

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

REREVISED

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

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

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Ball and Pelton B., Benavidez, Coleman, Cutter, Exum, Gonzales J., Hinrichsen, Jodeh, Kipp, Marchman, Roberts, Sullivan, Wallace, Weissman

House Committees

Health & Human Services
Appropriations

Senate Committees

Health & Human Services

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 **PRELICENSED 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.

SENATE
3rd Reading Unamended
April 1, 2026

SENATE
2nd Reading Unamended
March 31, 2026

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.

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.