

Summary of Legislation

2025



Public Health and Behavioral Health

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Introduction

The 75th General Assembly passed numerous pieces of legislation regarding public health. While not all of the public health legislation fell into these groups, three major themes for public health were: emergency preparedness, education and transparency, and behavioral health.

Emergency Preparedness

Two bills largely addressed emergency preparedness for the state in the event of a public health crisis:

Under current law, the state maintains a stockpile of essential materials, including personal protective equipment that may be distributed to state agencies, schools, local public health agencies, hospitals, health care providers, or any individual or entity in need. [House Bill 25-1025](#) authorizes the distribution of essential materials from the stockpile for circumstances other than a Governor-declared disaster emergency, or if their distribution will enhance the ability of a needing entity to respond to current or future emergencies.

[House Bill 25-1027](#) amends several disease control statutes governing the functions of the Colorado Department of Public Health

and Environment (CDPHE) specific to emergency preparedness, school immunization, agency reporting, and Hepatitis C testing. The bill repeals the Governor's Expert Emergency Epidemic Response Committee, which advises the Governor during public health threats, and establishes a departmental process for developing, implementing, and deactivating crisis standards during public health emergencies. Additionally, the State Board of Health must review and approve the internal epidemic emergency response and recovery plans every three years.

Education and Transparency

The General Assembly spent some of its focus on increasing awareness through education for many complex public health issues such as opioid antagonists and food waste.

[House Bill 25-1166](#) addresses food waste through education and food donations. The bill expands the scope of the Colorado Green Business Network to include training on food waste reduction. It also increases the donation and resale of food by:

- allowing retail food establishments to sell chilled or frozen food at a discount to individuals eligible for food assistance;

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- allowing retail food establishments to sell or donate food online;
- encouraging grocery stores to replace “sell by” dates with “best if used or frozen by” dates; and
- expanding the allowed recipients of donated food, such that the donation qualifies for immunity from civil or criminal liability.

Legislators also sought to address uncertainty around cell-cultivated meat through the passage of [House Bill 25-1203](#). This bill prohibits food that is cell-cultivated, or contains cell-cultivated meat, from being branded as a meat product and requires it to be clearly labeled as cell-cultivated meat. The bill also requires that CDPHE inspect an inventory of food offered for sale at a processing plant if the department has reasonable cause to believe that the plant violates the labeling requirements of the bill.

Under current law, a school district, the state charter school institute (institute), or the governing board of a nonpublic school may adopt and implement a policy allowing an employee or agent of the school to furnish an opioid antagonist to any individual, including a student, but only if the student has received appropriate school-sponsored training. [House Bill 25-1293](#) requires the state board of education to adopt high school health education standards regarding drug overdose risks, identification of a drug overdose event, and drug overdose prevention and response.

[Senate Bill 25-164](#) also sought to address the topic of opioid antagonists by requiring the State Board of Health within CDPHE to:

- create and maintain a list of entities that will be eligible to distribute opioid antagonists to be used in place of the static list currently in state law;
- consult with and hear presentations from the Colorado Youth Advisory Council concerning the youth opioid epidemic; and
- present information on youth overdose prevention as part of the SMART Act hearings.

The bill also clarifies when opioid antagonists can be administered on school grounds and allows schools to keep opioid antagonists in defibrillator storage.

Behavioral Health

Though the Colorado General Assembly has heard a number of behavioral health bills in recent years, this year saw a limited number of bills addressing this issue.

[Senate Bill 25-024](#) enacts recommendations from the Legislative Oversight Committee Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems. The first recommendation enacted includes the formation of a behavioral health stakeholder group to identify existing resources and model programs to address the behavioral health crises. The bill also requires the Department of Health Care Policy and Financing (HCPF) to report on

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reimbursement gaps within the Behavioral Health Crisis Response System and funding options to address the gaps.

To address the immediate needs of the behavioral health care system, the bill codifies a budget request which was approved in the Fiscal Year 2024-25 Long Bill to reimburse institutes of mental health disease for up to 60 days of mental health care and treatment services per Medicaid member, as long as the average length of stay is no more than 30 days per year.

Lastly, the bill requires a facility to only discharge a person on an emergency mental health hold if they no longer meet the criteria for the hold.

Prior to the enactment of [House Bill 25-1176](#), Colorado law required individuals seeking a license to practice medicine to submit an application to the Department of Regulatory Agencies that included the disclosure of medical or health information that was not relevant to the applicant's ability to provide safe, competent, and ethical patient care. House Bill 25-1176 clarifies that registered medical professionals are not required to disclose past physical illnesses or conditions, behavioral or mental health disorders, or substance use disorders that no longer impact their ability to practice with reasonable skill and safety.

No later than December 1, 2025, [Senate Bill 25-294](#) requires HCPF, in collaboration with the Department of Human Services, the Behavioral Health Administration, and relevant stakeholders, to develop policies to

transition qualified residential treatment programs and psychiatric residential treatment facilities to the statewide managed care system for Medicaid members who are in the care and custody of a county department of human or social services.

Finally, [House Bill 25-1129](#) adds peer-to-peer behavioral health services provided by credentialed peer support professionals or other research-based programs to the list of components the Department of Corrections may include in an effort to assist an offender's transition from a correctional facility into the community.