

**First Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO**

REENGROSSED

*This Version Includes All Amendments
Adopted in the House of Introduction*

LLS NO. 25-0720.01 Owen Hatch x2698

SENATE BILL 25-226

SENATE SPONSORSHIP

Amabile and Kirkmeyer, Bridges, Catlin

HOUSE SPONSORSHIP

Bird and Taggart, Sirota

Senate Committees

Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING AN EXTENSION OF THE RENAMED COMPLEMENTARY AND**
102 **INTEGRATIVE MEDICINE PROGRAM FOR A PERSON WITH A**
103 **PRIMARY CONDITION RESULTING IN A TOTAL INABILITY FOR**
104 **INDEPENDENT AMBULATION, AND, IN CONNECTION THEREWITH,**
105 **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
3rd Reading Unamended
April 3, 2025

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.

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

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

4 **25.5-6-1201. Legislative declaration - repeal.** (1) The general
5 assembly finds that there may be a more effective way to deliver home-
6 and community-based services to the elderly, blind, and disabled; to
7 disabled children; and to persons with spinal cord injuries that allows for
8 more self-direction in their care and a cost savings to the state. The
9 general assembly also finds that every person who is currently receiving
10 home- and community-based services does not need the same level of
11 supervision and care from a licensed health-care professional in order to
12 meet the person's care needs and remain living in the community. The
13 general assembly, therefore, declares that it is beneficial to the elderly,
14 blind, and disabled members of home- and community-based services, to
15 members of the disabled children care program, and to members enrolled
16 in the ~~spinal cord injury waiver pilot~~ COMPLEMENTARY AND INTEGRATIVE
17 MEDICINE program for the state department to develop a service that
18 would allow the members to receive in-home support.

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

21 **25.5-6-1301. Legislative declaration.** (1) The general assembly
22 finds that:

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

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

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

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

15 (1) "Complementary or ~~alternative~~ INTEGRATIVE medicine" means
16 a form of diverse health-care services not provided for under this ~~article~~
17 ARTICLE 6 or article 4 or 5 of this ~~title~~ TITLE 25.5 prior to August 5, 2009,
18 but authorized by the rules of the state board adopted pursuant to section
19 25.5-6-1303 (4). The medicine is limited to chiropractic care, massage
20 therapy, and acupuncture performed by licensed ~~or certified~~ providers.

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

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

1 **25.5-6-1303. Complementary or integrative medicine - rules.**

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

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

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

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

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

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

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

27 (3) The state department shall develop the accountability

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

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

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

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

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

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

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

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

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

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

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

1 as follows:

2 **25.5-6-1304. Repeal of part.** This part 13 is repealed, effective
3 ~~September 1, 2025~~ SEPTEMBER 1, 2030.

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

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

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

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

25 (b) \$1,150 for operating expenses.

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

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

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

7 (b) \$1,150 for operating.

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

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

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

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