

NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.



HOUSE BILL 25-1176

BY REPRESENTATIVE(S) Stewart R., Bacon, Boesenecker, Bradley, Brown, Camacho, Clifford, Duran, English, Froelich, Garcia, Garcia Sander, Gilchrist, Hamrick, Jackson, Johnson, Joseph, Lieder, Lindsay, Lukens, Mabrey, McCormick, Rutinel, Rydin, Stewart K., Titone, McCluskie, Feret, Ricks, Valdez;
also SENATOR(S) Simpson and Michaelson Jenet, Amabile, Ball, Carson, Cutter, Daugherty, Exum, Frizell, Gonzales J., Jodeh, Kipp, Kirkmeyer, Marchman, Mullica, Pelton B., Pelton R., Roberts, Winter F.

CONCERNING MEASURES TO REDUCE THE STIGMA OF BEHAVIORAL HEALTH
TREATMENT FOR MEDICAL PRACTITIONERS.

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

SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

(a) Physicians and physician assistants experience significantly higher rates of suicide compared to the general public, with stigma surrounding mental health care as a major contributing factor;

(b) The Physicians Foundation reports that 80% of physicians

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

believe stigma exists around mental health care, and a substantial percentage of physicians and physician assistants fear professional repercussions if they seek mental health care;

(c) The COVID-19 pandemic exacerbated mental health challenges among health-care providers, with medical students and residents experiencing even greater mental health burdens than practicing physicians;

(d) Research by the Society of Teachers of Family Medicine indicates that mental health receives disproportionately greater scrutiny compared to physical health in licensure applications, which may deter health-care providers from seeking necessary treatment;

(e) The Federation of State Medical Boards, Federation of State Physician Health Programs, National Institute for Occupational Safety and Health, and American Medical Association all support efforts to remove stigmatizing questions about mental health diagnosis and treatment from medical licensing and credentialing applications;

(f) The Dr. Lorna Breen Heroes' Foundation has identified overly broad and invasive mental health questions in licensure applications as stigmatizing, discriminatory, and harmful to physician wellness and patient safety;

(g) A health-care provider's application or renewal questionnaire should not require the disclosure of personal medical or health information that is not relevant to the applicant's current ability to provide safe, competent, and ethical patient care;

(h) A health-care licensing application should not include questions seeking information about past health-related conditions that no longer impact a licensee's ability to practice safe, competent, and ethical patient care;

(i) Medical students and residents report that stigma and fear of disclosing treatment to a future employer or licensure body are prime reasons that they do not seek mental health care;

(j) At least 29 states have revised their licensure application language to align with best practices;

(k) More than 450 hospitals and health systems have revised their credentialing language to align with best practices; and

(l) The state of Colorado has an opportunity to reduce stigma and encourage health-care providers to seek care by modernizing its licensure and credentialing applications.

(2) Therefore, the general assembly declares that it is in the best interest of the people of Colorado to modernize the language in medical licensure and credentialing applications to support the well-being and safety of health-care providers and the public.

SECTION 2. In Colorado Revised Statutes, **amend** 12-240-115 as follows:

12-240-115. Applications for license. (1) Every person desiring a license to practice medicine shall make application to the board, the application to be verified by oath and to be in the form prescribed by the board. The application shall be accompanied by the license fee and the documents, affidavits, and certificates necessary to establish that the applicant possesses the qualifications prescribed by this article 240, apart from any required examination by the board. The burden of proof shall be upon the applicant, but the board may make such independent investigation as it may deem advisable to determine whether the applicant possesses the qualifications and whether the applicant has at any time committed any of the acts or offenses defined in this article 240 as unprofessional conduct.

(2) THE BOARD SHALL CONSIDER THE RECOMMENDATIONS OF THE FEDERATION OF STATE MEDICAL BOARDS, OR ITS SUCCESSOR ORGANIZATION, AND THE REQUIREMENTS OF THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101 ET SEQ., WHEN DEVELOPING THE APPLICATION QUESTIONS.

(3) THE APPLICATION MUST NOT REQUIRE THE DISCLOSURE OF PERSONAL MEDICAL OR HEALTH INFORMATION THAT IS NOT RELEVANT TO THE APPLICANT'S ABILITY AT THE TIME OF APPLICATION TO PROVIDE SAFE, COMPETENT, AND ETHICAL PATIENT CARE.

(4) THE APPLICATION MUST NOT INCLUDE QUESTIONS SEEKING INFORMATION ABOUT PAST HEALTH-RELATED CONDITIONS LISTED IN SECTION

12-30-108 (1)(a) THAT DO NOT IMPACT AN APPLICANT'S ABILITY TO PRACTICE SAFE, COMPETENT, AND ETHICAL PATIENT CARE AT THE TIME OF APPLICATION.

(5) THE BOARD SHALL PROVIDE INFORMATION IN THE APPLICATION ABOUT THE BOARD'S PEER HEALTH ASSISTANCE PROGRAM, THE APPLICANT'S ABILITY TO SELF-REFER TO THE PEER HEALTH ASSISTANCE PROGRAM AT ANY TIME, AND THE APPLICANT'S ABILITY TO SELF-REFER IN LIEU OF DISCLOSURE TO THE BOARD.

SECTION 3. In Colorado Revised Statutes, 12-30-108, **amend** (1), (2)(a), and (4)(a)(I)(E); **repeal** (4)(a)(II); and **add** (5) as follows:

12-30-108. Confidential agreement to limit practice - violation grounds for discipline - definition. (1) (a) If a licensee, registrant, or certificate holder has a CURRENT physical illness, physical condition, ~~or~~ behavioral ~~or~~ HEALTH DISORDER, mental health disorder, OR SUBSTANCE USE DISORDER that renders the person unable to practice the applicable health-care profession or occupation with reasonable skill and safety to patients or clients, the licensee, registrant, or certificate holder shall notify the regulator that regulates the person's profession or occupation of the physical illness, physical condition, ~~or~~ behavioral ~~or~~ HEALTH DISORDER, mental health disorder, OR SUBSTANCE USE DISORDER in a manner and within a period determined by the regulator.

(b) The regulator may require the licensee, registrant, or certificate holder to submit to an examination or refer the licensee, registrant, or certificate holder to a peer health assistance program, if one exists, to evaluate the extent of the CURRENT physical illness, physical condition, ~~or~~ behavioral ~~or~~ HEALTH DISORDER, mental health disorder, OR SUBSTANCE USE DISORDER and its effect on the licensee's, registrant's, or certificate holder's ability to practice with reasonable skill and safety to patients or clients.

(c) THIS SECTION DOES NOT REQUIRE THE DISCLOSURE OF A PHYSICAL ILLNESS, PHYSICAL CONDITION, BEHAVIORAL HEALTH DISORDER, MENTAL HEALTH DISORDER, OR SUBSTANCE USE DISORDER THAT NO LONGER IMPACTS A LICENSEE'S, REGISTRANT'S, OR CERTIFICATE HOLDER'S ABILITY TO PRACTICE THE APPLICABLE HEALTH-CARE PROFESSION OR OCCUPATION WITH REASONABLE SKILL AND SAFETY TO PATIENTS OR CLIENTS, AS DETERMINED BY A PEER HEALTH ASSISTANCE PROGRAM DESIGNATED AS A PROVIDER BY

THE BOARD.

(2) (a) Upon determining that a licensee, registrant, or certificate holder with a CURRENT physical illness, physical condition, ~~or~~ behavioral ~~or~~ HEALTH DISORDER, mental health disorder, OR SUBSTANCE USE DISORDER is able to render limited services with reasonable skill and safety to patients or clients, the regulator may enter into a confidential agreement with the licensee, registrant, or certificate holder in which the licensee, registrant, or certificate holder agrees to limit the person's practice based on the restrictions imposed by the physical illness, physical condition, ~~or~~ behavioral ~~or~~ HEALTH DISORDER, mental health disorder, OR SUBSTANCE USE DISORDER, as determined by the regulator.

(4) (a) This section does not apply to:

(I) The following health-care professionals:

(E) Nursing home administrators regulated pursuant to article 265 of this title 12. ~~or~~

(II) ~~A licensee, registrant, or certificate holder subject to discipline for habitual or excessive use or abuse of alcohol beverages, a habit-forming drug, or a controlled substance as defined in section 18-18-102 (5).~~

(5) AS USED IN THIS SECTION, "CURRENT" MEANS RECENTLY ENOUGH TO JUSTIFY A REASONABLE BELIEF THAT A HEALTH-RELATED CONDITION MAY HAVE AN ONGOING IMPACT ON AN INDIVIDUAL'S ABILITY TO PRACTICE MEDICINE. "CURRENT" IS NOT LIMITED TO THE DAY OF, OR A SPECIFIED TIME PERIOD, BUT REFERS TO CONDUCT THAT HAS OCCURRED RECENTLY ENOUGH TO INDICATE THE INDIVIDUAL IS ACTIVELY ENGAGED IN THE CONDUCT.

SECTION 4. In Colorado Revised Statutes, 12-240-130, **add** (2)(c) and (2)(d) as follows:

12-240-130. Renewal, reinstatement, reactivation - delinquency - fees - questionnaire. (2) (c) THE QUESTIONNAIRE MUST NOT REQUIRE THE DISCLOSURE OF PERSONAL MEDICAL OR HEALTH INFORMATION THAT IS NOT RELEVANT TO THE LICENSEE'S ABILITY AT THE TIME OF RENEWAL TO PROVIDE SAFE, COMPETENT, AND ETHICAL PATIENT CARE, AS DETERMINED BY A PEER HEALTH ASSISTANCE PROGRAM DESIGNATED AS A PROVIDER BY THE BOARD.

(d) THE QUESTIONNAIRE MUST NOT INCLUDE QUESTIONS SEEKING INFORMATION ABOUT PAST HEALTH-RELATED CONDITIONS LISTED IN SECTION 12-30-108 (1)(a) THAT DO NOT IMPACT A LICENSEE'S ABILITY TO PRACTICE SAFE, COMPETENT, AND ETHICAL PATIENT CARE AT THE TIME OF RENEWAL.

SECTION 5. In Colorado Revised Statutes, 12-240-121, **amend** (1)(e) and (1)(i) as follows:

12-240-121. Unprofessional conduct - definitions.

(1) "Unprofessional conduct" as used in this article 240 means:

(e) ~~Habitual or excessive use or abuse of alcohol, a habit-forming drug~~ THE USE OF A SUBSTANCE, INCLUDING ALCOHOL, AN ILLICIT DRUG, or a controlled substance as defined in section 18-18-102 (5), WHICH RESULTS IN THE INABILITY TO PRACTICE WITH REASONABLE JUDGMENT, SKILL, OR SAFETY;

(i) Failing to notify the board, as required by section 12-30-108 (1), of a CURRENT physical illness, physical condition, or behavioral, mental health, or substance use disorder that IMPAIRS THE LICENSEE'S JUDGMENT OR impacts the licensee's ability to perform a medical service with reasonable skill and safety to patients; failing to act within the limitations created by a CURRENT physical illness, physical condition, or behavioral, mental health, or substance use disorder that renders the licensee unable to perform a medical service with reasonable skill and safety to the patient; or failing to comply with the limitations agreed to under a confidential agreement entered into pursuant to sections 12-30-108 and 12-240-126. THIS SUBSECTION (1)(i) DOES NOT REQUIRE THE DISCLOSURE OF A PHYSICAL ILLNESS, PHYSICAL CONDITION, OR BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDER THAT NO LONGER IMPAIRS THE LICENSEE'S JUDGMENT OR IMPACTS THE LICENSEE'S ABILITY TO PERFORM A MEDICAL SERVICE WITH REASONABLE SKILL AND SAFETY TO PATIENTS, AS DETERMINED BY A PEER HEALTH ASSISTANCE PROGRAM DESIGNATED AS A PROVIDER BY THE BOARD.

SECTION 6. 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.

Julie McCluskie
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

James Rashad Coleman, Sr.
PRESIDENT OF
THE SENATE

Vanessa Reilly
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Esther van Mourik
SECRETARY OF
THE SENATE

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO