

HOUSE COMMITTEE OF REFERENCE REPORT

February 12, 2020

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Chair of Committee

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Date

Committee on Public Health Care & Human Services.

After consideration on the merits, the Committee recommends the following:

HB20-1017 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1 Amend printed bill, page 2, lines 6 and 7, strike "AND AT LEAST ONE OPIOID  
2 ANTAGONIST".

3 Page 2, line 8, strike "DISORDER" and substitute "DISORDER. THE  
4 CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL DIAGNOSE  
5 AND BEGIN PROCURING THE OPIOID AGONIST AS SOON AS PRACTICABLE, BUT  
6 NO LATER THAN THREE DAYS AFTER THE PERSON IS TAKEN INTO CUSTODY.  
7 THE CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL  
8 MAINTAIN THE TREATMENT OF THE PERSON".

9 Page 3, line 1, strike "INCARCERATION." and substitute "INCARCERATION,  
10 AS MEDICALLY NECESSARY. THE PERSON MAY TRANSITION FROM AN OPIOID  
11 AGONIST TO AN OPIOID ANTAGONIST IF A MEDICAL PROFESSIONAL  
12 DETERMINES SUCH A TRANSITION IS MEDICALLY APPROPRIATE.".

13 Page 3, line 16, strike "AND AT LEAST ONE OPIOID ANTAGONIST".

14 Page 3, line 17, strike "DISORDER" and substitute "DISORDER. THE FACILITY  
15 SHALL DIAGNOSE AND BEGIN PROCURING THE OPIOID AGONIST AS SOON AS  
16 PRACTICABLE, BUT NO LATER THAN THREE DAYS AFTER THE PERSON IS  
17 TAKEN INTO CUSTODY. THE FACILITY SHALL MAINTAIN THE TREATMENT OF  
18 THE PERSON".

19 Page 3, line 18, strike "INCARCERATION." and substitute "INCARCERATION,  
20 AS MEDICALLY NECESSARY. THE PERSON MAY TRANSITION FROM AN OPIOID

1 AGONIST TO AN OPIOID ANTAGONIST IF A MEDICAL PROFESSIONAL  
2 DETERMINES SUCH A TRANSITION IS MEDICALLY APPROPRIATE."

3 Page 4, line 11, strike "AND AT LEAST ONE OPIOID ANTAGONIST".

4 Page 4, line 13, strike "DISORDER" and substitute "DISORDER. THE FACILITY  
5 SHALL DIAGNOSE AND BEGIN PROCURING THE OPIOID AGONIST AS SOON AS  
6 PRACTICABLE, BUT NO LATER THAN THREE DAYS AFTER THE PERSON IS  
7 COMMITTED TO OR PLACED WITH THE FACILITY. THE FACILITY SHALL  
8 MAINTAIN THE TREATMENT OF THE PERSON".

9 Page 4, line 14, strike "PLACEMENT." and substitute "PLACEMENT, AS  
10 MEDICALLY NECESSARY. THE PERSON MAY TRANSITION FROM AN OPIOID  
11 AGONIST TO AN OPIOID ANTAGONIST IF A MEDICAL PROFESSIONAL  
12 DETERMINES SUCH A TRANSITION IS MEDICALLY APPROPRIATE."

13 Page 5, line 10, strike "EITHER".

14 Page 5, strike lines 11 through 13 and substitute "UTILIZE CURRENT  
15 PROCEDURES AND PROTOCOLS FOR THE DISPOSAL OF THE CONTROLLED  
16 SUBSTANCES."

17 Page 5, strike line 23 and substitute "SHALL PROVIDE THE PERSON WITH  
18 INFORMATION ABOUT THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM,  
19 CREATED IN SECTION 27-60-103, TO HELP IDENTIFY AVAILABLE  
20 TREATMENT OPTIONS AND, IF PRACTICABLE, PROVIDE TRANSPORTATION  
21 FOR THE PERSON TO THE MOST APPROPRIATE FACILITY FOR".

22 Page 5, line 24, after the period add "THE INFORMATION ABOUT THE CRISIS  
23 HOTLINE MUST BE DEVELOPED BY THE OFFICE OF BEHAVIORAL HEALTH IN  
24 THE STATE DEPARTMENT AND BE PROVIDED TO SAFE STATIONS FOR  
25 DISTRIBUTION."

26 Page 6, strike lines 4 through 18 and substitute:

27 **"17-26-140. Continuity of care for persons in custody.** (1) IF  
28 A PERSON IS RECEIVING MEDICATION-ASSISTED TREATMENT FOR A  
29 SUBSTANCE USE DISORDER WHILE THE PERSON IS INCARCERATED,  
30 CONTINUITY OF CARE MUST BE PROVIDED TO THE PERSON BASED ON THE  
31 FOLLOWING LEVELS OF TREATMENT:

32 (a) **Level one stabilization.** LEVEL ONE STABILIZATION REFERS TO  
33 A PERSON WHO IS IN CUSTODY FOR LESS THAN THIRTY DAYS, IS RECEIVING

1 MEDICATION-ASSISTED TREATMENT, AND IS BEING MONITORED BY  
2 MEDICAL PERSONNEL AND ASSESSED FOR ADDITIONAL MEDICAL OR  
3 MENTAL HEALTH NEEDS WHILE IN CUSTODY. PERSONS IDENTIFIED AS LEVEL  
4 ONE SHALL RECEIVE INFORMATION CONTAINING TREATMENT OPTIONS  
5 AVAILABLE IN THE COMMUNITY UPON RELEASE.

6 (b) **Level two treatment.** LEVEL TWO TREATMENT REFERS TO A  
7 PERSON WHO IS IN CUSTODY FOR MORE THAN THIRTY DAYS, IS STABILIZED  
8 ON MEDICATION-ASSISTED TREATMENT, IS RECEIVING MEDICAL AND  
9 MENTAL HEALTH FOLLOW UP TREATMENT AS NEEDED, AND IS RECEIVING  
10 COUNSELING AND SUPPORT. PERSONS IDENTIFIED AS LEVEL TWO WILL BE  
11 FOLLOWED BY A CASE MANAGER TO IDENTIFY TREATMENT NEEDS WHILE  
12 IN CUSTODY. ONCE A RELEASE DATE IS ESTABLISHED, THE PERSON SHALL  
13 RECEIVE REENTRY SERVICES. IF THE PERSON IS BONDED OR RELEASED  
14 DURING LEVEL TWO TREATMENT, JAIL PERSONNEL WILL ATTEMPT TO  
15 IDENTIFY AND REINSTATE THE PERSON'S MEDICAID, IDENTIFY TREATMENT  
16 SERVICES, AND SCHEDULE APPOINTMENTS AS TIME PERMITS. AT A  
17 MINIMUM, PERSONS IDENTIFIED AS LEVEL TWO SHALL RECEIVE  
18 INFORMATION CONTAINING TREATMENT OPTIONS AVAILABLE IN THE  
19 COMMUNITY UPON RELEASE.

20 (c) **Level three reentry services.** LEVEL THREE REENTRY  
21 SERVICES REFERS TO A PERSON WHO IS WITHIN SIXTY DAYS OF RELEASE  
22 AND WHO HAS COMPLETED LEVEL ONE STABILIZATION, LEVEL TWO  
23 TREATMENT, HAS BEEN MAINTAINED ON MEDICATION-ASSISTED  
24 TREATMENT, AND RECEIVED COUNSELING AND TREATMENT FOR A  
25 SUBSTANCE USE DISORDER WHILE IN CUSTODY. THE COUNTY JAIL SHALL  
26 CONDUCT THE FOLLOWING BEFORE RELEASING THE PERSON FROM THE  
27 COUNTY JAIL'S CUSTODY:

28 (I) ENSURE THAT THE PERSON'S MEDICAID IS REINSTATED, IF  
29 APPLICABLE;

30 (II) ENSURE THAT TREATMENT SERVICES ARE READILY AVAILABLE;

31 (III) SCHEDULE APPOINTMENTS WITH THE PERSON'S BEHAVIORAL  
32 HEALTH CARE PROVIDER OR LICENSED HEALTH CARE PROVIDER;

33 (IV) PROVIDE POST-RELEASE RESOURCES DEVELOPED PURSUANT  
34 TO SECTION 17-1-103 (1)(r); AND

35 (V) ADDRESS TRANSPORTATION NEEDS."

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