal year by the department of
17 health care policy and financing will decrease as follows:

18 (a) \$487,500 for general professional services and special
19 projects, which is subject to the "(I)" notation as defined in the annual
20 general appropriation act for the same fiscal year;

21 (b) \$505,052 for medical and long-term care services for
22 Medicaid-eligible individuals; and

23 (c) \$1,399,814 for behavioral health capitation payments.

24 (5) Subsection (3) of this section does not require a reduction of
25 an appropriation in the annual general appropriation act for the 2026-27
26 state fiscal year if either:

27 (a) The amount of the general fund appropriation made in the

1 annual general appropriation act for the 2026-27 state fiscal year to the
2 department of health care policy and financing is less than the amount of
3 the adjustments required in subsection (3) of this section for:

4 (I) General professional services and special projects;

5 (II) Medical and long-term care services for Medicaid-eligible
6 individuals;

7 (III) Behavioral health capitation payments; or

8 (IV) Health benefits for children lacking access due to
9 immigration status; or

10 (b) The annual general appropriation act for the 2026-27 state
11 fiscal year does not include an appropriation to the department of health
12 care policy and financing for:

13 (I) General professional services and special projects;

14 (II) Medical and long-term care services for Medicaid-eligible
15 individuals;

16 (III) Behavioral health capitation payments; or

17 (IV) Health benefits for children lacking access due to
18 immigration status.

19 **SECTION 9. Appropriation - adjustments to 2026 long bill.**

20 (1) Except as provided in subsection (3) of this section, to implement this
21 act, the cash funds appropriation from the adult dental fund created in
22 section 25.5-5-207 (4)(a), C.R.S., made in the annual general
23 appropriation act for the 2026-27 state fiscal year to the department of
24 health care policy and financing for medical and long-term care services
25 for Medicaid-eligible individuals is decreased by \$396,038

26 (2) The decrease of the appropriations in subsection (1) of this
27 section is based on the assumption that the anticipated amount of federal

1 funds received for the 2026-27 state fiscal year by the department of
2 health care policy and financing for medical and long-term care services
3 for Medicaid-eligible individuals will decrease by \$735,499.

4 (3) Subsection (1) of this section does not require a reduction of
5 an appropriation in the annual general appropriation act for the 2026-27
6 state fiscal year if either:

7 (a) The amount of the cash funds appropriation from the adult
8 dental fund created in section 25.5-5-207 (4)(a), C.R.S., made in the
9 annual general appropriation act for the 2026-27 state fiscal year to the
10 department of health care policy and financing for medical and long-term
11 care services for Medicaid-eligible individuals is less than the amount of
12 the adjustment required in subsection (1) of this section; or

13 (b) The annual general appropriation act for the 2026-27 state
14 fiscal year does not include an appropriation to the department of health
15 care policy and financing for medical and long-term care services for
16 Medicaid-eligible individuals.

17 **SECTION 10. Appropriation - adjustments to 2026 long bill.**

18 (1) Except as provided in subsection (3) of this section, to implement this
19 act, the general fund appropriation made in the annual general
20 appropriation act for the 2026-27 state fiscal year to the department of
21 health care policy and financing for medical and long-term care services
22 for Medicaid-eligible individuals is decreased by \$396,038, which
23 amount is subject to the "(M)" notation as defined in the annual general
24 appropriation act for the same fiscal year.

25 (2) The decrease of the appropriations in subsection (1) of this
26 section is based on the assumption that the anticipated amount of federal
27 funds received for the 2026-27 state fiscal year by the department of

1 health care policy and financing for medical and long-term care services
2 for Medicaid-eligible individuals will decrease by \$735,499.

3 (3) Subsection (1) of this section does not require a reduction of
4 an appropriation in the annual general appropriation act for the 2026-27
5 state fiscal year if either:

6 (a) The amount of the general fund appropriation made in the
7 annual general appropriation act for the 2026-27 state fiscal year to the
8 department of health care policy and financing for medical and long-term
9 care services for Medicaid-eligible individuals is less than the amount of
10 the adjustment required in subsection (1) of this section; or

11 (b) The annual general appropriation act for the 2026-27 state
12 fiscal year does not include an appropriation to the department of health
13 care policy and financing for medical and long-term care services for
14 Medicaid-eligible individuals.

APPROPRIATION FROM

ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

1 **SECTION 11. Appropriation to the department of health care policy and financing for the fiscal year beginning July 1, 2025.** In Session Laws of Colorado 2025, section
 2 of chapter 476, (SB 25-206), **amend** Part VI (1)(A) and the affected totals as Part VI is amended by section 5 of chapter 150, (SB 25-228), and section 17 of chapter 151, (SB 25-270),
 3 and as Part VI (1)(A) and the affected totals are further amended by section 1 of HB 26-1155 as follows:

4 Section 2. **Appropriation.**

PART VI

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

8 **(1) EXECUTIVE DIRECTOR'S OFFICE**

9 **(A) General Administration**

10 Personal Services	76,144,403					
	(795.8 FTE)					
12 Health, Life, and Dental	13,063,358					
13 Short-term Disability	51,631					
14 Paid Family and Medical						
15 Leave Insurance	378,612					

APPROPRIATION FROM

	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
1	Unfunded Liability						
2	Amortization Equalization						
3	Disbursement Payments	7,939,888					
4	Salary Survey	2,299,634					
5	Step Pay	151,359					
6	PERA Direct Distribution	1,638,429					
7	Workers' Compensation	230,107					
8	Operating Expenses	3,400,301					
9	Legal Services	2,824,915					
10	Administrative Law Judge						
11	Services	2,636,344					
12	Payment to Risk						
13	Management and Property						
14	Funds	280,008					
15	Leased Space	3,712,918					

APPROPRIATION FROM

	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
1	Payments to OIT	15,566,219					
2	CORE Operations	35,879					
3	General Professional						
4	Services and Special						
5	Projects	47,899,410					
6		47,524,410					
7		178,253,415	69,183,269		14,104,503 ^a	3,852,606 ^b	91,113,037(I)
8		177,878,415	69,052,019				90,869,287(I)
9							

10 ^a Of this amount, \$12,618,763 shall be from the Healthcare Affordability and Sustainability Fee Cash Fund created in Section 25.5-4-402.4 (5)(a), C.R.S., \$399,810 shall be from the
11 Healthcare Affordability and Sustainability Nursing Facility Provider Fee Cash Fund created in Section 25.5-4-402.4 (5.5)(a), C.R.S., \$361,397 shall be from the Children's Basic Health
12 Plan Trust created in Section 25.5-8-105 (1), C.R.S., \$278,999 shall be from the Adult Dental Fund created in Section 25.5-5-207 (4)(a), C.R.S., \$204,488 shall be from the Primary
13 Care Fund created in Section 24-22-117 (2)(b)(I), C.R.S., \$131,531 shall be from the Nursing Home Penalty Cash Fund created in Section 25.5-6-205 (3)(a), C.R.S., \$59,140 shall be
14 from the Healthcare Affordability and Sustainability Intermediate Care Facility Fee Cash Fund created in Section 25.5-4-402.4 (5.7)(a), C.R.S., and \$50,375 shall be from the Breast
15 and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (8)(a)(I), C.R.S.

APPROPRIATION FROM

ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

1 ^b Of this amount, \$1,374,082 shall be transferred from the Department of Human Services from the Health Care and Economic Security Staff Development Center line item appropriation,
2 \$881,600 shall be from statewide indirect cost recoveries, \$839,181 shall be transferred from the Colorado Benefits Management System, Health Care and Economic Security Staff
3 Development Center line item appropriation in this department, \$577,832 shall be transferred from the Department of Higher Education from the Fee-for-service Contracts with State
4 Institutions for Speciality Education Programs line item, \$95,773 shall be from the Department of Personnel and Administration, \$57,678 shall be from the Department of Early Childhood,
5 and \$26,460 shall be from the Department of Public Health and Environment from the Women, Infants, and Children Supplemental Food Grant line item.

6 **TOTALS PART VI**

7 **(HEALTH CARE**

8 **POLICY AND**

9 **FINANCING)²⁵**

	\$18,980,783,085	\$4,381,549,873	\$1,293,261,386 ^a	\$2,168,909,052 ^b	\$160,576,367	\$10,976,486,407 ^c
	<u>\$18,980,408,085</u>	<u>\$4,381,418,623</u>				<u>\$10,976,242,657^c</u>

12 ^a Of this amount, \$1,292,968,309 shall be from the General Fund Exempt Account created in Section 24-77-103.6 (2), C.R.S., and \$293,077 shall be General Fund Exempt pursuant to
13 Section 24-22-117 (1)(c)(I)(B.5), C.R.S. Said \$293,077 is not subject to the statutory limitation on General Fund appropriations imposed by Section 24-75-201.1, C.R.S.

14 ^b Of this amount, \$22,134,496 contains an (I) notation.

15 ^c Of this amount, ~~\$422,806,064~~ \$422,562,314 contains an (I) notation.

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SECTION 12. Effective date. This act takes effect upon passage; except that section 8 of this act takes effect only if the annual general appropriation act for the 2026-27 state fiscal year becomes law, in which case section 8 takes effect upon the effective date of this act or of the annual general appropriation act for state fiscal year 2026-27, whichever is later; section 9 of this act takes effect only if House Bill 26-1401 does not become law, in which case section 9 takes effect upon the effective date of this act; and section 10 of this act takes effect only if House Bill 26-1401 becomes law, in which case section 10 takes effect upon the effective date of this act or of House Bill 26-1401, whichever is later.

SECTION 13. Safety clause. The general assembly finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety or for appropriations for the support and maintenance of the departments of the state and state institutions.