

CHAPTER 72

INSURANCE

HOUSE BILL 26-1002

BY REPRESENTATIVE(S) Brown and Gilchrist, Bacon, Boesenecker, Clifford, Duran, Froelich, Goldstein, Hamrick, Lieder, Lindsay, Lukens, McCormick, Nguyen, Rutinel, Rydin, Sirota, Smith, Stewart K., Stewart R., Story, Titone, McCluskie; also SENATOR(S) Ball and Pelton B., Benavidez, Cutter, Exum, Gonzales J., Hinrichsen, Jodeh, Kipp, Marchman, Roberts, Sullivan, Wallace, Weissman, Coleman.

AN ACT

CONCERNING MEASURES TO INCREASE PATIENT ACCESS TO BEHAVIORAL HEALTH PROVIDERS, AND, IN CONNECTION THEREWITH, EFFORTS TO ENHANCE PROVIDER PARTICIPATION IN HEALTH-CARE PROVIDER NETWORKS, REIMBURSEMENT OF PRELICENSED PROVIDERS WHO PROVIDE MENTAL HEALTH SERVICES UNDER THE SUPERVISION OF A LICENSED PROVIDER, AND DECREASING THE CLINICAL HOURS REQUIRED TO BECOME A LICENSED CLINICAL SOCIAL WORKER.

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

SECTION 1. In Colorado Revised Statutes, 10-16-704, **add** (15.5) as follows:

10-16-704. Network adequacy - required disclosures - balance billing - rules - legislative declaration - definitions.

(15.5) (a) BEGINNING JANUARY 1, 2027, AT LEAST ONCE EVERY TWELVE MONTHS, A CARRIER SHALL CONFIRM THE NETWORK PARTICIPATION OF A MENTAL HEALTH PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE, AS THE TERMS ARE DEFINED IN SECTION 10-16-705.7, WHO HAS NOT SUBMITTED A CLAIM IN THE PRECEDING TWELVE MONTHS OR HAS OTHERWISE COMMUNICATED WITH THE CARRIER IN A MANNER EVIDENCING THE PROVIDER'S INTENT TO CONTINUE PARTICIPATING IN THE CARRIER'S NETWORK AND FOR WHOM NO CHANGE IN PROVIDER STATUS IS REPORTED BY A CENTRALIZED NATIONAL PROVIDER DATABASE THAT COLLECTS, STANDARDIZES, AND MAINTAINS PROVIDER CREDENTIALING AND PRACTICE INFORMATION.

(b) THE CARRIER SHALL CONTACT THE PROVIDER, OR THE PROVIDER'S DESIGNATED NOTICE CONTACT IDENTIFIED IN THE PROVIDER'S CONTRACT AGREEMENT WITH THE CARRIER, BY MAIL OR THE ELECTRONIC MEANS THAT THE

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

CARRIER TRADITIONALLY USES TO COMMUNICATE WITH PROVIDERS IN THE CARRIER'S PROVIDER NETWORK TO CONFIRM THE PROVIDER'S INTENT TO CONTINUE PARTICIPATING IN THE CARRIER'S PROVIDER NETWORK AND TO INQUIRE WHETHER THE PROVIDER IS ACCEPTING NEW PATIENTS. IF, BASED ON THE PROVIDER'S FEEDBACK, THE PROVIDER'S INFORMATION NEEDS TO BE UPDATED IN THE CARRIER'S PROVIDER NETWORK DIRECTORIES, THE CARRIER MUST UPDATE ITS CARRIER'S PROVIDER NETWORK DIRECTORIES, AS NECESSARY, WITHIN FIVE BUSINESS DAYS AFTER CONTACTING THE PROVIDER.

(c) IF THE PROVIDER FAILS TO RESPOND TO A CARRIER'S INQUIRY WITHIN THIRTY DAYS AFTER THE CARRIER CONTACTS OR ATTEMPTS TO CONTACT THE PROVIDER OR THE PROVIDER'S DESIGNATED NOTICE CONTACT IDENTIFIED IN THE PROVIDER'S CONTRACT AGREEMENT WITH THE CARRIER, THE CARRIER SHALL MAIL A FOLLOW-UP REQUEST TO THE PROVIDER BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OR THE ELECTRONIC MEANS THAT THE CARRIER TRADITIONALLY USES TO COMMUNICATE WITH PROVIDERS IN THE CARRIER'S PROVIDER NETWORK. IF THE PROVIDER FAILS TO RESPOND TO THE CARRIER'S FOLLOW-UP REQUEST WITHIN THIRTY DAYS AFTER RECEIPT OF THE REQUEST, THE CARRIER MUST REMOVE THE PROVIDER FROM ITS CARRIER PROVIDER NETWORK AND UPDATE ITS CARRIER'S PROVIDER NETWORK DIRECTORIES, AS NECESSARY, WITHIN FIVE BUSINESS DAYS AFTER THE EXPIRATION OF THE THIRTY-DAY PERIOD.

SECTION 2. In Colorado Revised Statutes, 10-16-705.7, **amend** (1)(a), (1)(b), (1)(d), (1)(j), (2)(c), (5), (6) introductory portion, (6)(b), (8)(a) introductory portion, (8)(a)(II), (8)(b), (8)(c), (9), (9.5), and (10); and **add** (1)(g.5), (1)(g.9), (1)(h.2), (1)(i.5), (1)(i.7), (1)(k), and (9.7) as follows:

10-16-705.7. Timely credentialing of providers by carriers - notice of receipt required - notice of incomplete applications required - delegated credentialing agreements - discrepancies - denials of claims prohibited - disclosures - recredentialing - enforcement - rules - definitions.

(1) As used in this section, unless the context otherwise requires:

(a) "Applicant" means a physician, MENTAL HEALTH PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE who submits an application to a carrier to become a participating ~~physician~~ PROVIDER in the carrier's PROVIDER network.

(b) "Application" means an applicant's application to become credentialed by a carrier as a participating ~~physician~~ PROVIDER in at least one of the carrier's provider networks.

(d) "Credentialing" or "credential" means the process by which a carrier or its designee collects information concerning an applicant; assesses whether the applicant satisfies the relevant licensing, education, and training requirements to become a participating ~~physician~~ PROVIDER; verifies the assessment; and approves or disapproves the applicant's application.

(g.5) "MENTAL HEALTH PROVIDER" MEANS A MENTAL HEALTH ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 OR MENTAL HEALTH PROFESSIONAL LICENSED

OR CERTIFIED PURSUANT TO ARTICLE 245 OF TITLE 12, EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED PURSUANT TO ARTICLE 245 OF TITLE 12.

(g.9) "PARTICIPATING MENTAL HEALTH PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE" MEANS A MENTAL HEALTH PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE WHO IS CREDENTIALLED BY A CARRIER OR ITS DESIGNEE TO PROVIDE HEALTH-CARE ITEMS OR SERVICES TO COVERED PERSONS IN AT LEAST ONE OF THE CARRIER'S PROVIDER NETWORKS.

(h.2) "PARTICIPATING PROVIDER" MEANS A PARTICIPATING PHYSICIAN OR A PARTICIPATING MENTAL HEALTH PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE.

(i.5) "PRE-LICENSED PROVIDER" MEANS A "REGISTRANT" AS DEFINED IN SECTION 12-245-202.

(i.7) "PSYCHIATRIC NURSE" MEANS A REGISTERED PROFESSIONAL NURSE, AS DEFINED IN SECTION 12-255-104, WHO, BY VIRTUE OF POSTGRADUATE EDUCATION AND ADDITIONAL NURSING PREPARATION, HAS GAINED KNOWLEDGE, JUDGMENT, AND SKILL IN PSYCHIATRIC OR MENTAL HEALTH NURSING.

(j) "Recredentialing" or "recredential" means the process by which a carrier or its designee confirms that a participating ~~physician~~ PROVIDER is in good standing and continues to satisfy the carrier's requirements for participating ~~physicians~~ PROVIDERS.

(k) "SUBSTANCE USE DISORDER PROVIDER" MEANS A MENTAL HEALTH ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 THAT SPECIALIZES IN TREATING SUBSTANCE USE DISORDERS OR A MENTAL HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO ARTICLE 245 OF TITLE 12 WHO SPECIALIZES IN TREATING SUBSTANCE USE DISORDERS, EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED PURSUANT TO ARTICLE 245 OF TITLE 12.

(2) (c) If a carrier receives a completed application but fails to provide the applicant a receipt in written or electronic form within seven calendar days after receiving the COMPLETED application, as required by subsection (2)(a) of this section, the carrier shall consider the applicant a participating ~~physician~~ PROVIDER, effective no later than fifty-three calendar days following the carrier's receipt of the application.

(5) A carrier shall correct discrepancies in its provider or network directory within thirty calendar days after receiving a report of the discrepancy from a THE participating ~~physician~~ PROVIDER. A participating ~~physician~~ PROVIDER shall notify a carrier BY MAIL OR THE ELECTRONIC MEANS THAT THE CARRIER TRADITIONALLY USES TO COMMUNICATE WITH THE PROVIDERS IN THE CARRIER'S PROVIDER NETWORK of any change in the ~~physician's~~ PROVIDER'S name, address, telephone number, business structure, or tax identification number within fifteen business days after making the change.

(6) A carrier ~~may~~ SHALL not deny a claim for a medically necessary covered service provided to a covered person if the service:

(b) Is provided by a participating ~~physician~~ PROVIDER who is in the CARRIER'S provider network for the carrier's health coverage plan and has concluded the carrier's credentialing process.

(8) (a) A carrier or its designee may recredential a participating ~~physician~~ PROVIDER if ~~such~~ recredentialing is:

(II) Permitted by the carrier's contract with the participating ~~physician~~ PROVIDER.

(b) A carrier shall not require a participating ~~physician~~ PROVIDER to submit an application or participate in a contracting process in order to be recredentialed.

(c) ~~Nothing in~~ This subsection (8) ~~affects~~ DOES NOT AFFECT the contract termination rights of a carrier or a participating ~~physician~~ PROVIDER.

(9) Except as described in subsection (8) of this section and as may be provided in a contract between a carrier and a participating ~~physician~~ PROVIDER, a carrier shall allow a participating ~~physician~~ PROVIDER to remain credentialed and include the participating ~~physician~~ PROVIDER in the carrier's health coverage plan provider network unless the carrier discovers information indicating that the participating ~~physician~~ PROVIDER no longer satisfies the carrier's guidelines for participation, in which case the carrier shall satisfy the requirements described in section 10-16-705 (5) before terminating the participating ~~physician's~~ PROVIDER'S participation in the CARRIER'S provider network.

(9.5) A carrier shall not refuse to credential an applicant or terminate a participating ~~physician's~~ PROVIDER'S participation in a CARRIER'S provider network based solely on the applicant's or participating ~~physician's~~ PROVIDER'S provision of, or assistance in the provision of, a legally protected health-care activity, as defined in section 12-30-121 (1)(d), in this state, so long as the care provided did not violate Colorado law.

(9.7) (a) A CARRIER SHALL REIMBURSE A PARTICIPATING MENTAL HEALTH PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE FOR COVERED MEDICALLY NECESSARY TREATMENT, AS DEFINED IN SECTION 10-16-104 (5.5)(d)(IV), FURNISHED BY A PRE-LICENSED PROVIDER WHO IS UNDER THE SUPERVISION OF THE PARTICIPATING MENTAL HEALTH PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE WHO HAS SATISFIED ALL REQUIRED SUPERVISION RULES AND CRITERIA.

(b) IF A HEALTH BENEFIT PLAN OFFERS OUT-OF-NETWORK BENEFITS, THE CARRIER MUST REIMBURSE THE COVERED PERSON FOR COVERED MEDICALLY NECESSARY TREATMENT, AS DEFINED IN SECTION 10-16-104 (5.5)(d)(IV), THAT IS PROVIDED BY AN OUT-OF-NETWORK PRE-LICENSED PROVIDER UNDER THE SUPERVISION OF A NONPARTICIPATING MENTAL HEALTH PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE IN ACCORDANCE WITH THE TERMS OF COVERAGE APPLICABLE TO NONPARTICIPATING PROVIDERS UNDER THE HEALTH BENEFIT PLAN AND THE CARRIER'S OTHERWISE APPLICABLE REQUIREMENTS, WHICH MUST BE PUBLICLY AVAILABLE ON THE CARRIER'S WEBSITE, AS LONG AS THE SUPERVISING PROVIDER SUBMITS DOCUMENTATION EVIDENCING THE SUPERVISION.

(10) The commissioner shall enforce this section and may ~~promulgate such~~ ADOPT rules as ~~are~~ necessary for the implementation of TO IMPLEMENT this section. Upon receiving more than one complaint from an applicant or a participating ~~physician~~ PROVIDER alleging a violation of this section by a carrier, the commissioner shall investigate the complaints. A carrier that fails to comply with this section or with any rules adopted pursuant to this section is subject to ~~such~~ civil penalties ~~as~~ THAT the commissioner may order pursuant to section 10-1-310.

SECTION 3. In Colorado Revised Statutes, 12-245-404, **amend** (2)(c) as follows:

12-245-404. Qualifications - examination - licensure and registration - rules.

(2) The board shall license as a licensed clinical social worker a person who files an application, in a form and manner required by the board, submits the fee required by the board pursuant to section 12-245-205, and submits evidence satisfactory to the board that the applicant:

(c) Has practiced social work for at least two years under the virtual or in-person supervision of a licensed clinical social worker or other person with equivalent experience as determined by the board, which practice includes training and work experience in the area of clinical social work practice AND INCLUDES AT LEAST THREE THOUSAND HOURS OF PRACTICE; and

SECTION 4. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 12, 2026, if adjournment sine die is on May 13, 2026); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2026 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Approved: April 27, 2026