

**First Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO**

REVISED

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

LLS NO. 25-0113.01 Shelby Ross x4510

SENATE BILL 25-042

SENATE SPONSORSHIP

Cutter and Amabile, Michaelson Jenet, Ball, Bridges, Coleman, Danielson, Gonzales J., Jodeh, Kipp, Kolker, Rodriguez, Snyder, Sullivan, Weissman, Winter F.

HOUSE SPONSORSHIP

Bradfield and English,

Senate Committees

Health & Human Services
Appropriations

House Committees

Health & Human Services

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO ADDRESS COLORADO'S BEHAVIORAL**
102 **HEALTH CRISIS RESPONSE.**

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/>.)

Legislative Oversight Committee Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems. No later than December 31, 2025, the bill requires the department of public safety (DPS), in collaboration with the behavioral health administration (BHA), to convene a stakeholder group to identify existing resources and model programs that communities

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.

HOUSE
Amended 2nd Reading
March 12, 2025

SENATE
3rd Reading Unamended
February 18, 2025

SENATE
Amended 2nd Reading
February 14, 2025

throughout Colorado utilize when responding to behavioral health crises, including, but not limited to, co-responder programs, alternative response programs, and mobile crisis response programs. The bill requires DPS to compile a list of the existing resources and model programs and make the resources and information about the model programs publicly available on DPS's website.

The bill requires the department of health care policy and financing (HCPF), the department of public health and environment, and the BHA to provide information to the general assembly on or before January 1, 2027, regarding the reimbursement shortages and gaps within the continuum of care for the behavioral health crisis response system and the reimbursement and funding options at the state and federal level that are available to address the shortages and gaps, including funding for treatment in place.

Upon receiving the necessary federal authorization, the bill requires HCPF to reimburse an institute of mental health disease for providing inpatient mental health care and treatment to a member for up to 60 days, as long as the average length of stay does not exceed 30 days per calendar year.

Current law requires each person detained for an emergency mental health hold to receive an evaluation as soon as possible after the person is presented to a facility, and the evaluation may, but is not required to, include an assessment to determine if the person continues to meet the criteria for an emergency mental health hold and requires further mental health care in a facility designated by the commissioner. The bill requires the evaluation to include the assessment determination.

The bill requires a facility to only discharge a person placed on an emergency mental health hold if the person no longer meets the criteria for an emergency mental health hold; except that a facility may transfer the person to another facility if the facility is unable to provide the appropriate medical care to the person.

The bill requires the BHA to include in its annual report to the general assembly the reason for discharging each person who is placed on an emergency mental health hold.

No later than December 31, 2025, the bill requires each behavioral health entity, facility, and hospital to provide information to the BHA about the behavioral health entity's, facility's, or hospital's medical and behavioral health-care capabilities.

Beginning October 1, 2025, and continuing annually until October 1, 2030, the bill requires the BHA, in coordination with HCPF and the health information organization network, to prepare and submit a report to the general assembly on behavioral health data interoperability.

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

1 **SECTION 1.** In Colorado Revised Statutes, **add** 24-33.5-121 as
2 follows:

3 **24-33.5-121. Alternative response programs, co-responder**
4 **programs, mobile crisis response programs - data collection -**
5 **legislative declaration.** (1) (a) THE GENERAL ASSEMBLY FINDS THAT
6 SOME COLORADO COMMUNITIES UTILIZE UNIQUE RESOURCES AND MODEL
7 PROGRAMS WHEN RESPONDING TO A BEHAVIORAL HEALTH CRISIS,
8 INCLUDING CO-RESPONDER PROGRAMS, ALTERNATIVE RESPONSE
9 PROGRAMS, AND MOBILE CRISIS RESPONSE PROGRAMS. HOWEVER, THERE
10 IS NO REPOSITORY OF INFORMATION ABOUT, NOR A GENERAL
11 UNDERSTANDING OF, WHY THE DIFFERENT RESOURCES AND MODEL
12 PROGRAMS WORK IN EACH COMMUNITY.

13 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT IN
14 ORDER TO ENCOURAGE AND ASSIST OTHER COLORADO COMMUNITIES TO
15 DEVELOP RESOURCES AND A MODEL PROGRAM SPECIFIC TO THE
16 COMMUNITY'S NEEDS, THE DEPARTMENT OF PUBLIC SAFETY AND THE
17 BEHAVIORAL HEALTH ADMINISTRATION SHALL CONSULT WITH
18 STAKEHOLDERS TO IDENTIFY EXISTING RESOURCES AND MODEL
19 PROGRAMS, COMPILER THE INFORMATION, AND MAKE THE INFORMATION
20 PUBLICLY AVAILABLE.

21 (2) (a) NO LATER THAN JUNE 30, 2026, THE DEPARTMENT, IN
22 COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN THE
23 DEPARTMENT OF HUMAN SERVICES, SHALL CONSULT WITH STAKEHOLDERS
24 TO IDENTIFY:

25 (I) EXISTING RESOURCES AND MODEL PROGRAMS THAT
26 COMMUNITIES THROUGHOUT COLORADO UTILIZE WHEN RESPONDING TO
27 BEHAVIORAL HEALTH CRISES, INCLUDING, BUT NOT LIMITED TO,

1 CO-RESPONDER PROGRAMS, ALTERNATIVE RESPONSE PROGRAMS, AND
2 MOBILE CRISIS RESPONSE PROGRAMS; AND

3 (II) THE REIMBURSEMENT SHORTAGES AND GAPS WITHIN THE
4 CONTINUUM OF CARE FOR BEHAVIORAL HEALTH CRISIS RESPONSE, AND
5 REIMBURSEMENT AND FUNDING OPTIONS THAT ARE AVAILABLE AT THE
6 STATE AND FEDERAL LEVEL TO ADDRESS THE SHORTAGES AND GAPS,
7 INCLUDING FUNDING FOR TREATMENT IN PLACE IDENTIFIED BY
8 STAKEHOLDERS.

9 (b) AT A MINIMUM, THE STAKEHOLDERS CONSULTED WITH
10 PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION MUST INCLUDE
11 REPRESENTATIVES FROM COMMUNITIES THAT HAVE EXISTING RESOURCES
12 AND PROGRAMS; COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH
13 PROVIDERS; ESSENTIAL BEHAVIORAL HEALTH SAFETY NET PROVIDERS
14 THAT FURNISH CRISIS SERVICES; REPRESENTATIVES FROM LOCAL
15 PROGRAMS RELEVANT TO THE COMMUNITY, SUCH AS FAMILY RESOURCE
16 CENTERS, DOMESTIC VIOLENCE PROGRAMS, SUBSTANCE USE TREATMENT
17 PROVIDERS, AND INDEPENDENT CLINICIANS OR QUALIFIED UNLICENSED
18 INDEPENDENT PROVIDERS; REPRESENTATIVES CERTIFIED IN PEDIATRIC
19 HEALTH CARE; REPRESENTATIVES FROM AGENCIES PROVIDING LAW
20 ENFORCEMENT AND FIRE PROTECTION; REPRESENTATIVES FROM AN
21 ORGANIZATION REPRESENTING EMERGENCY MEDICAL SERVICES,
22 EMERGENCY RESPONSE SERVICES, OR THE STATE EMERGENCY MEDICAL
23 AND TRAUMA SERVICES ADVISORY COUNCIL CREATED IN SECTION
24 25-3.5-104; AND ANY OTHER REPRESENTATIVES THE DEPARTMENT AND
25 BEHAVIORAL HEALTH ADMINISTRATION DETERMINE ARE NECESSARY.

26 (3) (a) AFTER CONSULTING WITH THE STAKEHOLDERS PURSUANT
27 TO SUBSECTION (2)(a) OF THIS SECTION, BUT NO LATER THAN JUNE 30,

1 2026, THE DEPARTMENT SHALL COMPILE A LIST OF EXISTING RESOURCES
2 AND MODEL PROGRAMS, AND REPORT REIMBURSEMENT SHORTAGES AND
3 GAPS IDENTIFIED BY THE STAKEHOLDERS AND DEVELOP
4 RECOMMENDATIONS FOR ADDRESSING THE SHORTAGES AND GAPS. THE
5 DEPARTMENT AND THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
6 MAKE THE RESOURCES, MODEL PROGRAMS, AND RECOMMENDATIONS
7 PUBLICLY AVAILABLE ON THE DEPARTMENT'S WEBSITE.

8 (b) (I) IN ITS 2027 ANNUAL REPORT TO THE COMMITTEES OF
9 REFERENCE MADE PURSUANT TO SECTION 2-7-203, THE DEPARTMENT
10 SHALL PROVIDE A REPORT ON THE INFORMATION COMPILED AND THE
11 ANALYSIS AND RECOMMENDATIONS DEVELOPED PURSUANT TO
12 SUBSECTION (3)(a) OF THIS SECTION.

13 (II) THE DEPARTMENT SHALL SUBMIT THE REPORT DEVELOPED
14 PURSUANT TO SUBSECTION (3)(b)(I) OF THIS SECTION TO ANY IMPACTED
15 STATE AGENCY.

16 (c) THE DEPARTMENT AND THE BHA SHALL CONTINUALLY UPDATE
17 THE RESOURCES AND MODEL PROGRAMS COMPILED PURSUANT TO
18 SUBSECTION (3)(a) OF THIS SECTION, AS THE DEPARTMENT DETERMINES IS
19 NECESSARY.

20 **SECTION 2.** In Colorado Revised Statutes, add 27-60-117 as
21 follows:

22 **27-60-117. Crisis response continuum of care - reimbursement**
23 **shortages and gaps - report - repeal.** (1) ON OR BEFORE JANUARY 1,
24 2027, THE BEHAVIORAL HEALTH ADMINISTRATION, IN COLLABORATION
25 WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL
26 PROVIDE INFORMATION TO THE HOUSE OF REPRESENTATIVES HEALTH AND
27 HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN

1 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AND ANY
2 IMPACTED STATE AGENCY, REGARDING THE REIMBURSEMENT SHORTAGES
3 AND GAPS WITHIN THE CONTINUUM OF CARE FOR BEHAVIORAL HEALTH
4 CRISIS RESPONSE, AND REIMBURSEMENT AND FUNDING OPTIONS AT THE
5 STATE AND FEDERAL LEVEL THAT ARE AVAILABLE TO ADDRESS
6 SHORTAGES AND GAPS, INCLUDING FUNDING FOR TREATMENT IN PLACE.

7 (2) THIS SECTION IS REPEALED, EFFECTIVE JUNE 30, 2027.

8 **SECTION 3.** In Colorado Revised Statutes, **add 25.5-4-435** as
9 follows:

10 **25.5-4-435. Reimbursement for sixty-day stay.** THE STATE
11 DEPARTMENT SHALL REIMBURSE AN INSTITUTION FOR MENTAL DISEASES,
12 AS DEFINED IN 42 CFR 435.1010, FOR PROVIDING INPATIENT MENTAL
13 HEALTH TREATMENT TO A MEMBER FOR UP TO SIXTY DAYS OR TO THE
14 EXTENT PERMITTED BY FEDERAL LAW.

15 **SECTION 4.** In Colorado Revised Statutes, 27-65-106, **amend**
16 (6)(a); and **add** (7)(d) as follows:

17 **27-65-106. Emergency mental health hold - screening -**
18 **court-ordered evaluation - discharge instructions - respondent's**
19 **rights.** (6) (a) Each person detained for an emergency mental health hold
20 pursuant to this section shall receive an evaluation as soon as possible
21 after the person is presented to the facility and shall receive such
22 treatment and care as the person's condition requires for the full period
23 that the person is held. The evaluation ~~may~~ **MUST** include an assessment
24 to determine if the person continues to meet the criteria for an emergency
25 mental health hold and requires further mental health care in a facility
26 designated by the commissioner. The evaluation must state whether the
27 person should be released, referred for further care and treatment on a

1 voluntary basis, or certified for short-term treatment pursuant to section
2 27-65-109.

3 (7) (d) A HOSPITAL THAT IS SUBJECT TO THE FEDERAL
4 "EMERGENCY MEDICAL TREATMENT AND LABOR ACT", 42 U.S.C. SEC.
5 1395dd, SHALL ONLY DISCHARGE A PERSON PLACED ON AN EMERGENCY
6 MENTAL HEALTH HOLD IF THE PERSON NO LONGER MEETS THE CRITERIA
7 FOR AN EMERGENCY MENTAL HEALTH HOLD; EXCEPT THAT A HOSPITAL
8 MAY TRANSFER THE PERSON TO ANOTHER HOSPITAL IF THE HOSPITAL IS
9 UNABLE TO PROVIDE THE APPROPRIATE MEDICAL OR BEHAVIORAL HEALTH
10 CARE TO THE PERSON AND THE RECEIVING HOSPITAL AGREES TO THE
11 TRANSFER.

12 ==
13 =====

14 **SECTION 5. Act subject to petition - effective date.** This act
15 takes effect at 12:01 a.m. on the day following the expiration of the
16 ninety-day period after final adjournment of the general assembly; except
17 that, if a referendum petition is filed pursuant to section 1 (3) of article V
18 of the state constitution against this act or an item, section, or part of this
19 act within such period, then the act, item, section, or part will not take
20 effect unless approved by the people at the general election to be held in
21 November 2026 and, in such case, will take effect on the date of the
22 official declaration of the vote thereon by the governor.