



Students for Patient Advocacy Nationwide

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The Honorable Jenny Wilford, Chair

House State, Civic, Military, & Veterans Affairs Committee

February 27, 2026

Re: Colorado H.B. 26-1220 (Carter & Bradley) - Support if Amended

Dear Chair Willford and members of the House State, Civic, Military, & Veterans Affairs Committee,

Students for Patient Advocacy Nationwide (SPAN) appreciates the intent of H.B. 26-1220, which aims to update outdated statutory terminology from “acute treatment unit” to “behavioral health entity” to align with Colorado’s current behavioral health licensing framework. As a youth-led organisation committed to advancing equitable, patient-centered health systems that are navigable and understandable for young people and their families, we recognise the importance of legislation that clarifies behavioral health infrastructure and reduces confusion for patients, providers, and community partners.

In 2019, H.B. 19-1237 consolidated multiple behavioral health facility licenses into a single “behavioral health entity” (BHE) license, modernising oversight and creating a unified regulatory structure. Subsequent reforms, including the transfer of licensing authority to the Behavioral Health Administration (BHA), further advanced this transition and placed behavioral health licensing within a dedicated statewide behavioral health agency. Colorado General Assembly+1 H.B. 26-1220 is a necessary technical cleanup to ensure that statute reflects these reforms and no longer references a license type that has been consolidated.

While we acknowledge and commend the efforts behind H.B. 26-1220, we write today to respectfully request specific amendments that would strengthen the bill’s impact and success, ensuring that it fully serves the communities it intends to support.

We are particularly concerned about the following aspects of the bill in its current form:

Problematic Omission #1: Limited attention to patient-facing clarity and navigation

Current language focuses on correcting statutory terminology but does not explicitly address how the transition from “acute treatment unit” to “behavioral health entity” will be communicated to patients, families, and front-line partners (such as schools, law enforcement, and emergency departments). The BHA itself notes that Colorado is in a period of regulatory transition and that information is being reorganised “to minimise confusion” as the state moves from legacy licenses to the BHE structure. Without clear, patient-facing guidance, young people and families may struggle to understand whether facilities they previously knew as “acute treatment units” are still available, what services they provide, and how they fit into the modern behavioral health system.

Problematic Omission #2: Lack of a formal crosswalk between legacy and current terminology

Although H.B. 26-1220 corrects statutory language, it does not require the state to maintain an accessible crosswalk between legacy terms (e.g., “acute treatment unit”) and the BHE framework. Given that “acute



treatment unit” remains defined in other parts of statute and has been widely used in practice, the absence of a formal crosswalk risks ongoing confusion for courts, law enforcement, hospitals, and community organisations that still rely on older terminology in policies, forms, and training materials.

Problematic Omission #3: No evaluation of the transition’s impact on access and equity

The bill is correctly framed as having no fiscal impact and as a technical update, but it does not provide for any feedback loop to assess whether terminology alignment is actually improving system navigation, particularly for youth, communities of color, and individuals with limited health literacy. In a system already undergoing significant behavioral health reform, even “technical” changes can have real-world implications for how people find and use services.

To address these concerns, we propose the following amendments:

Amendment Proposal #1: Require plain-language, patient-facing guidance on the terminology change

Add language directing the Behavioral Health Administration to develop and disseminate plain-language materials explaining that facilities previously licensed as “acute treatment units” are now licensed as “behavioral health entities,” and clarifying that the scope of services (e.g., crisis stabilisation, short-term intensive care) remains available within the BHE framework. These materials should be:

- Accessible: Written at an appropriate reading level and translated into commonly spoken languages in Colorado.
- Widely distributed: Shared with hospitals, schools, law enforcement agencies, community mental health centers, and youth-serving organisations.

This amendment would operationalise the state’s existing commitment to minimising confusion during the BHE transition and ensure that statutory cleanup translates into real-world clarity for patients and families.

Amendment Proposal #2: Establish and maintain a public crosswalk between legacy and current terms

Add a requirement that the BHA maintain an up-to-date, publicly accessible crosswalk that:

- Maps legacy facility types (including “acute treatment unit”) to the current BHE license structure; and
- Provides guidance for courts, law enforcement, payers, and providers on how to interpret older terminology in existing policies, contracts, and forms.

This crosswalk could be hosted on the BHA’s existing licensing and rules webpages, which already serve as central hubs for information on the BHE transition and rule updates. Codifying this expectation would help ensure consistency across systems and reduce misalignment between statute, practice, and public understanding.

Amendment Proposal #3: Include a brief implementation and feedback report to the legislature

Add a provision requiring the BHA, within a defined period (for example, by a specified date two years after the bill’s effective date), to submit a short report to the appropriate legislative committees summarising:

- How the terminology change has been implemented across state agencies and provider networks;



- Any observed issues in patient or stakeholder understanding of the new terminology; and
- Feedback from stakeholders, including youth, people with lived experience of behavioral health conditions, and community-based organisations, on whether the updated terminology has improved or hindered navigation of services.

This light-touch reporting requirement would not materially change the bill's fiscal profile but would provide valuable insight into whether technical statutory updates are achieving their intended purpose of clarity and alignment.

We believe these changes will help ensure the bill more effectively supports patient understanding, reduces system fragmentation, and strengthens the broader behavioral health reforms already underway in Colorado. As students and young advocates working across the country to advance evidence-based, equitable policy, we are eager to see H.B. 26-1220 succeed in a way that aligns with both expert consensus and community needs, especially for youth and families who often struggle the most to navigate complex behavioral health systems.

SPAN respectfully urges the committee to consider these amendments before moving the bill forward. We are more than willing to engage further or provide additional input as needed.

Sincerely,

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