

SENATE COMMITTEE OF REFERENCE REPORT

Chair of Committee

April 23, 2026
Date

Committee on Health & Human Services.

After consideration on the merits, the Committee recommends the following:

SB26-138 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1 Amend printed bill, strike everything below the enacting clause and
2 substitute:

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

5 (a) Every Colorado family deserves a fair, dignified, and
6 understandable path to financial assistance when seeking health care.
7 Patients benefit from hospitals' discounted care programs and these
8 programs increase access to affordable care. Reducing duplication and
9 confusion in navigating the process for both patients and health-care
10 providers is essential to ensure the process does not create barriers for the
11 very people the law was intended to help.

12 (b) Rising insurance premiums and the impacts of H.R. 1 of the
13 119th congress (2025-2026), Pub.L. 119-21, are likely to increase the
14 number of uninsured and underinsured Coloradans seeking discounted
15 care. At a time when more families are struggling to afford basic
16 health-care services, Colorado must ensure that access to financial relief
17 is simple, timely, and centered on the needs of patients.

18 (c) It is the intent of the general assembly to reduce unnecessary
19 paperwork, eliminate avoidable burdens, and create a process that
20 respects people's time, circumstances, and dignity. Streamlining and
21 clarifying these pathways will allow health-care providers to focus more
22 resources on helping families instead of on navigating shifting rules or
23 administrative obstacles.

24 (d) The general assembly affirms that all patient rights, including
25 the right to appeal and to provide information demonstrating eligibility
26 for public health-care coverage or discounted care, must remain fully
27 protected; and

1 (e) This act strengthens the promise that discounted care in our
2 state will be accessible and rooted in compassion.

3 **SECTION 2.** In Colorado Revised Statutes, **amend** 12-30-114 as
4 follows:

5 **12-30-114. Demonstrated competency - repeal of rules -**
6 **repeal.**

7 (1) ~~(a) The regulator for each licensed health-care provider, in~~
8 ~~consultation with the center for research into substance use disorder~~
9 ~~prevention, treatment, and recovery support strategies created in section~~
10 ~~27-80-118, shall promulgate rules that require each licensed health-care~~
11 ~~provider, as a condition of renewing, reactivating, or reinstating a license~~
12 ~~on or after October 1, 2022, to complete up to four credit hours of~~
13 ~~training per licensing cycle in order to demonstrate competency~~
14 ~~regarding:~~

15 ~~(I) Best practices for opioid prescribing, according to the most~~
16 ~~recent version of the division's guidelines for the safe prescribing and~~
17 ~~dispensing of opioids;~~

18 ~~(II) The potential harm of inappropriately limiting prescriptions~~
19 ~~to chronic pain patients;~~

20 ~~(III) Best practices for prescribing benzodiazepines;~~

21 ~~(IV) Recognition of substance use disorders;~~

22 ~~(V) Referral of patients with substance use disorders for~~
23 ~~treatment; and~~

24 ~~(VI) The use of the electronic prescription drug monitoring~~
25 ~~program created in part 4 of article 280 of this title 12.~~

26 (b) ~~The rules promulgated by each regulator shall exempt a~~
27 ~~licensed health-care provider who:~~

28 ~~(I) Maintains a national board certification that requires equivalent~~
29 ~~substance use prevention training; or~~

30 ~~(II) Attests to the regulator that the health-care provider does not~~
31 ~~prescribe opioids.~~

32 (2) ~~For the purposes of this section, "licensed health-care~~
33 ~~provider" includes any of the following providers who are licensed~~
34 ~~pursuant to this title 12:~~

35 ~~(a) A physician;~~

36 ~~(b) A physician assistant;~~

37 ~~(c) A podiatrist;~~

38 ~~(d) A dentist;~~

39 ~~(e) An advanced practice registered nurse or certified midwife~~
40 ~~with prescriptive authority;~~

41 ~~(f) An optometrist; and~~

42 ~~(g) A veterinarian.~~

43 (3) EACH REGULATOR THAT ADOPTED RULES PURSUANT TO THIS

1 SECTION BEFORE THE EFFECTIVE DATE OF THIS SUBSECTION (3), WHICH
2 RULES REQUIRE A LICENSED HEALTH-CARE PROVIDER, AS A CONDITION OF
3 RENEWING, REACTIVATING, OR REINSTATING A LICENSE, TO COMPLETE UP
4 TO FOUR CREDIT HOURS OF TRAINING PER LICENSING CYCLE IN ORDER TO
5 DEMONSTRATE OPIATE PRESCRIBER COMPETENCY SHALL REPEAL THE
6 RULES ON OR BEFORE JULY 1, 2027.

7 (4) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2029.

8 **SECTION 3.** In Colorado Revised Statutes, 25-3-102, **amend**
9 (1)(a); and **repeal** (1)(d) as follows:

10 **25-3-102. License - application - issuance - waiver - certificate**
11 **of compliance required - rules.**

12 (1)(a)(I) An applicant for a license described in section 25-3-101
13 shall apply to the department of ~~public health and environment annually~~
14 EVERY TWO YEARS upon such form and in such manner as prescribed by
15 the department; except that a community residential home shall make
16 application for a license pursuant to section 25.5-10-214. ~~C.R.S.~~

17 (II) ON OR BEFORE JULY 1, 2030, NOTWITHSTANDING SUBSECTION
18 (1)(a)(I) OF THIS SECTION, THE DEPARTMENT MAY ISSUE A LICENSE
19 DESCRIBED IN SECTION 25-3-101 TO AN APPLICANT AND REQUIRE THE
20 APPLICANT TO APPLY TO THE DEPARTMENT AFTER A ONE-YEAR PERIOD AS
21 THE DEPARTMENT DEEMS APPROPRIATE.

22 (d) ~~The license expires one year after the date of issuance.~~

23 **SECTION 4.** In Colorado Revised Statutes, 25.5-3-501, **amend**
24 (6); and **add** (6.7) as follows:

25 **25.5-3-501. Definitions.**

26 As used in this part 5, unless the context otherwise requires:

27 (6) "Screen" or "screening" means a process ~~identified in rule by~~
28 ~~the state department~~ DESCRIBED IN SECTION 25.5-3-502 whereby
29 health-care facilities assess a patient's circumstances related to eligibility
30 criteria and determine whether the patient HAS QUALIFIED OR is likely to
31 qualify for public health-care coverage or discounted care AND, AT THE
32 OPTION OF THE HEALTH-CARE FACILITY, IS ELIGIBLE OR IS LIKELY ELIGIBLE
33 FOR THE HEALTH-CARE FACILITY'S FINANCIAL ASSISTANCE PROGRAM;
34 inform the patient of the health-care facility's determination; and provide
35 information to the patient about how the patient can enroll in public
36 health-care coverage OR THE HEALTH-CARE FACILITY'S FINANCIAL
37 ASSISTANCE PROGRAM.

38 (6.7) "UNIFORM APPLICATION" OR "APPLICATION" MEANS A
39 UNIFORM FORM THAT IS DEVELOPED BY THE STATE DEPARTMENT TO
40 DETERMINE WHETHER A PATIENT IS A QUALIFIED PATIENT AND IS
41 COMPLETED FOLLOWING A SCREENING OR WHEN REQUIRED BY SECTION
42 25.5-3-502.5.

43 **SECTION 5.** In Colorado Revised Statutes, **amend** 25.5-3-502

1 as follows:

2 **25.5-3-502. Requirement to screen patients for eligibility for**
3 **financial assistance - questionnaire - definition - rules.**

4 (1) Beginning September 1, 2022, a health-care facility shall
5 screen, unless a patient declines, each uninsured patient for eligibility for:

6 (a) Public health insurance programs, including but not limited to
7 medicare; the state medical assistance program DESCRIBED IN articles 4,
8 5, and 6 of this title 25.5; emergency medicaid; and the children's basic
9 health plan DESCRIBED IN article 8 of this title 25.5; and

10 ~~(b) Repeated.~~

11 ~~(c) (b) Discounted care, as described in section 25.5-3-503; AND~~

12 (c) AT THE OPTION OF THE HEALTH-CARE FACILITY, THE
13 HEALTH-CARE FACILITY'S FINANCIAL ASSISTANCE PROGRAM, WHICH OFTEN
14 OFFERS BROADER ELIGIBILITY THAN PUBLIC HEALTH INSURANCE
15 PROGRAMS.

16 ~~(2) Health-care facilities shall use a single uniform application~~
17 ~~developed by the state department when screening a patient pursuant to~~
18 ~~subsection (1) of this section.~~ A HEALTH-CARE FACILITY MAY CONDUCT
19 SCREENINGS PURSUANT TO SUBSECTION (1) OF THIS SECTION THROUGH:

20 (a) ACCESSING ELIGIBILITY INFORMATION THROUGH AN
21 INDUSTRY-STANDARD THIRD-PARTY RESOURCE, SUCH AS A MAJOR CREDIT
22 BUREAU;

23 (b) REQUESTING THE PATIENT COMPLETE A UNIFORM SCREENING
24 QUESTIONNAIRE DEVELOPED BY THE STATE DEPARTMENT; OR

25 (c) A COMBINATION OF INFORMATION OBTAINED THROUGH
26 SUBSECTIONS (2)(a) AND (2)(b) OF THIS SECTION.

27 ~~(3) If a health-care facility determines that a patient is ineligible~~
28 ~~for discounted care, the facility shall provide the patient notice of the~~
29 ~~determination and an opportunity for the patient to appeal the~~
30 ~~determination in accordance with state department rules~~ IF A
31 HEALTH-CARE FACILITY DETERMINES IT HAS OBTAINED SUFFICIENT
32 INFORMATION THROUGH THE SCREENING CONDUCTED PURSUANT TO
33 SUBSECTION (1) OF THIS SECTION, THE HEALTH-CARE FACILITY MAY MAKE
34 A DETERMINATION OF WHETHER THE PATIENT IS A QUALIFIED PATIENT OR
35 IS LIKELY ELIGIBLE FOR PUBLIC HEALTH-CARE COVERAGE WITHOUT
36 REQUIRING THE PATIENT TO PROVIDE FURTHER INFORMATION THROUGH A
37 UNIFORM APPLICATION PURSUANT TO SECTION 25.5-3-502.5.

38 (3.5) UPON COMPLETION OF THE SCREENING CONDUCTED
39 PURSUANT TO SUBSECTION (1) OF THIS SECTION, A HEALTH-CARE FACILITY
40 SHALL:

41 (a) IF THE HEALTH-CARE FACILITY DETERMINES THAT A PATIENT
42 IS A QUALIFIED PATIENT, PROVIDE THE PATIENT NOTICE OF THE
43 DETERMINATION, THE PATIENT'S IDENTIFIED FEDERAL POVERTY GUIDELINE

1 PERCENTAGE, AND THE PATIENT'S MONTHLY INSTALLMENT MAXIMUM
2 PAYMENT AS DESCRIBED IN SECTION 25.5-3-503;

3 (b) IF THE HEALTH-CARE FACILITY DETERMINES THAT A PATIENT
4 IS LIKELY NOT A QUALIFIED PATIENT, INFORM THE PATIENT OF THE
5 RESULTS OF THE SCREENING AND PROVIDE THE PATIENT WITH:

6 (I) INFORMATION ON HOW TO COMPLETE AN APPLICATION
7 PURSUANT TO SECTION 25.5-3-502.5; AND

8 (II) IF APPLICABLE, AT THE OPTION OF THE HEALTH-CARE FACILITY,
9 INFORMATION REGARDING THE PATIENT'S ELIGIBILITY FOR THE
10 HEALTH-CARE FACILITY'S FINANCIAL ASSISTANCE PROGRAM AND THE
11 AMOUNT OF ANY DISCOUNT OFFERED THROUGH THE PROGRAM;

12 (c) IF THE HEALTH-CARE FACILITY IS CERTIFIED BY THE STATE
13 DEPARTMENT AS A MEDICAL ASSISTANCE SITE AND DETERMINES THAT THE
14 PATIENT IS PRESUMPTIVELY ELIGIBLE FOR MEDICAL ASSISTANCE, INFORM
15 THE PATIENT OF THE DETERMINATION AND PROVIDE THE PATIENT WITH
16 INFORMATION ON HOW THE PATIENT CAN ENROLL IN PUBLIC HEALTH-CARE
17 COVERAGE;

18 (d) IF THE HEALTH-CARE FACILITY DETERMINES THAT A PATIENT
19 IS LIKELY ELIGIBLE FOR PUBLIC HEALTH-CARE COVERAGE INFORM THE
20 PATIENT OF THE DETERMINATION AND:

21 (I) PROVIDE THE PATIENT WITH INFORMATION EXPLAINING HOW TO
22 APPLY FOR PUBLIC HEALTH-CARE COVERAGE, INCLUDING AT LEAST ONE
23 AVAILABLE METHOD FOR SUBMITTING AN APPLICATION;

24 (II) OFFER REASONABLE ASSISTANCE OR REFERRAL FOR SUPPORT
25 TO COMPLETE AN APPLICATION FOR PUBLIC-HEALTH CARE COVERAGE; AND

26 (III) TREAT COMPLETION OF AN APPLICATION FOR PUBLIC
27 HEALTH-CARE COVERAGE AS THE PRIMARY PATHWAY FOR RESOLVING THE
28 PATIENT'S FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES UNTIL THE
29 PATIENT IS DENIED PUBLIC HEALTH-CARE COVERAGE OR 45 DAYS AFTER
30 THE DATE OF DISCHARGE, WHICHEVER OCCURS FIRST; AND

31 (e) IF THE HEALTH-CARE FACILITY NEEDS MORE INFORMATION TO
32 MAKE A DETERMINATION OF WHETHER THE PATIENT HAS QUALIFIED OR IS
33 LIKELY TO QUALIFY FOR DISCOUNTED CARE OR A FINANCIAL ASSISTANCE
34 PROGRAM, NOTIFY THE PATIENT THAT THE PATIENT MUST PROVIDE
35 ADDITIONAL INFORMATION TO COMPLETE AN APPLICATION PURSUANT TO
36 SECTION 25.5-3-502.5.

37 (3.7) (a) IF A PATIENT HAS NOT BEEN DETERMINED ELIGIBLE FOR
38 PUBLIC HEALTH-CARE COVERAGE PURSUANT TO SUBSECTION (3.5)(d) OF
39 THIS SECTION WITHIN 45 DAYS AFTER THE DATE OF DISCHARGE, A
40 HEALTH-CARE FACILITY SHALL PROCEED WITH A DETERMINATION OF
41 WHETHER THE PATIENT IS A QUALIFIED PATIENT.

42 (b) SUBSECTION (3.5)(d) OF THIS SECTION DOES NOT PROHIBIT A
43 PATIENT OR HEALTH-CARE FACILITY FROM COMPLETING AN APPLICATION

1 PURSUANT TO SECTION 25.5-3-502.5 WHILE A DETERMINATION OF THE
2 PATIENT'S ELIGIBILITY FOR PUBLIC HEALTH-CARE COVERAGE IS PENDING.

3 (c) WHILE A DETERMINATION OF A PATIENT'S ELIGIBILITY FOR
4 PUBLIC HEALTH-CARE COVERAGE IS PENDING, A HEALTH-CARE FACILITY
5 MAY DEFER COMPLETION OF A FINAL DETERMINATION FOR DISCOUNTED
6 CARE IF THE PATIENT IS AFFORDED THE PROTECTIONS FROM BILLING AND
7 COLLECTION ACTIVITY REQUIRED BY SECTION 25.5-3-506.

8 (d) A HEALTH-CARE FACILITY SHALL NOT DENY ELIGIBILITY FOR
9 DISCOUNTED CARE SOLELY BECAUSE A PATIENT DID NOT APPLY FOR PUBLIC
10 HEALTH-CARE COVERAGE.

11 (4) If the patient declines the screening described in ~~subsection (1)~~
12 ~~of this section~~, the health-care facility shall document the patient's
13 decision in accordance with state department rules. A patient's decision
14 to decline the screening that is documented and complies with state
15 department rules is a complete defense to a claim brought by a patient
16 under section 25.5-3-506 (2) for a violation of section 25.5-3-506 (1)(a)
17 or (1)(b).

18 (5) If requested by ~~the~~ AN INSURED patient, a health-care facility
19 shall ~~screen an insured patient for discounted care pursuant to subsections~~
20 ~~(1)(b) and (1)(c) of this section~~ PERFORM THE SCREENING DESCRIBED IN
21 THIS SECTION AND, IF APPLICABLE, COMPLETE THE APPLICATION PURSUANT
22 TO SECTION 25.5-3-502.5 TO DETERMINE IF THE INSURED PATIENT IS A
23 QUALIFIED PATIENT.

24 (6) AS USED IN THIS SECTION, "INFORM" MEANS TO CONVEY
25 REQUIRED INFORMATION, UNLESS OTHERWISE SPECIFIED IN THIS SECTION,
26 INCLUDING THROUGH VERBAL, ELECTRONIC, OR OTHER FORMATS. THE
27 HEALTH-CARE FACILITY SHALL DOCUMENT THE MANNER IN WHICH THE
28 INFORMATION WAS PROVIDED.

29 (7) A HEALTH-CARE FACILITY MAY USE THE SAME
30 COMMUNICATION TO COMPLY WITH BOTH STATE AND FEDERAL
31 REQUIREMENTS.

32 **SECTION 6.** In Colorado Revised Statutes, **add** 25.5-3-502.5 as
33 follows:

34 **25.5-3-502.5. Uniform application for discounted care.**

35 (1) AFTER COMPLETION OF THE SCREENING CONDUCTED PURSUANT
36 TO SECTION 25.5-3-502, A HEALTH-CARE FACILITY SHALL REQUEST
37 INFORMATION FROM A PATIENT TO COMPLETE A UNIFORM APPLICATION
38 FOR DISCOUNTED CARE IF:

39 (a) THE HEALTH-CARE FACILITY NEEDS MORE INFORMATION TO
40 MAKE A DETERMINATION OF WHETHER THE PATIENT HAS QUALIFIED OR IS
41 LIKELY TO QUALIFY FOR DISCOUNTED CARE OR THE HEALTH-CARE
42 FACILITY'S FINANCIAL ASSISTANCE PROGRAM, INCLUDING IF THE
43 HEALTH-CARE FACILITY'S POLICY IS TO REQUIRE AN APPLICATION PRIOR TO

1 MAKING A FINAL DETERMINATION; OR
2 (b) THE PATIENT REQUESTS AN APPLICATION, UNLESS THE PATIENT
3 HAS NO BALANCE REMAINING AFTER APPLYING ANY DISCOUNTS PURSUANT
4 TO SECTION 25.5-3-503 OR THE HEALTH-CARE FACILITY'S FINANCIAL
5 ASSISTANCE PROGRAM.
6 (2) A HEALTH-CARE FACILITY SHALL USE THE UNIFORM
7 APPLICATION DEVELOPED BY THE STATE DEPARTMENT TO COMPLETE THE
8 APPLICATION REQUIRED BY THIS SECTION.
9 (3) UPON COMPLETION AND REVIEW OF THE APPLICATION, A
10 HEALTH-CARE FACILITY SHALL:
11 (a) IF THE HEALTH-CARE FACILITY DETERMINES THAT A PATIENT
12 IS A QUALIFIED PATIENT, PROVIDE THE PATIENT NOTICE OF THE
13 DETERMINATION, THE PATIENT'S IDENTIFIED FEDERAL POVERTY GUIDELINE
14 PERCENTAGE, AND THE PATIENT'S MONTHLY INSTALLMENT MAXIMUM
15 PAYMENT AS DESCRIBED IN SECTION 25.5-3-503;
16 (b) IF THE HEALTH-CARE FACILITY DETERMINES THAT A PATIENT
17 IS NOT A QUALIFIED PATIENT, PROVIDE THE PATIENT NOTICE OF THE
18 DETERMINATION, WHICH, IF APPLICABLE, MAY ALSO INCLUDE NOTICE THAT
19 THE PATIENT IS ELIGIBLE FOR THE HEALTH-CARE FACILITY'S FINANCIAL
20 ASSISTANCE PROGRAM AND THE AMOUNT OF ANY DISCOUNT OFFERED
21 THROUGH THAT PROGRAM, AND SHALL PROVIDE EITHER:
22 (I) AN OPPORTUNITY FOR THE PATIENT TO APPEAL THE
23 DETERMINATION IN ACCORDANCE WITH STATE DEPARTMENT RULES; OR
24 (II) A STATEMENT THAT THE PATIENT HAS NO BALANCE DUE AFTER
25 APPLYING ANY DISCOUNTS FROM THE HEALTH-CARE FACILITY'S FINANCIAL
26 ASSISTANCE PROGRAM; AND
27 (c) IF THE HEALTH-CARE FACILITY IS CERTIFIED BY THE STATE
28 DEPARTMENT AS A MEDICAL ASSISTANCE SITE AND DETERMINES THAT THE
29 PATIENT IS PRESUMPTIVELY ELIGIBLE FOR MEDICAL ASSISTANCE, PROVIDE
30 THE PATIENT NOTICE OF THE DETERMINATION AND INFORMATION ON HOW
31 THE PATIENT CAN ENROLL IN PUBLIC HEALTH-CARE COVERAGE.
32 **SECTION 7.** In Colorado Revised Statutes, 25.5-3-503, **amend**
33 (1) introductory portion and (2)(a) as follows:
34 **25.5-3-503. Health-care discounts on services not eligible for**
35 **Colorado indigent care program reimbursement - definition.**
36 (1) Beginning September 1, 2022, if a patient is screened pursuant
37 to section 25.5-3-502 OR HAS COMPLETED A UNIFORM APPLICATION
38 PURSUANT TO SECTION 25.5-3-502.5 and is determined to be a qualified
39 patient, a health-care facility and a licensed health-care professional shall,
40 for emergency hospital and other health-care services:
41 (2) A health-care facility shall not:
42 (a) Deny discounted care on the basis that the patient has not
43 applied for any public benefits program, unless during the ~~initial~~

1 screening the patient is determined to be presumptively eligible for the
2 state medical assistance program; or

3 **SECTION 8.** In Colorado Revised Statutes, 25.5-3-504, **amend**
4 (1) introductory portion; and **add** (2) as follows:

5 **25.5-3-504. Notification of patients' rights - website link.**

6 (1) ~~Beginning September 1, 2022,~~ A health-care facility shall
7 make information developed by the state department about patients' rights
8 under this part 5 and ~~the uniform application~~ A LINK ON THE STATE
9 DEPARTMENT WEBSITE TO ACCESS THE UNIFORM APPLICATION developed
10 by the state department pursuant to section 25.5-3-505 (2)(i) available to
11 the public and to each patient. At a minimum, the health-care facility
12 shall:

13 (2) THE STATE DEPARTMENT SHALL POST THE UNIFORM
14 APPLICATION DEVELOPED PURSUANT TO SECTION 25.5-3-505 (2)(i) IN ALL
15 REQUIRED LANGUAGES ON A PUBLICLY ACCESSIBLE WEBSITE.

16 **SECTION 9.** In Colorado Revised Statutes, 25.5-3-505, **amend**
17 (2) introductory portion, (2)(c)(II), (2)(d), (2)(e), (2)(f), (2)(g), (2)(i), (5)
18 introductory portion, (5)(b)(I), and (5)(b)(II); and **add** (2)(d.5) and (7) as
19 follows:

20 **25.5-3-505. Health-care facility reporting requirements -**
21 **agency enforcement - report - rules.**

22 (2) No later than ~~April 1, 2022~~ JULY 1, 2027, the state board shall
23 ~~promulgate~~ ADOPT rules necessary for the administration and
24 implementation of this part 5. At a minimum, the rules must:

25 (c) Establish the process for and the maximum number of days
26 that a health-care facility has to:

27 (II) Request information from ~~the~~ A patient needed for the
28 screening process IF THE HEALTH-CARE FACILITY CONDUCTS A SCREENING
29 USING THE UNIFORM SCREENING QUESTIONNAIRE AS DESCRIBED IN
30 SECTION 25.5-3-502 (2); and

31 (d) Outline the requirements for notifying the patient of the results
32 of the screening, including:

33 (I) An explanation of the basis for a denial of discounted care; and

34 (II) The process for ~~appealing a denial~~ COMPLETING AN
35 APPLICATION TO PROVIDE MORE INFORMATION TO DETERMINE WHETHER
36 THE PATIENT IS A QUALIFIED PATIENT;

37 (d.5) ESTABLISH A PROCESS FOR AND THE MAXIMUM NUMBER OF
38 DAYS THAT A HEALTH-CARE FACILITY HAS TO:

39 (I) REQUEST INFORMATION FROM THE PATIENT TO COMPLETE AN
40 APPLICATION, IF THE APPLICATION IS REQUIRED PURSUANT TO SECTION
41 25.5-3-502.5; AND

42 (II) COMPLETE THE APPLICATION PROCESS AS DESCRIBED IN
43 SECTION 25.5-3-502.5;

1 (e) Establish guidelines for patient appeals regarding eligibility for
2 discounted care pursuant to section ~~25.5-3-503~~ **25.5-3-502.5**;

3 (f) Establish ~~a methodology that all~~ ACCEPTABLE METHODOLOGIES
4 FOR health-care facilities ~~must use~~ to determine monthly household
5 income. FOR PURPOSES OF THE SCREENING CONDUCTED PURSUANT TO
6 SECTION 25.5-3-502, THE USE OF AN INDUSTRY-STANDARD THIRD-PARTY
7 RESOURCE, INCLUDING MAJOR CREDIT BUREAUS, IS AN ACCEPTABLE
8 METHODOLOGY. The ~~methodology~~ METHODOLOGIES must not consider a
9 patient's assets.

10 (g) FOR PURPOSES OF THE APPLICATION, identify the documents
11 that may be required to establish income eligibility for discounted care
12 using the minimum amount of information needed to determine
13 eligibility;

14 (i) Create a uniform application that a health-care facility must use
15 when AN APPLICATION IS REQUIRED AFTER screening a patient for
16 eligibility for discounted care, as described in ~~section 25.5-3-502~~
17 SECTIONS 25.5-3-502 AND 25.5-3-502.5; AND

18 (5) ~~No later than April 1, 2022~~, The state department: shall:

19 (b) (I) SHALL establish a process for patients to submit a
20 complaint relating to noncompliance with this part 5 to the state
21 department by phone, BY mail, or online. The state department shall
22 conduct a review OF A PATIENT'S COMPLAINT within thirty days after
23 receiving a THE complaint.

24 (II) (A) ~~The state department~~ Shall periodically review health-care
25 facilities and licensed health-care professionals to ensure ~~compliance with~~
26 ~~this section~~ QUALIFIED PATIENTS ARE IDENTIFIED IN COMPLIANCE WITH
27 THIS PART 5 AND ARE NOT CHARGED MORE THAN THE DISCOUNTED RATE
28 ESTABLISHED IN STATE BOARD RULES PURSUANT TO SUBSECTION (2)(j) OF
29 THIS SECTION. THE REVIEW SHALL BE CONDUCTED IN ACCORDANCE WITH
30 STATE DEPARTMENT RULES, AND THE FREQUENCY, SAMPLE SIZE, AND
31 TIMELINE OF THE REVIEW MUST BE REASONABLE CONSIDERING THE SIZE
32 AND RESOURCES OF THE HEALTH-CARE FACILITY.

33 (B) If the state department finds that a health-care facility or
34 licensed health-care professional is not in compliance with this section,
35 AND THE NONCOMPLIANCE HAS RESULTED IN A DELAY OR DENIAL OF A
36 DISCOUNT OWED TO A PATIENT AS A RESULT OF THE SCREENING REQUIRED
37 PURSUANT TO SECTION 25.5-3-502, the state department shall notify the
38 health-care facility or licensed health-care professional and the facility or
39 professional has ninety days AFTER NOTIFICATION to file a corrective
40 action plan with the state department. ~~that~~ IF THE NONCOMPLIANCE
41 RESULTED IN EXCESS CHARGES TO THE PATIENT, THE CORRECTIVE ACTION
42 PLAN must include measures to inform the patient about the
43 noncompliance and provide a financial correction consistent with this part

1 5. A health-care facility or licensed health-care professional may request
2 up to one hundred twenty days to submit a corrective action plan. The
3 state department may require a health-care facility or licensed health-care
4 professional that is not in compliance with this part 5 or any state board
5 rules adopted pursuant to this part 5 to develop and operate under a
6 corrective action plan until the state department determines the
7 health-care facility or licensed health-care professional is in compliance.

8 (C) IF A HEALTH-CARE FACILITY'S OR LICENSED HEALTH-CARE
9 PROFESSIONAL'S NONCOMPLIANCE WITH THIS PART 5 DID NOT RESULT IN A
10 DELAY OR DENIAL OF A DISCOUNT OWED TO A PATIENT AS A RESULT OF THE
11 SCREENING REQUIRED PURSUANT TO SECTION 25.5-3-502, THE STATE
12 DEPARTMENT MAY NOTIFY THE HEALTH-CARE FACILITY OR LICENSED
13 HEALTH-CARE PROFESSIONAL OF THE NONCOMPLIANCE FOR PURPOSES OF
14 QUALITY IMPROVEMENT.

15 (7) (a) THE STATE DEPARTMENT OR THE STATE BOARD SHALL NOT
16 IMPOSE CHANGES TO THE UNIFORM SCREENING QUESTIONNAIRE, CHANGES
17 TO THE APPLICATION, NEW REQUIREMENTS, NEW REPORTING OBLIGATIONS,
18 NEW DOCUMENTATION STANDARDS, NEW DATA ELEMENTS, OR NEW
19 PROGRAM CRITERIA THROUGH MANUALS, POLICY, OR OTHER
20 SUBREGULATORY ISSUANCES UNLESS THE CHANGES OR NEW
21 REQUIREMENTS HAVE BEEN:

22 (I) ADOPTED BY RULE PURSUANT TO THE "STATE ADMINISTRATIVE
23 PROCEDURE ACT", ARTICLE 4 OF TITLE 24, BY SEPTEMBER 1, 2026, FOR A
24 RULE THAT WILL GO INTO EFFECT DURING TO THE 2026-27 STATE FISCAL
25 YEAR AND EVERY YEAR THEREAFTER BY JUNE 1 PRIOR TO THE STATE
26 FISCAL YEAR FOR WHICH THE RULE WILL GO INTO EFFECT; AND

27 (II) SUBJECT TO STAKEHOLDER ENGAGEMENT PURSUANT TO
28 SUBSECTION (4) OF THIS SECTION.

29 (b) ANY CHANGE OR NEW REQUIREMENT DESCRIBED IN
30 SUBSECTION (7)(a) OF THIS SECTION THAT WAS NOT ADOPTED THROUGH
31 RULE-MAKING IS ADVISORY ONLY AND DOES NOT SERVE AS THE BASIS FOR
32 ENFORCEMENT.

33 (c) THE STATE DEPARTMENT SHALL MAINTAIN AN UPDATED PUBLIC
34 ARCHIVE OF ALL MANUALS AND SUBREGULATORY ISSUANCES, INCLUDING
35 THE RATIONALE FOR CHANGES AND CITATIONS TO STATUTORY OR
36 REGULATORY AUTHORITY FOR EACH CHANGE OR NEW REQUIREMENT.

37 (d) THIS SUBSECTION (7) DOES NOT APPLY TO RULES ADOPTED BY
38 THE STATE DEPARTMENT OR THE STATE BOARD TO UPDATE ANNUAL
39 FEDERAL POVERTY GUIDELINES OR IN RESPONSE TO EMERGENT AND
40 IMMEDIATE TRENDS THAT ARE IDENTIFIED BY CONSUMERS OR HOSPITALS
41 AS LIMITING THE PROGRAM'S EFFECTIVENESS AND ARE DEMONSTRATED BY
42 DATA SUBMITTED TO THE STATE DEPARTMENT OR THE STATE BOARD.

43 **SECTION 10.** In Colorado Revised Statutes, 25.5-4-402.8,

1 **amend** (2)(b) introductory portion, (2)(b)(II)(A), and (2)(e) as follows:

2 **25.5-4-402.8. Hospital transparency report and requirements**
3 **- definitions - rules.**

4 (2) (b) Except as provided in subsection (2)(c) of this section,
5 each hospital licensed pursuant to part 1 of article 3 of title 25, or certified
6 pursuant to section 25-1.5-103 (1)(a)(II), shall make information available
7 to the state department for purposes of preparing the annual hospital
8 transparency report. The state board shall establish the CONTENT AND
9 format of the information provided by each hospital on an annual basis BY
10 RULE, ESTABLISHING THE FORMAT FOR INFORMATION FOR THE 2026
11 ANNUAL REPORT AS THE DEFAULT FORMAT UNLESS MODIFIED BY RULE.
12 Each hospital shall provide the following information to the state
13 department ON AN ANNUAL BASIS USING THE MOST RECENT CONTENT AND
14 FORMAT REQUIREMENTS THAT WERE ADOPTED BY THE STATE BOARD AT
15 LEAST THIRTY DAYS PRIOR TO THE BEGINNING OF THE HOSPITAL'S FISCAL
16 YEAR:

17 (II) (A) Annual audited financial statements, prepared in
18 accordance with generally accepted accounting principles. Each hospital
19 shall submit the statements within one hundred ~~twenty~~ FIFTY days after
20 the end of its fiscal year unless the state department grants an extension
21 in writing in advance of that date.

22 (e) Prior to issuing the hospital transparency report, the state
23 department shall provide any hospital referenced in the hospital
24 transparency report a copy of the DRAFT report BY DECEMBER 1 OF EACH
25 YEAR. Each hospital AND A STATEWIDE HOSPITAL ASSOCIATION must have
26 a minimum of fifteen BUSINESS days to review the hospital transparency
27 report and any underlying data and submit corrections or clarifications to
28 the state department.

29 **SECTION 11.** In Colorado Revised Statutes, 6-20-203, **amend**
30 (5)(b) and (5)(c) as follows:

31 **6-20-203. Limitations on collection actions - definition.**

32 (5) Beginning September 1, 2022, a medical creditor collecting on
33 a debt for hospital services shall not sell a medical debt to another party
34 unless, prior to the sale, the medical debt seller has entered into a legally
35 binding written agreement with the medical debt buyer of the debt
36 pursuant to which:

37 (b) The debt is returnable to or recallable by the medical debt
38 seller upon a determination that the patient should have been screened
39 pursuant to ~~section 25.5-3-502~~ SECTIONS 25.5-3-502 AND 25.5-3-502.5
40 and is eligible for discounted care pursuant to section 25.5-3-503 or that
41 the bill underlying the medical debt is eligible for reimbursement through
42 a public health-care coverage program; and

43 (c) If it is determined that the patient should have been screened

1 pursuant to ~~section 25.5-3-502~~ SECTIONS 25.5-3-502 AND 25.5-3-502.5
2 and is eligible for discounted care pursuant to section 25.5-3-503 or that
3 the bill underlying the medical debt is eligible for reimbursement through
4 a public health-care coverage program and the debt is not returned to or
5 recalled by the medical debt seller, the medical debt buyer shall adhere to
6 procedures that must be specified in the agreement that ensures the
7 patient will not pay, and has no obligation to pay, the medical debt buyer
8 and the medical creditor together more than the patient is personally
9 responsible for paying.

10 **SECTION 12.** In Colorado Revised Statutes, 12-220-306, **amend**
11 (4) as follows:

12 **12-220-306. Dentists may prescribe drugs - surgical operations**
13 **- anesthesia - limits on prescriptions - rules.**

14 (4) A licensed dentist is strongly encouraged to purchase or utilize
15 an electronic health product that includes integration of a tool that
16 facilitates dentists' compliance with prescription drug monitoring
17 standards. ~~required by section 12-30-114 (1)(a)(IV).~~

18 **SECTION 13.** In Colorado Revised Statutes, 12-240-130, **amend**
19 (2)(a)(II); and **repeal** (2)(a)(III) and (5) as follows:

20 **12-240-130. Renewal, reinstatement, reactivation -**
21 **delinquency - fees - questionnaire.**

22 (2) (a) The board shall design a questionnaire to accompany the
23 renewal form for the purpose of determining whether a licensee has acted
24 in violation of this article 240 or has been disciplined for any action that
25 might be considered a violation of this article 240 or that might make the
26 licensee unfit to practice medicine with reasonable care and safety. The
27 board shall include on the questionnaire a question regarding whether:

28 (II) The licensee is in compliance with section 12-280-403 (2)(a)
29 and is aware of the penalties for failing to comply with that section; AND

30 (III) ~~The licensee is in compliance with section 12-30-114; and~~

31 (5) ~~On and after October 1, 2022, as a condition of renewal,~~
32 ~~reinstatement, or reactivation of a license, each licensee or applicant shall~~
33 ~~attest that the licensee or applicant is in compliance with section~~
34 ~~12-30-114 and that the licensee or applicant is aware of the penalties for~~
35 ~~noncompliance with that section.~~

36 **SECTION 14.** In Colorado Revised Statutes, 12-240-130.5,
37 **amend** (6) as follows:

38 **12-240-130.5. Continuing medical education - requirement -**
39 **compliance - legislative declaration - rules - definitions.**

40 (6) As part of the CME requirement established pursuant to this
41 section, in addition to CME programs covering topics selected by the
42 physician, a physician's CME credit hours must include

43 (a) ~~CME credit hours that comply with section 12-30-114 and~~

1 ~~related board rules; and~~
2 (b) CME credit hours covering a topic specified by the board by
3 rule pursuant to subsection (7)(b) of this section.
4 **SECTION 15.** In Colorado Revised Statutes, 25-1.5-103, **amend**
5 (1)(a)(I)(A) and (1)(a)(I)(F) as follows:
6 **25-1.5-103. Health facilities - powers and duties of department**
7 **- rules - limitations on rules - definitions - repeal.**
8 (1) The department has, in addition to all other powers and duties
9 imposed upon it by law, the powers and duties provided in this section as
10 follows:
11 (a) (I) (A) To ~~annually~~ license and to establish and enforce
12 standards for the operation of general hospitals, hospital units as defined
13 in section 25-3-101 (2)(b), freestanding emergency departments as
14 defined in section 25-1.5-114 (5)(b)(I), critical access hospitals as defined
15 in section 25-1.5-114.5 (1)(b), psychiatric hospitals, community clinics,
16 rehabilitation hospitals, convalescent centers, facilities for persons with
17 intellectual and developmental disabilities, nursing care facilities, hospice
18 care, assisted living residences, dialysis treatment clinics, ambulatory
19 surgical centers, birthing centers, home care agencies, and other facilities
20 of a like nature, except those wholly owned and operated by a
21 governmental unit or agency.
22 (F) Sections 24-4-104 ~~C.R.S.~~, and 25-3-102 govern the issuance,
23 suspension, renewal, revocation, annulment, or modification of licenses.
24 All licenses issued by the department must contain the date of issue. ~~and~~
25 ~~cover a twelve-month period.~~ Nothing contained in this ~~paragraph (a)~~
26 SUBSECTION (1)(a) prevents the department from adopting and enforcing,
27 with respect to projects for which federal assistance has been obtained or
28 is requested, higher standards as may be required by applicable federal
29 laws or regulations of federal agencies responsible for the administration
30 of applicable federal laws.
31 **SECTION 16. Act subject to petition - effective date.** Section
32 25-3-102, Colorado Revised Statutes, as amended in section 3 of this act,
33 and section 25-1.5-103, Colorado Revised Statutes, as amended in section
34 15 of this act, take effect July 1, 2028, and the remainder of this act takes
35 effect at 12:01 a.m. on the day following the expiration of the ninety-day
36 period after final adjournment of the general assembly; except that, if a
37 referendum petition is filed pursuant to section 1 (3) of article V of the
38 state constitution against this act or an item, section, or part of this act
39 within such period, then the act, item, section, or part will not take effect
40 unless approved by the people at the general election to be held in
41 November 2026 and, in such case, will take effect on the date of the
42 official declaration of the vote thereon by the governor; except that
43 section 25-3-102, Colorado Revised Statutes, as amended in section 3 of

1 this act, and section 25-1.5-103, Colorado Revised Statutes, as amended
2 in section 15 of this act, take effect July 1, 2028."

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