



Hospital Business Operations and Policy Updates

Senate Bill (SB) 26-138;
House Bills (HB) 26-1024, 26-1143, 26-1414

Background:

The legislature passed several bills in 2026 that will impact hospital operations, licensing, compliance, and administrative processes. To assist hospitals in preparing for implementation and maintaining compliance with evolving state requirements, this issue brief highlights key statutory changes affecting hospital operations and outlines new responsibilities established during the 2026 legislative session.

SB 26-138: CDPHE Licensing Change (Regulatory Relief)

Beginning in 2028, CDPHE will begin transitioning all facility licenses from annual to biennial licensure. To support a phased implementation and avoid all facilities renewing licenses simultaneously, the department may continue issuing one-year licenses through 2030 so that renewal cycles can be staggered across facility types.

What you need to know:

Hospitals should prepare for the transition from annual to biennial facility licensure by reviewing internal compliance calendars, licensure tracking systems, and renewal workflows. Because CDPHE may stagger renewal cycles through temporary one-year licenses until 2030, hospitals should monitor communications from the department regarding applicable renewal schedules and implementation timelines.

Hospitals should also review budgeting and operational planning assumptions related to licensing timelines, inspections, and associated fees during the transition period.

Timeline:

- **Effective date:** July 1, 2028

Additional Resources:

- [SB 26-138 Rerevised Bill Text](#)
- [SB 26-138 Fiscal Note](#)

HB 26-1024: Raising Age of Voluntary Relinquishment of Child

Hospitals designated as authorized relinquishment locations under Colorado's safe haven law may now accept voluntarily relinquished infants up to 30 days old, an increase from the previous limit of 72 hours after birth.

What you need to know:

Hospitals designated as safe haven relinquishment locations should review and update policies, staff training materials, and intake procedures to reflect the expanded relinquishment timeframe for infants up to 30 days old. Hospitals should also ensure emergency department, labor and delivery, neonatal, security, and social work staff understand applicable procedures and reporting requirements related to voluntary relinquishment.

Hospitals may also wish to review coordination protocols with county departments of human or social services and law enforcement agencies involved in safe haven placements.

Timeline:

- Effective date: Aug. 12, 2026

Additional Resources:

- [HB 26-1143 Final Text](#)
 - [HB 26-1143 Fiscal Note](#)
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HB 26-1143: Non-Employment Educational Opportunities Background Check Information

Hospitals will be required to accept an individual taxpayer identification number or a fingerprint background check in lieu of a Social Security Number (SSN) when conducting background checks for non-employment based educational opportunities.

Hospitals may continue to require SSNs if necessary to comply with state or federal laws, a governmental or accreditation organization's mandates, or grant requirements.

Entities that fail to comply are subject to a civil fine – \$2,000 for first offense and \$5,000 for any subsequent violation – enforced by the Attorney General and deposited to the Immigration Legal Defense Cash Fund.

What you need to know:

Hospitals offering unpaid educational opportunities, including volunteer roles, internships, clinical rotations, and pre-apprenticeships, should review background check policies and onboarding procedures to ensure compliance with the new identification requirements. Hospitals must accept an individual taxpayer identification number or fingerprint-based background check in place of an SSN unless another legal or accreditation requirement applies. The cost of a fingerprint-based background check is at the responsibility of the applicant.

Hospitals should also review agreements with educational institutions, volunteer services departments, human resources policies, and vendor background check processes to ensure operational alignment and avoid potential civil penalties.

Timeline:

- Effective date: Upon signature of the governor; not yet signed

Additional Resources:

- [HB 26-1143 Rerevised Bill Text](#)
 - [HB 26-1143 Fiscal Note](#)
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HB 26-1414: Medical Record Requests

Hospitals and providers are required to comply with several new operational requirements related to attorney-requested medical records. Hospitals must limit charges for requests exceeding 664 pages to no more than \$400, except when records require the redaction or withholding of protected health information. For requests up to 664 pages, "reasonable fees" means \$18.53 for the first 10 pages, \$0.85 per page for the next 30 pages, and \$0.57 per page for each additional page.

Hospitals are also required to issue invoices within 30 days of receiving a request and must provide records upon payment unless extraordinary circumstances apply and written notice is provided. Additionally, records must be delivered electronically if requested, and if the original records are stored electronically and readily producible in electronic format.

What you need to know:

Hospitals should review and update medical records request workflows, billing practices, and response timelines to ensure compliance with the new fee cap and invoicing requirements for attorney-requested records. Hospitals should also review processes for identifying requests that qualify for the protected health information redaction exception.

Hospitals should assess their ability to produce records electronically when records are maintained in electronic format and ensure staff are trained on the new delivery requirements. Policies and documentation standards related to extraordinary circumstances delaying production should also be reviewed and updated.

Timeline:

- **Effective date:** Aug. 12, 2026

Additional Resources:

- [HB 26-1414 Rerevised Bill Text](#)
- [HB 26-1414 Fiscal Note](#)