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HOUSE BILL 26-1411

BY REPRESENTATIVE(S) Brown and Sirota, Bacon, Boesenecker, Carter, Clifford, Duran, English, Froelich, Garcia, Goldstein, Jackson, Joseph, Lindsay, Mabrey, Nguyen, Rutinel, Rydin, Smith, Stewart R., Story, Titone, Velasco, Woodrow, Zokaie, McCluskie, Camacho, Mauro, McCormick, Phillips, Taggart;
also SENATOR(S) Amabile and Kirkmeyer, Bridges.

CONCERNING CHANGES TO HEALTH INSURANCE BENEFITS FOR CERTAIN LOW-INCOME INDIVIDUALS WHO ARE NOT ELIGIBLE FOR MEDICAL ASSISTANCE DUE TO THEIR IMMIGRATION STATUS, AND, IN CONNECTION THEREWITH, MAKING AND REDUCING AN APPROPRIATION.

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

SECTION 1. In Colorado Revised Statutes, 25.5-2-104, **amend** (1); and **add** (3.5) as follows:

25.5-2-104. State-funded health and medical care - rules.

(1) (a) ~~Beginning no later than January 1, 2025,~~ There is created the state medical assistance program, referred to in this section as "state

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

medical assistance". SUBJECT TO THE LIMITATIONS DETAILED IN SUBSECTION (1)(b) OF THIS SECTION, state medical assistance includes all benefits and services at the same cost to the beneficiary as ~~are~~ BENEFITS AND SERVICES offered pursuant to the medical assistance program, defined in section 25.5-4-103 (13), such that, to the maximum extent possible, AN eligible ~~individuals must not be~~ INDIVIDUAL IS NOT able to tell that ~~the person is~~ THEY ARE enrolled in a different program from medical assistance, ~~pursuant to~~ AS DEFINED IN section 25.5-4-103 (13).

(b) PREGNANT WOMEN WHO ARE NOT ELIGIBLE FOR THE MEDICAL ASSISTANCE PROGRAM SOLELY DUE TO THEIR IMMIGRATION STATUS AND CHILDREN UNDER NINETEEN YEARS OLD WHOSE FAMILY HOUSEHOLD INCOME DOES NOT EXCEED TWO HUNDRED SIXTY PERCENT OF THE FEDERAL POVERTY LINE, ADJUSTED FOR FAMILY SIZE, AND WHO DO NOT MEET THE IMMIGRATION REQUIREMENTS FOR ELIGIBILITY ARE SUBJECT TO THE FOLLOWING LIMITATIONS ON BENEFITS:

(I) BEGINNING JULY 1, 2026, THEY ARE SUBJECT TO AN ANNUAL CAP ON DENTAL SERVICES IN THE AMOUNT OF ONE THOUSAND ONE HUNDRED DOLLARS;

(II) BEGINNING JANUARY 1, 2027, THEY MUST BE OFFERED BEHAVIORAL HEALTH SERVICES ON A FEE-FOR-SERVICE BASIS ONLY;

(III) BEGINNING JANUARY 1, 2027, THEY ARE NOT ELIGIBLE FOR SERVICES OFFERED THROUGH THE ACCOUNTABLE CARE COLLABORATIVE PURSUANT TO SECTION 25.5-5-419; AND

(IV) BEGINNING JANUARY 1, 2027, THEY SHALL NOT RECEIVE MANAGED CARE SERVICES PURSUANT TO PART 4 OF ARTICLE 5 OF THIS TITLE 25.5.

(c) BEGINNING JANUARY 1, 2027, CHILDREN UNDER NINETEEN YEARS OLD WHOSE FAMILY HOUSEHOLD INCOME DOES NOT EXCEED TWO HUNDRED SIXTY PERCENT OF THE FEDERAL POVERTY LINE, ADJUSTED FOR FAMILY SIZE, AND WHO ARE NOT ELIGIBLE FOR THE MEDICAL ASSISTANCE PROGRAM DUE TO THEIR IMMIGRATION STATUS, SHALL NOT RECEIVE, PURSUANT TO THE STATE MEDICAL ASSISTANCE PROGRAM CREATED IN THIS SECTION, LONG-TERM SERVICES AND SUPPORTS DESCRIBED IN SECTION 25.5-5-102 (1)(e); SECTION 25.5-5-202 (1)(c), (1)(n), AND (1)(p); HOME HEALTH

SERVICES DESCRIBED IN SECTION 25.5-5-102 (1)(f) FOR MEMBERS WHO REQUIRE ONGOING HOME HEALTH SERVICES FOLLOWING SIXTY DAYS OF ACUTE HOME HEALTH SERVICES; AND SERVICES DESCRIBED IN PART 19 OF ARTICLE 6 OF THIS TITLE 25.5 UNLESS THEY ALREADY RECEIVE THESE SERVICES ON OR BEFORE DECEMBER 31, 2026.

(3.5) (a) FOR THE 2026-27 STATE FISCAL YEAR, ENROLLMENT IN STATE MEDICAL ASSISTANCE OF CHILDREN UNDER NINETEEN YEARS OLD WHOSE FAMILY HOUSEHOLD INCOME DOES NOT EXCEED TWO HUNDRED SIXTY PERCENT OF THE FEDERAL POVERTY LINE, ADJUSTED FOR FAMILY SIZE, AND WHO ARE NOT ELIGIBLE FOR THE MEDICAL ASSISTANCE PROGRAM DUE TO THEIR IMMIGRATION STATUS, IS SUBJECT TO AN ENROLLMENT CAP OF TWENTY-FIVE THOUSAND IF ONE OF THE FOLLOWING CONDITIONS IS MET:

(I) ENROLLMENT OF THE CHILDREN DESCRIBED IN THIS SUBSECTION (3.5)(a) IN STATE MEDICAL ASSISTANCE EXCEEDS TWENTY-FIVE THOUSAND CHILDREN; OR

(II) EXPENDITURES FOR A FISCAL QUARTER OF THE 2026-27 STATE FISCAL YEAR EXCEED ONE QUARTER OF THE APPROPRIATION FOR STATE MEDICAL ASSISTANCE PLUS FIVE PERCENT TO ACCOUNT FOR COST FLUCTUATIONS DUE TO SEASONALITY.

(b) IF A CONDITION DETAILED IN SUBSECTION (3.5)(a) OF THIS SECTION IS MET, THE STATE DEPARTMENT MUST CAP THE ENROLLMENT OF THE CHILDREN DESCRIBED IN SUBSECTION (3.5)(a) OF THIS SECTION AT TWENTY-FIVE THOUSAND CHILDREN BEGINNING ON THE FIRST DAY OF THE MONTH FOLLOWING SIXTY DAYS AFTER THE STATE DEPARTMENT DETERMINES THAT A CONDITION DETAILED IN SUBSECTION (3.5)(a) OF THIS SECTION IS MET.

(c) THE STATE DEPARTMENT SHALL ADOPT RULES NECESSARY TO IMPLEMENT THE ENROLLMENT CAP DETAILED IN THIS SUBSECTION (3.5).

(d) ON OR BEFORE NOVEMBER 1, 2026, THE STATE DEPARTMENT SHALL SUBMIT A REPORT TO THE JOINT BUDGET COMMITTEE DETAILING WHAT IS DRIVING ENROLLMENT AND UTILIZATION OF STATE MEDICAL ASSISTANCE BY CHILDREN WHO ARE UNDER NINETEEN YEARS OLD WHOSE FAMILY HOUSEHOLD INCOME DOES NOT EXCEED TWO HUNDRED SIXTY PERCENT OF THE FEDERAL POVERTY LINE, ADJUSTED FOR FAMILY SIZE, AND

WHO ARE NOT ELIGIBLE FOR THE MEDICAL ASSISTANCE PROGRAM DUE TO THEIR IMMIGRATION STATUS. THE REPORT MUST INCLUDE STRATEGIES FOR REDUCING COSTS ASSOCIATED WITH ENROLLING THESE CHILDREN IN STATE MEDICAL ASSISTANCE.

SECTION 2. In Colorado Revised Statutes, 25.5-5-201, **amend** (6)(a) and (6)(b) as follows:

25.5-5-201. Optional provisions - optional groups - rules.

(6) (a) ~~Beginning no later than January 1, 2025;~~ A pregnant person who is not a citizen and who is not eligible for medical assistance pursuant to subsection (4) of this section is eligible to receive medical assistance pursuant to this subsection (6)(a), SUBJECT TO THE LIMITATIONS DETAILED IN SECTION 25.5-2-104 (1)(b), if the individual meets the eligibility requirements other than those related to citizenship and immigration status.

(b) A pregnant person who is eligible for medical assistance pursuant to this subsection (6) remains continuously eligible for all medical services pursuant to the medical assistance program, SUBJECT TO THE LIMITATIONS DETAILED IN SECTION 25.5-2-104 (1)(b), for the twelve-month postpartum period, so long as eligibility remains in effect pursuant to subsection (4.5)(a) of this section.

SECTION 3. In Colorado Revised Statutes, 25.5-8-107, **repeal** (1)(i) as follows:

25.5-8-107. Duties of the department - schedule of services - premiums - copayments - subsidies - purchase of childhood immunizations.

(1) In addition to any other duties pursuant to this article 8, the department has the following duties:

(i) ~~(f) The department shall develop and implement an outreach strategy for Coloradans who become eligible for health coverage pursuant to section 25.5-2-104, 25.5-2-105, 25.5-5-201 (6), or 25.5-8-109 (7). The state department shall work with stakeholders to develop an outreach strategy that includes:~~

~~(A) Funding for community-based organizations to partner with the department on outreach;~~

~~(B) A method for providing information related to eligibility and enrollment that can be provided to nonprofit partners, school districts, and charter schools for outreach purposes; and~~

~~(C) At a minimum, providing information related to eligibility and coverage in English, Spanish, and in each language spoken by at least two-and-one-half percent of the population of any county who speak English less than very well, as defined by the United States bureau of the census American community survey, and who speak the minority language at home;~~

~~(H) — Approximately twelve and twenty-four months after implementation of the strategy required pursuant to subsection (1)(i)(F) of this section, the department shall convene stakeholders, including directly impacted individuals, service providers, and advocacy organizations that are diverse with regard to race, ethnicity, immigration status, sexual orientation, and gender identity and who are affected by higher rates of health disparities and inequities. The department shall report on the outreach and enrollment strategy outcomes, including enrollment of eligible persons into these programs compared to those persons who are eligible for coverage, but not enrolled.~~

SECTION 4. In Colorado Revised Statutes, **repeal** 25.5-2-105.

SECTION 5. In Colorado Revised Statutes, 24-75-109, **repeal** (1)(a.8) as follows:

24-75-109. Controller may allow expenditures in excess of appropriations - limitations - appropriations for subsequent fiscal year restricted - repeal.

(1) For the purpose of closing the state's books, and subject to the provisions of this section, the controller may, on or after May 1 of any fiscal year and before the forty-fifth day after the close thereof, upon approval of the governor, allow any department, institution, or agency of the state, including any institution of higher education, to make an expenditure in excess of the amount authorized by an item of appropriation for such fiscal

year if:

(a.8) ~~The overexpenditure is by the department of health care policy and financing for the state children's basic health plan, established pursuant to section 25.5-2-105; or~~

SECTION 6. In Colorado Revised Statutes, 25.5-4-201, **amend** (1) as follows:

25.5-4-201. Cash system of accounting - financial administration of medical services premiums - medical programs administered by department of human services - federal contributions - rules.

(1) The state department shall utilize the cash system of accounting, as enunciated by the governmental accounting standards board, regardless of the source of revenues involved, for all activities of the state department relating to the financial administration of any nonadministrative expenditure that qualifies for federal financial participation under Title XIX of the federal "Social Security Act", and for the administration of the state-funded health and medical care program, created pursuant to section 25.5-2-104, ~~and for the state children's basic health plan, created pursuant to section 25.5-2-105;~~ except for expenditures under the program for the medically indigent, article 3 of this title 25.5.

SECTION 7. In Colorado Revised Statutes, 25.5-5-335, **amend** (2)(a), (2)(b), and (7)(b) as follows:

25.5-5-335. Continuous medical coverage for children and adults feasibility study - federal authorization - rules - report - definition.

(2) At a minimum, the feasibility study must consider the costs; implementation factors, including county workload, training, and administrative burdens on the counties, information technology systems, upgrades, and associated costs; potential health benefits for individuals and communities, including disadvantaged and marginalized groups; impacts of increased use of preventive and high-value health services; administrative savings, including, but not limited to, reducing or eliminating eligibility processing for populations during the continuous eligibility period; reductions in administrative turnover and coverage loss; and, to the extent practicable, social and economic impacts with respect to the following:

(a) Allowing an eligible child, as defined in this article 5 and articles 2, 3, 6, and 8 of this title 25.5, including children eligible under ~~sections 25.5-2-104 and 25.5-2-105~~ SECTION 25.5-2-104, to remain continuously eligible for medical assistance ~~and the children's basic health plan~~ for twenty-four months after the last day of the month in which the child was enrolled;

(b) Allowing an eligible child, as defined in this article 5 and articles 2, 3, 6, and 8 of this title 25.5, including children eligible under ~~sections 25.5-2-104 and 25.5-2-105~~ SECTION 25.5-2-104 who are less than six years ~~of age~~ OLD, to remain continuously eligible for medical assistance ~~or the children's basic health plan~~ without regard to a change in household income until the child reaches six years ~~of age~~ OLD;

(7) (b) For purposes of seeking federal authorization pursuant to subsection (7)(a) of this section, an eligible child is as defined in this article 5 and articles 2, 3, 6, and 8 of this title 25.5, including a child eligible pursuant to ~~sections 25.5-2-104 and 25.5-2-105~~ SECTION 25.5-2-104, and must be under three years ~~of age~~ OLD. An eligible child ~~shall remain~~ REMAINS continuously eligible without regard to household income until the eligible child reaches three years ~~of age~~ OLD; except that a child is no longer eligible and must be disenrolled from a medical assistance program if the state department becomes aware that the child has moved out of the state, the state department or county possesses facts indicating that the family has requested the child's voluntary disenrollment, the state department determines eligibility was erroneously granted, or the child is deceased.

SECTION 8. Appropriation - adjustments to 2026 long bill.

(1) For the 2026-27 state fiscal year, \$3,378,166 is appropriated to the department of health care policy and financing. This appropriation is from the general fund. To implement this act, the department may use this appropriation as follows:

(a) \$2,286,549 for Medicaid management information system maintenance and projects;

(b) \$1,017,700 for Colorado benefits management systems, operating and contract expenses; and

(c) \$73,917 for behavioral health fee-for-service payments, which

amount is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year.

(2) For the 2026-27 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$137,274 in federal funds for behavioral health fee-for-service payments to implement this act. The appropriation in subsection (1)(c) of this section is based on the assumption that the department will receive this amount of federal funds.

(3) Except as provided in subsection (5) of this section, to implement this act, general fund appropriations made in the annual general appropriation act for the 2026-27 state fiscal year to the department of health care policy and financing are decreased as follows:

(a) \$262,500 for general professional services and special projects;

(b) \$271,951 for medical and long-term care services for Medicaid-eligible individuals, which amount is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year;

(c) \$753,747 for behavioral health capitation payments, which amount is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year; and

(d) \$12,914,525 for health benefits for children lacking access due to immigration status.

(4) The decrease of the appropriations in subsection (3) of this section is based on the assumption that the anticipated amount of federal funds received for the 2026-27 state fiscal year by the department of health care policy and financing will decrease as follows:

(a) \$487,500 for general professional services and special projects, which is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year;

(b) \$505,052 for medical and long-term care services for Medicaid-eligible individuals; and

(c) \$1,399,814 for behavioral health capitation payments.

(5) Subsection (3) of this section does not require a reduction of an appropriation in the annual general appropriation act for the 2026-27 state fiscal year if either:

(a) The amount of the general fund appropriation made in the annual general appropriation act for the 2026-27 state fiscal year to the department of health care policy and financing is less than the amount of the adjustments required in subsection (3) of this section for:

(I) General professional services and special projects;

(II) Medical and long-term care services for Medicaid-eligible individuals;

(III) Behavioral health capitation payments; or

(IV) Health benefits for children lacking access due to immigration status; or

(b) The annual general appropriation act for the 2026-27 state fiscal year does not include an appropriation to the department of health care policy and financing for:

(I) General professional services and special projects;

(II) Medical and long-term care services for Medicaid-eligible individuals;

(III) Behavioral health capitation payments; or

(IV) Health benefits for children lacking access due to immigration status.

SECTION 9. Appropriation - adjustments to 2026 long bill.

(1) Except as provided in subsection (3) of this section, to implement this act, the cash funds appropriation from the adult dental fund created in section 25.5-5-207 (4)(a), C.R.S., made in the annual general appropriation act for the 2026-27 state fiscal year to the department of health care policy

and financing for medical and long-term care services for Medicaid-eligible individuals is decreased by \$280,827.

(2) The decrease of the appropriations in subsection (1) of this section is based on the assumption that the anticipated amount of federal funds received for the 2026-27 state fiscal year by the department of health care policy and financing for medical and long-term care services for Medicaid-eligible individuals will decrease by \$521,535.

(3) Subsection (1) of this section does not require a reduction of an appropriation in the annual general appropriation act for the 2026-27 state fiscal year if either:

(a) The amount of the cash funds appropriation from the adult dental fund created in section 25.5-5-207 (4)(a), C.R.S., made in the annual general appropriation act for the 2026-27 state fiscal year to the department of health care policy and financing for medical and long-term care services for Medicaid-eligible individuals is less than the amount of the adjustment required in subsection (1) of this section; or

(b) The annual general appropriation act for the 2026-27 state fiscal year does not include an appropriation to the department of health care policy and financing for medical and long-term care services for Medicaid-eligible individuals.

SECTION 10. Appropriation - adjustments to 2026 long bill.

(1) Except as provided in subsection (3) of this section, to implement this act, the general fund appropriation made in the annual general appropriation act for the 2026-27 state fiscal year to the department of health care policy and financing for medical and long-term care services for Medicaid-eligible individuals is decreased by \$280,827, which amount is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year.

(2) The decrease of the appropriations in subsection (1) of this section is based on the assumption that the anticipated amount of federal funds received for the 2026-27 state fiscal year by the department of health care policy and financing for medical and long-term care services for Medicaid-eligible individuals will decrease by \$521,535.

(3) Subsection (1) of this section does not require a reduction of an appropriation in the annual general appropriation act for the 2026-27 state fiscal year if either:

(a) The amount of the general fund appropriation made in the annual general appropriation act for the 2026-27 state fiscal year to the department of health care policy and financing for medical and long-term care services for Medicaid-eligible individuals is less than the amount of the adjustment required in subsection (1) of this section; or

(b) The annual general appropriation act for the 2026-27 state fiscal year does not include an appropriation to the department of health care policy and financing for medical and long-term care services for Medicaid-eligible individuals.

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

SECTION 11. Appropriation to the department of health care policy and financing for the fiscal year beginning July 1, 2025. In Session Laws of Colorado 2025, section 2 of chapter 476, (SB 25-206), **amend** Part VI (1)(A) and the affected totals as Part VI is amended by section 5 of chapter 150, (SB 25-228), and section 17 of chapter 151, (SB 25-270), and as Part VI (1)(A) and the affected totals are further amended by section 1 of HB 26-1155 as follows:

Section 2. **Appropriation.**

PART VI

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

(1) EXECUTIVE DIRECTOR'S OFFICE

(A) General Administration

Personal Services	76,144,403
	(795.8 FTE)
Health, Life, and Dental	13,063,358
Short-term Disability	51,631
Paid Family and Medical Leave Insurance	378,612
Unfunded Liability Amortization Equalization Disbursement Payments	7,939,888

	ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
			GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
Salary Survey	2,299,634						
Step Pay	151,359						
PERA Direct Distribution	1,638,429						
Workers' Compensation	230,107						
Operating Expenses	3,400,301						
Legal Services	2,824,915						
Administrative Law Judge Services	2,636,344						
Payment to Risk Management and Property Funds	280,008						
Leased Space	3,712,918						
Payments to OIT	15,566,219						
CORE Operations	35,879						
General Professional Services and Special Projects	47,899,410						
	<u>47,524,410</u>						

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
178,253,415		69,183,269		14,104,503 ^a	3,852,606 ^b	91,113,037(I)
177,878,415		69,052,019				90,869,287(I)

^a Of this amount, \$12,618,763 shall be from the Healthcare Affordability and Sustainability Fee Cash Fund created in Section 25.5-4-402.4 (5)(a), C.R.S., \$399,810 shall be from the Healthcare Affordability and Sustainability Nursing Facility Provider Fee Cash Fund created in Section 25.5-4-402.4 (5.5)(a), C.R.S., \$361,397 shall be from the Children's Basic Health Plan Trust created in Section 25.5-8-105 (1), C.R.S., \$278,999 shall be from the Adult Dental Fund created in Section 25.5-5-207 (4)(a), C.R.S., \$204,488 shall be from the Primary Care Fund created in Section 24-22-117 (2)(b)(I), C.R.S., \$131,531 shall be from the Nursing Home Penalty Cash Fund created in Section 25.5-6-205 (3)(a), C.R.S., \$59,140 shall be from the Healthcare Affordability and Sustainability Intermediate Care Facility Fee Cash Fund created in Section 25.5-4-402.4 (5.7)(a), C.R.S., and \$50,375 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (8)(a)(I), C.R.S.

^b Of this amount, \$1,374,082 shall be transferred from the Department of Human Services from the Health Care and Economic Security Staff Development Center line item appropriation, \$881,600 shall be from statewide indirect cost recoveries, \$839,181 shall be transferred from the Colorado Benefits Management System, Health Care and Economic Security Staff Development Center line item appropriation in this department, \$577,832 shall be transferred from the Department of Higher Education from the Fee-for-service Contracts with State Institutions for Speciality Education Programs line item, \$95,773 shall be from the Department of Personnel and Administration, \$57,678 shall be from the Department of Early Childhood, and \$26,460 shall be from the Department of Public Health and Environment from the Women, Infants, and Children Supplemental Food Grant line item.

TOTALS PART VI

**(HEALTH CARE
POLICY AND
FINANCING)²⁵**

\$18,980,783,085	\$4,381,549,873	\$1,293,261,386 ^a	\$2,168,909,052 ^b	\$160,576,367	\$10,976,486,407^c
<u>\$18,980,408,085</u>	<u>\$4,381,418,623</u>				<u>\$10,976,242,657^c</u>

^a Of this amount, \$1,292,968,309 shall be from the General Fund Exempt Account created in Section 24-77-103.6 (2), C.R.S., and \$293,077 shall be General Fund Exempt pursuant to Section 24-22-117 (1)(c)(I)(B.5), C.R.S. Said \$293,077 is not subject to the statutory limitation on General Fund appropriations imposed by Section 24-75-201.1, C.R.S.

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

^b Of this amount, \$22,134,496 contains an (I) notation.

^c Of this amount, ~~\$422,806,064~~ \$422,562,314 contains an (I) notation.

SECTION 12. Effective date. This act takes effect upon passage; except that section 8 of this act takes effect only if the annual general appropriation act for the 2026-27 state fiscal year becomes law, in which case section 8 takes effect upon the effective date of this act or of the annual general appropriation act for state fiscal year 2026-27, whichever is later; section 9 of this act takes effect only if House Bill 26-1401 does not become law, in which case section 9 takes effect upon the effective date of this act; and section 10 of this act takes effect only if House Bill 26-1401 becomes law, in which case section 10 takes effect upon the effective date of this act or of House Bill 26-1401, whichever is later.

SECTION 13. Safety clause. The general assembly finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety or for appropriations for

the support and maintenance of the departments of the state and state institutions.

Julie McCluskie
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

James Rashad Coleman, Sr.
PRESIDENT OF
THE SENATE

Vanessa Reilly
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Esther van Mourik
SECRETARY OF
THE SENATE

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO