

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

**REREVISED**

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

LLS NO. 23-0842.01 Brita Darling x2241

**HOUSE BILL 23-1218**

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**House Committees**

Health & Insurance  
Appropriations

**Senate Committees**

Health & Human Services  
Appropriations

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**A BILL FOR AN ACT**

101      **CONCERNING REQUIRING THAT A HEALTH-CARE FACILITY INFORM**  
102            **PATIENTS AS PART OF THE INFORMED CONSENT PROCESS OF**  
103            **SERVICES THAT THE HEALTH-CARE FACILITY REFUSES TO**  
104            **PROVIDE TO PATIENTS WHEN THE REFUSAL IS FOR NONMEDICAL**  
105            **REASONS, AND, IN CONNECTION THEREWITH, MAKING AN**  
106            **APPROPRIATION.**

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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 <http://leg.colorado.gov>.)*

The bill requires the department of public health and environment

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  
May 2, 2023

SENATE  
Amended 2nd Reading  
May 1, 2023

HOUSE  
3rd Reading Unamended  
April 18, 2023

HOUSE  
Amended 2nd Reading  
April 17, 2023



1 **Patients' Right to Know**

2 **25-58-101. Short title.** THE SHORT TITLE OF THIS ARTICLE 58 IS  
3 THE "PATIENTS' RIGHT TO KNOW ACT".

4 **25-58-102. Legislative declaration.** (1) THE GENERAL ASSEMBLY  
5 HEREBY FINDS AND DECLARES THAT:

6 (a) THE RIGHT OF EVERY PATIENT TO RECEIVE BASIC INFORMATION  
7 NECESSARY TO GIVE FULL AND INFORMED CONSENT IS A FUNDAMENTAL  
8 TENET OF GOOD PUBLIC HEALTH POLICY AND HAS LONG BEEN THE  
9 ESTABLISHED LAW OF THIS STATE;

10 (b) EVERY PERSON HAVING ULTIMATE RESPONSIBILITY FOR  
11 DECISIONS RESPECTING THE PERSON'S OWN HEALTH CARE ALSO POSSESSES  
12 A CONCOMITANT RIGHT OF ACCESS TO COMPLETE INFORMATION  
13 RESPECTING THE PERSON'S CONDITION AND AVAILABLE CARE;

14 (c) FOR NONMEDICAL REASONS, SOME HEALTH-CARE FACILITIES DO  
15 NOT PROVIDE A FULL RANGE OF HEALTH-CARE SERVICES AND MAY  
16 PROHIBIT, SIGNIFICANTLY RESTRICT, OR OTHERWISE REFUSE TO PROVIDE  
17 SERVICES SUCH AS STERILIZATION, INFERTILITY TREATMENTS, ABORTION,  
18 END-OF-LIFE HEALTH-CARE SERVICES, OR CONTRACEPTIVE SERVICES,  
19 INCLUDING EMERGENCY CONTRACEPTION;

20 (d) HEALTH-CARE FACILITIES MAY ALSO DENY OR SELECTIVELY  
21 RESTRICT CARE RELATING TO STIGMATIZED POPULATIONS, INCLUDING  
22 LESBIAN, GAY, BISEXUAL, AND TRANSGENDER INDIVIDUALS, FOR  
23 NONMEDICAL REASONS EVEN IF EQUIVALENT PROCEDURES ARE PROVIDED  
24 FOR OTHER PATIENTS;

25 (e) PERSONS SEEKING HEALTH CARE FREQUENTLY LACK  
26 INFORMATION ABOUT WHICH FACILITIES REFUSE TO PROVIDE VARIOUS  
27 HEALTH-CARE SERVICES FOR NONMEDICAL REASONS AND WHICH SERVICES

1 THEY REFUSE TO PROVIDE;

2 (f) PATIENTS ARE NOT WELL POSITIONED TO UNDERSTAND WHAT  
3 TREATMENT OPTIONS ARE AVAILABLE TO THEM WHEN HEALTH-CARE  
4 FACILITIES DO NOT DISCLOSE WHICH TREATMENT OPTIONS THEY REFUSE TO  
5 PROVIDE FOR NONMEDICAL REASONS;

6 (g) CONSEQUENTLY, WHEN HEALTH-CARE FACILITIES DO NOT  
7 DISCLOSE THAT THEY RESTRICT OR REFUSE TO PROVIDE VARIOUS  
8 HEALTH-CARE SERVICES FOR NONMEDICAL REASONS, THEY CAN DEPRIVE  
9 PATIENTS OF A KNOWLEDGEABLE CHOICE AS TO ALTERNATIVE  
10 TREATMENTS, WHICH IS INCONSISTENT WITH THE UNDERLYING PRINCIPLE  
11 OF INFORMED CONSENT;

12 (h) REFUSAL TO PROVIDE HEALTH-CARE SERVICES FOR  
13 NONMEDICAL REASONS MAY:

14 (I) HAVE LONG-TERM NEGATIVE CONSEQUENCES, RESULTING IN  
15 INJURY, DISABILITY, AND DEATH;

16 (II) CAUSE TRAUMA TO PATIENTS;

17 (III) IMPACT QUALITY OF LIFE; AND

18 (IV) RESULT IN GREATER HEALTH-CARE EXPENSES FOR PATIENTS  
19 AND PAYERS; AND

20 (i) SOME DENIALS OF CARE VIOLATE STATE AND FEDERAL LAW.

21 (2) THEREFORE, IT IS THE INTENT OF THE GENERAL ASSEMBLY TO  
22 HELP ENSURE THAT PATIENTS ARE GIVEN FULL AND COMPLETE  
23 INFORMATION ABOUT THE HEALTH-CARE SERVICES AVAILABLE TO THEM  
24 SO THAT THEY CAN MAKE WELL-INFORMED HEALTH-CARE DECISIONS.

25 **25-58-103. Definitions.** AS USED IN THIS ARTICLE 58, UNLESS THE  
26 CONTEXT OTHERWISE REQUIRES:

27 (1) "COVERED ENTITY" MEANS ANY GENERAL HOSPITAL, HOSPITAL

1 UNIT AS DEFINED IN SECTION 25-3-101, COMMUNITY CLINIC AS DEFINED IN  
2 SECTION 25-3-101, FREESTANDING EMERGENCY DEPARTMENT AS DEFINED  
3 IN SECTION 25-1.5-114, MATERNITY HOSPITAL, OR REHABILITATION  
4 HOSPITAL. "COVERED ENTITY" DOES NOT INCLUDE A HEALTH-CARE  
5 PROFESSIONAL OR A HOSPITAL, COMMUNITY CLINIC, OR OTHER FACILITY  
6 OWNED OR OPERATED BY THE STATE.

7 (2) (a) "DENIAL OF CARE" MEANS ANY REFUSAL BY A COVERED  
8 ENTITY TO PROVIDE A HEALTH-CARE SERVICE, OR TO PROVIDE A REFERRAL  
9 FOR A HEALTH-CARE SERVICE, FOR NONMEDICAL REASONS.

10 (b) "DENIAL OF CARE" INCLUDES THE FOLLOWING PRACTICES,  
11 WHETHER BASED ON FORMAL OR INFORMAL POLICIES OR PRACTICES, THAT  
12 ARE NOT BASED ON GENERALLY ACCEPTED STANDARDS OF CARE:

13 (I) SELECTIVE REFUSAL TO PROVIDE A HEALTH-CARE SERVICE TO  
14 SOME, BUT NOT ALL, PATIENTS BASED ON A CHARACTERISTIC DESCRIBED  
15 IN SECTION 24-34-601 (2)(a), OBJECTIONS TO A HEALTH-CARE SERVICE, OR  
16 FOR OTHER NONMEDICAL REASONS; AND

17 (II) A SIGNIFICANT RESTRICTION ON THE AVAILABILITY OF  
18 HEALTH-CARE SERVICES.

19 (3) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH  
20 AND ENVIRONMENT.

21 (4) "END-OF-LIFE HEALTH-CARE SERVICES" MEANS ANY MEDICAL,  
22 SURGICAL, PREVENTIVE, COUNSELING, OR REFERRAL SERVICES PROVIDED  
23 TO AN INDIVIDUAL WHO IS NEAR THE END OF LIFE OR WHO HAS A TERMINAL  
24 ILLNESS. "END-OF-LIFE HEALTH-CARE SERVICES" INCLUDES ANY SERVICES  
25 PROVIDED PURSUANT TO ARTICLE 48 OF TITLE 25, PALLIATIVE CARE,  
26 SERVICES IDENTIFIED IN ADVANCE DIRECTIVES, WITHDRAWAL OF  
27 NUTRITION SERVICES, AND HOSPICE CARE.

1           (5) "HEALTH-CARE PROFESSIONAL" MEANS A PERSON WHO IS  
2 LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE AUTHORIZED OR  
3 PERMITTED BY LAW TO ADMINISTER HEALTH CARE OR DISPENSE  
4 MEDICATION IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A  
5 PROFESSION.

6           (6) "HEALTH-CARE SERVICE" MEANS THE PROVISION OF  
7 TREATMENT, CARE, ADVICE OR GUIDANCE, OR SERVICES OR SUPPLIES,  
8 INCLUDING:

9           (a) PREVENTIVE, DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE,  
10 MAINTENANCE, OR PALLIATIVE CARE;

11           (b) COUNSELING, ASSESSMENT, PROCEDURES, OR OTHER SERVICES;  
12 OR

13           (c) SELLING, DISPENSING, OR ADMINISTERING A PRESCRIPTION OR  
14 NONPRESCRIPTION DRUG, A DEVICE, OR EQUIPMENT.

15           (7) "LGBTQ HEALTH-CARE SERVICES" MEANS ANY MEDICAL,  
16 SURGICAL, PREVENTIVE, COUNSELING, OR REFERRAL SERVICES THAT ARE  
17 SPECIFICALLY TARGETED TO OR THAT DISPROPORTIONATELY AFFECT  
18 LGBTQ INDIVIDUALS, INCLUDING GENDER-AFFIRMING CARE,  
19 HIV-RELATED CARE, AND FAMILY-BUILDING SERVICES.

20           (8) "NONMEDICAL REASONS" MEANS NONCLINICAL CRITERIA,  
21 RULES, OR POLICIES, WHETHER WRITTEN OR UNWRITTEN, THAT RESTRICT  
22 HEALTH-CARE PROFESSIONALS AT A COVERED ENTITY FROM PROVIDING  
23 TYPES OF CARE THAT A HEALTH-CARE PROFESSIONAL IS AUTHORIZED  
24 UNDER LAW TO PROVIDE AND THAT THE COVERED ENTITY IS LICENSED TO  
25 PROVIDE.

26           (9) "REPRODUCTIVE HEALTH-CARE SERVICES" MEANS ANY  
27 MEDICAL, SURGICAL, PREVENTIVE, COUNSELING, OR REFERRAL SERVICES

1 RELATING TO THE HUMAN REPRODUCTIVE SYSTEM, INCLUDING SERVICES  
2 RELATING TO CONTRACEPTION, STERILIZATION, PREGNANCY, AND THE  
3 TERMINATION OF A PREGNANCY.

4 (10) "SERVICE AVAILABILITY FORM" MEANS THE FORM CREATED  
5 BY THE DEPARTMENT PURSUANT TO SECTION 25-58-104 AND COMPLETED  
6 BY COVERED ENTITIES.

7 **25-58-104. Department duties - service availability form -**  
8 **public access to information -      public education and awareness**  
9 **program - rules.** (1) NOT LATER THAN AUGUST 1, 2024, THE  
10 DEPARTMENT, IN CONSULTATION WITH STAKEHOLDERS, INCLUDING A  
11 STATEWIDE HOSPITAL ASSOCIATION, PATIENT ADVOCACY GROUPS,  
12 PHYSICIANS, AND GROUPS REPRESENTING POPULATIONS THAT ARE  
13 FREQUENTLY SUBJECT TO DENIAL OF CARE, SHALL:

14 (a) IDENTIFY REPRODUCTIVE HEALTH-CARE SERVICES, LGBTQ  
15 HEALTH-CARE SERVICES, AND END-OF-LIFE HEALTH-CARE SERVICES THAT  
16 ARE OR MAY BE SUBJECT TO DENIAL OF CARE IN THE STATE; AND

17 (b) (I) DEVELOP A CLEAR AND SIMPLE SERVICE AVAILABILITY  
18 FORM FOR THE PURPOSE OF CONVEYING TO PATIENTS AND TO THE PUBLIC  
19 WHICH OF THE IDENTIFIED HEALTH-CARE SERVICES ARE AND ARE NOT  
20 GENERALLY AVAILABLE OR ARE SUBJECT TO SIGNIFICANT RESTRICTION AT  
21 A COVERED ENTITY.

22 (II) THE SERVICE AVAILABILITY FORM MUST INCLUDE CONTACT  
23 INFORMATION FOR THE COVERED ENTITY IN CASE A PATIENT HAS SPECIFIC  
24 QUESTIONS ABOUT SERVICES AVAILABLE AT THE COVERED ENTITY.

25 (III) THE DEPARTMENT SHALL REVIEW AND, IF APPROPRIATE,  
26 UPDATE THE FORM AT LEAST BIENNIALY IN CONSULTATION WITH  
27 STAKEHOLDERS. THE DEPARTMENT MAY DEVELOP DIFFERENT VERSIONS OF

1 THE SERVICE AVAILABILITY FORM APPROPRIATE FOR DIFFERENT  
2 CATEGORIES OF COVERED ENTITIES.

3 (2) BEGINNING ON OR BEFORE OCTOBER 1, 2024, THE DEPARTMENT  
4 SHALL MAINTAIN ON ITS PUBLIC-FACING WEBSITE A CURRENT LIST OF  
5 COVERED ENTITIES AND SHALL PROVIDE FOR PUBLIC ACCESS THE SERVICE  
6 AVAILABILITY FORM SUBMITTED BY EACH COVERED ENTITY.

7 (3) THE STATE BOARD OF HEALTH SHALL ADOPT RULES TO  
8 IMPLEMENT THIS ARTICLE 58.

9 **25-58-105. Requirements for covered entities - penalty for**  
10 **noncompliance.** (1) NOT LATER THAN SIXTY DAYS AFTER THE  
11 DEPARTMENT ISSUES OR UPDATES THE SERVICE AVAILABILITY FORM, EACH  
12 COVERED ENTITY SHALL SUBMIT A COMPLETED SERVICE AVAILABILITY  
13 FORM TO THE DEPARTMENT. A COVERED ENTITY SHALL ALSO SUBMIT AN  
14 UPDATED SERVICE AVAILABILITY FORM WITHIN THIRTY DAYS AFTER  
15 MAKING A CHANGE TO THE AVAILABILITY OF A HEALTH-CARE SERVICE  
16 IDENTIFIED ON THE SERVICE AVAILABILITY FORM.

17 (2) NOT LATER THAN OCTOBER 1, 2024, EACH COVERED ENTITY  
18 SHALL ADOPT A POLICY FOR PROVIDING PATIENTS WITH ITS CURRENT  
19 SERVICE AVAILABILITY FORM DURING SCHEDULING FOR LGBTQ  
20 HEALTH-CARE SERVICES, REPRODUCTIVE HEALTH-CARE SERVICES, OR  
21 END-OF-LIFE HEALTH-CARE SERVICES, AND AT THE TIME PRIVACY  
22 REQUIREMENTS SPECIFIED IN THE FEDERAL "HEALTH INSURANCE  
23 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS  
24 AMENDED, ARE PROVIDED TO PATIENTS PRIOR TO THE INITIATION OF  
25 HEALTH-CARE SERVICES, OR UPON REQUEST, AND FOR RECORDING THE  
26 PATIENT'S RECEIPT OF THE FORM. THE COVERED ENTITY'S POLICY MUST  
27 ALSO ENCOURAGE HEALTH-CARE PROFESSIONALS WHO HAVE PRIVILEGES



1 WITH THE COVERED ENTITY TO PROVIDE THE COVERED ENTITY'S SERVICE  
2 AVAILABILITY FORM TO THE PATIENT OR THE PATIENT'S REPRESENTATIVE  
3 PRIOR TO ANY SCHEDULED HEALTH-CARE SERVICE AT THE COVERED  
4 ENTITY.

5 (3) ON AND AFTER **OCTOBER 1, 2024**, EACH COVERED ENTITY  
6 SHALL:

7 (a) (I) PROVIDE THE CURRENT SERVICE AVAILABILITY FORM TO THE  
8 PATIENT OR THE PATIENT'S REPRESENTATIVE DURING SCHEDULING FOR  
9 LGBTQ HEALTH-CARE SERVICES, REPRODUCTIVE HEALTH-CARE SERVICES,  
10 OR END-OF-LIFE HEALTH-CARE SERVICES, AND AT THE TIME PRIVACY  
11 REQUIREMENTS SPECIFIED IN THE FEDERAL "HEALTH INSURANCE  
12 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS  
13 AMENDED, ARE PROVIDED TO PATIENTS BEFORE ANY HEALTH-CARE  
14 SERVICE IS INITIATED. IF PROVIDING THE CURRENT SERVICE AVAILABILITY  
15 FORM IS IMPRACTICABLE BECAUSE OF AN EMERGENCY OR OTHER  
16 CIRCUMSTANCES, THE COVERED ENTITY MAY DELAY THE PROVISION OF  
17 THE SERVICE AVAILABILITY FORM, AS APPROPRIATE; AND

18 (II) MAINTAIN A RECORD OF THE PATIENT'S OR THE PATIENT'S  
19 REPRESENTATIVE'S RECEIPT OF THE SERVICE AVAILABILITY FORM; AND

20 (b) PROVIDE THE CURRENT SERVICE AVAILABILITY FORM TO ANY  
21 PERSON UPON REQUEST.

22 (4) A COVERED ENTITY THAT FAILS TO COMPLY WITH THIS SECTION  
23 IS SUBJECT TO A FINE NOT EXCEEDING ONE THOUSAND DOLLARS FOR EACH  
24 DAY THAT THE COVERED ENTITY IS NOT IN COMPLIANCE WITH THIS  
25 SECTION.

26 **25-58-106. Construction.** (1) THIS ARTICLE 58 DOES NOT:

27 (a) PERMIT OR AUTHORIZE DENIAL OF CARE OR DISCRIMINATION IN

1 THE PROVISION OF HEALTH-CARE SERVICES; OR

2 (b) LIMIT ANY CAUSE OF ACTION UNDER STATE OR FEDERAL LAW,  
3 OR LIMIT ANY REMEDY IN LAW OR EQUITY, AGAINST A COVERED ENTITY,  
4 HEALTH-CARE FACILITY, OR HEALTH-CARE PROFESSIONAL.

5 (2) COMPLIANCE WITH THIS ARTICLE 58 DOES NOT REDUCE OR  
6 LIMIT ANY POTENTIAL LIABILITY FOR COVERED ENTITIES, HEALTH-CARE  
7 FACILITIES, AND HEALTH-CARE PROFESSIONALS ASSOCIATED WITH DENIAL  
8 OF CARE OR ANY VIOLATIONS OF STATE OR FEDERAL LAW.

9 **25-58-107. Severability.** IF ANY PROVISION OF THIS ARTICLE 58 OR  
10 ITS APPLICATION TO ANY PERSON OR CIRCUMSTANCE IS HELD INVALID, THE  
11 INVALIDITY DOES NOT AFFECT OTHER PROVISIONS OR APPLICATIONS OF  
12 THIS ARTICLE 58 THAT CAN BE GIVEN EFFECT WITHOUT THE INVALID  
13 PROVISION OR APPLICATION, AND TO THIS END THE PROVISIONS OF THIS  
14 ARTICLE 58 ARE SEVERABLE.

15 **SECTION 2. Appropriation.** For the 2023-24 state fiscal year,  
16 \$64,627 is appropriated to the department of public health and  
17 environment for use by the health facilities and emergency medical  
18 services division. This appropriation is from the general fund and is based  
19 on an assumption that the division will require an additional 0.7 FTE. To  
20 implement this act, the division may use this appropriation for  
21 administration and operations related to operations management.

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

1 effect unless approved by the people at the general election to be held in  
2 November 2024 and, in such case, will take effect on the date of the  
3 official declaration of the vote thereon by the governor.