



Champions for Colorado School-Based Clinics

Formerly known as Colorado Association for School-Based Health Care

2025 Colorado Legislative Session Overview

The 2025 legislative sessions summarized in a few data points:

- **733** bills considered in the legislative session
- Youth Healthcare Alliance supported **4** bills that became law
- Policy Committee met **10** times and hosted our **3rd** Day at the Capitol with over **15** attendees

Included in this document are bills relevant to school-based clinics and school health that passed and were signed into law during the 2025 Colorado general assembly session. All the information in here is summarized from Colorado General Assembly website, including fiscal note summaries and legislative summaries.

Any bills that are outside of our scope or that did not pass during the session are not included here. If you want to learn more about other legislation, you can visit the General Assembly [website](#) or read [The Colorado Sun](#) or [The Denver Post](#).

Included again this year are action steps that clinics and/or Youth Healthcare Alliance should take to implement bills or plan to participate in stakeholder meetings for implementation processes. Next to the summaries of specific bills that have direct impact, we explain the action steps needed and summarize all the steps at the end of this document for easy reference. Look for more updates from Youth Healthcare Alliance on our pieces and feel free to reach out with any questions.

Top Priority for Youth Healthcare Alliance

As school-based clinics rely on state funding for general operating grants to support their clinics, especially for any critical non-billable services and to support uninsured access to care, Youth Healthcare Alliance's number one priority each legislative session is always to defend the current state revenue and to find opportunities to increase revenue for school-based clinics.

CDPHE funding remains static for the SBHC Program at about \$5.1 million (and 3.5 FTE for Program administration), and additionally, there was a concern with the budgetary deficit that Cover All

Coloradans Medicaid program for immigrant children and pregnant people was going to be eliminated. That ended up not being the case and the program continues.

Critical Bills for School-Based Clinics

Healthcare Access

- **HB 1288 – Support for Federally-Qualified Health Centers:** Authorizes Department of Health Care Policy and Financing (HCPF) to seek and accept gifts, grants, and donations from private or public sources to support the primary care fund.
- **SB 194 – Sunset Dental Practice Act:** Makes changes to the dental practice act, including allowing dental hygienists to provide immunizations.
 - **ACTION:** Consider how the new immunization role may change work scope or workflow for hygienists in SBHCs once rules are finalized at DORA, especially for HPV vaccinations.
- **SB 229 – Reimbursement for Community Health Workers:** Authorizes funding for the community health worker program for 6 months starting January 2026.
 - **ACTION:** Engage in HCPF process for detailing community health worker reimbursement and consider whether the work that existing staff do would be reimbursable (e.g., patient navigators, care coordinators, etc.).
- **SB 276 – Protect Civil Rights Immigration Status:** Modifies state immigration laws to protect data sharing of personal identifying information relating to schools, childcare centers, local education providers, institutions of higher education, healthcare facilities, libraries, unless there is a federal judicial warrant.
 - **ACTION:** Ensure internal processes are in place to respond appropriately to any ICE activity.
- **SB 290 – Stabilization Payments for Safety Net Providers:** Creates a provider stabilization fund in HCPF with transfers from the Unclaimed Property Trust Fund to provide payments to safety net providers. The safety net providers will be prioritized based on the proportion of low-income, uninsured individuals in comparison to other safety net providers.
 - **ACTION:** Engage in HCPF process to define qualifying providers so SBHCs can benefit from this fund.

Behavioral Health

- **HB 1293 – Drug Overdose Education & Opioid Antagonists in Schools:** Requires state board of education to adopt high school health education standards regarding drug overdose risks, identification of drug overdose event, and drug overdose prevention and response. Authorizes schools to seek and accept gifts, grants, and donations for opioid antagonists.
- **SB 164 – Opioid Antagonist Availability and State Board of Health:** Requires that the state board of health to allow Colorado youth advisory council to present to the board twice a year on issues concerning the youth opioid epidemic and other health issues.

Health Insurance Coverage

- **HB 1309 – Protect Access to Gender-Affirming Health Care:** Codifies gender-affirming healthcare treatment into statute and prohibits health plans from denying or limiting

necessary gender-affirming health care as determined and prescribed by a physical or behavioral healthcare provider.

Health Equity

- **HB 1027 – Update Disease Control Statutes:** Changes disease control statutes within Colorado Department of Public Health and Environment (CDPHE), specifically emergency preparedness, school immunization, agency reporting, and Hepatitis C testing. The bill makes several changes to student immunization requirements including:
 - repealing a provision allowing students without immunization to attend schools if they, or a relevant guardian, request that local public health officials administer the immunization;
 - extending the period for students with out-of-date immunizations to submit documentation to schools before suspension or expulsion to 30 days;
 - extending reporting periods for schools to submit immunization and exemption rates to the Department of Education (CDE) and Department of Human Services; and
 - repealing the requirement for school officials to notify CDPHE of student suspensions or expulsions as a result of non-compliance with immunization requirements.
- **ACTION:** Watch CDPHE Board of Health as they promulgate rules to further define immunization regulation (and continue to watch as they may make changes over time) and engage in public comment processes.
- **HB 1188 – Mandatory Reporter Task Force Recommendations:** Codifies the recommendations from the mandatory reporter task force that convened over the last couple of years, mainly to ensure that child abuse or neglect must not be reported based on socioeconomic status, race, or disability.
- **HB 1312 – Legal Protections for Transgender Individuals:** Establishes several legal protections for transgender individuals relating to education standards, discriminatory actions, and identity documents.
- **SB 214 – Healthy School Meals for all Program:** Continues to reimburse schools for their costs for the healthy school meals for all program and refers a measure to the ballot for voter approval of continuing the program.

Other Bills May Affect School-Based Clinics (or Patients)

Behavioral Health

- **HB 1135 – Communication Devices in Schools:** Requires that on or before July 1, 2026, Colorado schools must adopt and implement a policy concerning student cellphone possession and use during the school day. At a minimum, the policy must describe the prohibitions, if any, and exceptions, if any, regarding cellphone possession and use during the school day.
- **SB 027 – Trauma-Informed School Safety Practices:** Requires the office of school safety to convene a workgroup to develop best practices for the use of trauma-informed practices in school safety drills.

Health Insurance Access & Coverage

- **HB 1002 – Medical Necessity Determination Insurance Coverage:** Clarifies that in private insurance coverage, benefits for prevention of, screening for, and treatment of behavioral health needs must be no less extensive than coverage provided for any type of physical illness.
- **HB 1176 – Behavioral Health Treatment Stigma for Providers:** Changes the licensure application for providers to practice medicine in Colorado to exclude information about health-related conditions that do not impact an applicant’s ability to practice safe, competent, and ethical patient care as well as exclude disclosures on physical illness, physical conditions, behavioral health disorders that no longer impacts that person’s ability to practice medicine safely.
- **SB 045 – Healthcare Payment System Analysis:** Requires the Colorado school of public health to analyze draft model legislation for implementation of a single-payer, nonprofit, publicly financed, and privately delivered universal healthcare payment system.
- **SB 152 – Healthcare Practitioner Identification Requirements:** Creates additional transparency around healthcare practitioners by ensuring that the practitioner is identifying their license, certificate or registration, and ensure that patients have this information as well.
- **SB 183 – Coverage for Pregnancy Related Services:** Codifies Amendment 79 from the 2024 election concerning the repeal of using state funds for abortions.
- **SB 236 – Consolidation of Crisis Response Services:** Consolidates the telephone crisis line existing within the behavioral health crisis response system with the 988 crisis hotline.

Other

- **HB 1274 – Healthy School Meals for All Program:** Refers 2 issues to the ballot to ask voters at the November 2025 statewide election if the state can retain the revenue collected for this program (however, was over the estimate the last time voters voted on this issue).
- **SB 129 – Legally Protected Healthcare Activity Protections:** Strengthens protections for healthcare activity, including gender-affirming care and reproductive healthcare, especially with out-of-state telehealth care and prescription labeling.
- **SB 130 – Providing Emergency Medical Services:** Codifies EMTALA into Colorado statute to ensure that anyone who needs emergency care can receive them without delay, discrimination, or ability to pay.
- **SB 191 – Cardiac Emergency Plans for School Sports:** Updates requirements for schools in maintaining and operating an automated external defibrillator (AED), including removing the requirement for personnel to be identified for using the AED and having written plans reviewed and approved by a physician.
- **SB 278 – Epinephrine Administration in Schools:** Modifies terms in statute from “epinephrine auto-injector” to “emergency-use epinephrine” to encompass all the ways epinephrine may be administered to treat anaphylaxis in schools.

CLINIC IMPLEMENTATION CHECKLIST

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- **SB 229 – Reimbursement for Community Health Workers**

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