# Summary of Legislation

2025

## Health Care and Health Insurance

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#### Introduction

Many pieces of legislation regarding health care and health insurance made their way through the 75th General Assembly. The majority of the legislation fell into the following categories: Medicaid, health insurance, access to care, and gender identity.

**Medicaid**

Much of the health legislation addressed by the 75th General Assembly revolved around Medicaid, with some major pieces of legislation focusing specifically on the 340B program.

The 340B Drug Pricing Program is a federal program that requires drug manufacturers participating in Medicaid to provide outpatient drugs to covered entities at a discount. In Colorado, an estimated 68 hospitals and 20 federally qualified health centers are covered entities under the 340B program.

The legislature debated two different sets of protections for the 340B program in anticipation of federal actions. The legislature adopted [Senate Bill 25-071](https://leg.colorado.gov/bills/sb25-071), which prohibits pharmaceutical manufacturers and other related entities from imposing limitations or restrictions on covered hospitals, contract pharmacies, federally qualified health centers, or other facilities.

The bill adds reporting requirements for covered hospitals, and also prohibits the use of 340B savings for certain expenses, including administrative compensation, penalties and fines, advertising, and lobbying, among others.

The second bill, [Senate Bill 25-124](https://leg.colorado.gov/bills/sb25-124), was lost. This bill would similarly have prohibited certain nonprofit hospitals from using 340B savings for certain expenses, including certain administrative compensation, penalties and fines, advertising, and lobbying. Manufacturers or providers of 340B drugs would further have been required not to limit the provision of 340B drugs to sole community hospitals and critical access hospitals.

Several other bills concerning Medicaid were also debated by the General Assembly. [House Bill 25-1003](https://leg.colorado.gov/bills/hb25-1003) revises state statute to align with a recent change in the Department of Health Care Policy and Financing (HCPF), which combined two existing Medicaid waiver programs for children – the Children’s Home and Community-Based Services waiver and the Children with Life-Limiting Illness waiver – into the Children with Complex Health Needs waiver program. The new program includes respite care, palliative care, and bereavement services for eligible individuals. A child is eligible for the waiver program if they:

* are under 19 years old;
* meet the income requirements of the Home and Community-Based Services waivers; and
* have a life-limiting illness or qualify for nursing facility or hospital level of care.

Many of the Medicaid-related bills directly affect HCPF and its responsibilities as Colorado’s Medicaid agency. [House Bill 25‑1033](https://leg.colorado.gov/bills/hb25-1033), for example, mandates third‑party payers to reimburse HCPF for health care items and services provided to Medicaid members regardless of any prior authorization requirements they impose. The bill also requires third-party payers to respond to claims issued by HCPF within 60 days of receipt – either with payment or written denial.

[Senate Bill 25-084](https://leg.colorado.gov/bills/sb25-084) also affects HCPF by requiring it to establish Medicaid dispensing fee rates that encourage an adequate level of market participation from infusion pharmacies that prepare and dispense parenteral nutrition (TPN) by January 1, 2026. In the program’s first year, dispensing fee rates are capped at 30 percent of the infusion pharmacy’s administrative cost to prepare and dispense TPN.

**Access to Care**

Increasing access to, and codifying existing healthcare protections, remained a large priority for the legislature this session.

Current law allows certain public hospitals with fewer than 50 beds to enter into collaborative agreements to increase access to health care. [Senate Bill 25-078](https://leg.colorado.gov/bills/sb25-078) adds private, non-profit hospitals with fewer than 50 beds to the list of facilities approved to enter into collaborative agreements.

[Senate Bill 25-278](https://leg.colorado.gov/bills/sb25-278) broadens the use of epinephrine on school property by changing the phrase “epinephrine auto-injector” to “emergency-use epinephrine.” Emergency‑use epinephrine is defined as a portable, disposable drug delivery device or product approved by the federal Food and Drug Administration that contains a premeasured, single dose of epinephrine that is used to treat anaphylaxis in an emergency situation.

[House Bill 25-1002](https://leg.colorado.gov/bills/hb25-1002) codifies and clarifies mental health parity requirements in state law. Specifically, the bill:

* codifies the federal Mental Health Parity and Addiction Equity Act (MHPAEA) into state law;
* clarifies existing state law around mental health parity; and
* requires the use of clinical standards from select national organizations to ensure parity.

[House Bill 25-1132](https://leg.colorado.gov/bills/hb25-1132) repeals and reenacts the Veterans Mental Health Services Program in the Department of Military and Veterans Affairs. Currently, the program directly reimburses for mental health services provided to eligible veterans living in community living centers. The bill allows reimbursements for services that are complementary to mental health services and requires the first $600,000 appropriated to the program to be for eligible veterans. In addition, the bill allows the program to provide grants to nonprofit organizations to establish and expand community behavioral health programs for service members, veterans, and their families.

[Senate Bill 25-118](https://leg.colorado.gov/bills/sb25-118) prohibits state-regulated insurance plans, except for individual and small group plans offered through Colorado Option, from imposing cost-sharing requirements on the first three prenatal office visits.

[House Bill 25-1288](https://leg.colorado.gov/bills/hb25-1288) codifies HCPF authorization to accept monetary gifts from private and public sources for the Primary Care Fund. It also permits a Federally Qualified Health Center (FQHC) to establish a subsidiary company to provide additional fee-for-service services outside of the FQHC’s Medicaid encounter.

[Senate Bill 25-017](https://leg.colorado.gov/bills/sb25-017) codifies the existing HealthySteps program in the Department of Early Childhood (CDEC) as the Pediatric Primary Care Practice Program. The bill requires CDEC to hire a contractor to implement the program, but it does not require CDEC to implement the program beyond its current implementation unless it receives sufficient funding to cover any expansions to the program.

**Gender Identity**

[House Bill 25-1109](https://leg.colorado.gov/bills/hb25-1109) requires individuals who are responsible for completing a death certificate to record the decedent’s gender in accordance with their gender identity. If a gender identity document is provided, the individual completing the death certificate must record the decedent’s gender in accordance with the gender identity in the document. Where no gender identity document is provided, a person with the legal right to manage the decedent’s remains may dispute the recorded gender. If this is done before the certificate is filed, the certificate must reflect the gender as the gender identity reported. If the death certificate has already been filed, the person with the legal right to manage the decedent’s remains may file a claim seeking a court order to amend the information recorded on the death certificate.

[House Bill 25-1309](https://leg.colorado.gov/bills/hb25-1309) codifies coverage for gender-affirming care in state law for state‑regulated health plans. The bill also requires the Prescription Drug Monitoring Program to block testosterone presciption entries from view once the prescription is archived.

**Health Insurance**

[Senate Bill 25-010](https://leg.colorado.gov/bills/sb25-010) places additional requirements on the electronic communication consent process for insurance documents, including requiring that:

* carriers obtain informed consent from recipients;
* carriers communicate specific information to recipients prior to consent;
* carriers obtain separate consent to post certain documents publicly; and
* employers who contract with insurance carriers on behalf of their employees consent only if they use electronic communications in the course of business.