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

## REVISED

This Version Includes All Amendments Adopted on Second Reading in the Second House

LLS NO. 25-0772.01 Josh Schultz x5486

**HOUSE BILL 25-1176** 

### **HOUSE SPONSORSHIP**

**Stewart R.,** Bacon, Boesenecker, Bradley, Brown, Camacho, Clifford, Duran, English, Froelich, Garcia, Garcia Sander, Gilchrist, Hamrick, Jackson, Johnson, Joseph, Lieder, Lindsay, Lukens, Mabrey, McCluskie, McCormick, Rutinel, Rydin, Stewart K., Titone

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# **House Committees**

Health & Human Services

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## A BILL FOR AN ACT

101 CONCERNING MEASURES TO REDUCE THE STIGMA OF BEHAVIORAL
102 HEALTH TREATMENT FOR MEDICAL PRACTITIONERS.

## **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 <a href="http://leg.colorado.gov">http://leg.colorado.gov</a>.)

The bill requires the following regarding the application for a license to practice medicine in Colorado (application) and the questionnaire accompanying the form for a license renewal (questionnaire):

• The application questions reflect the recommendations of the Federation of State Medical Boards and the SENATE Amended 2nd Reading April 22, 2025

HOUSE rd Reading Unamended March 4, 2025

HOUSE 2nd Reading Unamended February 28, 2025

Shading denotes HOUSE amendment. <u>Double underlining denotes SENATE amendment.</u>

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.

- requirements of the federal "Americans with Disabilities Act of 1990";
- The application and questionnaire do not require the disclosure of personal medical or health information that is not relevant to the applicant's ability at the time of application to provide safe, competent, and ethical patient care; and
- The application and questionnaire do not include questions seeking information about past health-related conditions that do not impact an applicant's ability to practice safe, competent, and ethical patient care at the time of application.

The bill clarifies that an individual subject to the licensing requirements of the "Colorado Medical Practice Act" is not required to disclose a physical illness, physical condition, behavioral health disorder, mental health disorder, or substance use disorder that no longer impacts the individual's ability to practice the applicable health-care profession or occupation with reasonable skill and safety to patients or clients.

Current law requires that if a health-care professional has a physical illness, physical condition, or behavioral or mental health disorder that renders the person unable to practice the applicable health-care profession or occupation with reasonable skill and safety to patients or clients, the licensee, registrant, or certificate holder shall notify the regulator that regulates the person's profession or occupation of the physical illness, physical condition, or behavioral or mental health disorder. The bill requires that a health-care professional must additionally provide notice of a substance use disorder and specifies that the health-care professional is required only to provide notice of a current physical illness, physical condition, behavioral health disorder, mental health disorder, or substance use disorder.

Be it enacted by the General Assembly of the State of Colorado:

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2 **SECTION 1. Legislative declaration.** (1) The general assembly finds and declares that:

- (a) Physicians and physician assistants experience significantly higher rates of suicide compared to the general public, with stigma surrounding mental health care as a major contributing factor;
- (b) The Physicians Foundation reports that 80% of physicians believe stigma exists around mental health care, and a substantial

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percentage of physicians and physician assistants fear professional repercussions if they seek mental health care;

- (c) The COVID-19 pandemic exacerbated mental health challenges among health-care providers, with medical students and residents experiencing even greater mental health burdens than practicing physicians;
- (d) Research by the Society of Teachers of Family Medicine indicates that mental health receives disproportionately greater scrutiny compared to physical health in licensure applications, which may deter health-care providers from seeking necessary treatment;
- (e) The Federation of State Medical Boards, Federation of State Physician Health Programs, National Institute for Occupational Safety and Health, and American Medical Association all support efforts to remove stigmatizing questions about mental health diagnosis and treatment from medical licensing and credentialing applications;
- (f) The Dr. Lorna Breen Heroes' Foundation has identified overly broad and invasive mental health questions in licensure applications as stigmatizing, discriminatory, and harmful to physician wellness and patient safety;
- (g) A health-care provider's application or renewal questionnaire should not require the disclosure of personal medical or health information that is not relevant to the applicant's current ability to provide safe, competent, and ethical patient care;
- (h) A health-care licensing application should not include questions seeking information about past health-related conditions that no longer impact a licensee's ability to practice safe, competent, and ethical patient care;

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(i) Medical students and residents report that stigma and fear of disclosing treatment to a future employer or licensure body are prime reasons that they do not seek mental health care;

- (j) At least 29 states have revised their licensure application language to align with best practices;
- (k) More than 450 hospitals and health systems have revised their credentialing language to align with best practices; and
- (l) The state of Colorado has an opportunity to reduce stigma and encourage health-care providers to seek care by modernizing its licensure and credentialing applications.
- (2) Therefore, the general assembly declares that it is in the best interest of the people of Colorado to modernize the language in medical licensure and credentialing applications to support the well-being and safety of health-care providers and the public.
- SECTION 2. In Colorado Revised Statutes, amend 12-240-115
  as follows:

a license to practice medicine shall make application to the board, the application to be verified by oath and to be in the form prescribed by the board. The application shall be accompanied by the license fee and the documents, affidavits, and certificates necessary to establish that the applicant possesses the qualifications prescribed by this article 240, apart from any required examination by the board. The burden of proof shall be upon the applicant, but the board may make such independent investigation as it may deem advisable to determine whether the applicant possesses the qualifications and whether the applicant has at any time committed any of the acts or offenses defined in this article 240 as

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1	unprofessional conduct.
2	(2) THE BOARD SHALL <u>CONSIDER</u> THE RECOMMENDATIONS OF THE
3	FEDERATION OF STATE MEDICAL BOARDS, OR ITS SUCCESSOR
4	ORGANIZATION, AND THE REQUIREMENTS OF THE FEDERAL "AMERICANS
5	WITH DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101 ET SEQ., WHEN
6	DEVELOPING THE APPLICATION QUESTIONS.
7	(3) The application must not require the disclosure of
8	PERSONAL MEDICAL OR HEALTH INFORMATION THAT IS NOT RELEVANT TO
9	THE APPLICANT'S ABILITY AT THE TIME OF APPLICATION TO PROVIDE SAFE,
10	COMPETENT, AND ETHICAL PATIENT CARE.
11	(4) The application must not include questions seeking
12	INFORMATION ABOUT PAST HEALTH-RELATED CONDITIONS LISTED IN
13	SECTION 12-30-108 (1)(a) THAT DO NOT IMPACT AN APPLICANT'S ABILITY
14	TO PRACTICE SAFE, COMPETENT, AND ETHICAL PATIENT CARE AT THE TIME
15	OF APPLICATION.
16	(5) The board shall provide information in the application
17	ABOUT THE BOARD'S PEER HEALTH ASSISTANCE PROGRAM, THE
18	APPLICANT'S ABILITY TO SELF-REFER TO THE PEER HEALTH ASSISTANCE
19	PROGRAM AT ANY TIME, AND THE APPLICANT'S ABILITY TO SELF-REFER IN
20	LIEU OF DISCLOSURE TO THE BOARD.
21	SECTION 3. In Colorado Revised Statutes, 12-30-108, amend
22	(1), (2)(a), and (4)(a)(I)(E); <b>repeal</b> (4)(a)(II); and <b>add</b> (5) as follows:
23	12-30-108. Confidential agreement to limit practice - violation
24	grounds for discipline - definition. (1) (a) If a licensee, registrant, or
25	certificate holder has a CURRENT physical illness, physical condition, or
26	behavioral or HEALTH DISORDER, mental health disorder, OR SUBSTANCE
27	USE DISORDER that renders the person unable to practice the applicable

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health-care profession or occupation with reasonable skill and safety to patients or clients, the licensee, registrant, or certificate holder shall notify the regulator that regulates the person's profession or occupation of the physical illness, physical condition, or behavioral or HEALTH DISORDER, mental health disorder, OR SUBSTANCE USE DISORDER in a manner and within a period determined by the regulator.

- (b) The regulator may require the licensee, registrant, or certificate holder to submit to an examination or refer the licensee, registrant, or certificate holder to a peer health assistance program, if one exists, to evaluate the extent of the CURRENT physical illness, physical condition, or behavioral or HEALTH DISORDER, mental health disorder, OR SUBSTANCE USE DISORDER and its effect on the licensee's, registrant's, or certificate holder's ability to practice with reasonable skill and safety to patients or clients.
- (c) This section does not require the disclosure of a physical illness, physical condition, behavioral health disorder, mental health disorder, or substance use disorder that no longer impacts a licensee's, registrant's, or certificate holder's ability to practice the applicable health-care profession or occupation with reasonable skill and safety to patients or clients, as determined by a peer health assistance program designated as a provider by the board.
- (2) (a) Upon determining that a licensee, registrant, or certificate holder with a CURRENT physical illness, physical condition, or behavioral or HEALTH DISORDER, mental health disorder, OR SUBSTANCE USE DISORDER is able to render limited services with reasonable skill and safety to patients or clients, the regulator may enter into a confidential

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1	agreement with the licensee, registrant, or certificate holder in which the
2	licensee, registrant, or certificate holder agrees to limit the person's
3	practice based on the restrictions imposed by the physical illness, physical
4	condition, or behavioral or HEALTH DISORDER, mental health disorder, OR
5	SUBSTANCE USE DISORDER, as determined by the regulator.
6	(4) (a) This section does not apply to:
7	(I) The following health-care professionals:
8	(E) Nursing home administrators regulated pursuant to article 265
9	of this title 12. or
10	(II) A licensee, registrant, or certificate holder subject to
11	discipline for habitual or excessive use or abuse of alcohol beverages, a
12	habit-forming drug, or a controlled substance as defined in section
13	<del>18-18-102 (5).</del>
14	(5) As used in this section, "current" means recently
15	ENOUGH TO JUSTIFY A REASONABLE BELIEF THAT A HEALTH-RELATED
16	CONDITION MAY HAVE AN ONGOING IMPACT ON AN INDIVIDUAL'S ABILITY
17	TO PRACTICE MEDICINE. "CURRENT" IS NOT LIMITED TO THE DAY OF, OR A
18	SPECIFIED TIME PERIOD, BUT REFERS TO CONDUCT THAT HAS OCCURRED
19	RECENTLY ENOUGH TO INDICATE THE INDIVIDUAL IS ACTIVELY ENGAGED
20	IN THE CONDUCT.
21	SECTION 4. In Colorado Revised Statutes, 12-240-130, add
22	(2)(c) and (2)(d) as follows:
23	12-240-130. Renewal, reinstatement, reactivation -
24	delinquency - fees - questionnaire. (2) (c) The Questionnaire must
25	NOT REQUIRE THE DISCLOSURE OF PERSONAL MEDICAL OR HEALTH
26	INFORMATION THAT IS NOT RELEVANT TO THE LICENSEE'S ABILITY AT THE
27	TIME OF RENEWAL TO PROVIDE SAFE, COMPETENT, AND ETHICAL PATIENT

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1	CARE, AS DETERMINED BY A PEER HEALTH ASSISTANCE PROGRAM
2	DESIGNATED AS A PROVIDER BY THE BOARD.
3	(d) THE QUESTIONNAIRE MUST NOT INCLUDE QUESTIONS SEEKING
4	INFORMATION ABOUT PAST HEALTH-RELATED CONDITIONS <u>LISTED IN</u>
5	$\underline{\text{SECTION 12-30-108 (1)(a)}} \text{ THAT DO NOT IMPACT A LICENSEE'S ABILITY TO}$
6	PRACTICE SAFE, COMPETENT, AND ETHICAL PATIENT CARE AT THE TIME OF
7	RENEWAL.
8	SECTION 5. In Colorado Revised Statutes, 12-240-121, amend
9	(1)(e) and (1)(i) as follows:
10	12-240-121. Unprofessional conduct - definitions.
11	(1) "Unprofessional conduct" as used in this article 240 means:
12	(e) Habitual or excessive use or abuse of alcohol, a habit-forming
13	drug The use of a substance, including alcohol, an illicit drug,
14	or a controlled substance as defined in section 18-18-102 (5), WHICH
15	RESULTS IN THE INABILITY TO PRACTICE WITH REASONABLE JUDGMENT,
16	SKILL, OR SAFETY;
17	(i) Failing to notify the board, as required by section 12-30-108
18	(1), of a CURRENT physical illness, physical condition, or behavioral,
19	mental health, or substance use disorder that IMPAIRS THE LICENSEE'S
20	JUDGMENT OR impacts the licensee's ability to perform a medical service
21	with reasonable skill and safety to patients; failing to act within the
22	limitations created by a CURRENT physical illness, physical condition, or
23	behavioral, mental health, or substance use disorder that renders the
24	licensee unable to perform a medical service with reasonable skill and
25	safety to the patient; or failing to comply with the limitations agreed to
26	under a confidential agreement entered into pursuant to sections
27	12-30-108 and 12-240-126. THIS SUBSECTION (1)(i) DOES NOT REQUIRE

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1	THE DISCLOSURE OF A PHYSICAL ILLNESS, PHYSICAL CONDITION, OR
2	BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDER THAT NO
3	LONGER IMPAIRS THE LICENSEE'S JUDGMENT OR IMPACTS THE LICENSEE'S
4	ABILITY TO PERFORM A MEDICAL SERVICE WITH REASONABLE SKILL AND
5	SAFETY TO PATIENTS, AS DETERMINED BY A PEER HEALTH ASSISTANCE
6	PROGRAM DESIGNATED AS A PROVIDER BY THE BOARD.
7	SECTION 6. Act subject to petition - effective date. This act
8	takes effect at 12:01 a.m. on the day following the expiration of the
9	ninety-day period after final adjournment of the general assembly; except
10	that, if a referendum petition is filed pursuant to section 1 (3) of article V
11	of the state constitution against this act or an item, section, or part of this
12	act within such period, then the act, item, section, or part will not take
13	effect unless approved by the people at the general election to be held in
14	November 2026 and, in such case, will take effect on the date of the
15	official declaration of the vote thereon by the governor.

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