2025 Health Care Affordability State Policy Snapshot

COLORADO

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HEALTHCARE VALUE HUB

State Has Active Legislation

State Does Not Have Active Legislation

The Health Care Value Hub ("the Hub") is proud to launch the 2025 Health Care Affordability Policy Snapshot ("Affordability Snapshot"). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state's health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable **Data and Source Document available on the Dashboard page. Definitions and descriptions for each policy category can be found in the Glossary.**

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	● Requires health systems or providers to notify the state of consolidation transactions	Colorado requires notice of all hospital transactions (nonprofit or for-profit) be provided to the Attorney General at least 60 days prior to the transaction.
Authority to Modify or Reject Consolidation Transactions	● Has authority to approve, set conditions, or disapprove consolidation transactions	If the Attorney General believes that a covered transaction involving a nonprofit entity may result in a material change in the charitable purposes of the hospital, he or she may challenge the transaction in court.
Affordability Criteria included in Transaction Review	⊗ Does not include consumer affordability or price growth in review criteria, approval conditions, or both	AG statutory requirements for transactions include continued access to health care services for the affected communities, but not affordability.

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	State prohibits provider from charging a facility fee for specified procedures, care settings, or both	Colorado prohibits a health-care provider that owns, contains, or operates 3 or more hospitals from charging, billing, or collecting a facility fee directly from a patient that is not covered by the patient's insurance for mandatory coverage for preventative health-care services provided in an outpatient setting.
Facility Fee Transparency Laws	State requires providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	Colorado requires providers that charge facility fees to provide notice to a patient that they charge the fee and to provide a standard bill with itemized charges identifying the facility fee.
Limits Cost-Sharing for Facility Fees	State has enacted legislation that prohibits balance billing for facility fees, requiring a separate copayment for facility fees, or both	Colorado prohibits balance billing for facility fees for preventive services, beginning July 1, 2024.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	⊗ No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	⊗ No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	● Non-competes generally unenforceable or prohibited	Colorado law voids physician noncompete agreements that restrict the right to practice medicine but allows provisions requiring payment of reasonable damages upon departure. Physicians may also share their new contact information with patients who have rare disorders or with successor organizations involved in their prior care.
Restricts Most-Favored Nation Contract Provisions	⊗ No law restricting Most Favored Nation contract provisions	

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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Prohibits balance billing for out-of-network ground ambulance services	Colorado has established balance bill protections that extend to private ambulance services only and do not cover non-emergency transport.
Prohibits Short-Term, Limited Duration Health Plans	State law has eliminated short-term, limited duration health plans	STLD health plans aren't explicitly banned in the state, but strict regulations have effectively removed them from the market.

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Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	Colorado requires hospitals to provide free or reduced cost charity care to individuals earning up to 250% FPL.
Hospital Charity Care Screening Requirements	State law requires health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	Health care facilities in Colorado are required to screen uninsured patients (unless they decline) for eligibility for public insurance and charity care.
Hospital Charity Care Notification Requirement	State law requires health care providers to notify patients of charity care options before collecting payment	Colorado law requires health care facilities to clearly inform patients of their rights and charity care options before discharge, either verbally or in writing. This information must also be posted on the hospital's website (including the homepage), displayed in waiting areas, and included on billing statements in the patient's primary language.
Hospital Community Benefit Reporting Requirement	State law requires hospitals to annually report the amount of charity care provided	Hospitals in Colorado are required to submit a community benefit report annually, including their health needs assessments, implementation plans, IRS Form 990s, and detailed spending data. Reports must be posted publicly online and submitted to a state website.

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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see note)	Colorado law requires health care providers to give at least 30 days' written notice before starting collections or reporting medical debt. Hospitals and medical creditors must also wait 182 days after services are provided before beginning collection actions and must notify patients about available discounted care at least 30 days in advance of any extraordinary collection efforts.
Limits on Liens or Foreclosures due to Medical Debt	State law prohibits initiating a lien or foreclosure to collect medical debt	Colorado prohibits initiating foreclosure on a patient's primary residence or homestead to collect debts owed for hospital services. However, the state does permit placing a lien on a patient's property.
Limits Wage Garnishment due to Medical Debt	State law exceeds federal wage garnishment protections for residents with medical debt	State consumer protections against wage garnishment exceed federal protections.
Limits on the Amount of Interest Charged to Medical Debt	State law limits interest rates on medical debt	The maximum interest rate on medical debt is capped at 3% per year in Colorado

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Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	Has the authority to modify or reject premium rate increases	Colorado has the authority to approve or deny rate filings in the individual, large group, and small group market.
Affordability Criteria Included in Premium Rate Review	Incorporates affordability criteria into premium rate review	The state commissioner may consider whether a carrier's premium rates are affordable and whether they have effective strategies to enhance affordability through investments in primary care. Carriers must detail how they will increase primary care expenditures and engage patients and providers in affordability initiatives. Those who do not comply may face civil penalties, cease-and-desist orders, or revocation of licenses. Colorado Option plan rate increases are also tied to medical inflation after 2025.

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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	State uses reference-based pricing tied to Medicare rates to regulate hospital pricing	If Colorado Public Option standardized insurance plans fail to meet certain premium reduction targets, the state's insurance commissioner may set reimbursement rates for hospitals in that plan starting at 155% of Medicare, with higher reimbursement rates for specific hospitals and depending on payer mix. The state also introduced HB 25-1174 in 2025 which would have set price caps on prices paid to hospitals in the state employee health plan and small group market, but it did not pass.
Hospital Global Budgets	State has not implemented hospital global budgets	

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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	State offers an active public option insurance plan	Colorado introduced the Colorado Option in 2021, a statewide public option available to all residents, including undocumented immigrants. Participating insurers are required to meet network adequacy standards and adhere to specified premium rate reduction targets. If these reductions aren't met, the state insurance commissioner has the authority to set reimbursement rates.
Public Option Includes Provider Participation Mandate	Public option includes a participation mandate	All individual and small group health insurance carriers in the state are required to offer the standardized plan in each county they operate.
Basic Health Plan	State does not operate a Basic Health Plan	
State-Based Premium Subsidies	Supplementary state-funded premium subsidies are available to eligible residents	Colorado subsidizes coverage for residents enrolled in a Silver level Marketplace plan earning up to 200% FPL. The OmniSalud program also provides limited premium subsidies for undocumented residents up to 150% FPL. Starting in 2026, subsidies will shift from cost-sharing to premium assistance, with $50/month for the primary enrollee and $18/month per additional family member.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	State does not require express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Colorado are required to notify the prescribing physician of a substitution within "a reasonable time after dispensing a biological product."
Drug Purchasing Consortium	State does not participate in a drug purchasing consortium*	
Drug Coupon Prohibitions	State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	State Medicaid carves out any drug classes from their MCO benefits (see note)*	As of July 1, 2023, Colorado carves out the following drugs/classes from MCO benefits: Oncology/CAR-T drugs, spinal muscular atrophy agents.
Mandatory Generics in Medicaid Fee-for-Service (FFS)	Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	Colorado has policies or tools to promote mandatory generics.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager Reimbursement and Clawbacks	State prohibits PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State prohibits copay accumulator programs	

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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	

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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	In 2022, Colorado MCOs covered 6% of children, 14% of expansion adults, 12% of older adults and/or adults with disabilities, and 11% of all other adults.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	⊗ State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	● State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	● State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	● State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	⊗ State Medicaid program does not cover hearing aids for adults	
Medicaid Coverage for Eye Exams and Glasses	◉ State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Exam are covered annually and eyeglasses are covered only after eye surgery.
Medicaid Coverage for Dental Services	● State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	

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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	Colorado has an approved waiver to provide 12 months of continuous eligibility for people leaving incarceration and is in the process of implementation, but is not yet active.
12-Month Postpartum Coverage	State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	Colorado has an approved waiver to provide Medicaid pre-release coverage for individuals who are incarcerated, and the state is in process of implementation set to begin July 1, 2025. Services include Medicaid coverage up to 90 days before release, case management, medication-assisted treatment, and a 30-day supply of medication upon release.
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond $2,000 for an individual applicant and $3,000 for joint applicants	
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	Life insurance exemption limits do not exceed $1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	State does not exempt retirement savings from Medicaid eligibility determinations	

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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	Covers pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option and post-partum coverage	Colorado extends postpartum coverage to 12 months for parents covered by the From Conception to End of Pregnancy option.
Immigrant Children without a Five-Year Bar	State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	Offers coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	Offers coverage for adults regardless of immigration status	Colorado's OmniSalud program uses state funds to provide Marketplace coverage with premium subsidies to individuals with incomes at or below 300% of the federal poverty level (FPL) regardless of immigration status through OmniSalud using a section 1332 waiver. Colorado previously provided subsidized plans with $0 premiums through SilverEnhanced Savings, but the program is capped at 12,000 people and has paused enrollment for 2025 due to funding constraints.

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	APCD is operated by the state	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	The state has an active prescription drug affordability board	Colorado's Prescription Drug Affordability Board was established in 2021 and has the authority to set upper payment limits.
Prescription Drug Upper Payment Limits	The state has established Upper Payment Limits for prescription drugs	Colorado's Prescription Drug Affordability Board can establish upper payment limits for up to 18 prescription drugs per year.

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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	State has a public-facing price transparency tool that reports negotiated rates	
Prescription Drug Price Reporting Requirement	Organizations are not required to report prescription drug price information to a state entity	

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	State monitors and reports hospital spending, primary care spending, or both	Colorado's Department of Health Care Policy and Financing and Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) board, established in 2017, reviews hospital spending. The Colorado Division of Insurance manages a Primary Care Payment Reform Collaborative that tracks primary care spending and alternative payment models.

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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Colorado caps out-of-pocket costs for a 30-day supply of prescription insulin at $100.00. The state also operates an Insulin Affordability Program, which provides discounted insulin to uninsured and eligible underinsured residents.
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has enacted legislation to limit cost-sharing for prescription epinephrine autoinjector (s)	Colorado caps cost-sharing for a twin-pack of epinephrine auto-injectors at $60.00 and has established an Epinephrine Auto-Injector Affordability Program, which provides discounted epinephrine to uninsured and underinsured residents.
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Colorado requires all state-regulated health benefit plans to include coverage for HIV prevention drugs and services without cost-sharing.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State requires private insurers to cover at least one annual mental health wellness exam without cost-sharing	Colorado requires health insurance plans to cover an annual mental health wellness exam without patient cost-sharing.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	Colorado law already requires insurance plans to cover preventive services recommended by the United States Preventive Services Task Force without cost-sharing. Senate Bill 25-196, passed in 2025, strengthens these protections by requiring continued coverage even if federal guidelines change. It authorizes the state Insurance Commissioner to maintain coverage based on January 2025 standards and allows a state advisory task force to update the list of required services with public input. The bill also permits limited exceptions for HSA-qualified plans to ensure they comply with federal law.

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	The state requires individual and small group health plans to offer coverage for in-vitro fertilization alone or in addition to fertility preservation services	Colorado requires health insurance policies to cover standard fertility preservation and in-vitro fertilization (IVF).
Individual and Small Group Health Plans Required to Cover Doula Services	State does not require private health insurers to cover doula services for enrollees	SB24-175, enacted on June 5, 2024, mandates large employer health plans provide doula coverage starting July 1, 2025.
Individual and Small Group Health Plans Required to Cover Abortion Services	The state does not require individual and small group health plans to cover abortion services	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening tests with no cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law requires insurers to cover follow-up colorectal cancer screening but allows cost-sharing*	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams	Colorado law does not explicitly require insurance carriers to provide coverage for lung cancer screening, but the state does require carriers to cover USPSTF recommended services without cost-sharing, which includes health services rated "A" or "B" by the U.S. Preventive Services Task Force such as lung cancer screening.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening tests with no cost-sharing	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening but allows cost-sharing	Colorado requires insurers provide coverage for prostate cancer screening predeductible and limits the out-of-pocket costs for a prostate cancer exam to $65.00
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State requires coverage of biomarker testing for cancer screening but allows cost-sharing	As of January 1, 2025, Colorado requires certain state-regulated health plans to cover biomarker testing, excluding screening and direct-to-consumer genetic tests. Insurers may still apply cost-sharing, but coverage cannot be subject to annual or lifetime limits.

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