

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 24-0233.01 Josh Schultz x5486

HOUSE BILL 24-1040

HOUSE SPONSORSHIP

Vigil,

SENATE SPONSORSHIP

Marchman and Winter F.,

House Committees
Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 CONCERNING A STUDY OF THE STATUS OF GENDER-AFFIRMING
102 HEALTH-CARE PROVIDERS.

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/>.)

Colorado Youth Advisory Council Review Committee. The bill requires the department of public health and environment (department) to conduct or cause to be conducted a gender-affirming health-care provider study (study). The study must determine:

- The number of gender-affirming health-care providers and facilities in each region, without disclosing identities of

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.

1 DIAGNOSTIC, PREVENTIVE, REHABILITATIVE, OR SUPPORTIVE NATURE
2 RELATING TO THE TREATMENT OF GENDER DYSPHORIA.

3 (4) "HEALTH-CARE FACILITY" MEANS A FACILITY LICENSED OR
4 CERTIFIED BY THE DEPARTMENT PURSUANT TO SECTION 25-1.5-103.

5 (5) "PROVIDER" MEANS A PHYSICIAN OR ADVANCED PRACTICE
6 PROVIDER, AS DEFINED IN SECTION 25-1.5-502.

7 (6) "STUDY" MEANS THE GENDER-AFFIRMING HEALTH-CARE
8 PROVIDER STUDY CREATED IN SECTION 25-59-102.

9 **25-59-102. Gender-affirming health-care provider study -**
10 **report.** (1) THE DEPARTMENT SHALL CONDUCT OR CAUSE TO BE
11 CONDUCTED A COMPREHENSIVE STUDY OF THE STATUS OF
12 GENDER-AFFIRMING HEALTH-CARE PROVIDERS IN COLORADO, ESPECIALLY
13 THOSE IN RURAL AREAS.

14 (2) THE STUDY MUST, AT A MINIMUM, DETERMINE:

15 (a) THE NUMBER OF GENDER-AFFIRMING HEALTH-CARE PROVIDERS
16 AND FACILITIES IN EACH REGION, WITHOUT DISCLOSING IDENTITIES OF
17 PROVIDERS;

18 (b) THE RESOURCES AVAILABLE TO GENDER-AFFIRMING
19 HEALTH-CARE PROVIDERS AND FACILITIES IN THE STATE;

20 (c) THREATS TO GENDER-AFFIRMING HEALTH-CARE PROVIDERS;

21 (d) THE NUMBER OF PATIENTS SEEKING GENDER-AFFIRMING
22 HEALTH-CARE SERVICES IN EACH REGION, INCLUDING THE RATIO OF
23 PATIENTS TO PROVIDERS IN EACH REGION, WITHOUT DISCLOSING
24 IDENTITIES OF PATIENTS OR PROVIDERS;

25 (e) THE TYPES OF GENDER-AFFIRMING HEALTH-CARE SERVICES
26 THAT PATIENTS SEEK;

27 (f) THE PREVALENCE AND IMPACT OF NONPRESCRIBED

1 TREATMENTS; AND

2 (g) THE AVAILABILITY OF INSURANCE COVERAGE FOR DIFFERENT
3 TYPES OF TREATMENT.

4 (3) THE DEPARTMENT AND ANY THIRD PARTY THAT THE
5 DEPARTMENT CONTRACTS WITH PURSUANT TO SUBSECTION (5) OF THIS
6 SECTION SHALL ENGAGE WITH AND SEEK INPUT FROM, AT A MINIMUM, THE
7 FOLLOWING:

8 (a) PROVIDERS WITH EXPERIENCE PROVIDING GENDER-AFFIRMING
9 HEALTH CARE, ESPECIALLY THOSE WHO PROVIDE GENDER-AFFIRMING
10 HEALTH CARE TO YOUTH;

11 (b) MENTAL HEALTH PROVIDERS, ESPECIALLY THOSE WHO PROVIDE
12 MENTAL HEALTH CARE TO YOUTH;

13 (c) MEMBERS OF THE LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR
14 NONBINARY COMMUNITY, ESPECIALLY YOUTH; AND

15 (d) REPRESENTATIVES OF THE FOLLOWING STATE ENTITIES OR
16 PROGRAMS:

17 (I) THE HEALTH EQUITY COMMISSION, CREATED IN SECTION
18 25-4-2206;

19 (II) THE FAMILY PLANNING PILOT PROGRAM, ESTABLISHED IN
20 SECTION 25.5-5-319;

21 (III) THE BEHAVIORAL HEALTH ADMINISTRATION IN THE
22 DEPARTMENT OF HUMAN SERVICES, ESTABLISHED IN SECTION 27-50-102;

23 (IV) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING,
24 ESTABLISHED IN SECTION 24-1-119.5;

25 (V) THE DIVISION OF INSURANCE IN THE DEPARTMENT OF
26 REGULATORY AGENCIES, ESTABLISHED IN SECTION 10-1-103; AND

27 (VI) THE OFFICE OF SUICIDE PREVENTION CREATED IN THE

1 DIVISION OF PREVENTION SERVICES IN THE DEPARTMENT PURSUANT TO
2 SECTION 25-1.5-101 (1)(w)(I).

3 (4) THE DEPARTMENT SHALL:

4 (a) ON OR BEFORE DECEMBER 31, 2026, SUBMIT A REPORT,
5 INCLUDING ITS FINDINGS AND RECOMMENDATIONS ON THE ISSUES
6 IDENTIFIED IN SUBSECTION (2) OF THIS SECTION AND OTHER INFORMATION
7 THAT THE DEPARTMENT DEEMS APPROPRIATE, TO THE HOUSE OF
8 REPRESENTATIVES HEALTH AND INSURANCE COMMITTEE, THE HOUSE OF
9 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
10 SERVICES COMMITTEE, AND THE SENATE HEALTH AND HUMAN SERVICES
11 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES;

12 (b) POST THE FINAL REPORT, WHICH MUST BE MADE AVAILABLE AS
13 A PUBLIC RECORD ON A PUBLIC-FACING PORTION OF THE DEPARTMENT'S
14 WEBSITE; AND

15 (c) ENSURE THAT THE REPORT DOES NOT DISCLOSE THE IDENTITIES
16 OF GENDER-AFFIRMING HEALTH-CARE PATIENTS OR PROVIDERS.

17 (5) THE DEPARTMENT MAY CONTRACT WITH A THIRD PARTY TO
18 CONDUCT PART OR ALL OF THE STUDY.

19 **25-59-103. Repeal of article.** THIS ARTICLE 59 IS REPEALED,
20 EFFECTIVE SEPTEMBER 1, 2027.

21 **SECTION 2. Safety clause.** The general assembly finds,
22 determines, and declares that this act is necessary for the immediate
23 preservation of the public peace, health, or safety or for appropriations for
24 the support and maintenance of the departments of the state and state
25 institutions.