

Second Regular Session  
Seventy-fifth General Assembly  
STATE OF COLORADO

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 26-0105.02 Chelsea Princell x4335

**HOUSE BILL 26-1002**

**HOUSE SPONSORSHIP**

**Brown and Gilchrist**, Bacon, Boesenecker, Clifford, Duran, Froelich, Goldstein, Hamrick, Lieder, Lindsay, Lukens, McCluskie, McCormick, Nguyen, Rutinel, Rydin, Sirota, Smith, Stewart K., Stewart R., Story, Titone

**SENATE SPONSORSHIP**

**Ball and Pelton B.,**

**House Committees**

Health & Human Services  
Appropriations

**Senate Committees**

**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            **PRELICENCED 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.**

**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.*

HOUSE  
3rd Reading Unamended  
March 5, 2026

HOUSE  
Amended 2nd Reading  
March 3, 2026

<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) BEGINNING JANUARY 1, 2027, AT LEAST ONCE EVERY  
7 TWELVE MONTHS, A CARRIER SHALL CONFIRM THE NETWORK  
8 PARTICIPATION OF A MENTAL HEALTH PROVIDER, SUBSTANCE USE  
9 PROVIDER, OR PSYCHIATRIC NURSE, AS THE TERMS ARE DEFINED IN  
10 SECTION 10-16-705.7, WHO HAS NOT SUBMITTED A CLAIM IN THE  
11 PRECEDING TWELVE MONTHS OR HAS OTHERWISE COMMUNICATED WITH

1 THE CARRIER IN A MANNER EVIDENCING THE PROVIDER'S INTENT TO  
2 CONTINUE PARTICIPATING IN THE CARRIER'S NETWORK AND FOR WHOM NO  
3 CHANGE IN PROVIDER STATUS IS REPORTED BY A CENTRALIZED NATIONAL  
4 PROVIDER DATABASE THAT COLLECTS, STANDARDIZES, AND MAINTAINS  
5 PROVIDER CREDENTIALING AND PRACTICE INFORMATION.

6 (b) THE CARRIER SHALL CONTACT THE PROVIDER, OR THE  
7 PROVIDER'S DESIGNATED NOTICE CONTACT IDENTIFIED IN THE PROVIDER'S  
8 CONTRACT AGREEMENT WITH THE CARRIER, BY MAIL OR THE ELECTRONIC  
9 MEANS THAT THE CARRIER TRADITIONALLY USES TO COMMUNICATE WITH  
10 PROVIDERS IN THE CARRIER'S PROVIDER NETWORK TO CONFIRM THE  
11 PROVIDER'S INTENT TO CONTINUE PARTICIPATING IN THE CARRIER'S  
12 PROVIDER NETWORK AND TO INQUIRE WHETHER THE PROVIDER IS  
13 ACCEPTING NEW PATIENTS. IF, BASED ON THE PROVIDER'S FEEDBACK, THE  
14 PROVIDER'S INFORMATION NEEDS TO BE UPDATED IN THE CARRIER'S  
15 PROVIDER NETWORK DIRECTORIES, THE CARRIER MUST UPDATE ITS  
16 CARRIER'S PROVIDER NETWORK DIRECTORIES, AS NECESSARY, WITHIN FIVE  
17 BUSINESS DAYS AFTER CONTACTING THE PROVIDER.

18 (c) IF THE PROVIDER FAILS TO RESPOND TO A CARRIER'S INQUIRY  
19 WITHIN THIRTY DAYS AFTER THE CARRIER CONTACTS OR ATTEMPTS TO  
20 CONTACT THE PROVIDER OR THE PROVIDER'S DESIGNATED NOTICE  
21 CONTACT IDENTIFIED IN THE PROVIDER'S CONTRACT AGREEMENT WITH THE  
22 CARRIER, THE CARRIER SHALL MAIL A FOLLOW-UP REQUEST TO THE  
23 PROVIDER BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OR THE  
24 ELECTRONIC MEANS THAT THE CARRIER TRADITIONALLY USES TO  
25 COMMUNICATE WITH PROVIDERS IN THE CARRIER'S PROVIDER NETWORK.  
26 IF THE PROVIDER FAILS TO RESPOND TO THE CARRIER'S FOLLOW-UP  
27 REQUEST WITHIN THIRTY DAYS AFTER RECEIPT OF THE REQUEST, THE

1 CARRIER MUST REMOVE THE PROVIDER FROM ITS CARRIER PROVIDER  
2 NETWORK AND UPDATE ITS CARRIER'S PROVIDER NETWORK DIRECTORIES,  
3 AS NECESSARY, WITHIN FIVE BUSINESS DAYS AFTER THE EXPIRATION OF  
4 THE THIRTY-DAY PERIOD.

5 **SECTION 2.** In Colorado Revised Statutes, 10-16-705.7, **amend**  
6 (1)(a), (1)(b), (1)(d), (1)(j), (2)(c), (5), (6) introductory portion, (6)(b),  
7 (8)(a) introductory portion, (8)(a)(II), (8)(b), (8)(c), (9), (9.5), and (10);  
8 and **add** (1)(g.5), (1)(g.9), (1)(h.2), (1)(i.5), (1)(i.7), (1)(k), and (9.7) as  
9 follows:

10 **10-16-705.7. Timely credentialing of providers by carriers -**  
11 **notice of receipt required - notice of incomplete applications required**  
12 **- delegated credentialing agreements - discrepancies - denials of**  
13 **claims prohibited - disclosures - recredentialing - enforcement - rules**  
14 **- definitions.**

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

16 (a) "Applicant" means a physician, MENTAL HEALTH PROVIDER,  
17 SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE who submits an  
18 application to a carrier to become a participating physician PROVIDER in  
19 the carrier's PROVIDER network.

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

23 (d) "Credentialing" or "credential" means the process by which a  
24 carrier or its designee collects information concerning an applicant;  
25 assesses whether the applicant satisfies the relevant licensing, education,  
26 and training requirements to become a participating physician PROVIDER;  
27 verifies the assessment; and approves or disapproves the applicant's

1 application.

2 (g.5) "MENTAL HEALTH PROVIDER" MEANS A MENTAL HEALTH  
3 ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 OR MENTAL  
4 HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO ARTICLE 245  
5 OF TITLE 12, EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED  
6 PURSUANT TO ARTICLE 245 OF TITLE 12.

7 (g.9) "PARTICIPATING MENTAL HEALTH PROVIDER, SUBSTANCE  
8 USE PROVIDER, OR PSYCHIATRIC NURSE" MEANS A MENTAL HEALTH  
9 PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE WHO IS  
10 CREDENTIALLED BY A CARRIER OR ITS DESIGNEE TO PROVIDE HEALTH-CARE  
11 ITEMS OR SERVICES TO COVERED PERSONS IN AT LEAST ONE OF THE  
12 CARRIER'S PROVIDER NETWORKS.

13 (h.2) "PARTICIPATING PROVIDER" MEANS A PARTICIPATING  
14 PHYSICIAN OR A PARTICIPATING MENTAL HEALTH PROVIDER, SUBSTANCE  
15 USE PROVIDER, OR PSYCHIATRIC NURSE.

16 (i.5) "PRE-LICENSED PROVIDER" MEANS A "REGISTRANT" AS  
17 DEFINED IN SECTION 12-245-202.

18 (i.7) "PSYCHIATRIC NURSE" MEANS A REGISTERED PROFESSIONAL  
19 NURSE, AS DEFINED IN SECTION 12-255-104, WHO, BY VIRTUE OF  
20 POSTGRADUATE EDUCATION AND ADDITIONAL NURSING PREPARATION, HAS  
21 GAINED KNOWLEDGE, JUDGMENT, AND SKILL IN PSYCHIATRIC OR MENTAL  
22 HEALTH NURSING.

23 (j) "Recredentialing" or "recredential" means the process by which  
24 a carrier or its designee confirms that a participating ~~physician~~ PROVIDER  
25 is in good standing and continues to satisfy the carrier's requirements for  
26 participating ~~physicians~~ PROVIDERS.

27 (k) "SUBSTANCE USE DISORDER PROVIDER" MEANS A MENTAL

1 HEALTH ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 THAT  
2 SPECIALIZES IN TREATING SUBSTANCE USE DISORDERS OR A MENTAL  
3 HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO ARTICLE 245  
4 OF TITLE 12 WHO SPECIALIZES IN TREATING SUBSTANCE USE DISORDERS,  
5 EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED PURSUANT TO  
6 ARTICLE 245 OF TITLE 12.

7 (2) (c) If a carrier receives a completed application but fails to  
8 provide the applicant a receipt in written or electronic form within seven  
9 calendar days after receiving the COMPLETED application, as required by  
10 subsection (2)(a) of this section, the carrier shall consider the applicant  
11 a participating ~~physician~~ PROVIDER, effective no later than fifty-three  
12 calendar days following the carrier's receipt of the application.

13 (5) A carrier shall correct discrepancies in its provider or network  
14 directory within thirty calendar days after receiving a report of the  
15 discrepancy from a THE participating ~~physician~~ PROVIDER. A participating  
16 ~~physician~~ PROVIDER shall notify a carrier BY MAIL OR THE ELECTRONIC  
17 MEANS THAT THE CARRIER TRADITIONALLY USES TO COMMUNICATE WITH  
18 THE PROVIDERS IN THE CARRIER'S PROVIDER NETWORK of any change in  
19 the ~~physician's~~ PROVIDER'S name, address, telephone number, business  
20 structure, or tax identification number within fifteen business days after  
21 making the change.

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

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

27 (8) (a) A carrier or its designee may recredential a participating

1 ~~physician~~ PROVIDER if ~~such~~ recredentialing is:

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

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

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

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

20 (9.5) A carrier shall not refuse to credential an applicant or  
21 terminate a participating ~~physician's~~ PROVIDER'S participation in a  
22 CARRIER'S provider network based solely on the applicant's or  
23 participating ~~physician's~~ PROVIDER'S provision of, or assistance in the  
24 provision of, a legally protected health-care activity, as defined in section  
25 12-30-121 (1)(d), in this state, so long as the care provided did not violate  
26 Colorado law.

27 (9.7) (a) A CARRIER SHALL REIMBURSE A PARTICIPATING MENTAL

1 HEALTH PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC NURSE  
2 FOR COVERED MEDICALLY NECESSARY TREATMENT, AS DEFINED IN  
3 SECTION 10-16-104 (5.5)(d)(IV), FURNISHED BY A PRE-LICENSED  
4 PROVIDER WHO IS UNDER THE SUPERVISION OF THE PARTICIPATING  
5 MENTAL HEALTH PROVIDER, SUBSTANCE USE PROVIDER, OR PSYCHIATRIC  
6 NURSE WHO HAS SATISFIED ALL REQUIRED SUPERVISION RULES AND  
7 CRITERIA.

8 (b) IF A HEALTH BENEFIT PLAN OFFERS OUT-OF-NETWORK  
9 BENEFITS, THE CARRIER MUST REIMBURSE THE COVERED PERSON FOR  
10 COVERED MEDICALLY NECESSARY TREATMENT, AS DEFINED IN SECTION  
11 10-16-104 (5.5)(d)(IV), THAT IS PROVIDED BY AN OUT-OF-NETWORK  
12 PRE-LICENSED PROVIDER UNDER THE SUPERVISION OF A  
13 NONPARTICIPATING MENTAL HEALTH PROVIDER, SUBSTANCE USE  
14 PROVIDER, OR PSYCHIATRIC NURSE IN ACCORDANCE WITH THE TERMS OF  
15 COVERAGE APPLICABLE TO NONPARTICIPATING PROVIDERS UNDER THE  
16 HEALTH BENEFIT PLAN AND THE CARRIER'S OTHERWISE APPLICABLE  
17 REQUIREMENTS, WHICH MUST BE PUBLICLY AVAILABLE ON THE CARRIER'S  
18 WEBSITE, AS LONG AS THE SUPERVISING PROVIDER SUBMITS  
19 DOCUMENTATION EVIDENCING THE SUPERVISION.

20 (10) The commissioner shall enforce this section and may  
21 ~~promulgate such~~ ADOPT rules as are necessary for the implementation of  
22 TO IMPLEMENT this section. Upon receiving more than one complaint  
23 from an applicant or a participating ~~physician~~ PROVIDER alleging a  
24 violation of this section by a carrier, the commissioner shall investigate  
25 the complaints. A carrier that fails to comply with this section or with any  
26 rules adopted pursuant to this section is subject to ~~such~~ civil penalties as  
27 THAT the commissioner may order pursuant to section 10-1-310.

1           **SECTION 3.** In Colorado Revised Statutes, 12-245-404, **amend**  
2           **(2)(c)** as follows:

3           **12-245-404. Qualifications - examination - licensure and**  
4           **registration - rules.**

5           (2) The board shall license as a licensed clinical social worker a  
6           person who files an application, in a form and manner required by the  
7           board, submits the fee required by the board pursuant to section  
8           12-245-205, and submits evidence satisfactory to the board that the  
9           applicant:

10           (c) Has practiced social work for at least two years under the  
11           virtual or in-person supervision of a licensed clinical social worker or  
12           other person with equivalent experience as determined by the board,  
13           which practice includes training and work experience in the area of  
14           clinical social work practice AND INCLUDES AT LEAST THREE THOUSAND  
15           HOURS OF PRACTICE; and

16           **SECTION 4. Act subject to petition - effective date.** This act  
17           takes effect at 12:01 a.m. on the day following the expiration of the  
18           ninety-day period after final adjournment of the general assembly (August  
19           12, 2026, if adjournment sine die is on May 13, 2026); except that, if a  
20           referendum petition is filed pursuant to section 1 (3) of article V of the  
21           state constitution against this act or an item, section, or part of this act  
22           within such period, then the act, item, section, or part will not take effect  
23           unless approved by the people at the general election to be held in  
24           November 2026 and, in such case, will take effect on the date of the  
25           official declaration of the vote thereon by the governor.