

2024 Legislative Wrap-Up

After a relatively calm session for behavioral health in 2023, when legislators chose to hold off on many proposals in order to create space for BHA implementation, the 2024 session was exceptionally busy on the behavioral health front. Behavioral health for children and youth loomed large, as policymakers and stakeholders seek to address the ongoing mental health crisis among youth and better knit together child welfare and behavioral health systems. Competency and criminal justice were also a big focus, as was substance use disorder prevention, treatment and recovery.

CBHC notched notable wins. Our highest priority bill directs the state to apply for a Certified Community Behavioral Health Clinic planning grant. Joint Budget Committee members recognized the crucial importance of doing everything to secure the enhanced federal match that accompanies CCBHC if Colorado subsequently receives an implementation grant, and pushed hard for this bill. Legislators also embraced our bill to create an ongoing appropriation for Teen/Youth Mental Health First Aid, though budgetary pressures necessitated scaling back the amount of the funding. Details on these and other behavioral health bills follow.

CBHC took a position on 50 of the 705 bills introduced in the 2024 session and engaged actively on many of them; all are summarized on the following pages, as are key budget developments affecting CBHC members. (All status updates are as of May 21. If the status update simply says “passed both chambers,” that indicates it is awaiting leadership signatures before being sent to the Governor. We do not anticipate that any such bills will not be signed or be vetoed.)

General overview

Most observers were pleasantly surprised at the General Assembly’s productivity this year, with 526 of the 705 introduced bills passing, most with bipartisan support. The surprise stemmed in part from the rancorous end to last year’s session, when House Republicans left the chamber on the final day without voting on remaining bills and progressive House Democrats called for a vote of “no confidence” in the Speaker. That tone continued with a contentious special session on property taxes in November that devolved into an unexpected and bitter dispute about the Israel/Hamas war and subsequent disciplinary action against a progressive House member who joined protesters in the gallery to disrupt comments from a Jewish legislator and called her colleagues “fascists.” Before the regular session even began in January, two freshmen House members resigned their seats, citing in part the poisonous atmosphere in their chamber. The era of bad feeling continued through the session in the House, with allegations of online bullying and threats among members and another late-session standoff between progressives and the Speaker.

Despite this (and perhaps in part because the Senate was a more collegial and less drama-filled body), the General Assembly succeeded in passing noteworthy legislation. A signal achievement was fully funding K-12 education for the first time in more than a decade and reshaping the state’s approach to education funding. Another key accomplishment was a package of bills designed to reduce the cost of housing and increase the supply of affordable housing—a package that reflected the learnings from last session, when an omnibus bill developed by the Governor and Democrat leaders was introduced at the tail end of the session with no real stakeholding beforehand. Not surprisingly, that bill failed. Accordingly, proponents took a different tack this year and largely succeeded. The Governor and his legislative allies also succeeded in passing cuts to income and sales taxes, and negotiated a compromise on property tax calculation changes. That last victory was marred, however, when a key business group pulled out of the agreement at the last minute and continued its support for two ballot measures that would significantly reduce property taxes and potentially recreate the budgetary challenges resulting from the now-repealed Gallagher Amendment.

General budget overview

This year represented a return to “normal” budgeting, after the years of COVID-related infusions from the federal government. Tax collections have flattened following significant growth post-pandemic. As economic growth slows, general fund revenue is expected to grow by just 1.2% next year. Nevertheless, the state will have more money to spend, and the total approved budget for next fiscal year is \$40.6 billion. This is primarily due to high inflation and steady population growth, which means the state’s revenue cap under TABOR will grow by 5.8% in the 2024-25 budget, following an 8.5% increase last year. Slower growth and a rising TABOR cap also mean the state will owe fewer refunds to taxpayers over the next two years.

As is typical, healthcare and human services account for the bulk of new spending. HCPF is driving about half of general fund budget growth, with a \$512 million increase—an 11.5% rise. As a result of the PHE unwind, Medicaid enrollment is expected to drop to 1.3 million recipients, down from 1.4 million this budget year and 1.7 million at its peak. Despite this, state spending on Medicaid services is projected to rise by \$325 million next year due to increasing healthcare costs for seniors and those with disabilities. Adding in the \$204 million increase for the Department of Human Services—which administers social services including behavioral health and child welfare programs—just two of the state’s 23 departments account for 67% of the budget increase.

A significant budget development this year was the “ARPA swap.” Previous guidance was that ARPA funds had to be encumbered by 2026. However, the federal government changed course last November and required those funds to be spent by the end of this calendar year. Following the lead of other states, Colorado “swapped” time-limited ARPA dollars for general fund dollars which have no expiration date, putting those ARPA funds into personal services budget lines for the remaining 2023-24 budget year and first six months of the 2024-25 budget year. An equivalent amount of general fund dollars are now “rolled forward” to fund ARPA-related programs. This maneuver means that Colorado will not have to send any of its ARPA dollars back to Washington.

Another major budget impact resulted from the March revenue forecast, which projected a previously unexpected \$170 million shortfall because of the TABOR implications of lower population forecast and higher-than-expected collections from two cash funds. This squeeze severely curtailed the amount of money available to fund legislators’ priorities to only about \$22 million in new spending—insufficient to cover all the legislation introduced during the session. The resulting need to prioritize scarce dollars meant many bills were reduced in scope in order to slash their fiscal notes, and many others simply never made it out of the appropriations process.

Behavioral health budget overview

- JBC initially hoped to implement a 2.5% across-the-board rate increase for all providers, but ultimately had to settle for 2% when the economic forecast came in worse than expected.
- CDHS requested funds to open more psychiatric beds at the Mental Health Institutes; the final budget included \$68 million for that.
- To our surprise, and that of JBC, BHA submitted a status quo budget request without additional dollars to fund implementation of the new behavioral health system. The only new funding they requested was \$6M to make I Matter permanent. CBHC members are extremely nervous about the implications of this for their ability to provide the critically important BHA-funded safety net services that are not reimbursed by Medicaid in a complex new system that will increase providers’ administrative costs.

Many CMHCs have seen skyrocketing numbers of uninsured patients as the decline in Medicaid enrollments resulting from the end of the COVID public health emergency was steeper and deeper than forecast. While additional funds were made available to help counties hire new eligibility staff and process redeterminations—an important step for mitigating the problem going forward—the state has done little to help CMHCs continue to serve their clients at this time of deficit. One helpful development is a retroactive Medicaid rate adjustment, which HCPF determined was necessary in order to reflect the fact that the rates were no longer actuarially sound. (At this writing, CMHCs are still waiting for details from their respective RAEs.) However, as noted above, BHA did not request new funding to help fill the gap created by the significant increase in

uncompensated care resulting from the PHE unwind. And, even with the unspent ARPA dollars remaining in their coffers, BHA said they were not able to provide meaningful gap funding. Accordingly, many CMHC members find themselves going into an uncertain new budget year in a precarious financial position with reduced reserves.

CBHC PRIORITY BILLS

[HB 24-1384, Certified Community Behavioral Health Clinics \(Bird/Sirota, Zenzinger/Kirkmeyer\)](#)

CCBHC is a top priority for CBHC because of the enhanced federal match it brings and its proven track record in improving access and outcomes. However, we did not plan to push legislation this year; instead, we were going to work with HCPF to develop their next CCBHC planning grant application. However, the Joint Budget Committee put forward the idea of legislation requiring the state to do so, with an eye toward applying for a 4-year demonstration grant after that (assuming the planning grant application is successful). Because the bill was a surprise to us, stakeholding had to take place after the fact. There was significant initial misunderstanding about the facts of the program that turned into outright opposition from some quarters, and a need to work with HCPF and BHA on the requirements proposed in the bill. Ultimately, we agreed to amendments that did not undercut the bill's intent or effectiveness. Community Reach was instrumental in securing JBC interest and action on this crucial priority. Every CBHC member helped us with outreach to legislators, and representatives from Mental Health Partners, Jefferson Center and Aurora testified, with Axis and SummitStone submitting written testimony. We would not have had the strong support we enjoyed from legislators without that activation and work – thank you!

Status: Passed both chambers with resounding bipartisan support.

[SB 24-007, Behavioral Health First Aid \(Field/Michaelson-Jenet, Titone/Weinberg\)](#)

The bill creates an annual appropriation for Mental Health First Aid (MHFA) training grants in the Office of Suicide Prevention at the Dept. of Public Health and Environment. Our desired focus for these grants is Teen and Youth MHFA. The bill essentially resurrected SB 20-001, a similar attempt to create an ongoing appropriation for Teen MHFA that was derailed by COVID. The bill initially included a \$500k funding request but in a tight budget year, we voluntarily reduced it to \$250k.

Status: Passed both chambers with resounding bipartisan support; sent to the Governor May 16.

[HB 24-1045, Treatment for Substance Use Disorders \(DeGruy-Kennedy/Armagost, Mullica/Will\)](#)

Referred from Opioid and Other Substance Use Disorders Study Committee. Omnibus bill.

An important tool for addressing the shortage of addictions treatment professionals and improving access to substance use treatment is making it easier for addictions treatment candidates to get the supervised hours required to qualify for their certification. To that end, SummitStone proposed and CBHC secured language in HB 24-1045 allowing licensed clinical social workers (LCSWs), licensed professional counselors (LPCs) and licensed marriage and family therapists (LMFTs) to supervise candidates for certified addiction counselor and certified addiction specialist credentials if those licensees have education or experience working with addictions disorders. Such treatment is already within their scope of practice. Dr. Lesley Brooks and Cyndi Dodds from SummitStone testified on the bill.

Status: Passed both chambers with strong support.

[HB 24-1176, Behavioral Health Grant for Capital Project \(Hamrick/Jodeh, Buckner/Fields\)](#)

The bill uses unspent and reverted ARPA funds to expand the HB 22-1281 Community Behavioral Healthcare Continuum Gap Grant Program to fund a new behavioral health capital project that meets certain criteria.

Following the competitive grant process required in the original legislation, the BHA can fund a new shovel-ready capital project that meets the original criteria and demonstrates the capacity to spend down this grant award by the end of this calendar year. One such project is the new one-stop Crisis and Acute Care Center being built by Aurora Mental Health and Recovery.

Status: Passed both chambers, sent to Governor May 9.

[HB 24-1217, Sharing of Patient Healthcare Information \(Amabile/Ricks, Mullica\)](#)

As part of a negotiated agreement with Rep. Naquetta Ricks on HB 23-1200, CBHC worked over the interim with families of adult children with serious mental illness (SMI) who wish to require providers to accept information from those families. CBHC sought to create a foundational understanding among all stakeholders of federal privacy laws and to find a middle path that respects families' desire to share information, patient rights, and providers' ability to exercise their professional judgment without fear of liability. The resulting legislation achieved those ends and represented an important partnership between CBHC and Mental Health Colorado.

Status: Passed both chambers, sent to Governor May 15.

SUPPORT

[HB 1002, Social Work Licensure Compact \(Sirota/Martinez, Marchman/Rich\)](#)

Obligates Colorado to participate in interstate licensure compact for social workers.

Status: Passed both chambers.

[HB 1003, Opiate Antagonists and Detection products in Schools \(McLachlan/Young, Simpson/Michaelson Jenet\)](#)

Allows school districts to keep and administer naloxone on school buses and in schools; allows schools to keep and use opiate detection tests; bars schools/districts from prohibiting students to possess naloxone. Mental Health Partners provided naloxone kits to all 100 legislators in support of the bill.

Status: Signed by Governor April 22.

[HB 1010, Insurance Coverage for Provider-Administered Drugs \(Jodeh/Soper, Michaelson Jenet/Will\)](#)

Curtails insurance carriers' ability to limit availability/coverage of provider-administered drugs.

Status: Passed both chambers, vetoed by Governor May 17.

[HB 1015, Workplace Suicide Prevention Education \(Vigil, Michaelson Jenet\)](#)

Requires the CO Dept. of Labor & Employment to create and distribute, and employers to post and distribute, suicide prevention materials for employees. Also requires Office of Suicide Prevention to create a website with information about workplace suicide prevention.

Status: Died on calendar in House Appropriations Committee.

[HB 1019, Crisis Resolution Team Program \(Bradfield/Amabile, Fields/Pelton\)](#)

Expands the statewide CRT program for children and youth.

Status: Died on calendar in House Appropriations Committee.

[HB 1028, Overdose Prevention Centers \(Epps, Priola\)](#)

Allows municipalities to authorize overdose prevention centers.

Status: Died in Senate HHS Committee.

[HB 1034, Adult Competency to Stand Trial \(Amabile/Bradfield, Fields\)](#)

Referred from Legislative Oversight Committee Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems. Reforms and clarifies the competency process: expands scope of/access to information in competency report, outlines court's options when defendant is found incompetent, directs when outpatient competency services may be provided, details when cases must be dismissed based on highest level of charge against defendant and how long defendant has been waiting for restoration services.

Status: Passed both chambers.

[HB 1037, Substance Use Disorders Harm Reduction \(Epps/deGruy Kennedy, Priola\)](#)

Referred from Opioid and Other Substance Use Disorders Study Committee. Omnibus bill. Excludes injuries involving possession of drugs/dug paraphernalia from a physician's mandatory reporting requirements; clarifies civil and criminal immunity for people who distribute naloxone; expands protections related to needle exchange programs.

Status: Passed both chambers.

[HB 1046, Child Welfare System Tools \(Duran/Evans, Kolker/Kirkmeyer\)](#)

Referred from Child Welfare System Interim Study Committee. Clarifies mandatory reporting guidelines; requires CDHS to develop consistent screening process for child welfare reports; requires audit of the state's family safety assessment and family risk assessment.

Status: Passed both chambers, sent to Governor May 17.

[HB 1054, Jail Standards Commission Recommendations \(Amabile/Garcia, Fields/Coleman\)](#)

Referred from Legislative Oversight Committee Concerning Colorado Jail Standards. Repeals Jail Standards Oversight Commission and extends Jail Oversight Committee until 7/1/33. Requires county jails to comply with oversight committee's standards by 7/1/26. Creates Jail Standards Advisory Committee with a slot for a physical or behavioral health professional with experience working in jail settings.

Status: Passed both chambers.

[HB 1079, Persons Detained in Jail on Emergency Commitment \(Amabile/English, Fields\)](#)

Referred from Legislative Oversight Committee Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems. Prohibits detaining juveniles in protective custody in jail. (Note: the bill started out applying to adults and was amended so that this provision applies only to juveniles.) Beginning July 1, 2024, the bill requires each approved treatment facility or emergency medical services facility that detains a person under protective custody or detains or holds a person on an emergency commitment to report quarterly to BHA about the persons detained or held at the facility.

Status: Signed by Governor May 17.

[HB 1081, Regulate Sale and Transfer of Sodium Nitrite \(Amabile/Catlin, Roberts/Pelton\)](#)

Developed by Colorado Coalition to Prevent Suicide; Maranda Miller of Centennial helped craft and testified in favor of the bill. Regulates the sale and transfer of this substance.

Status: Signed by Governor April 17.

[HB 1097, Military Family Occupational Credentialing \(Taggart/Weissman, Fields/Gardner\)](#)

Expands professional credential portability for military spouses.

Status: Signed by Governor April 17.

[HB 1136, Healthier Social Media Use by Youth \(Pugliese/Amabile, Cutter/Smallwood\)](#)

Requires CO Dept. of Education to maintain a resource bank of information regarding mental and physical health impacts of youth social media use, and provide programs to address the impacts. Requires social media platforms to display pop-up notifications for users under age 18 when they have been on the platform for more than an hour or are using the platform between 10 pm and 6 am, showing information about adverse impacts of social media use.

Status: Passed both chambers.

[HB 1146, Medicaid Provider Suspension for Organized Fraud \(Bird/Taggart, Bridges/Zenzinger\)](#)

Allows HCPF to suspend a provider who meets specified criteria for being suspected of organized fraud. HCPF solicited input from CBHC before introducing the bill. It targets fraudulent BHST providers, a problem that has exploded in Colorado and nearby states. CBHC testified in favor of the bill.

Status: Signed by Governor Feb. 20.

[HB 1149, Prior Authorization Requirement Alternatives \(Bird/Frizell, Roberts/Kirkmeyer\)](#)

Eases certain prior authorization requirements; extends authorizations to one year; requires carriers to publicly post prior auth data.

Status: Passed both chambers, sent to Governor May 16.

[HB 1252, Sunset Suicide Prevention Commission \(Vigil/Bradfield, Michaelson Jenet\)](#)

Extends the Commission through 9/1/34; reduces membership from 26 to 22 members.

Status: Passed both chambers

[HB 1277, Sunset Youth Restraint & Seclusion Working Group \(Daugherty/Holtorf, Gonzales\)](#)

Extends the Commission through 9/1/34.

Status: Signed by Governor April 19.

[HB 1322, Medicaid Coverage Housing & Nutrition Services \(Brown/Bird, Kirkmeyer/Rodriguez\)](#)

Speeds the timeline for HCPF to study the feasibility of a Section 1115 waiver to cover housing and nutrition supports; requires the Department to apply by 7/1/25 if they determine it would be budget neutral.

Status: Passed both chambers, sent to Governor May 17.

[HB 1355, Measures to Reduce the Competency Waitlist \(Mabrey/Amabile, Michaelson Jenet/Gardner\)](#)

Creates a wraparound component to the Bridges program to divert people from the competency system to community-based treatment.

Status: Passed both chambers.

[HB 1400, Medicaid Eligibility Procedures \(Bird/Sirota, Kirkmeyer/Zenzinger\)](#)

Authorizes or requires HCPF to continue or extend certain eligibility redetermination waivers in order to retain individuals on the Medicaid rolls.

Status: Signed by Governor April 18.

[HB 1406, School-Based Mental Health Services \(Bird/Taggart, Bridges/Kirkmeyer\)](#)

By 1/1/25, requires BHA to contract with an external provider (Trails to Wellness) for mental health training for educators.

Status: Signed by Governor April 18.

[HB 1471, Electroconvulsive Treatment for Minors \(Young/Bradfield, Michaelson Jenet\)](#)

Allows ECT to be performed on youth under the age of 16 if certain conditions are met.

Status: Passed both chambers.

[SB 001, Continue Youth Mental Health Services Program \(Michaelson Jenet/Cutter, Brown/Rutinel\)](#)

Extends I Matter indefinitely; expands reporting requirements for the program.

Status: Passed both chambers, sent to Governor May 10.

[SB 006, Pretrial Diversion Programs \(Rodriguez/Fields, English/Bradfield\)](#)

Referred from Legislative Oversight Committee Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems. Extends pretrial diversion programs for juveniles and adults.

Status: Signed by Governor March 22.

[SB 015, Licensed Professional Counselors in Communities \(Kolker, Young\)](#)

Creates a supervisor stipend program and reimburses fees for dual licensure candidates to increase the number of school counselors.

Status: Died on calendar in Senate Appropriations.

[SB 018, Physician Assistant Licensure Compact \(Simpson/Michaelson Jenet, Amabile/Winter\)](#)

Authorizes Colorado to participate in an interstate compact for physician assistants once seven other states have approved it.

Status: Signed by Governor May 17.

[SB 034, Increase Access to School-Based Healthcare \(Marchman/Kolker, Garcia/Lindsay\)](#)

Expands definition of school-based health centers to include school-linked health services.

Status: Passed both chambers, sent to Governor May 15.

[SB 047, Prevention of Substance Use Disorders \(Jaquez Lewis/Priola, Young/Epps\)](#)

Referred from Opioid and Other Substance Use Disorders Study Committee. Omnibus bill. Among other provisions, adds gabapentinoids to the PDMP and allows HCPF to access the database for care coordination purposes. Also expands SBIRT to adolescents.

Status: Passed both chambers, sent to Governor May 17.

[SB 048, Substance Use Disorders Recovery \(Priola, deGruy Kennedy/Lynch\)](#)

Referred from Opioid and Other Substance Use Disorders Study Committee. Omnibus bill. Among other provisions, creates recovery-friendly workplace designation and a grant program for recovery schools; broadens parameters for grants to recovery community organizations; requires BHA to crack down on unlawful recovery residences.

Status: Passed both chambers, sent to Governor May 16.

[SB 052, Ongoing Funding for 911 Resource Center \(Fields, English\)](#)

Referred from Legislative Oversight Committee Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems. Requires annual appropriation to 911 resource center and requires a survey of 911 professionals regarding their perception of the training they receive.

Status: Died on calendar in Senate Appropriations.

[SB 055, Agricultural and Rural Behavioral Healthcare \(Marchman/Will, Lukens/Hartsook\)](#)

As introduced, would have created an ag behavioral health liaison at BHA as well as an ag/rural behavioral health grant program. JC Carrica of Valley-Wide and Maranda Miller of Centennial testified in favor of the bill. The grant program was ultimately amended out in order to save the bill.

Status: Passed both chambers, sent to the Governor May 13.

[SB 059, Children's Behavioral Health Statewide System of Care \(Kirkmeyer/Michaelson Jenet, Duran/Pugliese\)](#)

Referred from Child Welfare System Interim Study Committee. Colorado Counties Inc.'s signature bill. Would have created an extensive and expensive system of care, incorporating preventive services; outpatient, inpatient and residential services; extensive care coordination requirements, including between child welfare services and behavioral health providers. CBHC initially took an "amend" position on the bill because of our concerns regarding intersection with BHA requirements and lack of behavioral health providers on the task force charged with developing an implementation plan. After the bill was amended to address our latter concern, we changed to a "support" position. The bill's ultimate death in House HHS Committee reflected legislators' agreement with BHA's concerns about setting up a new system on top of theirs.

Status: Died in House HHS Committee.

[SB 080, Transparency in Healthcare Coverage \(Fields/Jaquez Lewis, Young/Marvin\)](#)

Requires commercial insurance carriers to comply with federal price transparency laws.

Status: Passed both chambers, sent to Governor May 17.

SB 110, Medicaid Prior Authorization Prohibition (Rodriguez/Kirkmeyer, Amabile/Sirota)

Started out prohibiting prior auth for anti-psychotic drugs. Amended to say that HCPF cannot require adults to be prescribed anti-psychotic meds on Medicaid's preferred drug list if those drugs have been shown to be ineffective for the individual, and cannot refuse to cover other antipsychotic meds for that individual which are not on the preferred drug list.

Status: Passed both chambers, sent to Governor May 16.

SB 115, Mental Health Professionals Practice Requirements (Michaelson Jenet/Smallwood, Young/Sirota)

Updates to the Mental Health Practice Act. The bill removes the requirement that a mental health professional provide each client with an explanation of the levels of regulation and the differences between licensure, registration, and certification of mental health professionals. Removes the requirement for an individual to take and pass the board of social work examiners' masters examination in order to obtain a licensed social worker license. In order for an individual to obtain a registration as a psychologist candidate (PSYC), a clinical social worker candidate (SWC), a marriage and family therapist candidate (MFTC), a licensed professional counselor candidate (LPCC), or an addiction counselor candidate (ADDC), the bill requires the individual to pass the Colorado jurisprudence examination. Authorizes PSYCs, SWCs, MFTCs, LPCCs, and ADDCs to renew their candidate registrations if they are unable to complete all the post-degree licensure requirements within the 4-year time frame that a registration is valid and allows candidates whose registrations have expired to reapply for the registration.

Status: Passed both chambers, sent to Governor May 3 (to be signed in ceremony at North Range May 22).

SB 116, Discounted Care for Indigent Patients (Buckner, Jodeh)

Tightens rules around collecting from indigent patients who are not eligible for CICP; authorizes hospitals to determine presumptive eligibility for Medicaid.

Status: Passed both chambers, sent to Governor May 15.

SB 130, Noneconomic Damages Cap Medical Malpractice (Mullica/Will, Brown)

Doubles the cap on "pain and suffering" damages in medical malpractice cases from \$250,000 to \$500,000 over 5 years. The bill was introduced by physicians and medical liability insurers as part of a strategy to stave off proposed ballot initiatives from the trial bar that would have eliminated the cap altogether and opened up peer review. In a late-session compromise brokered by the governor, the bill was killed and replaced with one that raised the cap even higher, while also easing restrictions on caps for property and casualty awards.

Status: Died in Senate by laying it over until the day after the legislature adjourned.

SB 181, Alcohol Impact and Recovery Enterprise (Priola/Hansen, deGruy Kennedy/Amabile)

A signature bill for Sen. Priola and COPA. Would have raised fees on beer, wine and alcohol and used the proceeds to fund SUD prevention, treatment and recovery services. Fiercely opposed by the liquor lobby.

Status: Died in House Finance Committee.

MONITOR/NEUTRAL

[HB 1004, Ex-Offenders Practice in Regulated Occupations \(Bacon/Bird, Coleman\)](#)

Individuals who committed non-violent offenses would not be barred from practicing in regulated occupations once three years have elapsed since their conviction.

Status: Passed both chambers.

[HB 1017, Bill of Rights for Foster Youth \(Daugherty/Parenti, Zenzinger/Michaelson Jenet\)](#)

Creates rights for foster youth.

Status: Signed by Governor April 24.

[HB 1038, High-Acuity Crisis for Children and Youth \(Young/Bradley, Kirkmeyer/Fields\)](#)

Referred from Child Welfare System Interim Study Committee. BHA's signature bill, focused on shoring up and funding inpatient and residential care, and care coordination, for children and youth with significant behavioral health needs. Represented their counter to Colorado Counties Inc.'s much more sweeping bill. BHA framed their as phasing in a broader system of care by first starting with the highest-needs population.

Status: Passed both chambers, sent to Governor May 15.

[HB 1049, School Mental Health Professional Loan Repayment Program \(Weinberg/Vigil, Marchman/Winter\)](#)

Referred by Colorado Youth Advisory Council Review Committee. Creates loan repayment program for school counselors, school psychologists and school social workers.

Status: Died in House Education Committee.

[HB 1086, Operation of Denver Health & Hospital Authority \(Holtorf/Amabile, Michaelson Jenet\)](#)

Requires HCPF to contract with Denver Health's MCO; authorizes continual distribution of any funds appropriated to Denver Health.

Status: Signed by Governor April 4.

[HB 1096, School Psychologist Interstate Compact \(Young/Lukens, Kolker/Marchman\)](#)

Enacts interstate compact for school psychologists.

Status: Signed by Governor April 29.

[SB 029, Study Metrics to Measure Criminal Justice System Success \(Gonzales/Rodriguez, Amabile/Garcia\)](#)

Referred by Recidivism Interim Study Committee. Creates working group to study metrics affecting recidivism.

Status: Signed by Governor March 6.

[SB 063, Confidentiality of Group Peer Support Services \(Rich/Coleman, Taggart\)](#)

Prohibits a first responder peer support team member or recipient of first responder group peer support services from being examined as a witness without the consent of the person to whom the examination relates. We monitored the bill in case it was broadened to apply to SUD treatment peers.

Status: Signed by Governor March 22.

SB 082, Patient's Right to Provider Identification (Liston, Weinberg)

Requires health care professionals to wear ID badges specifying their credentials.

Status: Died in Senate HHS Committee.

SB 117, Eating Disorder Treatment & Recovery (Cutter/Winter, deGruy Kennedy)

Adds regulations to eating disorder treatment and recovery centers.

Status: Passed both chambers, sent to Governor May 10.

SB 141, Out of State Telehealth Providers (Van Winkle/Michaelson Jenet, Bradfield/Rutinel)

Allows out-of-state telehealth providers to care for Colorado patients without Colorado licensure if they meet certain requirements. CBHC started out in an "amend" position; our concerns were satisfied with changes secured by the Colorado Medical Society. Behavioral health professional associations and MHCO led the charge to make additional changes.

Status: Passed both chambers, sent to Governor May 15.

AMEND

HB 1066, Prevent Workplace Violence in Healthcare Settings (Hamrick/Garcia, Michaelson Jenet/Gonzales)

One of MHCO's signature bills, developed with the Colorado Nurses Association. Originally focused on hospitals and long-term care facilities; amended to apply to comprehensive behavioral health providers. While CBHC wishes to ensure safe workplaces for our members' employees, the great threats our members face would not be addressed through the policies and trainings the bill required. We worked with proponents to ease requirements in the bill and achieved some of what we requested. Ultimately, however, the hospitals succeeded in blocking the bill.

Status: Died on calendar in House Appropriations Committee.

SB 057, Agricultural Workforce & Suicide Prevention (Sullivan, Froelich/Amabile)

Would have required state to contract with an out-of-state crisis line provider with expertise in ag mental health. CBHC joined with the Farm Bureau and Farmers Union to express concerns about creating a separate pathway from 988/Colorado Crisis Line, and suggested amending the bill to provide ag mental health training for 988 operators.

Status: Died on calendar in Senate Appropriations Committee.

OPPOSE

HB 1126, Substance Use Disorder Treatment as Bond Condition (Lynch, Pelton)

Allows courts to order SUD treatment as a bond condition.

Status: Died in House Judiciary Committee.

HB 1306, Increase Penalty Synthetic Opiates (Lynch, Pelton)

Increases penalties for fentanyl possession.

Status: Died in House Judiciary Committee.

THANK YOU!

We are grateful to all of you who supported the work of CBHC this year – especially those who took the time to testify and advocate for CBHC priorities. Your attention to our action alerts and your engagement throughout this process is a critical part of our success!

CBHC Staff

Kara Johnson-Hufford

Chief Executive Officer

kjohnson-hufford@cbhc.org

Frank Cornelia

Deputy Executive Director

fcornelia@cbhc.org

Edie Sonn

Senior Director of External Affairs

esonn@cbhc.org

Natalie Strom

Chief Administrative Officer

nstrom@cbhc.org

Betsy Molgano

Program Director MHFACO

bmolgano@cbhc.org