

Colorado Hospital Association’s (CHA) 2022 Bill Implementation Overview document is meant to be a companion document to CHA’s [2022 Legislative Report and Issue Briefs](#). The [2022 Legislative Report](#), and accompanying bill tracker, provide a high-level overview of all 129 bills CHA tracked this legislative session, while the eight Issue Briefs provide detailed information regarding new operational and implementation requirements for some of the biggest bills impacting hospitals. This document provides a very high-level outline of required state agency actions to implement certain bills.

This document does not highlight every statutory change and state action, rather it highlights notable implementation timelines, links to existing resources, and outlines how CHA plans to engage in implementation activities. This document outlines if CHA will proactively engage in rulemaking and implementation work, or if CHA plans to monitor regulatory implementation activities. Members are encouraged to review all bills and determine if there are bills that their hospital or health system would like to engage more proactively. Additionally, members are encouraged to reach out to CHA staff with any bills that they think may warrant additional engagement from CHA.

Prioritization

Priority 1	Priority 2	Priority 3
<p>Priority 1 topics typically:</p> <ul style="list-style-type: none"> • Impact nearly every hospital • Have the potential to significantly impact the patient experience or a hospital’s administrative duties • Have the potential to significantly impact a hospital’s revenues 	<p>Priority 2 topics typically:</p> <ul style="list-style-type: none"> • Impact a portion of all hospitals • Have the potential to moderately impact the patient experience or a hospital’s administrative duties • Have the potential to moderately impact a hospital’s revenues 	<p>Priority 3 topics typically:</p> <ul style="list-style-type: none"> • Impact a portion of all hospitals • Have the potential to slightly impact the patient experience or a hospital’s administrative duties • Have the potential to slightly impact a hospital’s revenues • Might impact hospitals more significantly, but are outside the scope of the facility (e.g., employer-related issues, hospital-owned clinics, etc.)
<p>CHA Deliverables:</p> <ul style="list-style-type: none"> • CHA will engage in proactive engagement w/ state agencies and members, monitor/participate in regulatory timelines (including work groups), and provide targeted implementation materials 	<p>CHA Deliverables:</p> <ul style="list-style-type: none"> • CHA will monitor state agency meetings and attend if warranted • CHA will occasionally solicit member feedback as warranted • CHA will share information for members on how to engage directly in the process 	<p>CHA Deliverables:</p> <ul style="list-style-type: none"> • CHA will share updates from state agencies as available • For items with hard timelines that impact members, CHA will monitor those deadlines

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
PRIORITY 1					
<p>House Bill (HB) 21-1198: Health-care Billing Requirements for Indigent Patients (HB 22-1403 Extend HB 21-1198 Implementation Date 3 Months)</p>	<p>The bill repeals, reenacts, and expands hospital requirements around providing discount care to uninsured patients and moves regulatory authority over the program from CDPHE to HCPF. It requires HCPF to develop a standard application for health care facilities to screen uninsured patients for eligibility for public health insurance programs, the Colorado Indigent Care Program (CICP), or discounted care and creates an appeals process if a patient is found to be ineligible. It limits the amount that a health care facility can charge eligible patients to not more than the discount rate established by HCPF.</p>	<p>HCPF</p>	<ul style="list-style-type: none"> • April 1, 2022 – HCPF must use consumer stakeholder feedback to develop a written explanation of a patient’s rights; establish a process for patients to submit a complaint relating to noncompliance; periodically review health care facilities and licensed health care professionals to ensure compliance; choose to fine health care facilities or licensed health care professionals up to \$5,000 for willful and knowing non-compliance; and make public any corrective action plans for fines that were imposed. 2022 Timeline Note: All can be found in the operations manual. • April 1, 2022 – HCPF must promulgate rules related to: the process for insured patients to request a screening; the process for health care facilities to document that a patient has made an informed decision to decline the screening; establish the process for the maximum number of days a health care facility has to initiate screening, request information from a patient, and complete screenings; requirements for notifying the patient of the results of the screening; patient appeals guidelines; methodology for health care facilities to use to determine monthly household income; documents that may be required to establish income eligibility; steps that must be taken before a health care facility and licensed health care professional must take before sending patient debt to collections; create a single uniform screening application; and annual establish rates for discounted care. (§§ 25.5-3-501 – 25.5-3-506) • June 1, 2022 Sept. 1, 2022 – Health care facilities must screen, unless a patient declines, each uninsured patient for certain types of government health programs and financial assistance programs; if a patient declines screening, health care facilities must document in accordance with HCPF rules. • June 1, 2022 Sept. 1, 2022 – Beginning on this date, if a patient is qualified for financial assistance programs for emergency and other non-CICP health care services: limit charges to an amount specified in rule; collect payments in monthly installments under certain payment caps; after 36 months of payments, consider the patient’s bill paid in full. • June 1, 2022 Sept. 1, 2022 – Health facilities must make information developed by HCPF regarding patients’ rights available to the public and each patient. • June 1, 2022 Sept. 1, 2022 – Certain additional requirements are imposed before a health care facility and licensed health care professional can assign or sell patient debt to a collection agency. • June 1, 2023 – Beginning this date and each June 1 thereafter, health care facilities must submit reports to HCPF; data and information needed in this report will be determined by HCPF. 	<p>CHA Hospital Collaboration Call Recordings:</p> <ul style="list-style-type: none"> • July 18 meeting: Recording here; passcode: sLOEyC#+ • Aug. 25 meeting: Recording here; passcode: #qb#\$&1C <p>HCPF weekly office hours, 9-11 a.m. on Wednesdays: link here</p> <p>HCPF Training Recordings:</p> <ul style="list-style-type: none"> • Hospital Discounted Care Policies and Procedures Recording • Uniform Application Training Recording <p>HCPF Flowcharts: here</p> <p>HCPF HDC website: here</p> <p>Q&A document here</p>	<p>1</p>
<p>HB 21-1232: Standardized Health Benefit Plan Colorado Option</p>	<p>The bill directs the Insurance Commissioner to develop a standardized health insurance plan that private health insurance carriers are required to offer. It sets targets for premium rate reductions under the plan and creates a process by which health care providers and hospitals may be required to accept the plan and rates established by state regulators.</p>	<p>Department of Regulatory Agencies (DORA)</p>	<ul style="list-style-type: none"> • Summer/Fall 2021 – DOI stakeholder processes on standardized health benefit plan and network adequacy standards. 2022 Timeline Note: Stakeholder meeting materials are here. • Jan. 1, 2022 – Deadline for DOI to establish standardized health benefit plan and network adequacy standards; in setting premium reduction targets, DOI must take into account medical inflation and benefit design differences for the standardized plan compared with 2021 plans. 2022 Timeline Note: These regulations are posted here. • May 1, 2022 – Carriers must notify DOI if they cannot meet premium or network adequacy requirements for 2023. DOI delayed deadline to mid-May. • July 1, 2022 – Deadline for governor to appoint Advisory Board to consult with DOI, consider utilization management processes, consider alternative payment methods, and other duties. 2022 Timeline Note: Advisory Board members appointed on June 22, 2022. • Plan Year 2023 – Carriers must offer standardized plans 5 percent less than 2021 plan premiums, and DOI may begin holding public hearings in 2023. • March 1, 2023 – Deadline for insurers to notify DOI of inability to meet premium or network adequacy requirements and every March 1 thereafter. • Plan Year 2024: Carriers must offer standardized plans 10 percent less than 2021 plan premiums. • Plan Year 2025: Carriers must offer standardized plans 15 percent less than 2021 plan premiums. • Plan Year 2026 and beyond: Carriers must offer standardized plans that have not increased more than U.S. medical inflation of the previous years’ plan premiums. 	<ul style="list-style-type: none"> • DOI Colorado Option website: here • CHA Sept. 16 comment letter • CHA Aug. 31 comment letter • CHA Issue Brief <p>Upcoming stakeholder meetings:</p> <ul style="list-style-type: none"> • 3-5 p.m., Wednesday, Sept. 21: Standard Plan Stakeholder Meeting – Register Here • 3-4:30 p.m., Wednesday, Sept. 28: Provider Rate Setting Meeting #2 – Register Here 	<p>1</p>

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
Senate Bill (SB) 22-226: Programs to Support Health Care Workforce	The bill invests \$61 million in American Rescue Plan Act (ARPA) funds in supports for the health care workforce, the state's largest investment in today's health care heroes and the future health care workforce. The bill's programs focus on the wellbeing, education, training, recruitment, and retention of health care workers. The appropriated funds must be spent by June 30, 2025. Additionally, the bill requires CDPHE to create a statewide data sharing system to better allocate resources and inform decision makers of health care workforce planning initiatives, as well as expands the scope of the recommendations required by the Nurse-Physician Advisory Task Force for Colorado Healthcare (NPATCH). Finally, the bill repeals the mandate requiring a uniform credentialing application per the recommendation of the Health Care Credentials Application Review Committee, which determined that the requirement was a deterrent for efficient credentialing.	CDPHE	<ul style="list-style-type: none"> • Fiscal year (FY) 2022-23 – \$61 million will be appropriated to the new and existing programs described in the bill. The funds must be spent by the end of FY 2025. • 2022-23 Academic Year – The In-Demand Short-Term Health Care Credentials Program must begin. • Jan. 1, 2023 – CDPHE must include a report on the In-Demand Short-Term Health Care Credentials Program in an annual presentation to legislative committees. • Sept. 1, 2027 – The In-Demand Short-Term Health Care Credentials Program is repealed. 	<ul style="list-style-type: none"> • CHA Issue Brief • CDPHE held stakeholder engagement meetings on Sept. 13 and Sept. 16 	1
HB 22-1256: Modifications to Civil Involuntary Commitment	HB 22-1256 makes significant changes to Title 27, Article 65 (also known as 27-65), which governs the process for involuntary and voluntary screening and treatment for mental health services, which includes emergency mental health holds (i.e., M-1 holds). M-1 holds can be placed when an intervening professional determines that an individual is an imminent danger to themselves or others and/or is otherwise gravely disabled (e.g., has a mental illness and due to that illness is unable to make informed decisions about or provide for essential needs).	Behavioral Health Administration (BHA)	<ul style="list-style-type: none"> • Aug. 10, 2022 – Administration for Article 65 of Title 27 transfers to the BHA, the list of professionals able to place an M-1 hold expands, changes to procedures for emergency transport, initial evaluation, and grievance filings take effect, extended certifications for treatment must be filed with the court at least 30 days prior to the expiration of the original certification for long-term care and treatment, and requires court petitions to include recommendations for inpatient or outpatient services. • Jan. 1, 2023 – BHA must report if they have the capacity to support EDs with appropriate placement options. • July 1, 2023 – Vast majority of the substantive changes related to hospitals go into effect. Note: There will be a substantive rulemaking process that will occur prior to this implementation. CHA will provide additional information throughout the process. • July 1, 2024 – BHA must develop and provide care coordination services for individuals certified for short-/long-term treatment and modifications to short-/long-term certification procedures go into effect. • July 1, 2025 – First BHA required report. 	CHA Issue Brief	1
HB 22-1278: Behavioral Health Administration	HB 22-1278 furthers the work of HB 21-1097 by establishing the structure for the BHA. Within that work, HB 22-1278 consolidates the fragmented behavioral health networks under new behavioral health administrative service organizations (BHASOs).	BHA, CDPHE	<ul style="list-style-type: none"> • July 1, 2022 – BHA is officially established. All community-based programs transfer from the Colorado Department of Human Services (CDHS) to the BHA. • July 1, 2023 – The BHA must execute the universal contracting provisions, establish the grievance process, execute formal data-sharing agreements, institute safety net, establish a monitoring system to track capacity. The BHA will begin the licensing function for all new or renewal behavioral health entity (BHE) licenses. • July 1, 2024 – The licensure of BHEs fully transitions from CDPHE to the BHA. 	<ul style="list-style-type: none"> • BHA Fact Sheet • HCPF/CDHS Q&A for CHA Members • BHA website • CHA Issue Brief 	1 (portions will be 2-3, but the scope of transformation is 1)

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HB 22-1284: Health Insurance Surprise Billing Protections	The bill changes current state law to align with the federal “No Surprises Act” and creates a deceptive trade practice if the provider fails to provide disclosures to consumers about the potential effects of receiving emergency or nonemergency services from an out-of-network provider.	DORA, CDPHE	<ul style="list-style-type: none"> • Aug. 10, 2022 – Facilities must comply with the new requirements in the law except for the good-faith estimate requirements, which will not go into effect until implementation of the future federal rules. • March 15, 2023 – A work group convened by the DOI must submit a written report with preliminary recommendations to streamline the implementation of requirements to ensure the payment the carrier makes to a provider or health-care facility is the highest rate required. • July 1, 2023 – The work group must submit a report to DOI with final recommendations. • July 31, 2023 – The work group will be repealed. • March 1, 2023 (an annually thereafter) -- The carrier is required to submit information concerning the use of out-of-network providers and out-of-network facilities and the impact on health insurance premiums for consumers. 	<ul style="list-style-type: none"> • CHA Issue Brief • Rulemaking hearing scheduled for Oct 5 – register here Draft regulations: <ul style="list-style-type: none"> • 4-2-88 • 4-2-89 • 4-2-67 	1
HB 22-1285: Prohibit Collection Hospital Not Disclosing Prices	On Jan. 1, 2021, the CMS Hospital Price Transparency rule went into effect and required hospitals to provide clear, accessible pricing information in two ways – first, by publicly posting a machine-readable digital file containing standard charges for all items and services; and second, by having a consumer-friendly shopping tool or publicly posting a digital file of at least 300 “shoppable services.” HB 22-1285, as finalized, will prohibit hospitals that are not in compliance with hospital price transparency regulations from referring, assigning, or selling medical debt to a collector, or from suing the patient to enforce their debt. If a court finds that a hospital violated this requirement, it will award damages to the patient.	CDPHE	<ul style="list-style-type: none"> • Aug. 10, 2022 – All hospitals except for critical access hospitals must comply with the legislation. • Feb. 15, 2023 – Critical access hospitals must comply with the legislation. 	CHA Issue Brief	1
HB 22-1401: Hospital Nurse Staffing Standards	The bill requires every hospital to establish a nurse staffing committee pursuant to rules promulgated by the state Board of Health, either by creating a new committee or assigning the nurse staffing functions to an existing hospital staffing committee. The nurse staffing committee is required to create, implement, and evaluate a nurse staffing plan and to receive, track, and resolve complaints and receive feedback from direct-care nurses and other staff.	CDPHE	<ul style="list-style-type: none"> • July/August 2022 – The state Board of Health will adopt emergency rules necessary for implementation. • Sept. 1, 2022 – Hospitals must establish a nurse staffing committee, begin reporting to CDPHE on staffed-bed capacity, and be in compliance with updated emergency plan requirements. • Fall 2022 – The state Board of Health will adopt final rules necessary for implementation. • Jan. 1, 2023 (and annually thereafter) – The Office of Saving People Money on Health Care will release a report on hospital preparedness and continuing effects of the COVID-19 pandemic. 	<ul style="list-style-type: none"> • CHA Issue Brief • Emergency regulations here • Stakeholder meeting schedule here 	1
PRIORITY 2					
HB 21-1085: Secure Transportation Behavioral Health Crisis	The bill requires secure transportation services to be licensed by a county's board of commissioners and also creates a new Medicaid benefit for secure transportation.	CDPHE, HCPF, CDHS	<ul style="list-style-type: none"> • July 1, 2022 – CDPHE’s Board of Health shall adopt rules establishing the minimum requirements for transportation services. 2022 Timeline Note: Rules were adopted at state Board of Health Meeting on June 15, 2022. • Jan. 1, 2023 – Entities providing public or private secure transportation services must hold a valid license issued by the board of commissioners of the county in which the secure transportation service is based. • Jan. 1, 2023 – On or before this date, HCPF shall create a secure transportation services benefit. • July 1, 2023 – HCPF must implement its secure transportation services benefit. 	Forthcoming stakeholder meetings to be announced by HCPF	2

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			<ul style="list-style-type: none"> • 2023 – The Office of Behavioral Health (OBH) must include certain information on secure transportation services in its 2023 SMART Act Hearing. 		
HB 21-1286: Energy Performance for Buildings	The bill requires owners of large buildings to collect and report on energy-use benchmarking data and comply with performance standards related to energy and greenhouse gas emissions and modifying statutory requirements regarding energy performance contracts.	CDPHE	<ul style="list-style-type: none"> • By Oct. 1, 2021 – Convene Building Performance Standards (BPS) task force to develop recommendations. 2022 Timeline Note: Task force information here. • Oct. 1, 2022 – Recommendations due to the Colorado Energy Office (CEO). • Dec. 1, 2022 – Building owners must submit benchmarking info to CEO (and every June 1 thereafter). • Jan. 31, 2023 – Air Quality Control Commission (AQCC) to adopt recommendations as rules if they garner two-thirds approval of taskforce. • May 1, 2023 – Deadline for AQCC to promulgate rules. • Jan. 1, 2024 – Benchmarking compliance begins; reassessments occur every five years thereafter. • 2029 – AQCC may expand benchmarking to buildings smaller than 50,000 square feet. 	<p>The CEO has a number of resources available including:</p> <ul style="list-style-type: none"> • Workshop recordings • Preliminary covered building list spreadsheet • Spreadsheet template compatible with ENERGY STAR Portfolio Manager <p>BPS Task Force website</p> <ul style="list-style-type: none"> • Draft recommendations here • Recordings of public meetings here <p>Forthcoming rules in Spring 2023</p>	2
SB 21-137: Behavioral Health Recovery Act	The bill extends, modifies, and finances behavioral health programs throughout state government, such as continuing the requirement for opioid prescribing limitations, making the Harm Reduction Grant Program Fund continuously appropriated to CDPHE, and creates the Behavioral and Mental Health Cash Fund (BMH Fund) to be used for mental health treatment, substance misuse treatment, and other behavioral health services, and more.	CDHS, CDPHE, HCPF, DORA	<ul style="list-style-type: none"> • July 23, 2021 – All members of the Behavioral Health Transformational Task Force Subpanel must be appointed. 2022 Timeline Note: Find information on the task force here. • Oct. 1, 2021 – HCPF shall consult with OBH, residential treatment providers, and managed care entities (MCEs) to develop standardized utilization management processes; quarterly reports begin. 2022 Timeline Note: FY 20-21 Q3 Report; FY 20-21 Q4 Report; FY 21-22 Q1 Report • Jan 1, 2022 – MCE contract changes effective. • July 11, 2022 – Behavioral Health Transformational Task Force finalizes recommendations. • July 1, 2022 – HCPF contracts with vendor for audits. • Dec. 1, 2022 – Audit results must be made available and, on this date, annually thereafter. • July 1, 2023 – HCPF shall contract with one or more independent review organizations to conduct external medical reviews; data collection system must be developed. • Aug. 1, 2026 – HCPF must contract with vendor to evaluate program results. 	<p>Second annual stakeholder meetings to be held in October. Additional information is found on HCPF's Ensuring a Full Continuum of SUD Benefits website.</p>	2
SB 22-081: Health Exchange Education Campaign Health-care Services	The bill requires that the board of the Colorado Health Benefit Exchange create and implement a public awareness and education campaign to inform consumers about health care coverage options. The campaign will provide education focused on attaining and retaining coverage, as well as eligibility, including efforts to improve health literacy and assist individuals who lose minimum coverage.	DORA	<ul style="list-style-type: none"> • July 1, 2023 – The board of the Colorado Health Benefit Exchange must create and implement a public awareness and education campaign. • Sept. 1, 2023 – The public awareness and education campaign must be used to educate consumers in Colorado. • 2024 (an annually thereafter) – The board must annually report to the Colorado health insurance exchange oversight committee at their first scheduled meeting. • Dec. 31, 2028 – The campaign is repealed. • The Insurance Commissioner can allocate at most the below total amounts of premium tax credits per year: <ul style="list-style-type: none"> ○ Before Sept. 1, 2022 – \$5 million ○ Sept. 1, 2022 – Aug. 31, 2028 – \$ 9 million ○ Sept. 1, 2028 and after – \$5 million 		2
SB 22-172: Colorado Rural Health Care Workforce Initiative	The bill establishes the Colorado Rural Health Care Workforce Initiative to expand the number of health care professionals practicing in rural or frontier counties. Beginning in fiscal year 2022-23, the bill appropriates \$1.2	DHE	<ul style="list-style-type: none"> • Nov. 1, 2023 (an annually thereafter)—The Rural Program Office must submit a report to the General Assembly concerning the initiative. • July 1, 2023 – The program is repealed. 	<ul style="list-style-type: none"> • CHA Issue Brief 	2

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	million annually to the Department of Higher Education, a portion of which will be distributed to 11 medical programs to establish and operate a rural track program, with assistance from the University of Colorado's School of Medicine's Rural Program (Rural Program Office).				
SB 22-177: Investments in Care Coordination Infrastructure	The bill requires the BHA to make certain investments as it develops the statewide care coordination infrastructure and requires the infrastructure to include a cloud-based platform.	BHA, HCPF	<ul style="list-style-type: none"> July 1, 2024 – BHA must develop a statewide care coordination infrastructure. January 2025 (and each year thereafter) – HCPF must assess the care coordination services provide by managed care entities and provide a report. 		2
SB 22-181: Behavioral Health Care Workforce	The bill requires the BHA to collaborate with multiple state agencies to create and implement a plan to improve the behavioral health care workforce and appropriates funding for the Health Service Corps for student loan repayment.	BHA, DORA, CDHS, DPO	<ul style="list-style-type: none"> Sept. 1, 2022 – BHA must create and begin to implement a behavioral health care provider workforce plan. Sept. 1, 2022 – The Division of Professions and Occupations must make recommendations to expand the portability of existing credentialing requirements through statutory changes. 2023 and 2024 – CDHS must include an overview of the BHA's progress towards addressing the behavioral health care provider workforce shortage in hearings held in front of the General Assembly. Jan. 1, 2023 and Jan. 1, 2024 – The community college system must submit a report to the BHA including a summary of the behavioral health career pathway and its implementation. 	Stakeholder meetings held in August	2
SB 22-200: Rural Provider Stimulus Grant Programs	The bill creates the Rural Provider Access and Affordability Stimulus Grant Program to provide grants to qualified rural health care providers to improve health care services in rural communities through modernization of information technology infrastructure and to fund projects that expand access to health care. The bill provides \$4.8 million for health care affordability projects and \$4.8 million for health care access projects.	HCPF	<ul style="list-style-type: none"> Aug. 1, 2022 – HCPF must appoint an advisory committee to make recommendations on the administration of the grant program and selection of grant recipients. Sept. 1, 2022 – The advisory committee must convene its first meeting sometime in August. Meetings must be held at least twice per year. Dec. 31, 2022 – HCPF must adopt guidelines for the program and the State Board must promulgate rules as necessary for administration of the program. July 2024 – All grant funds must be distributed to qualified rural providers. July 1, 2025 – The program is repealed. 	<ul style="list-style-type: none"> CHA Issue Brief Rural Provider Access and Affordability Advisory Committee will meet every other Friday through the fall to develop recommendations. 	2
SB 22-225: Ambulance Service Sustainability and State Licensing	The bill requires ambulance operators to be licensed by CDPHE after July 1, 2024 and creates the Emergency Medical Services System Sustainability Task Force to make recommendations regarding the regulatory structure for ambulance services.	CDPHE	<ul style="list-style-type: none"> July 1, 2024 – Ambulance services must obtain a state license from CDPHE. The state Board of Health is required to adopt rules regarding minimum standards for ambulance services and a city or county is authorized to grant an ambulance service authorization to operate within a county's, or city and county's, jurisdiction and to enter into service agreements, memoranda of understanding, and other contracts. 		2
SB 22-236: Review of Medicaid Provider Rates	The bill modifies the Medicaid provider rate review process.	HCPF	<ul style="list-style-type: none"> Jan. 1, 2023 – Advisory committee members must be established. March 1, 2023 – First meeting of advisory committee must be held. Aug. 1, 2023 – HCPF must establish a schedule so that each provider rate is reviewed at least every three years. Dec. 1, 2023 (and annually thereafter) – The advisory committee must present on the provider rate review process to the Joint Budget Committee. Nov. 1, 2025 (and annually thereafter) – HCPF must submit a written report to the Joint Budget Committee with recommendations related to provider rates. 		2

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
HB 22-1244: Public Protections from Toxic Air Contaminants	The bill creates a new program in CDPHE to regulate toxic air contaminants based on adverse health effects. It creates an advisory board to advise the Air Quality Control Commission on identifying toxic air contaminants, establishing health-based standards, and reviewing the list of toxic air contaminants.	CDPHE	<ul style="list-style-type: none"> • Oct. 1, 2022 – CDPHE must public an initial list of toxic air contaminants. • Jan. 1, 2024 – CDPHE will develop and begin the Toxic Air Contaminant Monitoring Program. Three monitoring sites must be operating by Jan. 1, 2024, and an additional three must be operating by July 1, 2025. • June 30, 2024 (and annually thereafter) – All owners and operators of sources required to have an operating permit and synthetic minor sources must submit an annual toxic emissions report. • Oct. 1, 2024 – CDPHE must submit a finalized report (developed with opportunity for stakeholder feedback) on informational gaps in the reporting of toxic air contaminants to the commission. • April 30, 2025 – The commission must consider the adoption of rules that ensure annual reports on toxic air contaminants are submitted to CDPHE. The commission must also identify up to five priority toxic air contaminants. • July 1, 2025 (and annually thereafter) – CDPHE must solicit public feedback on the Toxic Air Contaminant Monitoring Program. • Oct. 1, 2025 – CDPHE must prepare an annual report that summarizes the toxic air contaminant data collected by the monitoring sites during the previous calendar year. • Dec. 31, 2025 – CDPHE must conduct an assessment to determine the needs for CDPHE to administer an air permitting program to regulate new, modified, and existing stationary sources that emit levels of priority toxic air contaminants. • April 30, 2026 – The commission must propose health-based standards for priority toxic air contaminants for approval by the General Assembly. The commission must adopt emission control regulations to reduce emissions of each priority toxic air contaminant, prioritizing reductions in disproportionately impacted communities. • Sept. 30, 2030 (every five years thereafter) – The commission must update the list of toxic air contaminants. 	CDPHE website page for implementing HB 22-1244 here	2
HB 22-1281: Behavioral Health Care Continuum Gap Grant Program	The bill appropriates \$90 million in total – \$75 million for the Community Behavioral Health-Care Continuum Gap Grant Program (\$35 million for community investment grants and \$40 million for children, youth, and family service grants) and \$15 million for the Substance Use Workforce Stability Grant Program.	BHA	<ul style="list-style-type: none"> • Dec. 31, 2022 – Deadline for BHA to begin accepting grants. • Dec. 21, 2024 – Grant recipients are required to spend or obligate grant funding. • Dec. 21, 2026 – Grant recipients must spend all funding. 	<ul style="list-style-type: none"> • CHA Issue Brief 	2
HB 22-1302: Health Care Practice Transformation	The bill appropriates \$31.75 million to HCPF for the primary care and behavioral health statewide integration grant program to provide grants to primary care clinics for implementation of evidence-based clinical integration care models.	HCPF	<ul style="list-style-type: none"> • Dec. 30, 2024 – Grant recipients must spend or obligate grant funding. • Dec. 30, 2026 – Grant recipients must spend all funding. 	<ul style="list-style-type: none"> • CHA Issue Brief 	2
HB 22-1325: Primary Care Alternative Payment Models	The bill requires the DOI within DORA to create, implement, and evaluate standards around the use of value-based payments in the health insurance system.	DORA	<ul style="list-style-type: none"> • Feb. 15, 2023 (and annually thereafter) – The primary care payment reform collaborative must publish primary care payment reform recommendations. • Dec. 1, 2023 – DORA must promulgate rules detailing the requirements for alternative payment model parameters alignment. • Jan. 1, 2025 – Health care plans issued or renewed after this date must incorporate the alternative payment model parameters, where applicable. DOI must retain a third-party contractor to design an evaluation plan for the implementation of primary care alternative payment models implemented prior to this date. 	Primary Care Payment Reform Collaborative website	2

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
HB 22-1326: Fentanyl Accountability and Prevention	The bill modifies fentanyl-related criminal offenses, updates practices around dispensing opiate antagonists, creates an education campaign, broadens the scope of the Harm Reduction Grant Program, and makes requirements for continuity of care for individuals in the criminal justice system with substance use disorder.	CDHS, Colorado Department of Public Safety (CDPS), CDPHE	<ul style="list-style-type: none"> July 1, 2022 – HCPF will reimburse hospitals or emergency departments for discharging Medicaid patients at risk of overdose with an opioid antagonist prescription. July 1, 2022, through June 30, 2025 – Lower drug misdemeanor possession offenses temporarily escalate to a level 4 drug felony for amounts between one and four grams. Law enforcement agencies and district attorney offices must report on instances where certain individuals receive immunity when they report fentanyl as a proximate cause of death. July 1, 2023 – County jails must develop protocols for medication-assisted treatment or other withdrawal management care. Community corrections programs in CDPS must assess participants for substance use withdrawal symptoms and develop protocols for withdrawal management care. Emergency medical providers, coroners, law enforcement agencies, and emergency departments must participate in the Overdose Detection Mapping Application Program in CDPHE. July 1, 2024 – The Colorado Overdose Prevention Review Committee is created in CDHS to review cases of drug-related overdoses and make recommendations to the General Assembly. Dec. 31, 2024 – CDPHE must contract with an independent entity by Jan. 1, 2023, to study and publish a report concerning the impact and implementation of this bill. CDHS must contract with an independent entity by Nov. 1, 2022, to conduct a study of the health effects of criminal penalties due to this bill. 	Rule establishing HCPF reimbursement for opioid antagonist prescription here	2
HB 22-1355: Producer Responsibility Program for Recycling	The bill creates a producer responsibility program to provide recycling services to covered entities in the state. The program will be implemented by a nonprofit organization in consultation with a newly created advisory board and overseen by CDPHE.	CDPHE	<ul style="list-style-type: none"> Dec. 31, 2022 – CDPHE appoints 15-member advisory board. March 1, 2023 – First meeting of the advisory board. June 1, 2023 – CDPHE designates the producer responsibility organization (PRO). April 1, 2024 – The PRO submits a needs assessment to the CDPHE and advisory board. CDPHE posts results and provides public notice and opportunity for comment. Feb. 1, 2025 – The PRO submits a plan proposal for approval for the residential program to the advisory board covering a period of five years. The PRO must begin implementing the final plan within six months of approval. Jan. 1, 2025 – Producers begin payment producer responsibility dues. July 1, 2025 – Producers may not sell, offer for sale, or distribute any products that use covered materials in Colorado unless the producer is participating in the program or, after Jan. 1, 2029, participating in an additional program. March 31, 2027 (and annually thereafter) – The PRO begins annual reporting to the advisory board and the CDPHE describing progress of the program. 	<ul style="list-style-type: none"> Implementation Timeline FAQs Program Website <p>Advisory Board will be appointed by Dec. 31.</p> <p>Advisory Board's First Meeting: Mar. 1</p>	2
PRIORITY 3					
HB 21-1068: Insurance Coverage Mental Health Wellness Exam	The bill requires that state-regulated health insurance plans provide coverage for the total cost of an annual mental health examination.	DORA	<ul style="list-style-type: none"> Jan. 1, 2023 – The same coverage provision applies to individual and small group policies, and contracts issued or renewed on or after this date must include annual mental health wellness examination of up to 60 minutes. 		3
HB 21-1162: Management of Plastic Products	The bill phases out single-use plastic carryout bags and expanded polystyrene food containers. It authorizes local governments to enforce violations and impose civil penalties. Nothing in the bill prohibits or limits the use of any material used in the packaging of a product that is regulated as a drug, medical device, or dietary supplement.	CDPHE	<ul style="list-style-type: none"> Jan. 1, 2023 – Carryout bag fee enacted in stores; local governments may enforce and assess civil penalties. Jan. 1, 2024 – Single-use plastic carryout bags prohibited in stores and retail food establishments, excluding current inventory. Jan. 1, 2024 – Expanded polystyrene prohibited in retail food establishments, excluding current inventory. July 1, 2024 – Local governments may enact, implement, or enforce more stringent regulations. 		3

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
HB 21-1166: Behavioral Health Crisis Response Training	The bill requires HCPF to contract with a vendor to provide teleconferencing trainings on a comprehensive care coordination and treatment model for professionals who work with individuals with intellectual and developmental disabilities and co-occurring behavioral health needs.	HCPF	<ul style="list-style-type: none"> Jan. 1, 2022 – HCPF must obtain a vendor to provide extensive statewide training to professionals who work with persons with intellectual and developmental disability and co-occurring behavioral health needs. March 1, 2022 – Case management agencies, mental health centers, and other program-approved service agencies in the state shall nominate one provider in their geographic service area to be trained in the comprehensive care coordination and treatment model developed under this program. March 30, 2023 – Participating providers must complete the program training no later than this date. <p>2022 Timeline Note: Timeline is delayed as HCPF was unable to procure a vendor. HCPF was granted roll-forward authority to account for the delayed implementation and must find a vendor “as soon as possible.” The above timeline will be adjusted to align when HCPF procures a vendor.</p>		3
HB 21-1187: Long-term Services and Support Case Management Redesign	The bill requires the Medical Services Board in HCPF to adopt rules providing for the establishment of a redesigned case management system. The new system must consist of agencies that provide case management services on a fee-for-service basis or through Colorado’s Medicaid program.	HCPF	<ul style="list-style-type: none"> Dec. 31, 2021 – HCPF shall work with stakeholders to develop a timeline for case management redesign implementation. 2022 Timeline Note: Timeline is posted here. Dec. 31, 2022 – HCPF must issue a competitive solicitation to select case management agencies. Jan. 31, 2023 – HCPF must provide an update on the status of case management redesign implementation to the Joint Budget Committee. July 1, 2024 – HCPF must adopt rules providing for the establishment of a case management system. July 1, 2024 – HCPF shall promulgate rules outlining a designation process for local or regional organizations as community-centered boards. 	<p>Additional information is found on HCPF’s Case Management Redesign website.</p> <p>Timeline is posted here</p> <p>July 12 update</p>	3
HB 21-1237: Competitive Pharmacy Benefits Manager Marketplace	The bill directs the Department of Personnel and Administration (DPA) to enter into a contract with a pharmacy benefit manager (PBM) for the administration of state employee health insurance through a reverse-auction process prescribed by the bill, and then use that platform to audit claims. It creates avenues for other public and private health insurance plans to participate jointly with the state.	DPA	<ul style="list-style-type: none"> Nov. 1, 2022 – DPA must obtain technology platform and associated services from the platform operator capable of conducting reverse-auction for a PBM. July 1, 2023 – First auction must be completed and the PBM services contract awarded. 		3
HB 21-1276: Prevention of Substance Use Disorders	The bill prevents an insurance carrier that has a contract with a physical therapist, occupational therapist, chiropractor, or acupuncturist from prohibiting or penalizing these practitioners for providing a covered person with information on their financial responsibility for such services. It requires insurance carriers to provide coverage for an atypical opioid or non-opioid medication that is approved by the federal Food and Drug Administration (FDA) and prohibits carriers from mandating a covered person undergo step therapy or requiring pre-authorization.	DORA, HCPF, CDPHE, CDHS	<ul style="list-style-type: none"> Sept. 1, 2021 – Current opioid prescribing limit is set to repealed; DOI must enable U.S. Bureau of Justice Assistance’s RxCheck program. Nov. 12, 2021 – The applicable board in DORA for each type of prescriber must limit the supply of a benzodiazepine prescribed to a patient. Jan. 1, 2023 – Restrictions and requirements on insurance carriers and health benefit plans apply to plans renewed on or after this date. 	<p>DORA held joint stakeholder meeting on July 23, 2021 (Notice of Joint Stakeholder Meeting) and each type of prescriber put out new benzodiazepine prescribing rules:</p> <ul style="list-style-type: none"> ▪ Colorado Dental Board ▪ Colorado Podiatry Board ▪ Colorado Medical Board ▪ Board of Nursing ▪ Board of Veterinary Medicine ▪ State Board of Optometry 	3

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
SB 21-016: Protecting Preventive Health Care Coverage	The bill adds certain sexually transmitted infection (STI) and contraception services to the U.S. Preventive Services Task Force list to be covered without cost sharing requirements and modifies provider requirements when examining or treating a minor for an STI. The bill requires that Medicaid cover family planning and family planning-related services and establishes that such services must be provided without cost sharing for the client and authorizes reimbursement for such services for any licensed health care provider.	HCPF, DORA	<ul style="list-style-type: none"> Jan. 1, 2023 – The required coverage provisions for state-regulated health plans apply to plans issued or renewed on or after this date. Prior to this date, the state will host joint stakeholder meetings, and agencies will promulgate rules regarding specific family-planning-related services and family planning services. 		3
SB 22-068: Provider Tool to View All-payer Claims Database	The bill requires the All-Payer Claims Database (APCD) administrator to implement a tool to facilitate the review of certain health claims reimbursement data, for three years of data, which are included in the database and update the tool annually subject to available appropriations.	HCPF	<ul style="list-style-type: none"> Jan 1, 2023 – The administrator of the APCD must create and maintain a tool that enables users to review certain health claims reimbursement data included in the APCD. 		3
SB 22-079: Dementia Training Requirements Colorado Department of Public Health and Environment Department of Health Care Policy and Finance	The bill requires CDPHE, with regard to nursing care facilities and assisted living residences, and the Medical Services Board in HCPF, with regard to adult day care facilities, to adopt rules requiring these facilities to provide dementia training for staff providing direct-care services to clients and residents of the facilities.	CDPHE, HCPF	<ul style="list-style-type: none"> Jan. 1, 2024 – CDPHE must adopt rules requiring nursing care facilities and assisted living residences to provide dementia training for staff providing direct-care services to clients and residents of the facilities. July 1, 2024 – HCPF must adopt rules requiring all direct-care staff members working in adult day care facilities to obtain dementia training. 		3
SB 22-098: Program Allowing Redispensing of Unused Drugs	The bill creates the Drug Repository Task Force in CDPHE to examine existing drug repository program models and determine how to implement an efficient and effective drug repository program.	CDPHE	<ul style="list-style-type: none"> Aug. 1, 2022 – Members appointed to the Drug Repository Task Force. Sept. 15, 2022 – The Drug Repository Task Force must conduct its first meeting. Dec. 15, 2022 – The Drug Repository Task Force must submit a report on drug repository programs. 		3
SB 22-106: Conflict of Interest in Public Behavioral Health	The bill requires HCPF and CDHS to require MCEs, administrative service organizations, and managed care organizations that have 25 percent or more ownership by providers of behavioral health services to comply with specified conflict of interest policies	HCPF, CDHS	<ul style="list-style-type: none"> Jan. 1, 2023 – All managed care entities, administrative service organizations, and managed service organizations with 25 percent or more ownership by providers of behavioral health services must comply with new conflict of interest policies. July 1, 2025 – HCPF must establish a competitive bidding process that addresses perceived or actual provider ownership and control of managed care entities. 		3

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
	to promote transparency and accountability.				
SB 22-140: Expansion of Experiential Learning Opportunities	The bill requires multiple state agencies to support work-based experiential learning opportunities through programs that partner with businesses and colleges in Colorado.	Colorado Department of Labor and Employment (CDLE)	<ul style="list-style-type: none"> Sept. 1, 2022 – The Office of New Americans must establish the Global Talent Task Force and appoint 12 members to the task force. Sept. 15, 2022 – The Office of Future Work in the CDLE will develop work-based learning quality expectations for youth and adults. Jan. 1, 2023 – CDLE must establish the Work-based Learning Incentive Program, a statewide digital navigator program, and a virtual, career-aligned English as a second language program. Dec. 31, 2023 – The Global Talent Task Force must report findings and recommendations. 2023 (and each year thereafter) – CDLE must submit a report to the General Assembly with data compiled about the program. Dec. 31, 2024 – The Global Talent Task Force is repealed. 	Members of the Global Talent Task Force listed here	3
SB 22-147: Behavioral Health Care Services for Children	The bill appropriates \$11 million for behavioral health services for children, including \$1.5 million to the School-Based Health Center Grant Program within CDPHE. The grant program provides funding to school-based health centers to assist with the establishment, expansion, and ongoing operations.	CDPHE	<ul style="list-style-type: none"> Dec. 30, 2024 – Grant recipients must spend or obligate grant funding. Dec. 30, 2026 – Grant recipients must spend all funding. 	CHA Issue Brief	3
SB 22-192: Opportunities for Credential Attainment	The bill requires the development of stackable credential pathways and provides funding for the adult education and literacy grant program in the Colorado Department of Education and nondegree credential programs at community colleges, technical colleges, and local district colleges.	Colorado Department of Higher Education (CDHE)	<ul style="list-style-type: none"> June 15, 2023 – CDHE must develop and implement a process that encourages institutions to identify incremental achievements on the path to degree completion and organize stackable credentials. Sept. 1, 2023 – Each community and technical college or local district college that receives funding for nondegree credential programs must submit a report to CDHE. Dec. 29, 2023 – CDHE must submit a report to the General Assembly. Jan. 1, 2024 – CDHE must facilitate the creation of stackable credential pathways for at least three growing industries identified by the most recent Colorado talent report. Jan. 5, 2024 – CDHE must submit a report to the General Assembly regarding the funding allocated and distributed for nondegree credential programs. Jan. 1, 2025 – CDHE must facilitate the creation of stackable credential pathways for at least two additional growing industries identified by the most recent Colorado talent report. Dec. 31, 2025 – CDHE must submit a report to the General Assembly. 		3
SB 22-210: License Supplemental Health Care Staffing Agencies	The bill requires CDPHE to license supplemental health care staffing agencies that employ nurses, nurse aids, physical and occupational therapists, physical therapists, and occupational therapy assistants.	CDPHE, HCPF, CDLE	<ul style="list-style-type: none"> Sept. 1, 2022 (and each year thereafter) – CDPHE and HCPF must provide CDLE with a list of all known names and contact information for supplemental health care staffing agencies operating in the state. Oct. 1, 2022 – Each supplemental health care staffing agency must maintain detailed data on direct and indirect owners. April 30, 2023 (and each year thereafter) – A staffing agency operating in the state must provide a report covering the period between Oct. 1 of the previous year and March 31 of the current year. Oct. 31, 2023 (and each year thereafter) – A staffing agency operating in the state must provide a report covering the period between April 1 and Sept. 30 of the current year. 		3
SB 22-219: Regulate Dental Therapists	The bill requires dental therapists to be licensed by the Colorado Dental Board in DORA beginning May 1, 2023. The bill	DORA	<ul style="list-style-type: none"> May 1, 2023 – Dental therapists must be licensed by the Colorado Dental Board in DORA. July 1, 2031 – The composition of the Colorado Dental Board is changed to include dental therapists. 		3

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
	outlines requirements for dental therapists including education, examination, supervision, professional liability insurance, and mandatory reporting of child abuse requirements.				
HB 22-1008: Implementation of Fertility Coverage	The bill requires that all DOI-regulated health benefit plans provide coverage for the diagnosis of and treatment for infertility and standard fertility preservation services, if the U.S. Department of Health and Human Services (HHS) determines that these benefits would not require the state to defray the cost for premium increases attributable to the mandate.	DORA	<ul style="list-style-type: none"> Jan. 1, 2023 – Large employer health benefit plans must cover the diagnosis of and treatment for infertility and standard fertility preservation services (note: coverage by individual and small group plans will become a requirement 12 months after HHS determines that it does not constitute an additional benefit that requires defrayal by the state). 		3
HB 22-1050: International Medical Graduate Integrate Health Care Workforce	The bill creates two programs for international medical graduates (IMGs) – the IMG Assistance Program to assist IMGs navigate the re-licensure process and the Clinical Readiness Program to help IMGs build the skills necessary to practice in the United States.	CDLE	<ul style="list-style-type: none"> Jan. 1, 2023 – CDLE must contract with a Colorado-based medical school or ACGME-accredited residency program to serve as the program administrator for the Clinical Readiness Program. Jan. 1, 2024 – The Program Administrator of the Clinical Readiness Program must develop and implement the program. Jan. 1, 2025 (and each year thereafter) – The Program Director must submit a report regarding the clinical program to CDLE and DORA. 		3
HB 22-1077: Colorado Nonprofit Security Grant Program	The bill creates the Colorado Nonprofit Security Grant Program within CDPS to provide grants to nonprofit organizations who applied for, and did not receive, a grant under the Federal Nonprofit Security Grant Program administered by FEMA.	CDPS	<ul style="list-style-type: none"> Aug. 30, 2022 – CDPS must promulgate rules to implement the grant program. Dec. 1, 2022 – CDPS must begin accepting applications. 	Colorado Nonprofit Security Grant Program website	3
HB 22-1114: Transportation Services for Medicaid Waiver Recipients	The bill authorizes a transportation network company to provide non-medical transportation services to persons enrolled in certain Medicaid waiver programs.	HCPF	<ul style="list-style-type: none"> January 2024 – HCPF must submit a report to the General Assembly on providing non-medical transportation services. The report must be developed through a stakeholder process. July 1, 2024 – HCPF must authorize verified transportation network companies to provide nonmedical transportation services if the company is viable under federal requirements and within budgetary constraints. 		3
HB 22-1115: Prescription Drug Monitoring Program	The bill requires prescribers and pharmacists to register and maintain a user account with the Prescription Drug Monitoring Program (PDMP) as a condition of license renewal. Prescribers must reference the PDMP before writing a prescription for an opioid to prevent overlapping prescriptions from multiple prescribers.	DORA	<ul style="list-style-type: none"> July 1, 2023 – Each pharmacist must attest that they are in compliance with the Drug Enforcement Agency’s (DEA) requirements to renew their license. July 1, 2024 – Each prescriber must attest that they are in compliance with DEA requirements to renew their license. July 1, 2024 – DORA can solicit applications from public and private integration organizations to integrate the program with electronic medical records. 		3
HB 22-1157: Utilization of Demographic Data by Colorado Department of	The bill requires CDPHE to collect voluntarily provided public health information concerning race, ethnicity, disability, sexual orientation, and gender identity (demographic elements), as allowed under applicable state and	CDPHE	<ul style="list-style-type: none"> Nov. 1, 2022 – The Commission must convene the Data Advisory Working Group to make recommendations concerning the process for collecting and aggregating nonidentifying demographic data. July 1, 2023 – Any reports concerning health disparities and inequities in Colorado that do not include complete reporting on race, ethnicity, disability, sexual orientation, and gender identity must be updated once that information becomes available. 		3

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
Public Health and Environment	federal data privacy laws, rules, regulations, and federal contracts.				
HB 22-1215: Study of Expanding Extended High School Programs	The bill creates a task force to recommend policies to support statewide development of early college, ASCENT, p-tech, and other programs that span secondary and postsecondary education.	Colorado Department of Education (CDE)	<ul style="list-style-type: none"> July 1, 2022 – CDE must convene the Secondary, Postsecondary, and Work-based Learning Integration Task Force. July 2022 – December 2023 – The task force will meet a total of eight times. Jan. 1, 2024 – The task force is repealed. 	Secondary, Postsecondary, and Work-based Learning Integration Task Force website Upcoming stakeholder meetings (registration link posted on website): <ul style="list-style-type: none"> 9 a.m. – 3 p.m. on Tuesday, Oct. 25: Task Force Meeting #2 9 a.m. – 3 p.m. on Thursday, Nov. 17: Task Force Meeting #3 9 a.m. – 3 p.m. on Wednesday, Nov. 30: Task Force Meeting #4 9 a.m. – 3 p.m. on Wednesday, Dec. 7: Task Force Meeting #5 (only if needed) 	3
HB 22-1240: Mandatory Reporters	The bill creates the Mandatory Reporter Task Force in the Office of the Child Protection Ombudsman to analyze best practices and recommend changes to training requirements and reporting procedures, specifically regarding the impacts of mandatory reporting on families of color, under-resourced communities, and people with disabilities.	Office of the Child Protection Ombudsman, HCPF	<ul style="list-style-type: none"> Dec. 1, 2022 – Appointments to the Mandatory Reporter Task Force must be made. Jan. 1, 2023 – The task force must convene for the first meeting and meet bimonthly until the report is submitted. Jan. 1, 2024 – The task force must submit its first-year status report to the General Assembly and HCPF. Jan. 1, 2025 – The task force must submit its final report. 		3
HB 22-1247: Additional Requirements Nursing Facility Funding	The bill appropriates funding to enhance Medicaid payments to nursing facilities to support short-term solvency.	HCPF	<ul style="list-style-type: none"> Nov. 1, 2022 – HCPF must engage with stakeholders and submit a report and recommendations to the Joint Budget Committee and the General Assembly concerning suggested changes for permanently changing Medicaid nursing facility provider reimbursement policy. 		3
HB 22-1267: Culturally Relevant Training Health Professionals	The bill appropriates \$1 million for grants to provide culturally responsive training to health care professionals in CDPHE.	CDPHE	<ul style="list-style-type: none"> Jan. 1, 2023 – CDPHE must create a culturally relevant and affirming health care training grant program. 		3
HB 22-1268: Medicaid Mental Health Reimbursement Rates Report	The bill requires an audit of Medicaid reimbursement rates for independent mental health and substance abuse treatment providers and the publication of a cost report for community mental health centers.	HCPF	<ul style="list-style-type: none"> Aug. 15, 2022 – HCPF must publish behavioral health rates report of Medicaid reimbursement rates for behavioral health providers. Nov. 15, 2022 – HCPF must present an action plan for implementation to the Joint Budget Committee. March 15, 2023 (and annually thereafter) – HCPF must publish a report on community mental health centers payment methodology for the purposes of increased transparency. Aug. 1, 2023 (annually through 2025) – HCPF must produce a progress report on the action plan to the Joint Budget Committee. Dec. 31, 2025 – The action plan must be fully implemented. 	Copy of behavioral health rates report here	3

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
HB 22-1269: Health Care Sharing Plan Reporting Requirements	The bill requires the Insurance Commissioner to oversee individuals offering health care sharing plans or arrangements that service Colorado residents.	DORA	<ul style="list-style-type: none"> Oct. 1, 2022 (and each March 1 annually thereafter) – Individuals offering health care sharing plans or arrangements to serve Colorado residents must submit certified information to DORA. 	DOI's Health Care Sharing Associations webpage	3
HB 22-1282: The Innovative Housing Incentive Program	The bill creates a program in the Office of Economic Development and International Trade (OEDIT) to provide grants or loans to new or existing businesses with fewer than 500 employees that develop manufactured homes.	OEDIT	<ul style="list-style-type: none"> Sept. 1, 2022 (and annually thereafter) – Innovative housing businesses participating in the Innovative Housing Incentive Program must provide an annual report to OEDIT. Nov. 1, 2022 (and annually thereafter) – OEDIT must submit a report detailing the expenditure of money for the program to the General Assembly. 		3
HB 22-1283: Youth and Family Behavioral Health Care	The bill requires CDHS to create an in-home and residential respite care program, provide operational support for psychiatric and residential treatment facilities, create additional substance use treatment beds, continue the crisis service program, and build a neuro-psych facility.	CDHS	<ul style="list-style-type: none"> July 1, 2022 – CDHS must begin the process of building and staffing a neuro-psych facility. July 1, 2022 – CDHS must provide operational support for psychiatric residential treatment facilities for youth and qualified residential treatment programs for youth across the state participating in the pilot program created by SB 21-137. The pilot program can run through July 1, 2028. Jan. 1, 2023 – CDHS must create in-home and residential respite care services and facilities for children and families in up to seven regions. Nov. 1, 2023 (and annually thereafter) – CDHS must submit a written report to the General Assembly on the in-home and residential respite care program Dec. 30, 2024 – CDHS must obligate funds. Dec. 31, 2026 – CDHS must expend funds. 		3
HB 22-1289: Health Benefits for Colorado Children and Pregnant Persons	The bill expands Medicaid coverage to low-income pregnant people and children, regardless of immigration status; requires the Insurance Commissioner to improve the quality of health insurance coverage through the Health Insurance Affordability Enterprise; and extends a survey of birthing parents indefinitely, among other requirements.	HCPF	<ul style="list-style-type: none"> June 7, 2022 – HCPF must make comprehensive lactation support services, lactation supplies and equipment, and maintenance of multi-user loaned equipment a covered benefit for Medicaid and CHP+ recipients. Jan. 1, 2024 – Special insurance enrollment period begins for individuals who do not have existing insurance coverage when they become pregnant. Jan. 1, 2025 – HCPF must provide comprehensive health insurance coverage for low-income pregnant people and children (ages zero to 18) who would be eligible for Medicaid or CHP+ if not for their immigration status. Jan. 1, 2026 (and annually thereafter) – HCPF must present to the Joint Budget Committee on the cost savings and health improvements associated with the expansion of coverage. 		3
HB 22-1290: Changes to Medicaid for Wheelchair Repairs	The bill prohibits HCPF from requiring prior authorization for any repair of complex rehabilitation technology and increases the rural reimbursement rate for complex rehabilitation technology repairs.	HCPF	<ul style="list-style-type: none"> Oct. 1, 2023 – The Medical Services Board must promulgate rules through a stakeholder process establishing repair metrics for all complex rehabilitation technology (CRT) suppliers and CRT professionals. Jan. 1, 2024 (and annually thereafter) – HCPF must report on the metrics promulgated in rulemaking and associated compliance. Dec. 1, 2024 – HCPF must reimbursement labor costs at a rate that is 25 percent higher for clients residing in rural areas than urban areas. Oct. 1, 2026 – HCPF may engage in a stakeholder process to determine the need for additional accountability of a qualified CRT supplier through financial penalties, audits, or similar tools, for violations of the repair metric rules. 		3
HB 22-1303: Increase Residential Behavioral Health Beds	The bill requires an increase in the number of residential behavioral health beds, creates a new Medicaid provider type, and includes an appropriation of \$65 million from the Behavioral and Mental Health Cash Fund in CDHS.	CDHS, HCPF, CDPHE, BHA	<ul style="list-style-type: none"> July 1, 2022 – Mental health residential facilities must be licensed by CDHS or CDPHE with some exceptions. July 1, 2023 – BHA is responsible for licensing mental health home and community-based waiver residential facilities. BHA must promulgate rules establishing minimum standards for the operation of licensing of mental health facilities. July 1, 2024 – CDHS and HCPF must jointly create, develop, or contract for at least 125 beds at mental health residential facilities throughout the state based on need. Dec. 30, 2024 – CDHS must obligate money appropriated for the renovation of the Colorado Mental Health Institute at Fort Logan. 		3

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources	CHA Priority
			<ul style="list-style-type: none"> Dec. 30, 2026 – CDHS must spend all money appropriated for the renovation of the Colorado Mental Health Institute at Fort Logan. 		
HB 22-1304: State Grants Investments Local Affordable Housing	The bill creates two housing-related grant programs in the Department of Local Affairs (DOLA) to support affordable housing.	DOLA	<ul style="list-style-type: none"> Sept. 1, 2022 – DOLA must establish policies and procedures for the Local Investments in Transformational Affordable Housing Grant Program. Funds will be appropriated to the program until July 1, 2024. Oct. 1, 2023 (and annually thereafter) – DOLA must report on the Infrastructure and Strong Communities Grant Program to the General Assembly. 		3
HB 22-1350: Regional Talent Development Initiative Grant Program	The bill creates the Regional Talent Development Initiative Grant Program in OEDIT to develop or expand talent development initiatives in identified regions of the state.	OEDIT	<ul style="list-style-type: none"> Nov. 1, 2023 (and annually thereafter) – OEDIT must publish a report summarizing the use of the funds awarded through the Regional Talent Development Initiative Grant Program. 		3