CHAPTER 233	
INSURANCE	

HOUSE BILL 25-1309

BY REPRESENTATIVE(S) Brown and Titone, Bacon, Clifford, Duran, Froelich, Garcia, Gilchrist, Hamrick, Joseph, Lieder, Lindsay, Lindstedt, Mabrey, Martinez, Mauro, McCormick, Paschal, Rutinel, Rydin, Sirota, Smith, Stewart K., Stewart R., Story, Valdez, Velasco, Willford, Woodrow, Zokaie, Boesenecker, Camacho, Espenoza, Lukens, Marshall, McCluskie, Carter; also SENATOR(S) Cutter and Gonzales J., Amabile, Danielson, Exum, Hinrichsen, Kipp, Kolker, Marchman, Michaelson Jenet, Snyder, Sullivan, Wallace, Weissman, Winter F., Coleman.

AN ACT

CONCERNING PROTECTING ACCESS TO GENDER-AFFIRMING HEALTH CARE.

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

SECTION 1. In Colorado Revised Statutes, 10-16-104, add (30) as follows:

- **10-16-104. Mandatory coverage provisions definitions rules applicability.** (30) **Gender-affirming health care rules definitions.** (a) As USED IN THIS SUBSECTION (30), UNLESS THE CONTEXT OTHERWISE REQUIRES:
- (I) "Gender-Affirming Health Care" means all supplies, care, and services of a medical, behavioral health, mental health, psychiatric, habilitative, surgical, therapeutic, diagnostic, preventive, rehabilitative, or supportive nature relating to the treatment of gender dysphoria. "Gender-Affirming health care" includes the following, or any combination of the following:
 - (A) HORMONE THERAPY;
 - (B) BLEPHAROPLASTY, EYE AND LID;
 - (C) FACE, FOREHEAD, OR NECK SKIN TIGHTENING;
 - (D) FACIAL BONE REMODELING;
 - (E) GENIOPLASTY;

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.

- (F) RHYTIDECTOMY FOR THE CHEEK, CHIN, OR NECK;
- (G) CHEEK, CHIN, OR NOSE IMPLANTS;
- (H) LIP LIFT OR AUGMENTATION;
- (I) MANDIBULAR ANGLE AUGMENTATION, CREATION, OR REDUCTION;
- (J) Orbital recontouring;
- (K) RHINOPLASTY;
- (L) LASER OR ELECTROLYSIS HAIR REMOVAL;
- (M) Breast or Chest Augmentation, Reduction, or Construction; and
- (N) GENITAL AND NONGENITAL SURGICAL PROCEDURES.
- (II) "MEDICALLY NECESSARY" MEANS A PHYSICAL OR BEHAVIORAL HEALTH-CARE PROVIDER HAS DETERMINED THAT THE PRESCRIBED GENDER-AFFIRMING HEALTH CARE IS NECESSARY FOR THE TREATMENT OF GENDER DYSPHORIA.
- (b) Subject to the requirements set forth in Subsection (30)(d) of this section, all health benefit plans issued or renewed in the state shall provide coverage for gender-affirming health care. The health benefit plan must provide the coverage regardless of the covered person's sex or gender.
- (c) The commissioner shall adopt rules consistent with and as necessary to implement this subsection (30).
- (d) A HEALTH BENEFIT PLAN SHALL NOT DENY OR LIMIT GENDER-AFFIRMING HEALTH CARE THAT IS:
- (I) MEDICALLY NECESSARY, AS DETERMINED BY THE PHYSICAL OR BEHAVIORAL HEALTH-CARE PROVIDER WHO PRESCRIBES THE GENDER-AFFIRMING HEALTH CARE; AND
- (II) PRESCRIBED IN ACCORDANCE WITH GENERALLY ACCEPTED STANDARDS OF CARE FOR THE PROFESSION.
- **SECTION 2.** In Colorado Revised Statutes, 10-16-1206, **amend** (1)(f) and (1)(g); and **add** (1)(h) as follows:
- **10-16-1206. Health insurance affordability cash fund creation repeal.** (1) There is created in the state treasury the health insurance affordability cash fund. The fund consists of:
- (f) All interest and income derived from the deposit and investment of money in the fund; and

- (g) The federal share of the medical assistance payments received pursuant to section 25.5-4-503 (2); AND
 - (h) Gifts, grants, or donations received from private or public sources.
- **SECTION 3.** In Colorado Revised Statutes, 10-16-1207, **amend** (4)(c.5)(III)(C) and (4)(d); and **add** (4)(e) as follows:
- 10-16-1207. Health insurance affordability board creation membership powers and duties subject to open meetings and public records laws commissioner rules. (4) The board is authorized to:
- (c.5) Further recommend, for approval and establishment by the commissioner by rule, additional parameters for implementing the subsidies for state-subsidized individual health coverage plans authorized by this part 12, including that the coverage required pursuant to state-subsidized individual health coverage plans must:
- (III) For a person who, at the time the person applies for state-subsidized coverage, meets the income requirements to qualify for emergency medical assistance pursuant to section 25.5-5-103 and who is a qualified individual who meets the eligibility criteria established in rule pursuant to subsection (4)(c)(IV) of this section, include coverage that:
- (C) To the extent possible with available funding, includes cost sharing that is further reduced from subsection (4)(c.5)(III)(B) of this section such that the plan has consumer cost-sharing responsibilities for emergency services equivalent to cost-sharing responsibilities for emergency medical assistance pursuant to section 25.5-5-103; and
- (d) Establish bylaws, as appropriate and consistent with this part 12, for its effective operation; AND
- (e) Seek, accept, and expend gifts, grants, or donations from private or public sources that the enterprise may use for any of the purposes set forth in section 10-16-1205, to cover the costs of ensuring compliance in the individual market with the federal Hyde amendment or a similar amendment, and to cover the costs of ensuring that Coloradans have access to legally protected health-care activities, as defined in section 12-30-121 (1)(d). The enterprise shall consider the feasibility of allocating gifts, grants, or donations received from specific localities or directed to specific localities to be used only in those localities.
 - **SECTION 4.** In Colorado Revised Statutes, 12-280-403, **add** (1.5) as follows:
- **12-280-403.** Prescription drug use monitoring program registration required applications rules appropriation. (1.5) The requirements of this section do not apply to a prescription for testosterone. The division shall block archived testosterone prescriptions from view.

SECTION 5. In Colorado Revised Statutes, 12-280-404, **amend** (2)(c) as follows:

- **12-280-404.** Program operation access rules definitions. (2) (c) (I) EXCEPT AS PROVIDED IN SUBSECTION (2)(c)(II) OF THIS SECTION, the program shall track all controlled substances dispensed in this state. Each pharmacy shall upload all controlled substances dispensed in each pharmacy in accordance with all applicable reporting requirements.
- (II) The requirements of this section do not apply to a prescription for testosterone. The division shall block archived testosterone prescriptions from view.
- **SECTION 6. Safety clause.** The general assembly finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety or for appropriations for the support and maintenance of the departments of the state and state institutions.

Approved: May 23, 2025