

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

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 25-0113.01 Shelby Ross x4510

**SENATE BILL 25-042**

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**SENATE SPONSORSHIP**

**Cutter and Amabile**, Michaelson Jenet

**HOUSE SPONSORSHIP**

**Bradfield**, English

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING MEASURES TO ADDRESS COLORADO'S BEHAVIORAL**  
102 **HEALTH CRISIS RESPONSE.**

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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/>.)*

**Legislative Oversight Committee Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems.** No later than December 31, 2025, the bill requires the department of public safety (DPS), in collaboration with the behavioral health administration (BHA), to convene a stakeholder group to identify existing resources and model programs that communities

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.

throughout Colorado utilize when responding to behavioral health crises, including, but not limited to, co-responder programs, alternative response programs, and mobile crisis response programs. The bill requires DPS to compile a list of the existing resources and model programs and make the resources and information about the model programs publicly available on DPS's website.

The bill requires the department of health care policy and financing (HCPF), the department of public health and environment, and the BHA to provide information to the general assembly on or before January 1, 2027, regarding the reimbursement shortages and gaps within the continuum of care for the behavioral health crisis response system and the reimbursement and funding options at the state and federal level that are available to address the shortages and gaps, including funding for treatment in place.

Upon receiving the necessary federal authorization, the bill requires HCPF to reimburse an institute of mental health disease for providing inpatient mental health care and treatment to a member for up to 60 days, as long as the average length of stay does not exceed 30 days per calendar year.

Current law requires each person detained for an emergency mental health hold to receive an evaluation as soon as possible after the person is presented to a facility, and the evaluation may, but is not required to, include an assessment to determine if the person continues to meet the criteria for an emergency mental health hold and requires further mental health care in a facility designated by the commissioner. The bill requires the evaluation to include the assessment determination.

The bill requires a facility to only discharge a person placed on an emergency mental health hold if the person no longer meets the criteria for an emergency mental health hold; except that a facility may transfer the person to another facility if the facility is unable to provide the appropriate medical care to the person.

The bill requires the BHA to include in its annual report to the general assembly the reason for discharging each person who is placed on an emergency mental health hold.

No later than December 31, 2025, the bill requires each behavioral health entity, facility, and hospital to provide information to the BHA about the behavioral health entity's, facility's, or hospital's medical and behavioral health-care capabilities.

Beginning October 1, 2025, and continuing annually until October 1, 2030, the bill requires the BHA, in coordination with HCPF and the health information organization network, to prepare and submit a report to the general assembly on behavioral health data interoperability.

1           **SECTION 1.** In Colorado Revised Statutes, **add** 24-33.5-121 as  
2 follows:

3           **24-33.5-121. Alternative response programs, co-responder**  
4 **programs, mobile crisis response programs - stakeholder group -**  
5 **data collection - legislative declaration.** (1) (a) THE GENERAL  
6 ASSEMBLY FINDS THAT SOME COLORADO COMMUNITIES UTILIZE UNIQUE  
7 RESOURCES AND MODEL PROGRAMS WHEN RESPONDING TO A BEHAVIORAL  
8 HEALTH CRISIS, INCLUDING CO-RESPONDER PROGRAMS, ALTERNATIVE  
9 RESPONSE PROGRAMS, AND MOBILE CRISIS RESPONSE PROGRAMS.  
10 HOWEVER, THERE IS NO REPOSITORY OF INFORMATION ABOUT, NOR A  
11 GENERAL UNDERSTANDING OF, WHY THE DIFFERENT RESOURCES AND  
12 MODEL PROGRAMS WORK IN EACH COMMUNITY.

13           (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT IN  
14 ORDER TO ENCOURAGE AND ASSIST OTHER COLORADO COMMUNITIES TO  
15 DEVELOP RESOURCES AND A MODEL PROGRAM SPECIFIC TO THE  
16 COMMUNITY'S NEEDS, THE DEPARTMENT OF PUBLIC SAFETY AND THE  
17 BEHAVIORAL HEALTH ADMINISTRATION SHALL CONVENE A STAKEHOLDER  
18 GROUP TO IDENTIFY EXISTING RESOURCES AND MODEL PROGRAMS,  
19 COMPILE THE INFORMATION, AND MAKE THE INFORMATION PUBLICLY  
20 AVAILABLE.

21           (2) (a) NO LATER THAN DECEMBER 31, 2025, THE DEPARTMENT,  
22 IN COLLABORATION WITH THE BEHAVIORAL HEALTH ADMINISTRATION IN  
23 THE DEPARTMENT OF HUMAN SERVICES, SHALL CONVENE A STAKEHOLDER  
24 GROUP TO IDENTIFY:

25           (I) EXISTING RESOURCES AND MODEL PROGRAMS THAT  
26 COMMUNITIES THROUGHOUT COLORADO UTILIZE WHEN RESPONDING TO  
27 BEHAVIORAL HEALTH CRISES, INCLUDING, BUT NOT LIMITED TO,

1 CO-RESPONDER PROGRAMS, ALTERNATIVE RESPONSE PROGRAMS, AND  
2 MOBILE CRISIS RESPONSE PROGRAMS; AND

3 (II) THE REIMBURSEMENT SHORTAGES AND GAPS WITHIN THE  
4 CONTINUUM OF CARE FOR BEHAVIORAL HEALTH CRISIS RESPONSE, AND  
5 REIMBURSEMENT AND FUNDING OPTIONS THAT ARE AVAILABLE AT THE  
6 STATE AND FEDERAL LEVEL TO ADDRESS THE SHORTAGES AND GAPS,  
7 INCLUDING TREATMENT FOR FUNDING IN PLACE.

8 (b) AT A MINIMUM, THE STAKEHOLDER GROUP MUST INCLUDE  
9 REPRESENTATIVES FROM COMMUNITIES THAT HAVE EXISTING RESOURCES  
10 AND PROGRAMS; REPRESENTATIVES FROM LOCAL BEHAVIORAL HEALTH  
11 PROGRAMS, FAMILY RESOURCE CENTERS, AND DOMESTIC VIOLENCE  
12 PROGRAMS RELEVANT TO THE COMMUNITY, SUCH AS ESSENTIAL  
13 PROVIDERS, COMPREHENSIVE COMMUNITY BEHAVIORAL HEALTH  
14 PROVIDERS, SUBSTANCE USE TREATMENT PROVIDERS, MENTAL  
15 HEALTH-CARE PROVIDERS, AND INDEPENDENT CLINICIANS OR QUALIFIED  
16 UNLICENSED INDEPENDENT PROVIDERS; REPRESENTATIVES CERTIFIED IN  
17 PEDIATRIC HEALTH CARE; AND REPRESENTATIVES FROM AGENCIES  
18 PROVIDING LAW ENFORCEMENT, FIRE PROTECTION, EMERGENCY MEDICAL  
19 SERVICES, EMERGENCY RESPONSE SERVICES, EMERGENCY DISPATCH  
20 SERVICES; AND ANY OTHER REPRESENTATIVES THE DEPARTMENT AND  
21 BEHAVIORAL HEALTH ADMINISTRATION DETERMINE ARE NECESSARY.

22 (c) THE DEPARTMENT MAY CONVENE THE STAKEHOLDER GROUP  
23 REMOTELY.

24 (3) (a) AFTER CONVENING THE STAKEHOLDER GROUP PURSUANT  
25 TO SUBSECTION (2)(a) OF THIS SECTION, BUT NO LATER THAN DECEMBER  
26 31, 2025, THE DEPARTMENT SHALL COMPILE A LIST OF EXISTING  
27 RESOURCES AND MODEL PROGRAMS, AND ANALYZE REIMBURSEMENT

1 SHORTAGES AND GAPS AND DEVELOP RECOMMENDATIONS FOR  
2 ADDRESSING THE SHORTAGES AND GAPS. THE DEPARTMENT SHALL MAKE  
3 THE RESOURCES, MODEL PROGRAMS, AND RECOMMENDATIONS PUBLICLY  
4 AVAILABLE ON THE DEPARTMENT'S WEBSITE.

5 (b) (I) IN ITS 2026 ANNUAL REPORT TO THE COMMITTEES OF  
6 REFERENCE MADE PURSUANT TO SECTION 2-7-203, THE DEPARTMENT  
7 SHALL PROVIDE A REPORT ON THE INFORMATION COMPILED AND THE  
8 ANALYSIS AND RECOMMENDATIONS DEVELOPED PURSUANT TO  
9 SUBSECTION (3)(a) OF THIS SECTION.

10 (II) THE DEPARTMENT SHALL SUBMIT THE REPORT DEVELOPED  
11 PURSUANT TO SUBSECTION (3)(b)(I) OF THIS SECTION TO ANY IMPACTED  
12 STATE AGENCY.

13 (c) THE DEPARTMENT AND THE BHA SHALL CONTINUALLY UPDATE  
14 THE RESOURCES AND MODEL PROGRAMS COMPILED PURSUANT TO  
15 SUBSECTION (3)(a) OF THIS SECTION, AS THE DEPARTMENT DETERMINES IS  
16 NECESSARY.

17 **SECTION 2.** In Colorado Revised Statutes, add 27-60-117 as  
18 follows:

19 **27-60-117. Crisis response continuum of care - reimbursement**  
20 **shortages and gaps - report - repeal.** (1) ON OR BEFORE JANUARY 1,  
21 2026, THE BEHAVIORAL HEALTH ADMINISTRATION, IN COLLABORATION  
22 WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL  
23 PROVIDE INFORMATION TO THE HOUSE OF REPRESENTATIVES HEALTH AND  
24 HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN  
25 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AND ANY  
26 IMPACTED STATE AGENCY, REGARDING THE REIMBURSEMENT SHORTAGES  
27 AND GAPS WITHIN THE CONTINUUM OF CARE FOR BEHAVIORAL HEALTH

1 CRISIS RESPONSE, AND REIMBURSEMENT AND FUNDING OPTIONS AT THE  
2 STATE AND FEDERAL LEVEL THAT ARE AVAILABLE TO ADDRESS  
3 SHORTAGES AND GAPS, INCLUDING FUNDING FOR TREATMENT IN PLACE.

4 (2) THIS SECTION IS REPEALED, EFFECTIVE JUNE 30, 2027.

5 **SECTION 3.** In Colorado Revised Statutes, **add 25.5-4-435** as  
6 follows:

7 **25.5-4-435. Reimbursement for sixty-day stay.** THE STATE  
8 DEPARTMENT SHALL REIMBURSE AN INSTITUTION FOR MENTAL DISEASES,  
9 AS DEFINED IN 42 CFR 435.1010, FOR PROVIDING INPATIENT MENTAL  
10 HEALTH TREATMENT TO A MEMBER FOR UP TO SIXTY DAYS OR TO THE  
11 EXTENT PERMITTED BY FEDERAL LAW.

12 **SECTION 4.** In Colorado Revised Statutes, 27-65-106, **amend**  
13 (6)(a); and **add** (7)(d) as follows:

14 **27-65-106. Emergency mental health hold - screening -**  
15 **court-ordered evaluation - discharge instructions - respondent's**  
16 **rights.** (6) (a) Each person detained for an emergency mental health hold  
17 pursuant to this section shall receive an evaluation as soon as possible  
18 after the person is presented to the facility and shall receive such  
19 treatment and care as the person's condition requires for the full period  
20 that the person is held. The evaluation ~~may~~ **MUST** include an assessment  
21 to determine if the person continues to meet the criteria for an emergency  
22 mental health hold and requires further mental health care in a facility  
23 designated by the commissioner. The evaluation must state whether the  
24 person should be released, referred for further care and treatment on a  
25 voluntary basis, or certified for short-term treatment pursuant to section  
26 27-65-109.

27 (7) (d) IN ACCORDANCE WITH THE FEDERAL "EMERGENCY

1 MEDICAL TREATMENT AND LABOR ACT, 42 U.S.C SEC. 1395DD, A  
2 FACILITY SHALL ONLY DISCHARGE A PERSON PLACED ON AN EMERGENCY  
3 MENTAL HEALTH HOLD IF THE PERSON NO LONGER MEETS THE CRITERIA  
4 FOR AN EMERGENCY MENTAL HEALTH HOLD; EXCEPT THAT A FACILITY  
5 MAY TRANSFER THE PERSON TO ANOTHER FACILITY IF THE FACILITY IS  
6 UNABLE TO PROVIDE THE APPROPRIATE MEDICAL CARE TO THE PERSON  
7 AND THE FACILITY IS DESIGNATED BY THE BHA TO PROVIDE CARE AND  
8 TREATMENT PURSUANT TO ARTICLE 65 OF TITLE 27.

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11            **SECTION 5. Act subject to petition - effective date.** This act  
12 takes effect at 12:01 a.m. on the day following the expiration of the  
13 ninety-day period after final adjournment of the general assembly; except  
14 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
15 of the state constitution against this act or an item, section, or part of this  
16 act within such period, then the act, item, section, or part will not take  
17 effect unless approved by the people at the general election to be held in  
18 November 2026 and, in such case, will take effect on the date of the  
19 official declaration of the vote thereon by the governor.