

Second Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

LLS NO. 26-1020.01 Ken Fowler x2372

SENATE BILL 26-187

SENATE SPONSORSHIP

Amabile and Bridges, Kirkmeyer

HOUSE SPONSORSHIP

Brown and Taggart, Sirota

Senate Committees

Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING THE CREATION OF A COMMISSION TO STUDY MEDICAID,**
102 **AND, IN CONNECTION THEREWITH, MAKING AN 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 creates the commission on medicaid (commission). The commission consists of 10 members of the general assembly. The purpose of the commission is to develop recommendations regarding medicaid spending, utilization, and administration considering new federal policies.

The commission is required to:

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
Amended 2nd Reading
May 6, 2026

- Convene at least 6 times but no more than 12 times;
- Invite relevant state agency representatives and medicaid stakeholders to present and provide feedback on medicaid spending, utilization, and administration; and
- Submit a report to the general assembly and the governor documenting the commission's process and any recommendations by December 11, 2026.

The bill makes an appropriation.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and declares that:

4 (a) Medicaid is a critical part of Colorado's social safety net,
5 health-care system, and broader economy. It provides health-care
6 coverage for more than 20% of Coloradans and represents about one-third
7 of the state budget;

8 (b) Because of medicaid's far-reaching impacts on the state's
9 health-care system, economy, and budget, all Coloradans, whether they
10 have direct connection to medicaid or not, have a shared interest in
11 ensuring the program is stable, strong, and serving Colorado well;

12 (c) Colorado's department of health care policy and financing
13 leadership has been criticized for their handling of medicaid public health
14 emergency coverage requirements, nonemergency medical transportation,
15 and benefits for children with autism, and state legislators have not had
16 timely or complete information about these issues, which has left them
17 limited in their ability to respond appropriately; and

18 (d) In order to legislate effectively and fulfill the appropriate
19 oversight role of the general assembly, reliable data, timely information,
20 and a shared understanding of the priorities and work between the
21 legislators and the governor's office are needed.

1 **SECTION 2.** In Colorado Revised Statutes, **add** part 26 to article
2 of title 2 as follows:

3 PART 26

4 COMMISSION ON MEDICAID

5 **2-2-2601. Commission on medicaid - creation - powers and**
6 **duties - report - repeal.**

7 (1) NOTWITHSTANDING SECTION 2-3-303.3, THERE IS CREATED IN
8 THE LEGISLATIVE DEPARTMENT THE COMMISSION ON MEDICAID, REFERRED
9 TO IN THIS SECTION AS THE "COMMISSION", FOR THE PURPOSE OF MAKING
10 RECOMMENDATIONS REGARDING IMPLEMENTING FEDERAL MEDICAID
11 POLICY CHANGES IN 2026, 2027, AND 2028 AND APPROPRIATELY
12 SUPPORTING COLORADANS IMPACTED BY THOSE POLICY CHANGES.

13 (2) (a) THE COMMISSION CONSISTS OF TEN LEGISLATORS AS
14 FOLLOWS:

15 (I) THE MEMBERS OF THE JOINT BUDGET COMMITTEE ON THE
16 EFFECTIVE DATE OF THIS SECTION;

17 (II) THE CHAIR OF THE HOUSE OF REPRESENTATIVES HEALTH AND
18 HUMAN SERVICES COMMITTEE ON THE EFFECTIVE DATE OF THIS SECTION;

19 (III) THE CHAIR OF THE SENATE HEALTH AND HUMAN SERVICES
20 COMMITTEE ON THE EFFECTIVE DATE OF THIS SECTION;

21 (IV) A MEMBER OF THE HOUSE OF REPRESENTATIVES HEALTH AND
22 HUMAN SERVICES COMMITTEE, APPOINTED BY THE MINORITY LEADER OF
23 THE HOUSE OF REPRESENTATIVES; AND

24 (V) A MEMBER OF THE SENATE HEALTH AND HUMAN SERVICES
25 COMMITTEE, APPOINTED BY THE MINORITY LEADER OF THE SENATE.

26 (b) THE COMMISSION SHALL SELECT A CHAIR AND VICE-CHAIR
27 FROM AMONG ITS MEMBERS.

1 (c) (I) IF A VACANCY ON THE COMMISSION OCCURS, THE
2 APPROPRIATE APPOINTING AUTHORITY SHALL APPOINT A QUALIFIED
3 REPLACEMENT MEMBER OF THE GENERAL ASSEMBLY TO FILL THE VACANT
4 POSITION NO LATER THAN TEN BUSINESS DAYS AFTER THE DATE THE
5 VACANCY IS DEEMED TO EXIST.

6 (II) FOR THE PURPOSES OF FILLING A VACANCY OF A COMMISSION
7 MEMBER DESCRIBED IN SUBSECTION (2)(a)(I) OF THIS SECTION, THE
8 QUALIFIED REPLACEMENT NEED NOT BE A MEMBER OF THE JOINT BUDGET
9 COMMITTEE AND THE APPROPRIATE APPOINTING AUTHORITY IS:

10 (A) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES, IF THE
11 DEPARTING MEMBER WAS A MEMBER OF THE MAJORITY PARTY OF THE
12 HOUSE OF REPRESENTATIVES;

13 (B) THE PRESIDENT OF THE SENATE, IF THE DEPARTING MEMBER
14 WAS A MEMBER OF THE MAJORITY PARTY OF THE SENATE;

15 (C) THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES,
16 IF THE DEPARTING MEMBER WAS A MEMBER OF THE MINORITY PARTY OF
17 THE HOUSE OF REPRESENTATIVES; AND

18 (D) THE MINORITY LEADER OF THE SENATE, IF THE DEPARTING
19 MEMBER WAS A MEMBER OF THE MINORITY PARTY OF THE SENATE.

20 (III) FOR THE PURPOSES OF FILLING A VACANCY OF A COMMISSION
21 MEMBER DESCRIBED IN SUBSECTION (2)(a)(II) OF THIS SECTION, THE
22 QUALIFIED REPLACEMENT NEED NOT BE THE CHAIR OF THE HOUSE OF
23 REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE, BUT MUST
24 BE A MEMBER OF THE COMMITTEE, AND THE APPROPRIATE APPOINTING
25 AUTHORITY IS THE SPEAKER OF THE HOUSE OF REPRESENTATIVES.

26 (IV) FOR THE PURPOSES OF FILLING A VACANCY OF A COMMISSION
27 MEMBER DESCRIBED IN SUBSECTION (2)(a)(III) OF THIS SECTION, THE

1 QUALIFIED REPLACEMENT NEED NOT BE THE CHAIR OF THE SENATE HEALTH
2 AND HUMAN SERVICES COMMITTEE, BUT MUST BE A MEMBER OF THE
3 COMMITTEE, AND THE APPROPRIATE APPOINTING AUTHORITY IS THE
4 PRESIDENT OF THE SENATE.

5 (3) NOTWITHSTANDING SECTION 2-2-307 (3)(e), MEMBERS OF THE
6 COMMISSION ARE ENTITLED TO PER DIEM AND TRAVEL EXPENSES FOR
7 THEIR ATTENDANCE AT COMMISSION MEETINGS DURING THE 2026 INTERIM.

8 (4) (a) AS SOON AS FEASIBLE AFTER THE EFFECTIVE DATE OF THIS
9 SUBSECTION (4), THE DIRECTOR OF RESEARCH FOR THE LEGISLATIVE
10 COUNCIL SHALL ISSUE A REQUEST FOR PROPOSALS FOR A TECHNICAL
11 ADVISOR. THE TECHNICAL ADVISOR MUST HAVE EXPERIENCE IN
12 HEALTH-CARE POLICY, HAVE AN UNDERSTANDING OF HOW COLORADO'S
13 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING WORKS, HAVE NO
14 CONFLICTS OF INTEREST, HAVE EXPERIENCE FACILITATING MEETINGS AND
15 PROVIDING TECHNICAL SUPPORT TO WORKING GROUPS, AND HAVE THE
16 ABILITY TO WRITE A REPORT. THE COMMISSION SHALL SELECT A
17 TECHNICAL ADVISOR AND ENTER INTO A CONTRACT WITH THE TECHNICAL
18 ADVISOR TO ASSIST IN WRITING THE RECOMMENDATIONS OF THE
19 COMMISSION AND PROVIDING ASSISTANCE TO THE COMMISSION.

20 (b) THE LEGISLATIVE COUNCIL STAFF SHALL ASSIST THE
21 COMMISSION IN CARRYING OUT ITS DUTIES REQUIRED IN THIS SECTION.

22 (5) (a) THE COMMISSION SHALL INVITE REPRESENTATIVES FROM
23 THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE
24 BEHAVIORAL HEALTH ADMINISTRATION, THE COLORADO DEPARTMENT OF
25 HUMAN SERVICES, THE GOVERNOR'S OFFICE, AND OTHER STATE AGENCIES,
26 AS DETERMINED BY THE COMMISSION, TO PRESENT TO OR COLLABORATE
27 WITH THE COMMISSION.

1 (b) THE COMMISSION MAY INVITE COMMUNITY-BASED MEDICAID
2 STAKEHOLDERS OR NATIONALLY RECOGNIZED MEDICAID EXPERTS TO
3 PRESENT TO THE COMMISSION AND PROVIDE FEEDBACK ON COMMISSION
4 RECOMMENDATIONS.

5 (c) THE COMMISSION MAY REQUEST DATA FROM THE DEPARTMENT
6 OF HEALTH CARE POLICY AND FINANCING OR OTHER STATE AGENCIES. THE
7 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING OR OTHER STATE
8 AGENCIES SHALL, WITHIN EXISTING RESOURCES, PROVIDE THE COMMISSION
9 WITH THE DATA REQUESTED.

10 (6) THE COMMISSION SHALL MEET BEGINNING AS SOON AS
11 PRACTICABLE AFTER MAY 13, 2026. THE COMMISSION CHAIR, IN
12 CONSULTATION WITH THE TECHNICAL ADVISOR, SHALL DETERMINE THE
13 COMMISSION'S MEETING FREQUENCY AND DURATION, BUT THE
14 COMMISSION SHALL MEET AT LEAST SIX TIMES AND NO MORE THAN
15 TWELVE TIMES BEFORE DECEMBER 11, 2026.

16 (7) (a) THE PURPOSE OF THE COMMISSION IS TO IDENTIFY,
17 CONSIDER, AND EVALUATE LEGISLATIVE AND EXECUTIVE BRANCH ACTION
18 OPTIONS TO IMPLEMENT A SUSTAINABLE MEDICAID PROGRAM. THE
19 COMMISSION SHALL IDENTIFY, CONSIDER, AND EVALUATE
20 RECOMMENDATIONS FOR POLICY CHANGE.

21 (b) THE COMMISSION SHALL UTILIZE EXISTING COLORADO AND
22 NATIONAL STUDIES, REPORTS, ANALYSES, AND AUDITS TO:

23 (I) ESTABLISH A SHARED UNDERSTANDING OF THE FEDERAL POLICY
24 CHANGES COMING THROUGH THE IMPLEMENTATION OF H.R. 1, 119TH
25 CONGRESS (2025-2026), PUB. L. 119-21, AND RELATED FEDERAL POLICIES;
26 IDENTIFY ADDITIONAL WORKLOAD FOR THE DEPARTMENT OF HEALTH CARE
27 POLICY AND FINANCING ASSOCIATED WITH FEDERAL CHANGES; AND

1 IDENTIFY PREPARATIONS TO SUPPORT COLORADANS IMPACTED BY
2 REQUIRED CHANGES COMING IN 2026, 2027, AND 2028;

3 (II) EXPLORE HOW COLORADO'S ADMINISTRATIVE STRUCTURES OF
4 HEALTH CARE HAVE CHANGED OVER THE PAST TEN YEARS, ESTABLISH A
5 SHARED UNDERSTANDING OF HOW THESE ADMINISTRATIVE STRUCTURES
6 ARE WORKING TOGETHER TODAY, AND IDENTIFY POINTS OF FRICTION AND
7 OPPORTUNITIES FOR EFFICIENCIES;

8 (III) ANALYZE MEDICAID ELIGIBILITY AND ENROLLMENT,
9 BENEFITS, ADMINISTRATION OF BENEFITS AND DELIVERY SYSTEMS,
10 PROVIDER CONTRACTING, PAYMENT RATES AND METHODOLOGY,
11 CHALLENGES REGARDING MEDICAID ADMINISTRATION STATEWIDE, AND
12 PROGRAM QUALITY FOR EFFICACY AND VALUE; AND

13 (IV) EXPLORE MEDICAID FINANCING AND EVALUATE HOW
14 COLORADO CAN OPTIMIZE FEDERAL FUNDING TO SUPPORT HEALTH-CARE
15 DELIVERY.

16 (c) THE COMMISSION SHALL:

17 (I) SOLICIT AND CONSIDER INPUT FROM MEDICAID MEMBERS,
18 DISABILITY MEMBERS, DISABILITY ADVOCATES, HEALTH-CARE PROVIDERS,
19 AND COMMUNITY-BASED ORGANIZATIONS, INCLUDING THROUGH PUBLIC
20 MEETINGS OR WRITTEN COMMENT; AND

21 (II) EVALUATE THE IMPACT OF THE COMMISSION'S PROPOSED
22 RECOMMENDATIONS ON MEMBER ACCESS TO CARE, QUALITY OF CARE, AND
23 HEALTH EQUITY, INCLUDING IMPACTS ON INDIVIDUALS WITH DISABILITIES,
24 INDIVIDUALS IN RURAL AREAS, AND OTHER VULNERABLE POPULATIONS;

25 (8) (a) NO LATER THAN DECEMBER 11, 2026, THE COMMISSION
26 SHALL SUBMIT A REPORT TO THE GENERAL ASSEMBLY AND THE GOVERNOR
27 DOCUMENTING THE PROCESS OF THE COMMISSION AND ANY

1 RECOMMENDATIONS FOR BOTH SHORT-TERM AND LONG-TERM
2 LEGISLATIVE CHANGES, EXECUTIVE ACTION, AND OTHER POLICY CHANGES.

3 (b) THE FINAL REPORT MUST INCLUDE A SUMMARY OF
4 STAKEHOLDER INPUT AND HOW STAKEHOLDER INPUT INFORMED THE
5 COMMISSION'S RECOMMENDATIONS.

6 (9) THIS SECTION IS REPEALED, EFFECTIVE JUNE 30, 2027.

7 **SECTION 3. Appropriation.** (1) For the 2026-27 state fiscal
8 year, \$500,000 is appropriated to the legislative department. This
9 appropriation is from the general fund. To implement this act, the
10 department may use this appropriation as follows:

11 (a) \$28,314 for use by the general assembly; and

12 (b) \$471,686 for use by the legislative council, which amount is
13 based on an assumption that the legislative council will require an
14 additional 0.5 FTE.

15 (2) The legislative department may spend money appropriated for
16 the 2026-27 state fiscal year to implement this act through December 31,
17 2026. On January 1, 2027, the unexpended and unencumbered money
18 appropriated to the legislative department to implement this act reverts to
19 the general fund.

20 **SECTION 4. Effective date.** This act takes effect upon passage;
21 except that section 2-2-2601 (3), Colorado Revised Statutes, as enacted
22 in section 2 of this act, takes effect only if House Bill 26-1331 becomes
23 law, in which case section 2-2-2601 (3) takes effect on the effective date
24 of this act or House Bill 26-1331, whichever is later.

25 **SECTION 5. Safety clause.** The general assembly finds,
26 determines, and declares that this act is necessary for the immediate
27 preservation of the public peace, health, or safety or for appropriations for

- 1 the support and maintenance of the departments of the state and state
- 2 institutions.