

Colorado Hospital Association’s (CHA) 2023 Bill Implementation Overview document is meant to be a companion document to CHA’s [2023 Legislative Report and Issue Briefs](#). The [2023 Legislative Report](#), and accompanying bill tracker, provide a high-level overview of all 75 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 Bill Implementation Overview provides a very high-level outline of required state agency actions to implement certain bills retroactive to 2021.

This document captures an overview of legislation that the Association is tracking in the regulatory environment going back to 2021. Items that the Association either previously tracked for which the implementations have been completed or bills with minimal to no impact on hospital operations can be found archived [here](#). These items are also known as Priority 4 bills.

The Bill Implementation Overview 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 on which 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	Priority 4
<b>Priority 1 topics typically:</b> <ul style="list-style-type: none"> <li>Impact nearly every hospital</li> <li>Have the potential to significantly impact the patient experience or a hospital’s administrative duties</li> <li>Have the potential to significantly impact a hospital’s revenues</li> </ul>	<b>Priority 2 topics typically:</b> <ul style="list-style-type: none"> <li>Impact a portion of all hospitals</li> <li>Have the potential to moderately impact the patient experience or a hospital’s administrative duties</li> <li>Have the potential to moderately impact a hospital’s revenues</li> </ul>	<b>Priority 3 topics typically:</b> <ul style="list-style-type: none"> <li>Impact a portion of all hospitals</li> <li>Have the potential to slightly impact the patient experience or a hospital’s administrative duties</li> <li>Have the potential to slightly impact a hospital’s revenues</li> <li>Might impact hospitals more significantly, but are outside the scope of the facility (e.g., employer-related issues, hospital-owned clinics, etc.)</li> </ul>	<b>Priority 4 topics typically:</b> <ul style="list-style-type: none"> <li>Previously had potential to impact a portion of all hospitals, but developed to having minimal impact</li> <li>Have only minimal or no impact on hospital revenue</li> <li>Tangentially impact hospital operations, but no direct impact</li> <li>Previously held a higher priority, but is resolved or conversation has closed</li> </ul>
<b>CHA Deliverables:</b> <ul style="list-style-type: none"> <li>CHA will engage in proactive engagement w/ state agencies and members, monitor/participate in regulatory timelines (including work groups), and provide targeted implementation materials</li> </ul>	<b>CHA Deliverables:</b> <ul style="list-style-type: none"> <li>CHA will monitor and attend state agency meetings if warranted</li> <li>CHA will occasionally solicit, and coordinate member feedback as warranted</li> <li>CHA will share information for members on how to engage directly in the process</li> </ul>	<b>CHA Deliverables:</b> <ul style="list-style-type: none"> <li>CHA will share updates from state agencies as available</li> <li>For items with hard timelines that impact members, CHA will monitor those deadlines and communicate them to members</li> <li>CHA will work to integrate these items into other workstreams</li> </ul>	<b>CHA Involvement:</b> <ul style="list-style-type: none"> <li>CHA will not track these items</li> <li>CHA will <a href="#">archive</a> these items for member review</li> <li>CHA will engage upon request if warranted</li> </ul>

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources
<b>PRIORITY 1</b>				
<i>5 Priority 1 efforts as of July 10, 2023</i>				
<b>HB 23-1215: Limits on Hospital Facility Fees</b>	The bill requires providers affiliated with or owned by a hospital to provide advance notice to patients that a facility fee may be charged and prohibits hospitals from balance billing patients for any preventive services provided. The bill also mandates a report on facility fees to be developed by Oct. 1, 2024.	HCPF	<ul style="list-style-type: none"> <li>July 1, 2024: Providers cannot charge, bill, or collect a facility fee from a patient that is not covered by a patient's insurance for preventive health care services and providers must comply with facility fee transparency requirements.</li> <li>Aug. 1, 2024: Steering committee must prepare a preliminary version of the report.</li> <li>Oct. 1, 2024: Final report must be submitted to the General Assembly.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief</a></li> <li><a href="#">CHA Regulatory Page</a></li> </ul>
<b>HB 23-1236: Implementation Updates to Behavioral Health Administration</b>  <b>HB 22-1278: Behavioral Health Administration</b>  <b>HB 22-1256: Modifications to Civil Involuntary Commitment</b>	<p>HB 22-1278 furthers the work of <a href="#">HB 21-1097</a> 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).</p> <p>HB 23-1236 furthers the work of HB 22-1278. The bill delineates certain administrative responsibilities between the BHA and the Department of Human Services (CDHS). The bill also formally repeals the Office of Behavioral Health, which is now functioning as the recently renamed Office of Civil and Forensic Mental Health in CDHS. HB 23-1236 also changed the timeline for Title 27, Article 65 changes further described below.</p> <p>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).</p>	Behavioral Health Administration (BHA), CDPHE	<p><b>Behavioral Health Reform Changes:</b></p> <ul style="list-style-type: none"> <li>July 1, 2022: BHA is officially established. All community-based programs transfer from CDHS to the BHA.</li> <li>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.</li> <li>July 1, 2025: The BHA establishes the BHASOs</li> </ul> <p><b>Involuntary Commitment Changes:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Jan. 1, 2023: BHA must report if they have the capacity to support EDs with appropriate placement options.</li> <li>Jan. 1, 2023: Vast majority of the substantive changes related to hospitals go into effect. Rulemaking will now occur from January 2022 until November 2023 (changes were originally scheduled to go into effect July 1, 2023; however, CHA advocated to delay that timeline).</li> <li>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.</li> <li>July 1, 2025: First BHA required report.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on HB 22-1256</a></li> <li><a href="#">CHA Issue Brief on HB 23-1236</a></li> <li><a href="#">BHA Fact Sheet</a></li> <li><a href="#">HCPF/CDHS Q&amp;A for CHA Members</a></li> <li>BHA <a href="#">website</a></li> <li><a href="#">CHA Issue Brief on Behavioral Health Opportunities</a></li> </ul>

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<b>HB 23-1243: Hospital Community Benefit</b>	The bill adds reporting, enforcement, and stakeholder engagement requirements to the Hospital Community Benefit Program within HCPF.	HCPF	<ul style="list-style-type: none"> <li>Aug. 1, 2023: Effective date of the legislation.               <ul style="list-style-type: none"> <li>Note: Hospitals are not expected to report in 2023 consistent with the new requirements; the first reporting window will begin in 2024. However, HCPF does expect hospitals to begin integrating the clear community engagement directives (e.g., how to invite the community) into community benefit activities moving forward.</li> </ul> </li> <li>Sept. 1, 2023: Latest date HCPF will begin stakeholder engagement prior to rulemaking.</li> <li>April 1, 2024: Rules will be available for hospitals to ensure compliance.</li> <li>July 1, 2024: Earliest reporting window that the rules will be in effect.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on HB 23-1243</a></li> <li><a href="#">CHA Regulatory Page</a></li> <li><a href="#">HCPF Community Benefit Page</a></li> <li><a href="#">Catholic Health Association Community Benefit Resource Index</a></li> </ul>
<b>HB 23-1295: Audits of Departments of Health Care Policy and Financing Payments to Providers</b>	The bill makes several changes to reviews and audits of payments to providers by HCPF and associated processes to recover overpayments or reimburse providers for underpayments.	HCPF	<ul style="list-style-type: none"> <li>June 2, 2023: Effective Date</li> <li>Aug. 3, 2023: HCPF Quarterly Provider Meeting</li> <li>Nov. 2, 2023: HCPF Quarterly Provider Meeting</li> <li>Feb. 1, 2024: HCPF Quarterly Provider Meeting</li> <li>May 2, 2024: HCPF Quarterly Provider Meeting</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA one-pager on the legislation</a></li> <li><a href="#">CHA Issue Brief on HB 23-1295</a></li> <li><a href="#">HCPF RAC page</a></li> <li><a href="#">CHA RAC Regulatory Page</a></li> </ul>
<b>HB 21-1198: Health-care Billing Requirements for Indigent Patients</b>  <b>HB 22-1403 Extend HB 21-1198 Implementation Date 3 Months</b>	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.	HCPF	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Sept. 1, 2022: Health facilities must make information developed by HCPF regarding patients' rights available to the public and each patient.</li> <li>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.</li> <li>Sept. 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.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Hospital Discounted Care Regulatory Page</a></li> <li><a href="#">HCPF Hospital Discounted Care Page</a></li> </ul>
<b>PRIORITY 2</b>				
<i>9 Priority 2 efforts as of July 10, 2023</i>				
<b>SB 23-252: Medical Price Transparency And</b>  <b>HB 22-1285: Prohibit Collection Hospital Not Disclosing Prices</b>	SB 23-252 requires hospitals to publicly post their Medicare reimbursement rates. HCPF will conduct audits and performance assessments for hospital adherence to federal price transparency rules as well as provide technical assistance to hospitals to improve performance.  HB 22-1285 prohibits hospitals that are not in compliance with hospital price transparency regulations from referring, assigning, or selling medical debt to a	HCPF	<ul style="list-style-type: none"> <li>Aug. 10, 2022: All hospitals except for critical access hospitals must comply with HB 22-1285.</li> <li>Feb. 15, 2023: Critical access hospitals must comply with HB 22-1285.</li> <li>Oct. 1, 2023: Hospitals must publicly post the hospital's Medicare reimbursement rates.</li> <li>Feb. 1, 2024: HCPF will create and maintain a publicly available list of hospitals that are found to be non-compliant with federal hospital price transparency rules.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on HB 22-1285</a></li> <li><a href="#">CHA Issue Brief on SB 23-252</a></li> </ul>

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	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.			
<b>HB 23-1224: Standardized Health Benefit Plan</b>  <b>HB 21-1232: Standardized Health Benefit Plan Colorado Option</b>	<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>HB 23-1224 makes a few changes to the Colorado Option, such as changing the rate filing and disclosure requirements.</p>	Department of Regulatory Agencies (DORA)	<ul style="list-style-type: none"> <li>Plan Year 2023: Carriers must offer standardized plans 5 percent less than 2021 plan premiums.</li> <li>Summer 2023: Colorado Option Public Hearings, schedule can be found <a href="#">here</a>.</li> <li>Plan Year 2024: Carriers must offer standardized plans 10 percent less than 2021 plan premiums.</li> <li>Plan Year 2025: Carriers must offer standardized plans 15 percent less than 2021 plan premiums.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Regulatory Page</a></li> </ul>
<b>HB 23-1226: Hospital Transparency and Reporting Requirements</b>	The bill adds information to be disclosed by hospitals for the hospital expenditure report and allows HCPF to enforce data collection procedures through fines. Additionally, the bill places disclosure requirements on hospitals.	HCPF	<ul style="list-style-type: none"> <li>Aug. 7, 2023: HCPF gains the authority to start collecting the additional reporting elements for the annual report as well as the quarterly reporting. HCPF will undertake rulemaking this summer to develop regulations around how hospitals will submit this information.</li> <li>July 1, 2024: One-time report on past financial data due to HCPF.</li> <li>July 1, 2024: Bills sent to patients must follow industry standard billing practices.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on HB 23-1226</a></li> </ul>
<b>HB 23-1269: Extended Stay and Boarding Patients</b>	The bill enacts measures to better understand the behavioral health needs of children and youth.	HCPF, CDHS, BHA	<ul style="list-style-type: none"> <li>Sept. 1, 2023: Hospitals begin reporting information on extended stay and boarding patients to the BHA.</li> <li>Oct. 1, 2023: HCPF payment report and CDHS incentive pool report are due.</li> <li>Oct. 1, 2024: Hospital reporting requirements end.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on HB 23-1269</a></li> </ul>
<b>HB 22-1244: Public Protections from Toxic Air Contaminants</b>	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"> <li>Oct. 1, 2022: CDPHE must public an initial list of toxic air contaminants.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>July 1, 2025 (and annually thereafter): CDPHE must solicit public feedback on the Toxic Air Contaminant Monitoring Program.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>CDPHE website page for implementing HB 22-1244 <a href="#">here</a></li> <li>Initial List of Toxic Air Contaminants <a href="#">here</a></li> </ul>



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			<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Sept. 30, 2030 (every five years thereafter): The commission must update the list of toxic air contaminants.</li> </ul>	
<b>HB 22-1326: Fentanyl Accountability and Prevention</b>	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"> <li>July 1, 2022: HCPF will reimburse hospitals or emergency departments for discharging Medicaid patients at risk of overdose with an opioid antagonist prescription.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Rule establishing HCPF reimbursement for opioid antagonist prescription <a href="#">here</a></li> </ul>
<b>HB 22-1401: Hospital Nurse Staffing Standards</b>	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"> <li>July/August 2022: The state Board of Health will adopt emergency rules necessary for implementation.</li> <li>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.</li> <li>Fall 2022: The state Board of Health will adopt final rules necessary for implementation. <b>2023 Update:</b> The final rules were adopted on April 19, 2023.</li> <li>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"> <li><a href="#">2023 Report</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on HB 22-1401</a></li> <li><a href="#">CHA Regulatory Page</a></li> <li>Finalized Rules:               <ul style="list-style-type: none"> <li><a href="#">6 CCR 1009-5</a></li> <li><a href="#">6 CCR 1011-1, Chapter 4</a></li> <li><a href="#">6 CCR 1011-1, Chapter 2</a></li> <li><a href="#">6 CCR 1009-1</a></li> </ul> </li> </ul>
<b>HB 21-1085: Secure Transportation Behavioral Health Crisis</b>	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"> <li>July 1, 2022: CDPHE's Board of Health shall adopt rules establishing the minimum requirements for transportation services. <b>2022 Timeline Note:</b> Rules were <a href="#">adopted</a> at state Board of Health Meeting on June 15, 2022.</li> <li>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.</li> <li>Jan. 1, 2023: On or before this date, HCPF shall create a secure transportation services benefit.</li> <li>July 1, 2023: HCPF must implement its secure transportation services benefit.</li> <li>2023: The Office of Behavioral Health (OBH) must include certain information on secure transportation services in its 2023 SMART Act Hearing.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">HCPF Secure Transportation Webpage</a></li> </ul>

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<b>HB 21-1286: Energy Performance for Buildings</b>	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"> <li>By Oct. 1, 2021: Convene Building Performance Standards (BPS) task force to develop recommendations. <b>2022 Timeline Note:</b> Task force information <a href="#">here</a>.</li> <li>Oct. 1, 2022: Recommendations due to the Colorado Energy Office (CEO).</li> <li>Dec. 1, 2022: Building owners must submit benchmarking info to CEO (and every June 1 thereafter).</li> <li>Jan. 31, 2023: Air Quality Control Commission (AQCC) to adopt recommendations as rules if they garner two-thirds approval of taskforce.</li> <li>May 1, 2023: Deadline for AQCC to promulgate rules. <b>2023 Timeline Note:</b> Rulemaking hearing has been delayed until August.</li> <li>Jan. 1, 2024: Benchmarking compliance begins; reassessments occur every five years thereafter.</li> <li>2029: AQCC may expand benchmarking to buildings smaller than 50,000 square feet.</li> </ul>	<p>The CEO has a number of resources available including:</p> <ul style="list-style-type: none"> <li>Workshop <a href="#">recordings</a></li> <li><a href="#">Preliminary covered building list spreadsheet</a></li> <li><a href="#">Spreadsheet</a> template compatible with ENERGY STAR Portfolio Manager</li> </ul> <p>BPS Task Force <a href="#">website</a></p> <ul style="list-style-type: none"> <li>Draft recommendations <a href="#">here</a></li> <li>Recordings of public meetings <a href="#">here</a></li> </ul> <p>Draft regulations <a href="#">here</a></p>
<b>PRIORITY 3</b>				
<i>41 Priority 3 efforts as of July 10, 2023</i>				
<b>SB 23-002: Medicaid Reimbursement for Community Health Services</b>	The bill requires HCPF to seek federal approval for Medicaid to pay for services provided by community health workers and to implement the new coverage once federal approval is granted.	HCPF	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> <li>July 1, 2024: Deadline for HCPF to seek federal authorization from CMS to provide reimbursement for community health services.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on SB 23-002</a></li> </ul>
<b>SB 23-020: Timely Certified Death Certificates</b>	The bill changes the timeframe required for a funeral director to file a certificate of death from 5 days to 72 hours. Additionally, CDPHE must provide a certified death certificate to a qualified applicant within 72 hours.	CDPHE	<ul style="list-style-type: none"> <li>March 1, 2024: Physicians must be registered to use the electronic death registration system and complete medical certification in timely manner.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on SB 23-020</a></li> </ul>
<b>SB 23-040: Staffing Agency CAPS Checks</b>	The bill requires staffing agencies to perform CAPS checks and provide results to the employer for any employee provided who will work with at-risk adults, starting Jan.1, 2024.	DHS	<ul style="list-style-type: none"> <li>Jan. 1, 2024: Effective date.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on SB 23-040</a></li> </ul>
<b>SB 23-064: Continue Office of the Public Guardianship</b>	The bill expands the Office of Public Guardianship (OPG) to provide services in all judicial districts.	OPG	<ul style="list-style-type: none"> <li>July 1, 2025: OPG must begin operating in additional judicial districts.</li> <li>Dec. 1, 2030: OPG must operate in all judicial districts.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on SB 23-064</a></li> <li><a href="#">Colorado OPG Page</a></li> </ul>
<b>SB 23-068: Operations of County Public Hospitals</b>	Under current law, a board of county commissioners may establish a public hospital board of trustees, levy an annual tax, and maintain a public hospital in the county. This bill clarifies that any debt incurred by the hospital is	CDPHE	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> </ul>	

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	an obligation of the county hospital, not the county commissioners.			
<b>SB 23-105: Ensure Equal Pay for Equal Work</b>	The bill requires the Colorado Department of Labor and Education to investigate and take enforcement action regarding complaints alleging violations of state pay equity laws and makes updates to job posting and employee notification requirements for employers when hiring and promoting staff, including to specify that such posting and notices are not required in instances of career development or career progression.	CDLE	<ul style="list-style-type: none"> <li>Jan. 1, 2024: Effective date; employer disclosure requirements go into effect.</li> <li>Jul. 1, 2024: Process for complaint mediation goes into effect.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on SB 23-105</a></li> </ul>
<b>SB 23-170: Extreme Risk Protection Order Petitions</b>	The bill allows community members, educators, licensed health care professionals, mental health professionals, and district attorneys to petition for an extreme risk protection order.	CDPHE, DPS	<ul style="list-style-type: none"> <li>April 28, 2023: Effective date.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on SB 23-170</a></li> </ul>
<b>SB 23-298: Allow Public Hospital Collaboration Agreements</b>	The bill exempts hospitals with fewer than 50 beds from select antitrust requirements for the purpose of improving health care access in rural or frontier communities.	HCPF	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on SB 23-298</a></li> </ul>
<b>SB 23-017: Additional Uses Paid Sick Leave</b>	The bill adds new uses for accrued paid sick leave.	CDLE	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> </ul>	
<b>SB 23-031: Improve Health Care Access for Older Coloradans</b>	The bill creates the Colorado multidisciplinary health-care provider access training program to improve the health care of medically complex, costly, compromised, and vulnerable older Coloradans.	CDHE	<ul style="list-style-type: none"> <li>July 1, 2023: Committee required to convene.</li> <li>July 1, 2025: Legislative and regulatory recommendations report due to the Senate Health and Human Services committee and the House Health and Insurance Committee.</li> </ul>	
<b>SB 23-046: Average Weekly Wage Paid Leave Benefits</b>	The bill modifies the calculation of family and medical leave benefits by calculating the benefit amounts on all jobs worked in the base period instead of only the jobs from which the employee is taking leave.	CDLE	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> </ul>	
<b>SB 23-058: Job Application Fairness Act</b>	The bill prohibits employers from inquiring about a prospective employee's age on an employment application.	CDLE	<ul style="list-style-type: none"> <li>July 1, 2023: Date that employers cannot request age information on an employment application.</li> </ul>	

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources
<b>SB 23-111: Public Employees Workplace Protection</b>	The bill establishes certain rights for public employees and associated enforcement procedures.	CDLE	<ul style="list-style-type: none"> <li>July 1, 2024: CDLE has the authority to adjudicate unfair labor practice charges and issue decisions.</li> <li>November 2024: If a referendum petition is filed then the act, item, section, or part will not take effect unless approved by the people at the general election and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.</li> </ul>	
<b>SB 23-172: Protecting Opportunities and Workers Rights Act</b>	The bill makes changes to state law regarding discriminatory and unfair labor practices, and non-disclosure agreements.	CDLE	<ul style="list-style-type: none"> <li>June 6, 2023: Effective date.</li> </ul>	
<b>SB 23-182: Temporary Suspension of Medicaid Requirements</b>	The bill suspends various statutory requirements related to enrollment and cost sharing for Medicaid and other state health programs in line with federal law.	HCPF	<ul style="list-style-type: none"> <li>May 31, 2023: HCPF stops providing coverage for the testing and treatment of COVID-19 for uninsured individuals.</li> <li>June 1, 2024: Suspension ends for HCPF to disenroll a woman receiving medical assistance 60 days after a pregnancy.</li> <li>June 1, 2024: Suspension ends for HCPF to disenroll a child at one year of age who was eligible to receive medical assistance at birth.</li> <li>June 1, 2024: Suspension ends for HCPF to disenroll former foster care children.</li> <li>June 1, 2024: Suspension ends for HCPF to disenroll an individual receiving medical assistance prior to HCPF their next annual review for eligibility.</li> <li>June 1, 2024: HCPF resumes routine operations.</li> <li>June 1, 2024: Suspension ends for HCPF to disenroll an individual enrolled in the medical assistance program who reaches 65 years of age.</li> </ul>	
<b>SB 23-222: Medicaid Pharmacy and Outpatient Services Copayment</b>	The bill removes the requirement that Medicaid recipients pay a copayment for pharmacy and outpatient services.	HCPF	<ul style="list-style-type: none"> <li>April 20, 2023: Effective date.</li> </ul>	
<b>SB 23- 265: Prohibit Professional Discipline for Marijuana</b>	The bill limits the consideration of civil or criminal judgments based solely on the consumption, possession, cultivation, or processing of marijuana during professional licensure applications and disciplinary actions.	DORA	<ul style="list-style-type: none"> <li>May 24, 2023: Effective date.</li> </ul>	
<b>HB 23-1077: Informed Consent to Intimate Patient Examinations</b>	The bill requires health professionals, students, and trainees to obtain informed consent from sedated or unconscious patients before performing intimate examinations.	CDPHE	<ul style="list-style-type: none"> <li>Jan 1, 2024: Prevents health providers from performing intimate examinations on sedated or unconscious patients without explicit informed consent.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on HB 23-1077</a></li> </ul>
<b>HB 23-1218: Health Facility Patient Information Denied Service</b>	The bill requires certain health care facilities to submit data on service availability, including how frequently specific services are denied for non-medical reasons, to CDPHE. CDPHE must then develop forms to relay this	CDPHE	<ul style="list-style-type: none"> <li>Aug. 1, 2024: CDPHE must develop service availability form.</li> <li>Oct. 1, 2024: CDPHE must post service availability forms online, hospitals must provide service availability forms at the time of scheduling.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on HB 23-1218</a></li> </ul>



Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources
	information to the public by Aug.1, 2024, and every two years thereafter.			
<b>HB 23-1005: New Energy Improvement Program Changes</b>	The bill expands the Commercial Property Assessed Clean Energy Program and modifies notification requirements when special assessments are levied under the program.	Local Government	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> </ul>	
<b>HB 23-1006: Employer Notice of Income Tax Credits</b>	The bill requires employers to notify their employees annually of the availability of certain federal and state tax credits.	DOR	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> <li>Jan. 1, 2024: Employee notification requirement regarding the earned income tax credit, the federal child tax credit, and the state child tax credit goes into effect for the next year (annual notice required).</li> </ul>	
<b>HB 23-1030: Prohibit Direct Hire Free Health Care Staff Agency</b>	The bill prohibits a health-care staffing agency from seeking compensation when a contracted employee is hired as a permanent employee to a health-care facility.	Judicial Department	<ul style="list-style-type: none"> <li>May 1, 2023: Effective date.</li> </ul>	
<b>HB 23-1057: Amenities for All Genders in Public Buildings</b>	The bill requires that any new construction or restroom renovation of a qualifying public building owned, operated, or controlled by the state, a county, or a municipality must include certain amenities regarding restrooms. This bill also includes new signage requirements for restrooms in public buildings. It applies to publicly accessible buildings by Jan. 1, 2024, and buildings accessible by employees or enrolled students by July 1, 2025.	DPA	<ul style="list-style-type: none"> <li>Jan. 1, 2024: Requirement for restrooms in public buildings scheduled for renovation to include non-gendered restroom stalls and a baby diaper changing station goes into effect.</li> <li>July 1, 2024: Signage requirements for all public buildings go into effect.</li> <li>July 1, 2025: Requirement for restrooms in new construction/ scheduled renovation buildings accessible to employees or enrolled students go into effect.</li> </ul>	
<b>HB 23-1076: Workers Compensation</b>	This bill modifies workers' compensation benefits and creates additional avenues to prehearings at the Division of the Independent Medical Examiner.	CDLE	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> </ul>	
<b>HB 23-1116: Contracts Between Carriers and Providers</b>	The bill requires carriers that process payments for health care providers to offer certain payment method options and places restrictions on processing fees.	DOI	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> </ul>	

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources
<b>HB 23-1200: Improved Outcomes Persons Behavioral Health</b>	The bill requires the Behavioral Health Administration to develop a family input process for behavioral health entities and Medicaid providers.	BHA	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> </ul>	
<b>HB 23-1244: Regional Health Connector Program</b>	The bill recreates the Regional Health Connector Program under CDPHE and requires that \$2 million be appropriated for the program. Under the program, regional health connectors receive funding to help coordinate health care across organizations, including community organizations.	CDPHE	<ul style="list-style-type: none"> <li>Aug. 7, 2023: Effective date.</li> </ul>	
<b>SB 22-226: Programs to Support Health Care Workforce</b>	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"> <li>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.</li> <li>2022-23 Academic Year: The In-Demand Short-Term Health Care Credentials Program must begin.</li> <li>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.</li> <li>Sept. 1, 2027: The In-Demand Short-Term Health Care Credentials Program is repealed.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on SB 22-226</a></li> <li><a href="#">CDPHE CO-CARES Website</a></li> </ul>
<b>SB 22-210: License Supplemental Health Care Staffing Agencies</b>	The bill requires CDPHE to license supplemental health care staffing agencies that employ nurses, nurse aides, physical and occupational therapists, physical therapists, and occupational therapy assistants.	CDPHE, HCPF, CDLE	<ul style="list-style-type: none"> <li>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.</li> <li>Oct. 1, 2022: Each supplemental health care staffing agency must maintain detailed data on direct and indirect owners.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Reporting</a></li> </ul>

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources
			<ul style="list-style-type: none"> <li>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.</li> </ul>	
<b>SB 22-172: Colorado Rural Health Care Workforce Initiative</b>	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 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).	DHE	<ul style="list-style-type: none"> <li>Nov. 1, 2023 (an annually thereafter): The Rural Program Office must submit a report to the General Assembly concerning the initiative.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on SB 22-172</a></li> </ul>
<b>SB 22-177: Investments in Care Coordination Infrastructure</b>	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"> <li>July 1, 2024: BHA must develop a statewide care coordination infrastructure.</li> <li>January 2025 (and each year thereafter): HCPF must assess the care coordination services provide by managed care entities and provide a report.</li> </ul>	
<b>SB 22-200: Rural Provider Access and Affordability Stimulus Grant Programs</b>	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"> <li>Aug. 1, 2022: HCPF must appoint an advisory committee to make recommendations on the administration of the grant program and selection of grant recipients.</li> <li>Sept. 1, 2022: The advisory committee must convene its first meeting sometime in August. Meetings must be held at least twice per year.</li> <li>Dec. 31, 2022: HCPF must adopt guidelines for the program and the State Board must promulgate rules as necessary for administration of the program. <b>2023 Update:</b> Grant applications were due on May 8, 2023.</li> <li>July 2024: All grant funds must be distributed to qualified rural providers.</li> <li>July 1, 2025: The program is repealed.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on SB 22-200</a></li> <li><a href="#">Grant Program Final Rules</a></li> <li><a href="#">HCPF Webpage on the Grant Program</a></li> </ul>
<b>HB 22-1050: International Medical Graduate Integrate Health Care Workforce</b>	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"> <li>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.</li> <li>Jan. 1, 2024: The Program Administrator of the Clinical Readiness Program must develop and implement the program.</li> <li>Jan. 1, 2025 (and each year thereafter): The Program Director must submit a report regarding the clinical program to CDLE and DORA.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Fact Sheet</a></li> </ul>

Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources
<b>HB 22-1114: Transportation Services for Medicaid Waiver Recipients</b>	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"> <li>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.</li> <li>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.</li> </ul>	
<b>HB 22-1115: Prescription Drug Monitoring Program</b>	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"> <li>July 1, 2023: Each pharmacist must attest that they are in compliance with the Drug Enforcement Agency's (DEA) requirements to renew their license.</li> <li>July 1, 2024: Each prescriber must attest that they are in compliance with DEA requirements to renew their license.</li> <li>July 1, 2024: DORA can solicit applications from public and private integration organizations to integrate the program with electronic medical records.</li> </ul>	
<b>HB 22-1240: Mandatory Reporters</b>	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"> <li>Dec. 1, 2022: Appointments to the Mandatory Reporter Task Force must be made.</li> <li>Jan. 1, 2023: The task force must convene for the first meeting and meet bimonthly until the report is submitted.</li> <li>Jan. 1, 2024: The task force must submit its first-year status report to the General Assembly and HCPF.</li> <li>Jan. 1, 2025: The task force must submit its final report.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Mandatory Reporter Task Force</a></li> </ul>
<b>HB 22-1284: Health Insurance Surprise Billing Protections</b>	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"> <li>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.</li> <li>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.</li> <li>July 1, 2023: The work group must submit a report to DOI with final recommendations.</li> <li>July 31, 2023: The work group will be repealed.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">CHA Issue Brief on HB 22-1284</a></li> <li><a href="#">DOI NSA Webinar Recording</a></li> <li>Finalized regulations:</li> <li><a href="#">4-2-88</a></li> <li><a href="#">4-2-89</a></li> <li><a href="#">4-2-67</a></li> </ul>
<b>HB 22-1289: Health Benefits for Colorado Children and Pregnant Persons</b>	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"> <li>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.</li> <li>Jan. 1, 2024: Special insurance enrollment period begins for individuals who do not have existing insurance coverage when they become pregnant.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Lactation benefit information</a></li> </ul>



Bill #	Bill Summary	State Agencies	Implementation Timeline	Resources
<b>HB 22-1303: Increase Residential Behavioral Health Beds</b>	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"> <li>July 1, 2022: Mental health residential facilities must be licensed by CDHS or CDPHE with some exceptions.</li> <li>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.</li> <li>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.</li> <li>Dec. 30, 2024: CDHS must obligate money appropriated for the renovation of the Colorado Mental Health Institute at Fort Logan.</li> <li>Dec. 30, 2026: CDHS must spend all money appropriated for the renovation of the Colorado Mental Health Institute at Fort Logan.</li> </ul>	
<b>HB 22-1355: Producer Responsibility Program for Recycling</b>	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"> <li>Dec. 31, 2022: CDPHE appoints 15-member advisory board. <b>2023 Update:</b> The advisory board and meetings can be found <a href="#">here</a>.</li> <li>March 1, 2023: First meeting of the advisory board.</li> <li>June 1, 2023: CDPHE designates the producer responsibility organization (PRO). <b>2023 Update:</b> CDPHE <a href="#">designated</a> Circular Action Alliance as the PRO.</li> <li>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.</li> <li>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.</li> <li>Jan. 1, 2025: Producers begin payment producer responsibility dues.</li> <li>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.</li> <li>March 31, 2027 (and annually thereafter): The PRO begins annual reporting to the advisory board and the CDPHE describing progress of the program.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Implementation Timeline</a></li> <li><a href="#">FAQs</a></li> <li><a href="#">Program Website</a></li> </ul>
<b>SB 21-137: Behavioral Health Recovery Act</b>	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"> <li>July 23, 2021: All members of the Behavioral Health Transformational Task Force Subpanel must be appointed. <b>2022 Timeline Note:</b> Find information on the task force <a href="#">here</a>.</li> <li>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. <b>2022 Timeline Note:</b> FY 20-21 Q3 <a href="#">Report</a>; FY 20-21 Q4 <a href="#">Report</a>; FY 21-22 Q1 <a href="#">Report</a></li> <li>Jan 1, 2022: MCE contract changes effective.</li> <li>July 11, 2022: Behavioral Health Transformational Task Force finalizes <a href="#">recommendations</a>.</li> <li>July 1, 2022: HCPF contracts with vendor for audits.</li> <li>Dec. 1, 2022: Audit results must be made available and, on this date, annually thereafter.</li> <li>July 1, 2023: HCPF shall contract with one or more independent review organizations to conduct external medical reviews; data collection system must be developed.</li> <li>Aug. 1, 2026: HCPF must contract with vendor to evaluate program results.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">HCPF Webpage</a></li> </ul>