

Summary of Legislation

2026



Behavioral Health

Samantha Lattof | Samantha.Lattof@coleg.gov

The 2026 General Assembly introduced numerous behavioral health bills around licensing and transparency, particularly as they relate to facilities, continuity of care, and administration.

Additional bills from 2026 address the allocation of resources for behavioral health. These bills are summarized below.

Licensing and Transparency

Under current law, recovery residences (with certain exemptions) are required to be certified by a third-party certifying body approved the Behavioral Health Administration (BHA). [Senate Bill 26-113](#) requires recovery residences to instead be licensed directly by the BHA. It also requires the BHA to investigate select incidents that occur at the residences and to summarize the findings for the public. Licenses must be renewed annually and are subject to a licensing fee. The bill establishes a process for licensure denials and suspensions, as well as fines and penalties for recovery residences that fail to comply with licensing requirements. The bill repeals some of the requirements currently placed on recovery residences, but requires the BHA to promulgate licensing requirements that similarly ensure quality of care.

[House Bill 26-1305](#) allows certain remote psychiatric inpatient health care facilities to operate under a main hospital's license, issued by the Department of Public Health and Environment (CDPHE). CDPHE may assess a separate licensing fee to the main hospital for each remote facility location, and promulgate any necessary rules.

Under current law, after a person has been discharged from a mental health hold, the facility that held them must attempt to follow up within 48 hours. [House Bill 26-1116](#) extends this period to 72 hours, excluding weekends and holidays. Current licensure requirements for behavioral health entities include receiving a certificate of compliance with building regulations from the state Division of Fire Prevention and Control in the Department of Public Safety. The bill allows outpatient facilities to receive the certification after an inspection conducted by a local fire department with a certified inspector and exempts providers of telehealth services from the requirement.

[House Bill 26-1220](#) updates behavioral health license terminology from "acute treatment unit" to "behavioral health entity" to conform with existing facility licensing types.

[House Bill 26-1063](#) requires the Department of Health Care Policy and Financing to

Behavioral Health

publish a list of secure transportation providers that contract with a managed care entity. The BHA is required to publish a list of secure transportation providers that contract with a BHA Services Organization. These lists must include contact information for the providers, including an active phone number or website for each.

- the Capacity-Building Grant Program initiated by [House Bill 19-1287](#) and continued by [Senate Bill 21-137](#);
- the High-Risk Families Cash Fund initiated by [House Bill 19-1193](#) and further funded by [Senate Bill 21-137](#); and
- the Recovery Support Services Grant Program required by [Senate Bill 21-137](#).

Resource Allocation

The Public Defender and Prosecutor Behavioral Health Support Program was created through [Senate Bill 22-188](#) and receives \$500,000 from the General Fund annually, which is passed through the Department of Local Affairs (DOLA) to the Office of the State Public Defender and the Colorado District Attorney's Council. [House Bill 26-1385](#) requires DOLA to allocate 100 percent of the money for the Public Defender and Prosecutor Behavioral Health Support Program to the Office of the State Public Defender in FY 2026-27 only, instead of the current 50/50 funding split with the Colorado District Attorney's Council.

As a budget-balancing measure, [House Bill 26-1378](#) repeals the following services and programs offered by the BHA:

- the Safety Net Provider Application Support Services required by [House Bill 25-1045](#);
- the required annual appropriation of \$50,000 for the Rural Behavioral Health Voucher Program created by [Senate Bill 21-137](#), which the bill makes an optional annual appropriation with no set amount;