Title of Rule: Revision to the Children's Health Plan Rule Concerning Coverage for Abortion Services
Rule Number: CHP 25-07-01-A
Division / Contact / Email: Policy, Communication & Administration/ Rachel Larson / rachel.larson@state.co.us

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

   Colorado voters approved Amendment 79 during the 2024 general election. Amendment 79 repealed the state constitutional amendment prohibiting the use of public funds to cover abortions. The Amendment also added a state constitutional amendment for the right to an abortion and prohibiting Colorado from denying that right in any way. Senate Bill 25-183 changes state law in accordance with Amendment 79. SB 25-183 requires the Medical Services Board to include abortion care in the schedule of health-care services available for pregnant persons enrolled in Child Health Plan Plus (CHP+). CHP 25-07-01-A seeks to implement these constitutional and legislative mandates into the Children's Basic Health Plan Rule 10 CCR 2505-3.

   An emergency rule-making is imperatively necessary to comply with voter will, General Assembly direction, and member needs related to access to safe abortion services.

   ☒ to comply with state or federal law or federal regulation and/or
   ☐ for the preservation of public health, safety and welfare.

   Explain:

This rule proposal is being brought as an emergency rule to comply with Amendment 79 to the Colorado Constitution and Senate Bill 25-183, signed April 24, 2025 by Governor Polis with a January 1, 2026 effective date. The Department immediately put together teams to analyze the requirements and to implement next steps for the legislative mandate. After the Department gathered information and conducted research, the Department held a stakeholder engagement session in September 2025 to inform members and providers of the legislative changes. On the standard rulemaking calendar, the Medical Services Board Calendar has November 30, 2025 as the latest rule effective date available in 2025 which then requires all rule changes fully approved and submitted to the Medical Services Board by early August 2025 for September/October 2025 MSB meetings. The next available effective date is January 14, 2026 on the standard rulemaking calendar. Thus, in light of the tight timeline from the signing of SB 25-183 to the implementation date, the necessary stakeholder engagement and policy development work, and the immediate needs of our members, this rule proposal is brought as an emergency rule. The effective date of these proposed rule changes is January 1, 2026.

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2. Federal authority for the Rule, if any:

3. State Authority for the Rule:

   Amendment 79 to the Colorado Constitution; SB 25-183; Sections 25.5-1-301 through 25.5-1-303, C.R.S.

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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

   Members will benefit from the expansion of services covered under this proposed rule. There is funding provided by the legislature under SB 25-183 to cover these services.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

   Quantitatively, those members needing pregnancy-related services including abortion care will benefit from those services being covered in accordance with Amendment 79 and SB 25-183. Qualitatively, members will benefit by not having to seek care out of state for these services and by having these services covered. Members will have access to safe abortion care, which will decrease medical complications that are seen with unsafe abortions and improve maternal mental health. Additionally, access to safe, legal abortion care has been linked to lower rates of poverty and financial hardship for women and their families.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

   The legislature provided funding attached to SB 25-183 to cover these pregnancy-related services.

   For abortion-related services provided to CBHP-eligible members, the General Assembly appropriated to the Department $407,689 in General Fund. The Department also assumed $447,535 in savings associated with pregnancy and perinatal-related services.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

   There is no option for inaction since voter and General Assembly direction through Amendment 79 and SB 25-183 prompted this rule proposal.

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5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

   No other options were considered by the Department since Amendment 79 and SB 25-183 mandated this rule proposal.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

   No other options were considered by the Department since Amendment 79 and SB 25-183 mandated this rule proposal.

[Sections 50-180 not relevant to this rule change proposal]

200 BENEFITS PACKAGE

210 The following are covered benefits including any applicable limitations:

A. Emergency Care and Urgent/After Hours Care;

B. Emergency Transport/Ambulance Services;

C. Hospital/Other Facility Services Including:

1. Inpatient;

2. Physician;

3. Outpatient/Ambulatory;

D. Medical Office Visits Including:

1. Physician;

2. Mid-Level Practitioner;

3. Specialist;

E. Diagnostic Services;

F. Preventative, Routine and Family Planning Services Including:

1. Immunizations;

2. Well-child visits;

3. Health maintenance visits;

4. Abortion (Effective January 1, 2026)

G. Maternity Care Including:

1. Prenatal;

2. Delivery and inpatient well-baby care;

3. Postpartum care

4. Lactation Services & Support

H. Mental Illness Treatments such as:

1. Neurobiologically-based mental illness

2. Mental disorders

3. All other mental illness;

I. Physical Therapy, Speech Therapy and Occupational Therapy shall be limited to 30 visits per diagnosis per year. Effective November 1, 2007, Physical, Speech and Occupational Therapy services shall be unlimited for children from birth up to the child's third birthday.

J. Durable Medical Equipment shall be limited to the lesser of the purchase price or rental price for medically necessary durable medical equipment that shall not exceed two thousand dollars per year.

K. Transplants must be medically necessary and are limited to:

1. Liver;

2. Heart;

3. Heart/lung;

4. Cornea;

5. Kidney;

6. Bone marrow which shall be limited to the following conditions:

   a. Aplastic anemia;

   b. Leukemia;

   c. Immunodeficiency disease;

   d. Neuroblastoma;

   e. Lymphoma;

   f. High risk stage II and III breast cancer;

   g. Wiskott aldrich syndrome;

7. Peripheral stem cell support which shall be limited to the following conditions:

   a. Aplastic anemia;

   b. Leukemia;

   c. Immunodeficiency disease;

   d. Neuroblastoma;

e. Lymphoma;

f. High risk stage II and III breast cancer;

g. Wiskott aldrich syndrome;

L. Home health care;

M. Hospice care;

N. Prescription medication;

O. Kidney dialysis shall be excluded only if the member is also eligible for Medicare;

P. Skilled nursing facility care must be provided only when there is a reasonable expectation of measurable improvement in the members' health status.

Q. Vision services shall be limited to:

1. Vision screenings for age appropriate preventative care;

2. Referral required for refraction services;

3. Minimum fifty dollar benefit for eyeglasses;

R. Audiology services shall be limited to:

1. Hearing screenings for age appropriate preventative care;

2. Hearing aids without financial limitation for enrollees age 18 and under no more than once every five years unless medically necessary including:

a. A new hearing aid when alterations to the existing hearing aid cannot adequately meet the needs of the child

b. Services and supplies including, but not limited to, the initial assessment, fitting, adjustments, and auditory training that is provided according to accepted professional standards.

S. Intractable pain;

T. Gender-affirming care (see 10 CCR 2505-10, 8.735)

U. Case management is covered only when medically necessary;

V. Dietary counseling/nutritional services shall be limited to:

1. Formula for metabolic disorders;

2. Total parenteral nutrition;

3. Enterals and nutrition products;

4. Formulas for gastrostomy tubes;

W. Dental services are limited to:

1. Those dental services described in the Children's Basic Health Plan dental Evidence of Coverage booklet provided to enrollees, who are less than nineteen years of age. Beginning October 1, 2019, the dental services listed below are covered benefits for enrolled pregnant women of any age, excepting Limited Orthodontic services under Section 210.W.1.h for pregnant women age nineteen and above. Children's Basic Health Plan dental services are provided by the dental MCO (or its designee) with which the Department has contracted for the applicable plan year to provide the following dental services;

    a. Diagnostic

    b. Preventive

    c. Restorative

    d. Endodontic

    e. Periodontic

    f. Prosthodontic

    g. Oral and Maxillofacial Surgery

    h. Limited Orthodontic, excepting pregnant women age nineteen and above.

    i. Adjunctive General Services

2. Orthodontic and prosthodontic treatment for cleft lip or cleft palate in newborns (covered as a medical service in accordance with section 10-16-104, C.R.S.); and

3. Treatment of teeth or periodontium required due to accidental injury to naturally sound teeth (covered as a medical service in accordance with section 10-16-104, C.R.S.). A physician or legally licensed dentist must perform treatment within 72 hours of the accident.

X. Therapies covered shall include:

1. Chemotherapy;

2. Radiation;

Y. The following are not covered benefits:

1. Acupuncture;

2. Artificial conception;

3. Biofeedback;

4. Storage Costs for umbilical blood;

5. Chiropractic care;
6. Convalescent care or rest cures;
7. Cosmetic surgery;
8. Custodial care;
9. Domiciliary care;
10. Duplicate coverage;
11. Government institution or facility services;
12. Hair loss treatments;
13. Hypnosis;
14. Infertility services;
15. Maintenance therapy;
16. Nutritional therapy unless specified otherwise;
~~17. Elective termination of pregnancy, unless the elective termination is to save the life of the mother or if the pregnancy is the result of an act of rape or incest;~~
17~~8~~. Personal comfort items;
18~~9~~. Physical exams for employment or insurance;
19~~20~~. Private duty nursing services;
20~~1~~. Routine foot care;
21~~2~~. Taxes;
22~~3~~. Temporomandibular joint (TMJ) treatment, unless it has a medical basis;
23~~4~~. Other therapies and treatments which are not medically necessary;
24~~5~~. Vision services unless specified otherwise;
25~~6~~. Vision therapy;
26~~7~~. War-related conditions;
27~~8~~. Weight-loss programs;
28~~9~~. Work-related conditions;

[Sections 300-610 not relevant to this rule change proposal]