First Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO

ENGROSSED
This Version Includes All Amendments Adopted on Second Reading in the House of Introduction

LLS NO. 25-0720.01 Owen Hatch x2698 **SENATE BILL 25-226**

SENATE SPONSORSHIP

Amabile and Kirkmeyer, Bridges

HOUSE SPONSORSHIP

Bird and Taggart, Sirota

Senate Committees
Appropriations

House Committees

A BILL FOR AN ACT

CONCERNING AN EXTENSION OF THE RENAMED COMPLEMENTARY AND INTEGRATIVE MEDICINE PROGRAM FOR A PERSON WITH A PRIMARY CONDITION RESULTING IN A TOTAL INABILITY FOR INDEPENDENT AMBULATION, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov/.)

Joint Budget Committee. There is a pilot program for complementary and alternative medicine for disabled people. The bill

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

SENATE
2nd Reading Unamended
April 2, 2025

changes the name of the program to the "complementary and integrative medicine program". The bill extends the program and clarifies that the program covers persons with a primary condition of multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy, when one of these diagnoses directly results in a total inability for independent ambulation.

The bill makes an appropriation.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, 25.5-6-1201, **amend** (1) as follows:

25.5-6-1201. Legislative declaration - repeal. (1) The general assembly finds that there may be a more effective way to deliver home- and community-based services to the elderly, blind, and disabled; to disabled children; and to persons with spinal cord injuries that allows for more self-direction in their care and a cost savings to the state. The general assembly also finds that every person who is currently receiving home- and community-based services does not need the same level of supervision and care from a licensed health-care professional in order to meet the person's care needs and remain living in the community. The general assembly, therefore, declares that it is beneficial to the elderly, blind, and disabled members of home- and community-based services, to members of the disabled children care program, and to members enrolled in the ~~spinal cord injury waiver pilot~~ COMPLEMENTARY AND INTEGRATIVE MEDICINE program for the state department to develop a service that would allow the members to receive in-home support.

SECTION 2. In Colorado Revised Statutes, **amend** 25.5-6-1301 as follows:

25.5-6-1301. Legislative declaration. (1) The general assembly finds that:

(a) A person LIVING with a spinal cord injury, MULTIPLE SCLEROSIS, A BRAIN INJURY, SPINA BIFIDA, MUSCULAR DYSTROPHY, OR CEREBRAL PALSY could benefit from complementary and ~~alternative~~ INTEGRATIVE medicine such as chiropractic care, massage therapy, or acupuncture; and

(b) Complementary and ~~alternative~~ INTEGRATIVE medicine could improve the quality of life and help reduce the need for continuous or more expensive procedures, medications, and hospitalizations for ~~a~~ AN ELIGIBLE person ~~with a spinal cord injury~~ and could allow ~~a~~ AN ELIGIBLE person ~~with a spinal cord injury~~ to be employed.

SECTION 3. In Colorado Revised Statutes, 25.5-6-1302, **amend** (1) and (3) as follows:

25.5-6-1302. Definitions. As used in this part 13, unless the context otherwise requires:

(1) "Complementary or ~~alternative~~ INTEGRATIVE medicine" means a form of diverse health-care services not provided for under this ~~article~~ ARTICLE 6 or article 4 or 5 of this ~~title~~ TITLE 25.5 prior to August 5, 2009, but authorized by the rules of the state board adopted pursuant to section 25.5-6-1303 (4). The medicine is limited to chiropractic care, massage therapy, and acupuncture performed by licensed ~~or certified~~ providers.

(3) ~~"Pilot program"~~ "PROGRAM" means the ~~pilot~~ program authorized pursuant to section 25.5-6-1303 to allow an eligible person with a disability to receive complementary and ~~alternative~~ INTEGRATIVE medicine.

SECTION 4. In Colorado Revised Statutes, 25.5-6-1303, **amend** (1)(a), (2)(a), (2)(b) introductory portion, (2)(b)(II), (2)(b)(III), (2)(d), (3), (4), and (7); and **repeal** (2)(c) and (5) as follows:

25.5-6-1303. Complementary or integrative medicine - rules.

(1) (a) The general assembly authorizes the state department to implement a ~~pilot~~ program that would allow an eligible person with a disability to receive complementary or ~~alternative~~ INTEGRATIVE medicine to the extent authorized by federal waiver. ~~The pilot program may begin no later than January 1, 2012. The state department shall design and implement the pilot program with input from an advisory committee that must include, but need not be limited to, persons with spinal cord injuries who are receiving complementary or alternative medicine.~~ The state department may seek any federal waivers that may be necessary to implement this part 13.

(2) (a) The purpose of the ~~pilot~~ program is to expand the choice of therapies available to eligible persons with disabilities ~~to study the success of complementary and alternative medicine,~~ and to produce an overall cost savings for the state compared to the estimated expenditures that would have otherwise been spent for the same persons ~~with spinal cord injuries~~ absent the ~~pilot~~ program.

(b) In order to qualify and to remain eligible for the ~~pilot~~ program authorized by this section, a person ~~shall~~ MUST:

(II) Be willing to participate in the ~~pilot~~ program;

(III) Demonstrate a current need, as further defined in rule by the state board, for complementary or ~~alternative~~ INTEGRATIVE medicine; and

(c) ~~The state department shall implement subsection (2)(b) of this section no later than July 1, 2022.~~

(d) The ~~pilot~~ program is available to all eligible individuals in Colorado.

(3) The state department shall develop the accountability

requirements for the ~~pilot~~ program necessary to safeguard the use of public ~~moneys~~ MONEY and to promote effective and efficient service delivery.

(4) The state board shall adopt rules as necessary for the implementation and administration of the ~~pilot~~ program.

(5) ~~The state department shall cause to be conducted an independent evaluation of the pilot program to be completed no later than January 1, 2025. The state department shall provide a report of the evaluation to the health and human services committee of the senate and the public health care and human services committee of the house of representatives, or any successor committees. The report on the evaluation must include the following:~~

~~(a) The number of eligible persons with disabilities participating in the pilot program;~~

~~(b) The cost-effectiveness of the pilot program;~~

~~(c) Feedback from members and the state department concerning the progress and success of the pilot program;~~

~~(d) Any changes to the health status or health outcomes of the persons participating in the pilot program;~~

~~(e) Other information relevant to the success and problems of the pilot program; and~~

~~(f) Recommendations concerning the feasibility of continuing the pilot program beyond the pilot stage and changes, if any, that are needed.~~

(7) Unless the state department receives sufficient appropriations, the state department is not required to seek federal approval ~~or implement~~ FOR the ~~pilot~~ program.

SECTION 5. In Colorado Revised Statutes, **amend** 25.5-6-1304

as follows:

25.5-6-1304. Repeal of part. This part 13 is repealed, effective ~~September 1, 2025~~ SEPTEMBER 1, 2030.

SECTION 6. In Colorado Revised Statutes, 25.5-6-1403, **amend** (4) as follows:

25.5-6-1403. Waivers and amendments. (4) The state department shall seek federal authorization to implement a medicaid buy-in program for adults who are eligible to receive home- and community-based services pursuant to the supported living services waiver; the developmental disabilities waiver or its successor, part 4 of this article 6; the persons with brain injury waiver, part 7 of this article 6; and the ~~spinal cord injury waiver pilot~~ COMPLEMENTARY AND INTEGRATIVE MEDICINE program, part 13 of this article 6. The state department shall prepare and submit any requests necessary for federal approval not later than January 1, 2023, and shall implement the medicaid buy-in program pursuant to this subsection (4) not later than three months after receiving federal approval.

SECTION 7. Appropriation. (1) For the 2025-26 state fiscal year, $66,637 is appropriated to the department of health care policy and financing for use by the executive director's office. This appropriation is from the general fund. To implement this act, the office may use this appropriation as follows:

(a) $65,487 for personal services, which amount is based on an assumption that the office will require an additional 2.0 FTE; and

(b) $1,150 for operating expenses.

(2) For the 2025-26 state fiscal year, the general assembly anticipates that the department of health care policy and financing will

receive $66,637 in federal funds to implement this act, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year. The appropriation in subsection (1) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

(a) $65,487 for personal services; and

(b) $1,150 for operating.

(3) For the 2025-26 state fiscal year, $1,214,019 is appropriated to the department of health care policy and financing. This appropriation is from the general fund, which is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year. To implement this act, the department may use this appropriation for medical and long-term care services for medicaid eligible individuals.

(4) For the 2025-26 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive $1,214,019 in federal funds for medical and long-term care services for medicaid eligible individuals to implement this act. The appropriation in subsection (3) of this section is based on the assumption that the department will receive this amount of federal funds.

SECTION 8. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in

November 2026 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.