



Fiscal Note

Legislative Council Staff

Nonpartisan Services for Colorado’s Legislature

SB 25-152: HEALTH-CARE PRACTITIONER ID REQUIREMENTS

Prime Sponsors:

Sen. Frizell; Michaelson Jenet

Fiscal Analyst:

Kristine McLaughlin, 303-866-4776

kristine.mclaughlin@coleg.gov

Published for: Senate Health & Human Services

Version: Initial Fiscal Note

Drafting number: LLS 25-0710

Date: February 25, 2025

Fiscal note status: The fiscal note reflects the introduced bill.

Summary Information

Overview. The bill requires select medical practitioners to communicate information about their state-issued qualifications.

Types of impacts. The bill is projected to affect the following areas on an ongoing basis:

- Minimal State Revenue
- Minimal State Expenditures

Appropriations. No appropriation is required.

**Table 1
State Fiscal Impacts**

Type of Impact	Budget Year FY 2025-26	Out Year FY 2026-27
State Revenue	\$0	\$0
State Expenditures	\$0	\$0
Transferred Funds	\$0	\$0
Change in TABOR Refunds	\$0	\$0
Change in State FTE	0.0 FTE	0.0 FTE

Summary of Legislation

The bill expands the Medical Transparency Act to require regulated medical practitioners to communicate information about their state-issued qualifications:

- verbally upon first meeting a patient;
- via worn name tag; and
- in any advertisements (including business cards and letterheads) that identify them by name.

The bill also prohibits these advertisements from falsely representing any of the practitioner's qualifications. Exemptions for communicating state-issued qualifications are provided for practitioners who have safety concerns or who do not interact with patients directly.

Lastly, the bill specifies that the requirements do not apply when not clinically feasible and do not create a private right of action.

Background

The Medical Transparency Act ([House Bill 07-1331](#)) created the Healthcare Professionals Profile Program, which requires certain medical practitioners to complete profiles for consumers to review when considering medical services. The program has been expanded several times, and the list of practitioners includes:

- acupuncturists;
- athletic trainers;
- audiologists;
- chiropractors;
- direct-entry and certified midwives;
- dentists, dental therapists and dental hygienists;
- hearing aid providers;
- nurses and nurse aides;
- occupational therapists;
- optometrists;
- pharmacists;
- physical therapists;
- physicians;
- physician assistants;
- podiatrists;
- respiratory therapists;
- speech language pathologists;
- surgical assistants and technologists; and
- all mental health professionals

Each practitioner is required to maintain their online profile with the Department of Regulatory Agencies (DORA) and include information including education, board certifications, and any public disciplinary actions. DORA is authorized to administratively fine physicians up to \$5,000 for failure to comply.

State Revenue and Expenditures

To the extent that the bill results in additional complaints being filled or additional complaints resulting in administrative actions or fines, workload and revenue may increase in DORA. Given that regulated professionals are assumed to have a high level of compliance, any impact is anticipated to be minimal and can be accommodated within existing appropriations.

Effective Date

The bill takes effect 90 days following adjournment of the General Assembly sine die, assuming no referendum petition is filed, and the requirements apply to conduct occurring after June 1, 2026.

Departmental Difference

DORA estimates that the bill requires \$291,265 and 1.4 FTE in FY 2026-27, including \$160,488 in legal services provided by the Department of Law, and \$284,595 and 1.4 FTE in future years.

This department estimate is based on the assumption that the bill will result in a 10 percent increase in complaints filed against affected professions. These costs would be paid from the Division of Professions and Occupations Cash Fund and DORA estimates that it would be required to increase license renewal fees for the affected professions by an estimated \$0.84 to cover these costs. This revenue would be subject to TABOR.

As mentioned above, the department estimate is based on an assumed increase in complaints, applied to the current level of complaints received by DORA across all regulated professionals under the Medical Transparency Act (more 7,000 complaints). The fiscal note assumes a high level of compliance by regulated professionals. Further, if additional complaints are received, it is assumed that many will be reviewed or investigated as part of a broader complaint of professional misconduct or noncompliance with requirements of the Healthcare Professionals Profile Program. Thus, the fiscal note assumes that no additional appropriations are required to implement the bill.

State and Local Government Contacts

Regulatory Agencies

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](#).