

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

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

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, Feret, Stewart K., Stewart R.

Senate Committees
Appropriations

House Committees
Appropriations

A BILL FOR AN ACT

101 **CONCERNING AN EXTENSION OF THE RENAMED COMPLEMENTARY AND**
102 **INTEGRATIVE HEALTH 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.

HOUSE
3rd Reading Unamended
April 10, 2025

HOUSE
Amended 2nd Reading
April 9, 2025

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, disabled children, and to persons with spinal cord injuries~~
8 ~~WHO ARE ELIGIBLE~~ that allows for more self-direction in their care and a
9 cost savings to the state. The general assembly also finds that every
10 person who is currently receiving home- and community-based services
11 does not need the same level of supervision and care from a licensed
12 health-care professional in order to meet the person's care needs and
13 remain living in the community. The general assembly, therefore, declares
14 that it is beneficial to the elderly, blind, and disabled members of home-
15 and community-based services, ~~to members of the disabled children care~~
16 ~~program,~~ and to members enrolled in the ~~spinal cord injury waiver pilot~~
17 COMPLEMENTARY AND INTEGRATIVE ~~HEALTH~~ program for the state
18 department to develop a service that would allow the members to receive
19 in-home support.

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

22 **25.5-6-1301. Legislative declaration.** (1) The general assembly

1 finds that:

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

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

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

15 **25.5-6-1302. Definitions.** As used in this part 13, unless the
16 context otherwise requires:

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

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

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

4 **25.5-6-1303. Complementary or integrative health - rules.**

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

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

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

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

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

27 (c) ~~The state department shall implement subsection (2)(b) of this~~

1 ~~section no later than July 1, 2022.~~

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

4 (3) The state department shall develop the accountability
5 requirements for the ~~pilot~~ program necessary to safeguard the use of
6 public ~~moneys~~ MONEY and to promote effective and efficient service
7 delivery.

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

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

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

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

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

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

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

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

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

4 **SECTION 5.** In Colorado Revised Statutes, **amend** 25.5-6-1304
5 as follows:

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

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

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

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

27 (a) \$65,487 for personal services, which amount is based on an

1 assumption that the office will require an additional 2.0 FTE; and

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

3 (2) For the 2025-26 state fiscal year, the general assembly
4 anticipates that the department of health care policy and financing will
5 receive \$66,637 in federal funds to implement this act, which amount is
6 subject to the "(I)" notation as defined in the annual general appropriation
7 act for the same fiscal year. The appropriation in subsection (1) of this
8 section is based on the assumption that the department will receive this
9 amount of federal funds to be used as follows:

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

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

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

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

24 **SECTION 8. Act subject to petition - effective date.** This act
25 takes effect at 12:01 a.m. on the day following the expiration of the
26 ninety-day period after final adjournment of the general assembly; except
27 that, if a referendum petition is filed pursuant to section 1 (3) of article V

1 of the state constitution against this act or an item, section, or part of this
2 act within such period, then the act, item, section, or part will not take
3 effect unless approved by the people at the general election to be held in
4 November 2026 and, in such case, will take effect on the date of the
5 official declaration of the vote thereon by the governor.