

# Copic 2026 Legislative Recap: What Passed, What Changed, What's Next

## Top Takeaways from the 2026 Session

*A quick look at the biggest changes for your practice. Read on for the full bill-by-bill breakdown.*

- **Medical liability stayed quiet.** The legislature largely maintained the status quo, and an effort to fold medical liability into the Consumer Protection Act was stopped before session even began.
- **AI use in healthcare is now regulated in two key areas.** New rules govern AI in patient financial assistance and employment decisions (effective 1/1/2027), and a separate law now bans AI from directly communicating with patients in psychotherapy or generating unreviewed treatment plans (in effect now).
- **A new “administrative license” is coming for non-clinical physicians.** Starting 1/1/2027, physicians in research, education, or administrative-only roles can obtain a license that skips CME requirements, but still requires full \$1M/\$3M liability coverage.
- **The Colorado Medical Board’s authority was extended through 2035,** along with updated renewal rules for foreign teaching physicians and new exemptions for natural medicine facilitators.
- **Board disciplinary notices can now be sent by email in most cases** (with mail as a backup), except podiatrists, who receive email-only notices, while physicians and nurses still receive certified mail.
- **New maternal health equity requirements are here.** Birthing facilities must post a “birthing parent rights” notice by 1/1/2027, and CME on maternal equity may be added through Medical Board rulemaking.
- **Behavioral health hold follow-up timelines were extended** from 48 to 72 hours post-discharge, aligning substance-related emergency holds with standard mental health holds.
- **Looking ahead to 2027:** Expect healthcare legislation to be increasingly filtered through the lens of state budget and Medicaid pressures, even bills that aren’t explicitly about healthcare delivery.



### Have questions?

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## About This Report

Copic developed this **2026 Legislative Recap Report** to help you understand the healthcare-related changes that came out of the 2026 legislative session and what actions, if any, you and your practice should consider.

It’s part of our dedicated, year-round legislative advocacy efforts, focused on protecting access to quality care, preserving the physician-patient relationship, and maintaining your ability to review, deliver and improve care.

This year, we tracked 643 bills across our key markets and worked directly with legislators and partners to shape healthcare policy. Across our markets, the 2026 legislative session taught us that **healthcare policy is inseparable from state budget issues**. Even bills that aren’t explicitly about healthcare delivery are shaped by fiscal pressure, a dynamic likely to continue into 2027.

*The information provided herein does not, and is not intended to constitute legal, medical, or other professional advice; instead, this information is for general informational purposes only. The specifics of each state’s laws and the specifics of each circumstance may impact its accuracy and applicability, therefore, the information should not be relied upon for medical, legal, or financial decisions and you should consult an appropriate professional for specific advice that pertains to your situation.*

## What Did We Learn from the 2026 Colorado Legislative Session?

The session opened with extreme pressure on the budget, and the lack of resources shaped nearly every conversation. Medicaid now makes up close to one-third of the state budget and that pressure will remain in 2027. There was a notable split in the Democratic majority. Centrist Democrats, organized loosely as the Colorado Opportunity Caucus, repeatedly broke from their more progressive colleagues to slow down or stop the most far-reaching bills. This provided opportunity to work in the middle, which is where a lot of the healthcare fights were won this year.

It was a quieter year on the issue of medical liability. The legislature largely opted to maintain the status quo, and efforts to include medical liability in the Consumer Protection Act were stymied before the session started. The pressure appeared in other areas instead, including artificial intelligence, maternal health, and the question of who can own and direct a medical practice.



## The Full Breakdown

Explore details of key bills in this section, including who's impacted, what changed, and what to consider.

### AREA: ARTIFICIAL INTELLIGENCE

**Bill title:** Concerning the Use of Automated Decision-Making in Consequential Decisions

**Bill number:** [SB 26-189](#)

**Who this impacts:** Clinicians and medical facilities, groups, centers, and clinics that use automated decision-making technology (ADMT).

#### Summary

This bill serves as the fix to Senate Bill 24-205, which passed in 2024, and was the first state-based bill to attempt to regulate the deployment of artificial intelligence. At that time, the Governor signed the bill while tasking legislators and stakeholders to further refine the requirements of the bill to ensure that the use of the technology and its future innovation is accounted for. Senate Bill 189 is the result of extensive stakeholder engagement on this issue.

**The bill applies to healthcare clinicians and facilities that use ADMT in connection with patient financial assistance eligibility determinations and in connection with employment decisions.** Medical facilities and practices that are HIPAA-covered entities operating from a Colorado location are generally exempt from the law's broader requirements when using technology for patient care and healthcare-service decisions.

#### Considerations

*This bill is effective January 1, 2027. The Copic team is working with our partners during the rulemaking process, which is taking place this fall.*

- **Develop patient notice language for appropriate disclosures describing the use of covered ADMT.** Practices should review patient intake forms, privacy notices, patient portal disclosures, and other communications.
- **Review how ADMT is used in patient financial assistance decisions and as part of employment decision tools.** Be sure to consider processes that involve vendors or business associates.
- **Establish procedures for human oversight of ADMT decisions that impact patients or employees.** This should include a process that allows patients to seek review and reconsideration of adverse financial assistance decisions.

#### Medical liability coverage considerations

The use of ADMT does not eliminate the providers obligations to patients when providing or recommending treatment and care for patients.

## AREA: ARTIFICIAL INTELLIGENCE

**Bill title:** Concerning the Use of Artificial Intelligence Relating to Psychotherapy Services

**Bill number:** [HB 26-1195](#)

**Who this impacts:** Behavioral healthcare clinicians such as registered psychologists, professional counselors, social workers, clinical social workers, marriage and family therapists, and addiction counselors. Hospitals, health systems, medical practices and groups that provide behavioral healthcare may also be impacted.

**Summary**

This bill protects patients by prohibiting clinicians from using artificial intelligence (AI) to: (1) directly interact with clients in any form of therapeutic communication; (2) generate therapeutic recommendations or treatment plans without review and approval by regulated professionals; or (3) detect emotions or mental states.

**Considerations**

*This bill went into effect on August 12, 2026.*

- **Inventory your health AI tools and review your vendor contracts for compliance with this new law.** AI systems can be utilized for administrative support functions such as scheduling and reminders, processing billing and insurance claims, and drafting general communications related to therapy logistics that does not include therapeutic advice. It is meant to be used for "supplementary support," which includes the preparing and maintaining of client records, including therapy notes. This also includes analyzing data to track client progress or identifying trends, and identifying internal and external resources or referrals for client use.
- **Train clinical staff.** The utilization of AI is not to be used for therapeutic communication. A clinician is not allowed to utilize an AI system in any form of therapeutic communication for synchronous communication with a client.
- **Require clinician review.** Establish a documented process requiring the responsible clinician to review AI-generated notes, progress analyses, recommendations, and treatment plans before they are incorporated into clinical care or the medical record.
- **Be sure to gain consent from the patient prior to utilizing AI in any part of their care.** As defined by this legislation, consent means a clear, explicit, affirmative and unambiguous agreement, including a written agreement by electronic means. This consent should outline that an AI system will be used, and the specific purpose for which the AI system will be used. Please note, this consent is required for the transcription of therapeutic sessions.

## AREA: MATERNAL HEALTH

**Bill title:** Concerning Measures to Improve Equity in Maternal Health

**Bill number:** [HB 26-1044](#)

**Who this impacts:** Obstetric physicians, nurses and nurse aides in obstetrics, certified nurse midwives and other maternal care clinicians; hospitals and health systems with labor and delivery units, and birthing centers/outpatient obstetric facilities.

**Summary**

This bill aims to improve maternal health by encouraging cultural competence and equity. The bill authorizes the Colorado Department of Public Health and Environment (CDPHE) to consider continuing medical education on the topic.

**Considerations**

*This bill went into effect on May 5, 2026. Health facilities are required to provide a statement of rights for birthing parents no later than January 1, 2027.*

## Considerations for physicians:

- **Watch for Colorado Medical Board updates related to CME rulemaking and maternal care equity topics.** The law places this topic into the Board's stakeholder process, so implementation details may develop through rulemaking.
- **Review communication and consent practices in obstetric care settings, especially around informed consent, role clarity, patient questions, and respectful communication.** These themes are reflected in the required birthing parent rights notice.
- **Discuss equity and respectful care expectations within OB, L&D, and maternity teams now rather than waiting for formal policy rollout.** The law clearly signals that these issues are becoming part of routine care expectations.

## Considerations for hospitals and facilities:

- **Prepare a compliant birthing parent rights notice and determine how it will be delivered electronically and, when requested, in print.** Facilities providing labor and childbirth services must have this available by January 1, 2027.
- **Review patient education workflows in labor and delivery, obstetric triage, and postpartum settings to ensure the notice is consistently available to birthing parents and companions/family members when applicable.**
- **Track related board and CDPHE implementation guidance so facility education, policy language, and patient-facing materials stay aligned with state expectations.**

## AREA: AUTHORITY AND SCOPE OF THE COLORADO MEDICAL BOARD

**Bill title:** Sunset Colorado Medical Board

**Bill number:** [HB 26-1307](#)

**Who this impacts:** Physicians in nonclinical or partly nonclinical roles; academic medical centers, teaching hospitals, and residency/fellowship programs; hospitals, large medical groups, credentialing offices, and compliance teams; physician assistants and anesthesiologist assistants; and natural medicine facilitators and organizations interacting with them.


**Summary**

This legislation extends the authority and scope of the Colorado Medical Board, continuing its regulation of the medical and healthcare industries in Colorado until September 1, 2035. It creates administrative licenses for physicians starting January 1, 2027. These administrative licenses are intended to allow physicians to focus solely on administrative activities such as research, analysis, and quality management, without the requirement to complete continuing medical education. In addition, the law changes the license-renewal process for distinguished and temporary distinguished foreign teaching physicians, and establishes exemptions for natural medicine facilitators licensed under specific statutes.


**Considerations**

*This bill went into effect on August 12, 2026.*

## For physicians

- **Assess whether your role is truly nonclinical and may fit the new administrative license beginning January 1, 2027,** especially if your work is limited to education, mentorship, curriculum, research design/analysis, or other administrative functions without direct patient care or prescribing.
- **Do not assume the administrative license can be used for patient care, prescribing, or clinical privileges,** because the bill expressly limits that license to roles that do not involve those activities.
- **If you are a distinguished foreign teaching physician or part of an academic appointment structure,** monitor Board guidance on the new renewal framework.

For hospitals and medical practices

- **Review credentialing and privileging policies** so they clearly distinguish between physicians who need a full, patient-care-capable medical license and those whose duties may fit the new administrative license.
- **Coordinate among medical staff services, HR, legal, compliance, and risk management before reclassifying any physician role**, because the bill creates a narrower license designed for nonclinical activities only.
- **If your organization employs or hosts distinguished foreign teaching physicians, plan ahead for whatever Board-established renewal process replaces annual renewal.**
- **If your organization intersects with natural medicine facilitation, update internal scope-of-practice guidance so teams understand that licensed facilitators have a statutory exemption from physician licensure only within the scope of their facilitator license.**

For compliance/legal/risk teams

- **Monitor DORA/Colorado Medical Board rulemaking and implementation guidance for the new administrative license, including application criteria, documentation, and any operational limits or attestations.** The fiscal note anticipates at least some additional Board workload for rulemaking and outreach tied to these licensing changes.
- **Update internal policies, job descriptions, and onboarding materials** so they align with the new statutory categories before the administrative license becomes available on January 1, 2027.



#### Medical liability coverage considerations

If you may move to an administrative license, confirm medical liability insurance coverage remains in place, because the enacted bill summary states that physicians with this license are required to have medical liability insurance. As currently written, administrative licensure will require the physician to have full \$1 million/\$3 million professional liability coverage limits. Inquire with your carrier/Copic about options for coverage for administrative medicine work only.

## AREA: PROFESSIONAL LICENSING AND DISCIPLINARY PROCEDURES

**Bill title:** Sunset Division of Professions and Occupations

**Bill number:** [HB 26-1324](#)

**Who this impacts:** Healthcare clinicians, including physicians, nurses, APRNs, certified midwives, and podiatrists.



#### Summary

This legislative package primarily updates professional licensing and disciplinary procedures across various regulated industries in Colorado, including healthcare. It authorizes the use of email as a valid method for serving notices, disciplinary communications, and admonitions, alongside traditional methods such as certified mail and personal service. However, certified mail is still required for disciplinary communications to physicians and nurses.



#### Considerations

*This bill went into effect August 11, 2026.*

For clinicians

- **The bill allows the medical and nursing boards to send important communications by email, such as 30-day letters or letters of admonition.** However, it includes a safeguard that the regulator must send the communication by U.S. Mail if the licensee does not confirm receipt of the email within seven calendar days.

For Orthopedic practices

- Due to the Podiatry Practice Act, podiatrists will be receiving 30-day letters or letters of admonition via email only. There is not the same requirement for the board to send communications by U.S. Mail if the recipient does not confirm receipt within seven calendar days. We are keeping an eye on aligning this within the rulemaking process.

## AREA: BEHAVIORAL HEALTH

**Bill title:** Process for People with Behavioral Health Disorder

**Bill number:** HB 26-1116

**Who this impacts:** Behavioral health clinicians, psychiatrists, emergency room facilities, behavioral health hospitals, psychiatric facilities, crisis stabilization programs, and behavioral health clinics.



### Summary

This bill aligns the process for invoking an emergency commitment for an individual under the influence of or incapacitated by a substance with the process for invoking an emergency health hold, bringing clarity to the process.



### Considerations

*This bill went into effect August 12, 2026.*

For clinicians and healthcare facilities:

- This legislation extends the requirement for healthcare facilities to attempt to follow up with a patient or the person's legal guardian **from 48 hours to within 72 hours after discharge**, excluding weekends and holidays.
- **Healthcare facilities are encouraged to utilize peer support professionals** when performing follow-up care and in developing a continuing care plan.

For compliance/legal/risk teams:

- The bill includes a clarifying measure that the state Behavioral Health Administration (BHA) cannot require a certificate of compliance for an applicant's building or structure from the Division of Fire Prevention and Control in the Department of Public Safety if the applicant provides only telehealth services.