



Engagement Opportunities

ISSUE BRIEF | Senate Bills 25-042, 25-045, 25-166
House Bill 25-1223

Background

Several bills were passed in the 2025 legislative session that necessitate thorough stakeholder involvement. Hospitals and health systems have an important role to play in these conversations around health care issues. This issue brief outlines opportunities for hospital representatives to engage in workgroups and task forces to guide future legislative and regulatory work.

SB 25-042: Behavioral Health Crisis Response Recommendations

[SB 25-042](#) requires the Colorado Department of Public Safety (CDPS) and the Behavioral Health Administration (BHA) to:

- Identify existing resources and models utilized statewide.
- Assess reimbursement shortages and gaps in the continuum of care for behavioral health crisis response.
- Explore available state and federal funding options to address these shortages and gaps, including funding for treatment in place.

Following stakeholder consultations, the CDPS and BHA are required to compile a list of existing resources and models; report identified reimbursement shortages and gaps; and develop recommendations for addressing these issues. This information must be made publicly available on the DPS website and included in the 2027 annual report to the legislative committees of reference.

Stakeholder opportunity: By Dec. 31, 2025, CDPS and BHA must convene a stakeholder group to identify existing resources and model programs for behavioral health crises. The stakeholder group must include representatives from communities with established programs, behavioral health providers, law enforcement, emergency medical services, and other relevant organizations.

SB 25-045: Healthcare Payment System Analysis

[SB 25-045](#) requires the Colorado School of Public Health in the University of Colorado, with assistance from a newly created analysis collaborative, to create a report on model legislation for a universal single-payer health care system.

Collaborative: The bill creates the Statewide Health Care Analysis Collaborative under HCPF to assist the university in its report and requires it to meet at least twice virtually before Oct. 1, 2026. The task force consists of representatives from various sectors related to health care, labor, and advocacy. The Colorado School of Public Health is required to secure sufficient funding before commencing the study. The provisions of this section are set to be repealed on Dec. 1, 2027.

SB 25-166: Health-Care Workplace Violence Incentive Payments

[SB 25-166](#) requires HCPF and the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) must develop a workplace violence metric to add to the Hospital Quality Incentive Payment (HQIP) program, determine funding opportunities, and provide legislative recommendations. A progress report must be presented at HCPF's 2026 SMART Act hearing, and final legislative recommendations must be included in the CHASE Board's January 2027 report.

Stakeholder group: By Sept. 1, 2025, HCPF and CHASE must consult with a stakeholder group including an association representing nurses working in Colorado hospitals, a representative of the health-care industry who participates in the Colorado Medicaid program and does not represent a hospital, a representative from a statewide association of hospitals, a representative from an association representing rural hospitals, a representative from a hospital, the chair of the House of Representatives Health and Human Services Committee and the Senate Health and Human Services Committee.

HB 25-1223: Capital Needs of Rural and Frontier Hospitals

[HB 25-1223](#) establishes a formal study, overseen by a dedicated taskforce, to assess the capital infrastructure needs of Colorado's rural and frontier hospitals. The study, led by CDPHE or a contracted party, will evaluate facility code compliance, building age, estimated renovation or replacement costs, and other capital needs. The study must be completed within 18 months of the task force's first meeting, with results presented to relevant legislative committees. All funding must come from private or public donations – no state general funds will be used. Implementation is contingent on securing sufficient funds. The bill will be repealed on July 1, 2027.

Taskforce: Within two months of sufficient funding being secured, the task force will be established and consist of appointees from the governor and legislative leaders, including health care professionals, an architect, a contractor, a hospital representative, and a rural or frontier community member.