CHAPTER 28

HUMAN SERVICES - BEHAVIORAL HEALTH

SENATE BILL 25-042

BY SENATOR(S) Cutter and Amabile, Michaelson Jenet, Ball, Bridges, Danielson, Gonzales J., Jodeh, Kipp, Kolker, Rodriguez, Snyder, Sullivan, Weissman, Winter F., Coleman;
also REPRESENTATIVE(S) Bradfield and English, Bacon, Bird, Boesenecker, Brown, Camacho, Duran, Jackson, Joseph, Lieder, Lukens, Marshall, Stewart K..

AN ACT

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

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

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

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

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

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

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.

(I) EXISTING RESOURCES AND MODEL PROGRAMS THAT COMMUNITIES 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; AND

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

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

(3) (a) AFTER CONSULTING WITH THE STAKEHOLDERS PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION, BUT NO LATER THAN JUNE 30, 2026, THE DEPARTMENT SHALL COMPILE A LIST OF EXISTING RESOURCES AND MODEL PROGRAMS, AND REPORT REIMBURSEMENT SHORTAGES AND GAPS IDENTIFIED BY THE STAKEHOLDERS AND DEVELOP RECOMMENDATIONS FOR ADDRESSING THE SHORTAGES AND GAPS. THE DEPARTMENT AND THE BEHAVIORAL HEALTH ADMINISTRATION SHALL MAKE THE RESOURCES, MODEL PROGRAMS, AND RECOMMENDATIONS PUBLICLY AVAILABLE ON THE DEPARTMENT'S WEBSITE.

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

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

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

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

27-60-117. Crisis response continuum of care - reimbursement shortages and gaps - report - repeal. (1) ON OR BEFORE JANUARY 1, 2027, THE BEHAVIORAL HEALTH ADMINISTRATION, IN COLLABORATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL PROVIDE INFORMATION TO THE HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AND ANY IMPACTED STATE AGENCY, REGARDING THE REIMBURSEMENT SHORTAGES AND GAPS WITHIN THE CONTINUUM OF CARE FOR BEHAVIORAL HEALTH CRISIS RESPONSE, AND REIMBURSEMENT AND FUNDING OPTIONS AT THE STATE AND FEDERAL LEVEL THAT ARE AVAILABLE TO ADDRESS SHORTAGES AND GAPS, INCLUDING FUNDING FOR TREATMENT IN PLACE.

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

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

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

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

27-65-106. Emergency mental health hold - screening - court-ordered evaluation - discharge instructions - respondent's rights. (6) (a) Each person detained for an emergency mental health hold pursuant to this section shall receive an evaluation as soon as possible after the person is presented to the facility and shall receive such treatment and care as the person's condition requires for the full period that the person is held. The evaluation ~~may~~ MUST 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 evaluation must state whether the person should be released, referred for further care and treatment on a voluntary basis, or certified for short-term treatment pursuant to section 27-65-109.

(7) (d) A HOSPITAL THAT IS SUBJECT TO THE FEDERAL "EMERGENCY MEDICAL TREATMENT AND LABOR ACT", 42 U.S.C. SEC. 1395dd, SHALL 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 HOSPITAL MAY TRANSFER THE PERSON TO ANOTHER HOSPITAL IF THE HOSPITAL IS UNABLE TO PROVIDE THE APPROPRIATE MEDICAL OR BEHAVIORAL HEALTH CARE TO THE PERSON AND THE RECEIVING HOSPITAL AGREES TO THE TRANSFER.

SECTION 5. 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; 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: March 26, 2025