



Fiscal Note
Legislative Council Staff
Nonpartisan Services for Colorado’s Legislature

SB 25-226: EXTENDING SPINAL & RELATED MED PROGRAM

Prime Sponsors:

Sen. Amabile; Kirkmeyer
Rep. Bird; Taggart

Fiscal Analyst:

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Bill Outcome: Signed into Law
Drafting number: LLS 25-0720

Version: Final Fiscal Note
Date: June 27, 2025

Fiscal note status: This final fiscal note reflects the enacted bill, which was recommended by the Joint Budget Committee as part of the FY 2025-26 budget package .

Summary Information

Overview. The bill extends a program for complementary and integrative health for eligible members with certain mobility impairments in the Department of Health Care Policy and Financing.

Types of impacts. The bill is projected to affect the following areas through FY 2030-31:

- State Expenditures

Appropriations. For FY 2025-26, the bill requires and includes an appropriation of \$2,561,312 to the Department of Health Care Policy and Financing.

Table 1
State Fiscal Impacts

Type of Impact ¹	Budget Year FY 2025-26	Out Year FY 2026-27
State Revenue	\$0	\$0
State Expenditures ²	\$2,598,294	\$2,598,294
Transferred Funds	\$0	\$0
Change in TABOR Refunds	\$0	\$0
Change in State FTE	2.0 FTE	2.0 FTE

¹ Fund sources for these impacts are shown in the table below.

² These impacts result from continuing a program scheduled to repeal and reflect the extension of current spending levels.

Table 1A
State Expenditures

Fund Source	Budget Year FY 2025-26	Out Year FY 2026-27
General Fund	\$1,280,656	\$1,280,656
Cash Funds	\$0	\$0
Federal Funds	\$1,280,656	\$1,280,656
Centrally Appropriated	\$36,982	\$36,982
Total Expenditures	\$2,598,294	\$2,598,294
Total FTE	2.0 FTE	2.0 FTE

Summary of Legislation

The Department of Health Care Policy and Financing (HCPF) currently operates the Complementary and Alternative Medicine Program, which offers chiropractic care, massage therapy, and acupuncture to Home and Community-Based Service (HCBS)-eligible members over the age of 18 who are living with a spinal cord injury, multiple sclerosis, brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability for independent ambulation.

The bill codifies the program's name as the Complementary and Integrative Health Program, and extends the repeal date from September 1, 2025 to September 1, 2030.

Background

The Complementary and Alternative Medicine Program began as a pilot program under House Bill 09-1047, and was available in specific Colorado counties to HCBS-eligible members over the age of 18 living with spinal cord injuries. The program was extended and expanded through Senate Bill 15-011 and further continued through Senate Bill 19-197, which also required an [independent evaluation](#). Most recently, [Senate Bill 21-038](#) expanded the program statewide and established the current eligibility criteria.

The current program's budget has already been excluded from the Long Bill, so the appropriation in the bill includes a full-year impact for FY 2025-26.

State Expenditures

Starting in FY 2025-26, the bill continues state expenditures of about \$2.6 million in the Department of Health Care Policy and Financing. These costs, split evenly between the General Fund and federal funds, are summarized in Table 2 and discussed below.

Table 2
State Expenditures
Department of Health Care Policy and Financing

Cost Component	Budget Year FY 2025-26	Out Year FY 2026-27
Personal Services	\$130,974	\$130,974
Operating Expenses	\$2,300	\$2,300
Medicaid Services	\$2,428,038	\$2,428,038
Centrally Appropriated Costs	\$36,982	\$36,982
Total Costs	\$2,598,294	\$2,598,294
Total FTE	2.0 FTE	2.0 FTE

Department of Health Care Policy and Financing

Starting in FY 2025-26, expenditures of about \$2.6 million and 2.0 FTE will continue in HCPF to maintain the program and cover long-term medical care services for eligible Medicaid members in the Complementary and Integrative Health Program. The program is eligible for a 50 percent federal match.

Centrally Appropriated Costs

Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. These costs, which may include employee insurance, supplemental employee retirement payments, indirect cost assessments, and other costs, are shown in Table 2.

Effective Date

The bill was signed into law by the Governor on May 20, 2025, and takes effect on August 6, 2025, assuming no referendum petition is filed.

State Appropriations

For FY 2025-26, the bill requires and includes an appropriation of \$2,561,312 to the Department of Health Care Policy and Financing split evenly between General Fund and federal funds, and 2.0 FTE.

State and Local Government Contacts

Health Care Policy and Financing

Joint Budget Committee Staff

The revenue and expenditure impacts in this fiscal note represent changes from current law under the bill for each fiscal year. For additional information about fiscal notes, please visit the [General Assembly website](#).