

Second Regular Session  
Seventy-fifth General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 26-0105.02 Chelsea Princell x4335

**HOUSE BILL 26-1002**

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**HOUSE SPONSORSHIP**

**Brown and Gilchrist,**

**SENATE SPONSORSHIP**

**Ball and Pelton B.,**

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**House Committees**  
Health & Human Services

**Senate Committees**

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**A BILL FOR AN ACT**

101     **CONCERNING MEASURES TO INCREASE PATIENT ACCESS TO**  
102         **BEHAVIORAL HEALTH PROVIDERS, AND, IN CONNECTION**  
103         **THEREWITH, EFFORTS TO ENHANCE PROVIDER PARTICIPATION**  
104         **IN HEALTH-CARE PROVIDER NETWORKS, REIMBURSEMENT OF**  
105         **PRELICENSED PROVIDERS WHO PROVIDE MENTAL HEALTH**  
106         **SERVICES UNDER THE SUPERVISION OF A LICENSED PROVIDER,**  
107         **AND DECREASING THE CLINICAL HOURS REQUIRED TO BECOME**  
108         **A LICENSED CLINICAL SOCIAL WORKER.**

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**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*

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.

[http://leg.colorado.gov.\)](http://leg.colorado.gov.)

If a health-care provider has not submitted a claim for a period of at least 6 months, the bill requires a commercial insurance carrier (carrier) to contact the provider to confirm the provider's participation in the carrier's provider network and to determine whether the provider is accepting new patients.

The bill includes mental health providers and substance use disorder providers as providers who may participate in a carrier's provider network and expedites the credentialing process for these providers.

The bill requires carriers to admit prelicensed providers into the carrier's network and to reimburse prelicensed providers for services rendered when provided under the supervision of a mental health provider or substance use disorder provider.

The bill requires a clinical social worker to complete 3,000 hours of post-master's supervised clinical practice over a period of between 2 and 5 years in order to be licensed.

The bill requires a managed care entity to contact providers enrolled in medicaid who have not submitted a claim for at least 6 months to confirm the provider's participation and to determine whether the provider is accepting new patients.

The bill expedites the medicaid enrollment process for mental health providers and substance use disorder providers who apply to participate in the medicaid program.

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

2             **SECTION 1.** In Colorado Revised Statutes, 10-16-704, **add**

3     (15.5) as follows:

4             **10-16-704. Network adequacy - required disclosures - balance**  
5             **billing - rules - legislative declaration - definitions.**

6             (15.5) (a)    A CARRIER SHALL CONFIRM THE NETWORK  
7     PARTICIPATION OF A PROVIDER WHO HAS NOT SUBMITTED A CLAIM FOR A  
8     PERIOD OF AT LEAST SIX MONTHS OR OTHERWISE COMMUNICATED WITH  
9     THE CARRIER IN A MANNER EVIDENCING THE PROVIDER'S INTENT TO  
10    CONTINUE PARTICIPATING IN THE CARRIER'S NETWORK AND FOR WHOM NO  
11    CHANGE IN PROVIDER STATUS IS REPORTED BY A NONPROFIT

1 ORGANIZATION THAT MAINTAINS PROVIDER CREDENTIALING  
2 INFORMATION.

3 (b) THE CARRIER SHALL CONTACT THE PROVIDER BY MAIL TO  
4 CONFIRM THE PROVIDER'S INTENT TO CONTINUE PARTICIPATING IN THE  
5 CARRIER'S PROVIDER NETWORK AND TO INQUIRE WHETHER THE PROVIDER  
6 IS ACCEPTING NEW PATIENTS. THE CARRIER SHALL UPDATE ITS  
7 DIRECTORIES, AS NECESSARY, WITHIN FIVE BUSINESS DAYS AFTER  
8 CONTACTING THE PROVIDER.

9 (c) IF THE PROVIDER FAILS TO RESPOND TO A CARRIER'S INQUIRY  
10 WITHIN THIRTY DAYS AFTER THE CARRIER CONTACTS OR ATTEMPTS TO  
11 CONTACT THE PROVIDER, THE CARRIER SHALL MAIL A FOLLOW-UP REQUEST  
12 TO THE PROVIDER BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. IF THE  
13 PROVIDER FAILS TO RESPOND TO THE CARRIER'S FOLLOW-UP REQUEST  
14 WITHIN THIRTY DAYS AFTER RECEIPT OF THE REQUEST, THE CARRIER MUST  
15 REMOVE THE PROVIDER FROM ITS CARRIER PROVIDER NETWORK AND  
16 UPDATE ITS DIRECTORIES, AS NECESSARY, WITHIN FIVE BUSINESS DAYS.

17 **SECTION 2.** In Colorado Revised Statutes, 10-16-705.7, **amend**  
18 (1)(a), (1)(b), (1)(d), (1)(j), (2)(c), (3)(a), (5), (6) introductory portion,  
19 (6)(b), (8)(a) introductory portion, (8)(a)(II), (8)(b), (8)(c), (9), (9.5), and  
20 (10); and **add** (1)(g.5), (1)(g.9), (1)(h.2), (1)(i.5), (1)(k), and (9.7) as  
21 follows:

22 **10-16-705.7. Timely credentialing of providers by carriers -**  
23 **notice of receipt required - notice of incomplete applications required**  
24 **- delegated credentialing agreements - discrepancies - denials of**  
25 **claims prohibited - disclosures - recredentialing - enforcement - rules**  
26 **- definitions.**

27 (1) As used in this section, unless the context otherwise requires:

5 (b) "Application" means an applicant's application to become  
6 credentialed by a carrier as a participating physician PROVIDER in at least  
7 one of the carrier's provider networks.

14 (g.5) "MENTAL HEALTH PROVIDER" MEANS A MENTAL HEALTH  
15 ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 OR MENTAL  
16 HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO ARTICLE 245  
17 OF TITLE 12, EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED  
18 PURSUANT TO ARTICLE 245 OF TITLE 12.

19 (g.9) "PARTICIPATING MENTAL HEALTH PROVIDER OR SUBSTANCE  
20 USE DISORDER PROVIDER" MEANS A MENTAL HEALTH PROVIDER OR  
21 SUBSTANCE USE DISORDER PROVIDER WHO IS CREDENTIALLED BY A CARRIER  
22 OR ITS DESIGNEE TO PROVIDE HEALTH-CARE ITEMS OR SERVICES TO  
23 COVERED PERSONS IN AT LEAST ONE OF THE CARRIER'S PROVIDER  
24 NETWORKS.

25 (h.2) "PARTICIPATING PROVIDER" MEANS A PARTICIPATING  
26 PHYSICIAN OR A PARTICIPATING MENTAL HEALTH PROVIDER OR  
27 SUBSTANCE USE DISORDER PROVIDER.



1 CALENDAR DAYS AFTER THE CARRIER'S RECEIPT OF THE APPLICATION.

2 (3) (a) (I) FOR AN APPLICANT WHO IS A PHYSICIAN, a carrier shall  
3 conclude the process of credentialing ~~an~~ THE applicant within sixty  
4 calendar days after the carrier receives the applicant's completed  
5 application.

6 (II) FOR AN APPLICANT WHO IS A MENTAL HEALTH PROVIDER OR  
7 SUBSTANCE USE DISORDER PROVIDER, A CARRIER SHALL CONCLUDE THE  
8 PROCESS OF CREDENTIALING THE APPLICANT WITHIN THIRTY CALENDAR  
9 DAYS AFTER THE CARRIER RECEIVES THE APPLICANT'S COMPLETED  
10 APPLICATION.

11 (5) (a) FOR A PARTICIPATING PHYSICIAN, a carrier shall correct  
12 discrepancies in its provider or network directory within thirty calendar  
13 days after receiving a report of the discrepancy from ~~a~~ THE participating  
14 physician. A participating physician shall notify a carrier of any change  
15 in the physician's name, address, telephone number, business structure, or  
16 tax identification number within fifteen business days after making the  
17 change.

18 (b) FOR A PARTICIPATING MENTAL HEALTH PROVIDER OR  
19 SUBSTANCE USE DISORDER PROVIDER, A CARRIER SHALL CORRECT  
20 DISCREPANCIES IN ITS PROVIDER OR NETWORK DIRECTORY WITHIN FIVE  
21 BUSINESS DAYS AFTER RECEIVING A REPORT OF THE DISCREPANCY FROM  
22 THE PARTICIPATING MENTAL HEALTH PROVIDER OR SUBSTANCE USE  
23 DISORDER PROVIDER. A PARTICIPATING MENTAL HEALTH PROVIDER OR  
24 SUBSTANCE USE DISORDER PROVIDER SHALL NOTIFY A CARRIER OF ANY  
25 CHANGE IN THE PROVIDER'S NAME, ADDRESS, TELEPHONE NUMBER,  
26 BUSINESS STRUCTURE, OR TAX IDENTIFICATION NUMBER WITHIN TEN  
27 BUSINESS DAYS AFTER MAKING THE CHANGE.

(6) A carrier ~~may~~ SHALL not deny a claim for a medically necessary covered service provided to a covered person if the service:

(b) Is provided by a participating physician PROVIDER who is in the CARRIER'S provider network for the carrier's health coverage plan and has concluded the carrier's credentialing process.

(8) (a) A carrier or its designee may recredential a participating physician PROVIDER if such recredentialing is:

(II) Permitted by the carrier's contract with the participating physician PROVIDER.

(b) A carrier shall not require a participating physician PROVIDER to submit an application or participate in a contracting process in order to be recredentialed.

(c) ~~Nothing in This subsection (8) affects~~ DOES NOT AFFECT the contract termination rights of a carrier or a participating physician PROVIDER.

(9) Except as described in subsection (8) of this section and as may be provided in a contract between a carrier and a participating physician PROVIDER, a carrier shall allow a participating physician PROVIDER to remain credentialed and include the participating physician PROVIDER in the carrier's health coverage plan provider network unless the carrier discovers information indicating that the participating physician PROVIDER no longer satisfies the carrier's guidelines for participation, in which case the carrier shall satisfy the requirements described in section 10-16-705 (5) before terminating the participating physician's PROVIDER'S participation in the CARRIER'S provider network.

(9.5) A carrier shall not refuse to credential an applicant or terminate a participating physician's PROVIDER'S participation in a

1 CARRIER's provider network based solely on the applicant's or  
2 participating physician's PROVIDER's provision of, or assistance in the  
3 provision of, a legally protected health-care activity, as defined in section  
4 12-30-121 (1)(d), in this state, so long as the care provided did not violate  
5 Colorado law.

6 (9.7) (a) A CARRIER SHALL ADMIT INTO THE CARRIER'S PROVIDER  
7 NETWORK A PRELICENSED PROVIDER THAT APPLIES FOR ADMISSION UNDER  
8 THE SUPERVISION OF A PARTICIPATING MENTAL HEALTH PROVIDER OR  
9 SUBSTANCE USE DISORDER PROVIDER AND MEETS REQUIREMENTS SET BY  
10 THE DIVISION.

11 (b) (I) A CARRIER SHALL REIMBURSE A PRELICENSED PROVIDER  
12 FOR PROVIDING MEDICALLY NECESSARY TREATMENT, AS DEFINED IN  
13 SECTION 10-16-104, TO A COVERED PERSON UNDER THE SUPERVISION OF  
14 A PARTICIPATING MENTAL HEALTH PROVIDER OR SUBSTANCE USE  
15 DISORDER PROVIDER IN ACCORDANCE WITH THE TERMS OF COVERAGE  
16 APPLICABLE TO THE PARTICIPATING MENTAL HEALTH PROVIDER OR  
17 SUBSTANCE USE DISORDER PROVIDER UNDER A HEALTH BENEFIT PLAN.

18 (II) IF A HEALTH BENEFIT PLAN OFFERS OUT-OF-NETWORK  
19 BENEFITS, THE CARRIER MUST REIMBURSE AN OUT-OF-NETWORK  
20 PRELICENSED PROVIDER FOR MEDICALLY NECESSARY TREATMENT, AS  
21 DEFINED IN SECTION 10-16-104, PROVIDED TO A COVERED PERSON UNDER  
22 THE SUPERVISION OF A PARTICIPATING MENTAL HEALTH PROVIDER OR  
23 SUBSTANCE USE DISORDER PROVIDER IN ACCORDANCE WITH THE TERMS OF  
24 COVERAGE APPLICABLE TO NONPARTICIPATING PROVIDERS UNDER THE  
25 HEALTH BENEFIT PLAN.

26 (c) THE DIVISION SHALL SET REQUIREMENTS FOR A CARRIER TO  
27 ADMIT A PRELICENSED PROVIDER INTO THE CARRIER'S PROVIDER NETWORK

1 AS DESCRIBED IN THIS SUBSECTION (9.7).

2 (10) The commissioner shall enforce this section and may  
3 promulgate such ADOPT rules as are necessary for the implementation of  
4 TO IMPLEMENT this section. Upon receiving more than one complaint  
5 from an applicant or a participating physician PROVIDER alleging a  
6 violation of this section by a carrier, the commissioner shall investigate  
7 the complaints. A carrier that fails to comply with this section or with any  
8 rules adopted pursuant to this section is subject to such civil penalties as  
9 THAT the commissioner may order pursuant to section 10-1-310.

10 **SECTION 3.** In Colorado Revised Statutes, 12-245-404, amend  
11 (2)(c); and **add** (2)(c.5) as follows:

12 **12-245-404. Qualifications - examination - licensure and  
13 registration - rules.**

14 (2) The board shall license as a licensed clinical social worker a  
15 person who files an application, in a form and manner required by the  
16 board, submits the fee required by the board pursuant to section  
17 12-245-205, and submits evidence satisfactory to the board that the  
18 applicant:

19 (c) Has practiced social work for at least two years under the  
20 virtual or in-person supervision of a licensed clinical social worker or  
21 other person with equivalent experience as determined by the board,  
22 which practice includes training and work experience in the area of  
23 clinical social work practice; **and**

24 (c.5) HAS COMPLETED THREE THOUSAND HOURS OF POST-MASTER'S  
25 SUPERVISED CLINICAL PRACTICE OVER THE COURSE OF AT LEAST TWO  
26 YEARS BUT NO MORE THAN FIVE YEARS; **AND**

27 **SECTION 4.** In Colorado Revised Statutes, **add** 25.5-4-436 as

1 follows:

2 **25.5-4-436. Confirmation of provider participation.**

3 (1) A MANAGED CARE ENTITY SHALL CONFIRM THE PARTICIPATION  
4 OF A PROVIDER ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM  
5 WHO HAS NOT SUBMITTED A CLAIM FOR A PERIOD OF AT LEAST SIX MONTHS  
6 OR OTHERWISE COMMUNICATED WITH THE STATE DEPARTMENT IN A  
7 MANNER EVIDENCING THE PROVIDER'S INTENT TO CONTINUE  
8 PARTICIPATING IN THE STATE MEDICAL ASSISTANCE PROGRAM AND FOR  
9 WHOM NO CHANGE IN PROVIDER STATUS IS REPORTED BY A NONPROFIT  
10 ORGANIZATION THAT MAINTAINS PROVIDER CREDENTIALING  
11 INFORMATION.

12 (2) TO CONFIRM PROVIDER PARTICIPATION, A MANAGED CARE  
13 ENTITY SHALL CONTACT THE PROVIDER BY MAIL, CONFIRM THE PROVIDER'S  
14 INTENT TO CONTINUE PARTICIPATING IN THE STATE MEDICAL ASSISTANCE  
15 PROGRAM, AND INQUIRE WHETHER THE PROVIDER IS ACCEPTING NEW  
16 PATIENTS. THE MANAGED CARE ENTITY SHALL UPDATE ITS DIRECTORIES,  
17 AS NECESSARY, WITHIN FIVE BUSINESS DAYS AFTER CONTACTING THE  
18 PROVIDER.

19 (3) IF THE PROVIDER FAILS TO RESPOND TO A MANAGED CARE  
20 ENTITY WITHIN THIRTY DAYS AFTER THE MANAGED CARE ENTITY  
21 CONTACTS OR ATTEMPTS TO CONTACT THE PROVIDER, THE MANAGED CARE  
22 ENTITY SHALL MAIL A FOLLOW-UP REQUEST TO THE PROVIDER BY  
23 CERTIFIED MAIL, RETURN RECEIPT REQUESTED. IF THE PROVIDER FAILS TO  
24 RESPOND TO THE MANAGED CARE ENTITY'S FOLLOW-UP REQUEST WITHIN  
25 THIRTY DAYS AFTER RECEIPT OF THE REQUEST, THE MANAGED CARE  
26 ENTITY SHALL REMOVE THE PROVIDER FROM THE STATE MEDICAL  
27 ASSISTANCE PROGRAM AND UPDATE ITS PROVIDER DIRECTORIES WITHIN

1 FIVE BUSINESS DAYS.

2 **SECTION 5.** In Colorado Revised Statutes, **add** 25.5-4-437 as  
3 follows:

4 **25.5-4-437. Timely enrollment of mental health and substance  
5 use disorder providers - definitions.**

6 (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
7 REQUIRES:

8 (a) "APPLICANT" MEANS A PROVIDER WHO SUBMITS AN  
9 APPLICATION TO THE STATE DEPARTMENT TO BECOME AN ENROLLED  
10 MENTAL HEALTH PROVIDER OR SUBSTANCE USE DISORDER PROVIDER IN  
11 THE STATE MEDICAL ASSISTANCE PROGRAM.

12 (b) "APPLICATION" MEANS AN APPLICANT'S APPLICATION TO  
13 BECOME AN ENROLLED MENTAL HEALTH PROVIDER OR SUBSTANCE USE  
14 DISORDER PROVIDER IN THE STATE MEDICAL ASSISTANCE PROGRAM.

15 (c) "ENROLLED MENTAL HEALTH PROVIDER OR SUBSTANCE USE  
16 DISORDER PROVIDER" MEANS A MENTAL HEALTH PROVIDER OR SUBSTANCE  
17 USE DISORDER PROVIDER WHO IS ENROLLED IN THE STATE MEDICAL  
18 ASSISTANCE PROGRAM TO PROVIDE HEALTH-CARE ITEMS OR SERVICES TO  
19 MEMBERS.

20 (d) "MENTAL HEALTH PROVIDER" MEANS A MENTAL HEALTH  
21 ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 OR A MENTAL  
22 HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO ARTICLE 245  
23 OF TITLE 12, EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED  
24 PURSUANT TO ARTICLE 245 OF TITLE 12.

25 (e) "SUBSTANCE USE DISORDER PROVIDER" MEANS A MENTAL  
26 HEALTH ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 THAT  
27 SPECIALIZES IN TREATING SUBSTANCE USE DISORDERS OR A MENTAL

1       HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO ARTICLE 245  
2       OF TITLE 12 WHO SPECIALIZES IN TREATING SUBSTANCE USE DISORDERS,  
3       EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED PURSUANT TO  
4       ARTICLE 245 OF TITLE 12.

5               (2) (a) WITHIN SEVEN CALENDAR DAYS AFTER A MANAGED CARE  
6       ENTITY RECEIVES AN APPLICATION, THE MANAGED CARE ENTITY SHALL  
7       PROVIDE THE APPLICANT A RECEIPT IN WRITTEN OR ELECTRONIC FORM.

8               (b) UPON RECEIVING AN APPLICATION, THE MANAGED CARE ENTITY  
9       SHALL PROMPTLY DETERMINE WHETHER THE APPLICATION IS COMPLETE.  
10       IF THE MANAGED CARE ENTITY DETERMINES THAT THE APPLICATION IS  
11       INCOMPLETE, THE MANAGED CARE ENTITY SHALL NOTIFY THE APPLICANT  
12       IN WRITING OR BY ELECTRONIC MEANS WITHIN TEN CALENDAR DAYS AFTER  
13       RECEIPT OF THE APPLICATION THAT THE APPLICATION IS INCOMPLETE. THE  
14       NOTICE MUST DESCRIBE THE ITEMS THAT ARE REQUIRED TO COMPLETE THE  
15       APPLICATION.

16               (c) IF THE MANAGED CARE ENTITY RECEIVES A COMPLETED  
17       APPLICATION BUT FAILS TO PROVIDE THE APPLICANT A RECEIPT IN WRITTEN  
18       OR ELECTRONIC FORM WITHIN SEVEN CALENDAR DAYS AFTER RECEIVING  
19       THE APPLICATION, AS REQUIRED BY SUBSECTION (2)(a) OF THIS SECTION,  
20       THE MANAGED CARE ENTITY SHALL CONSIDER THE APPLICANT AN  
21       ENROLLED MENTAL HEALTH PROVIDER OR SUBSTANCE USE DISORDER  
22       PROVIDER EFFECTIVE NO LATER THAN TWENTY-SIX CALENDAR DAYS AFTER  
23       THE MANAGED CARE ENTITY'S RECEIPT OF THE APPLICATION.

24               (3) (a) A MANAGED CARE ENTITY SHALL CONCLUDE THE PROCESS  
25       OF ENROLLING AN APPLICANT WITHIN THIRTY CALENDAR DAYS AFTER THE  
26       MANAGED CARE ENTITY RECEIVES THE APPLICANT'S COMPLETED  
27       APPLICATION.

5 (c) AFTER CONCLUDING THE ENROLLMENT PROCESS FOR AN  
6 APPLICANT AND MAKING A DETERMINATION REGARDING THE APPLICANT'S  
7 ENROLLMENT, A MANAGED CARE ENTITY SHALL PROVIDE THE APPLICANT,  
8 AT THE APPLICANT'S REQUEST AND AS ALLOWED BY LAW, ALL  
9 NONPROPRIETARY INFORMATION PERTAINING TO THE APPLICATION AND TO  
10 THE FINAL DECISION REGARDING THE APPLICATION.

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.