

Second Regular Session  
Seventy-second General Assembly  
STATE OF COLORADO

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 20-0155.02 Kristen Forrestal x4217

**HOUSE BILL 20-1085**

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**A BILL FOR AN ACT**

101 **CONCERNING THE PREVENTION OF SUBSTANCE USE DISORDERS, AND, IN**  
102 **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

**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 <http://leg.colorado.gov>.)*

**Opioid and Other Substance Use Disorders Study Committee.**

The bill requires the commissioner of insurance (commissioner) to promulgate rules that establish diagnoses of covered conditions for which nonpharmacological alternatives to opioids are appropriate. Each health benefit plan is required to provide coverage for at least 6 physical therapy visits and 6 occupational therapy visits per year or 12 acupuncture visits

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters or bold & italic numbers indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.*

HOUSE  
Amended 3rd Reading  
June 9, 2020

HOUSE  
Amended 2nd Reading  
June 8, 2020

per year, with a maximum of one copayment per year for 12 covered visits. The bill requires the commissioner to conduct an actuarial study to determine the economic feasibility prior to including acupuncture as a covered alternative treatment. (**section 1** of the bill).

The bill prohibits an insurance carrier (carrier) from limiting or excluding coverage for an atypical opioid or a nonopioid medication that is approved by the federal food and drug administration by mandating that a covered person undergo step therapy or obtain prior authorization if the atypical opioid or nonopioid medication is prescribed by the covered person's health care provider. The carrier is required to make the atypical opioid or nonopioid medication available at the lowest cost-sharing tier applicable to a covered opioid with the same indication (**section 2**).

The bill precludes a carrier that has a contract with a physical therapist, occupational therapist, or acupuncturist from prohibiting the physical therapist, occupational therapist, or acupuncturist from, or penalizing the physical therapist, occupational therapist, or acupuncturist for, providing a covered person information on the amount of the covered person's financial responsibility for the covered person's physical therapy, occupational therapy, or acupuncture services or from requiring the physical therapist, occupational therapist, or acupuncturist to charge or collect a copayment from a covered person that exceeds the total charges submitted by the physical therapist, occupational therapist, or acupuncturist. The commissioner is required to take action against a carrier that the commissioner determines is not complying with these prohibitions (**section 3**).

Current law limits an opioid prescriber from prescribing more than a 7-day supply of an opioid to a patient who has not had an opioid prescription within the previous 12 months unless certain conditions apply, and this prescribing limitation is set to repeal on September 1, 2021. The bill continues the prescribing limitation indefinitely (**sections 4 through 10**).

The bill requires the executive director of the department of regulatory agencies (department) to consult with the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) and the state medical board to promulgate rules establishing competency-based continuing education requirements for physicians and physician assistants concerning prescribing practices for opioids (**section 11**).

The bill modifies requirements for adding prescription information to the prescription drug monitoring program (program) and allows the department of health care policy and financing and the health information organization network access to the program (**sections 12 and 13**).

The bill continues indefinitely the requirement that a health care provider query the program before prescribing a second fill for an opioid and requires each health care provider to query the program before

prescribing a benzodiazepine, unless certain exceptions apply. The bill also requires the director of the division of professions and occupations in the department to promulgate rules designating additional controlled substances and other prescription drugs to be tracked by the program. In addition to current law allowing medical examiners and coroners to query the program when conducting an autopsy, the bill allows medical examiners and coroners to query the program when conducting a death investigation (**sections 13 through 15**).

The bill appropriates money to:

- ! The department of public health and environment annually to address opioid and other substance use disorders through local public health agencies (**section 16**);
- ! The department of health care policy and financing to extend the operation of the substance use disorder screening, brief intervention, and referral to treatment grant program (**section 17**); and
- ! The department of human services for allocation to the center for continuing education activities for opioid prescribers, including education for prescribing benzodiazepines (**section 18**).

The bill directs the office of behavioral health in the department of human services to convene a collaborative with institutions of higher education, nonprofit agencies, and state agencies for the purpose of gathering feedback from local public health agencies, institutions of higher education, nonprofit agencies, and state agencies concerning evidence-based prevention practices (**section 19**).

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

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

4 (a) The opioid epidemic continues to be a tragic and preventable  
5 cause of death and harm in Colorado and nationwide;

6 (b) Vulnerable populations prone to opioid and substance use  
7 disorders are in particular need of help during and after the COVID-19  
8 pandemic;

9 (c) Atypical opioids, such as buprenorphine, tramadol, and  
10 tapentadol, exist on the market as safer alternatives to conventional

1 opioids;

2 (d) According to *Medicine Today*, a peer reviewed journal of  
3 clinical practice, buprenorphine, tramadol, and tapentadol exhibit superior  
4 efficacy in treating chronic pain when compared to conventional opioids  
5 by demonstrating in users:

6 (I) Improved function and quality of life;

7 (II) Less serious adverse effects on immune function and the  
8 endocrine system;

9 (III) Lower rates of some other adverse effects, such as  
10 gastrointestinal effects;

11 (IV) A reduced risk of opioid-induced ventilatory impairment, and  
12 thereby death, in high doses; and

13 (V) Lower abuse potential than conventional opioids and,  
14 therefore, a lower risk of misuse, abuse, and diversion into black markets;

15 (e) Insurance coverage for alternatives to opioids, including safer  
16 drugs and physical therapy, often includes barriers to safer treatment, like  
17 prior authorization and step therapy;

18 (f) Chances of overdose increase when opioids are taken with  
19 benzodiazepines, sedatives commonly prescribed for anxiety and as sleep  
20 aids;

21 (g) More than 30% of overdoses involving opioids also involved  
22 benzodiazepines, according to the National Institute on Drug Abuse;

23 (h) Since 2016, the federal Centers for Disease Control and  
24 Prevention has recommended that clinicians avoid prescribing  
25 benzodiazepines concurrently with opioids whenever possible;

26 (i) Both prescription opioids and benzodiazepines carry warnings  
27 on their labels highlighting the dangers of using these drugs together; and

1 (j) Medical education standards are in need of continuous  
2 development.

3 (2) Therefore, in order to enhance collaboration with health care  
4 providers, promote alternatives to opioids, and prevent more tragic deaths  
5 as a result of opioids, it is the intent of the general assembly to:

6 (a) Mandate that health benefit plans provide coverage for a  
7 minimum amount of physical therapy, occupational therapy, and  
8 acupuncture treatments;

9 (b) Expand health plan coverage to include atypical opioids, such  
10 as buprenorphine, tramadol, and tapentadol, at a low cost;

11 (c) Extend the seven-day limit on opioid prescriptions indefinitely;

12 (d) Establish competency-based continuing medical education  
13 requirements that concern opioid prescription practices for physicians,  
14 physician assistants, and other health care professionals;

15 (e) Incorporate the risk of benzodiazepines usage into provider  
16 education programs;

17 (f) Mandate the designation of additional controlled substances  
18 and other prescription drugs to be tracked by the prescription drug  
19 monitoring program;

20 (g) Extend the requirement that providers must check the  
21 prescription drug monitoring program before prescribing a second fill for  
22 an opioid and before prescribing benzodiazepines, with certain  
23 exceptions; and

24 (h) Allow medical examiners and coroners to query the  
25 prescription drug monitoring program during death investigations.

26 **SECTION 2.** In Colorado Revised Statutes, 10-16-104, **add** (23)  
27 as follows:

1           **10-16-104. Mandatory coverage provisions - definitions -**  
2 **rules. (23) Nonpharmacological alternative treatment to opioids -**  
3 **rules. (a)** ANY HEALTH BENEFIT PLAN, EXCEPT SUPPLEMENTAL POLICIES  
4 COVERING A SPECIFIED DISEASE OR OTHER LIMITED BENEFIT, MUST  
5 PROVIDE COVERAGE FOR NONPHARMACOLOGICAL TREATMENT AS AN  
6 **ALTERNATIVE TO OPIOIDS.**

7           **(b)** THE COVERAGE REQUIRED BY THIS SUBSECTION (23) MUST:  
8           **(I)** INCLUDE, AT A COST-SHARING AMOUNT NOT TO EXCEED THE  
9 COST-SHARING AMOUNT FOR A PRIMARY CARE VISIT FOR NONPREVENTIVE  
10 SERVICES, A MINIMUM OF SIX PHYSICAL THERAPY VISITS, SIX  
11 OCCUPATIONAL THERAPY VISITS, SIX CHIROPRACTIC VISITS, AND SIX  
12 ACUPUNCTURE VISITS; AND

13           **(II)** NOT REQUIRE PRIOR AUTHORIZATION, AS DEFINED IN SECTION  
14 10-16-112.5 (7)(d), FOR NONPHARMACOLOGICAL TREATMENTS AS AN  
15 ALTERNATIVE TO OPIOIDS.

16           **(c)** AT THE TIME OF A COVERED PERSON'S INITIAL VISIT FOR  
17 TREATMENT, A PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST,  
18 ACUPUNCTURIST, OR CHIROPRACTOR SHALL NOTIFY THE COVERED  
19 PERSON'S CARRIER THAT THE COVERED PERSON HAS STARTED TREATMENT  
20 WITH THE PROVIDER.

21           **SECTION 3.** In Colorado Revised Statutes, **amend** 10-16-145.5  
22 as follows:

23           **10-16-145.5. Step therapy - prior authorization - prohibited -**  
24 **stage four advanced metastatic cancer - opioid prescription -**  
25 **definition - rules. (1) (a)** Notwithstanding section 10-16-145, a carrier  
26 that provides coverage under a health benefit plan for the treatment of  
27 stage four advanced metastatic cancer shall not limit or exclude coverage

1 under the health benefit plan for a drug THAT IS approved by the United  
2 States food and drug administration and that is on the carrier's  
3 prescription drug formulary by mandating that a covered person with  
4 stage four advanced metastatic cancer undergo step therapy if the use of  
5 the approved drug is consistent with:

6 (a) (I) The United States food and drug administration-approved  
7 indication or the national comprehensive cancer network drugs and  
8 biologics compendium indication for the treatment of stage four advanced  
9 metastatic cancer; or

10 (b) (II) Peer-reviewed medical literature.

11 (2) (b) For the purposes of this ~~section~~ SUBSECTION (1), "stage  
12 four advanced metastatic cancer" means cancer that has spread from the  
13 primary or original site of the cancer to nearby tissues, lymph nodes, or  
14 other parts of the body.

15  
16 (2) NOTWITHSTANDING SECTION 10-16-145, A CARRIER THAT  
17 PROVIDES PRESCRIPTION DRUG BENEFITS SHALL:

18 (a) PROVIDE COVERAGE FOR AT LEAST ONE ATYPICAL OPIOID THAT  
19 HAS BEEN APPROVED BY THE UNITED STATES FOOD AND DRUG  
20 ADMINISTRATION FOR THE TREATMENT OF ACUTE OR CHRONIC PAIN AT THE  
21 LOWEST TIER OF THE CARRIER'S DRUG FORMULARY AND NOT REQUIRE STEP  
22 THERAPY OR PRIOR AUTHORIZATION FOR THAT ATYPICAL OPIOID; AND

23 (b) NOT REQUIRE STEP THERAPY FOR THE PRESCRIPTION AND USE  
24 OF ANY ADDITIONAL ATYPICAL OPIOID MEDICATIONS THAT HAVE BEEN  
25 APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION FOR  
26 THE TREATMENT OF ACUTE OR CHRONIC PAIN.

27 (c) FOR THE PURPOSES OF THIS SUBSECTION (2), "ATYPICAL OPIOID"

1 MEANS A NONOPIOID ANALGESIC WITH FAR LOWER FATALITY RATES THAN  
2 PURE OPIOID AGONISTS.

3 SECTION 4. In Colorado Revised Statutes, add 10-16-152 as  
4 follows:

5 10-16-152. Disclosures - physical therapists - occupational  
6 therapists - acupuncturists - patients - carrier prohibitions -

7 enforcement. (1) A CARRIER THAT HAS A CONTRACT WITH A PHYSICAL  
8 THERAPIST, AN OCCUPATIONAL THERAPIST, OR AN ACUPUNCTURIST SHALL  
9 NOT:

10 (a) PROHIBIT THE PHYSICAL THERAPIST, OCCUPATIONAL  
11 THERAPIST, OR ACUPUNCTURIST FROM PROVIDING A COVERED PERSON  
12 INFORMATION ON THE AMOUNT OF THE COVERED PERSON'S FINANCIAL  
13 RESPONSIBILITY FOR THE COVERED PERSON'S PHYSICAL THERAPY,  
14 OCCUPATIONAL THERAPY, OR ACUPUNCTURE SERVICES;

15 (b) PENALIZE THE PHYSICAL THERAPIST, OCCUPATIONAL  
16 THERAPIST, OR ACUPUNCTURIST FOR DISCLOSING THE INFORMATION  
17 DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION TO A COVERED PERSON  
18 OR PROVIDING A MORE AFFORDABLE ALTERNATIVE TO A COVERED PERSON;  
19 OR

20 (c) REQUIRE THE PHYSICAL THERAPIST, THE OCCUPATIONAL  
21 THERAPIST, OR THE ACUPUNCTURIST TO CHARGE OR COLLECT A  
22 COPAYMENT FROM A COVERED PERSON THAT EXCEEDS THE TOTAL  
23 CHARGES SUBMITTED BY THE PHYSICAL THERAPIST, OCCUPATIONAL  
24 THERAPIST, OR ACUPUNCTURIST.

25 (2) IF THE COMMISSIONER DETERMINES THAT A CARRIER HAS NOT  
26 COMPLIED WITH THIS SECTION, THE COMMISSIONER SHALL INSTITUTE A  
27 CORRECTIVE ACTION PLAN FOR THE CARRIER TO FOLLOW OR USE ANY OF



1 THE COMMISSIONER'S ENFORCEMENT POWERS UNDER THIS TITLE 10 TO  
2 OBTAIN THE CARRIER'S COMPLIANCE WITH THIS SECTION.

3 **SECTION 5.** In Colorado Revised Statutes, 12-30-109, **amend**  
4 (1)(a) introductory portion, (1)(a)(I), (1)(a)(IV), (1)(b), and (4)  
5 introductory portion; **amend as it exists until July 1, 2021, (2); repeal**  
6 (5); and **add (6)** as follows:

7  
8 **12-30-109. Prescriptions - limitations - definition - rules.**

9 (1) (a) ~~An opioid~~ A prescriber shall not prescribe more than a seven-day  
10 supply of an opioid to a patient who has not had an opioid prescription in  
11 the last twelve months by that ~~opioid~~ prescriber and may exercise  
12 discretion to include a second fill for a seven-day supply. The limits on  
13 initial prescribing do not apply if, in the judgment of the ~~opioid~~  
14 prescriber, the patient:

15 (I) Has chronic pain that typically lasts longer than ninety days or  
16 past the time of normal healing, as determined by the ~~opioid~~ prescriber,  
17 or following transfer of care from another ~~opioid~~ prescriber who practices  
18 the same profession and who prescribed an opioid to the patient;

19 (IV) Is undergoing palliative care or hospice care focused on  
20 providing the patient with relief from symptoms, pain, and stress resulting  
21 from a serious illness in order to improve quality of life; except that this  
22 subsection (1)(a)(IV) applies only if the ~~opioid~~ prescriber is a physician,  
23 a physician assistant, or an advanced practice nurse.

24 (b) Prior to prescribing the second fill of any opioid OR  
25 BENZODIAZEPINE prescription pursuant to this section, ~~an opioid~~ A  
26 prescriber must comply with the requirements of section 12-280-404 (4).  
27 Failure to comply with section 12-280-404 (4) constitutes unprofessional

1 conduct or grounds for discipline, as applicable, under section  
2 12-220-130, 12-240-121, 12-255-120, 12-275-120, 12-290-108, or  
3 12-315-112, as applicable to the particular ~~opioid~~ prescriber, only if the  
4 ~~opioid~~ prescriber repeatedly fails to comply.

5 (2) ~~An opioid~~ A prescriber licensed pursuant to article 220, 240,  
6 255, 275, 290, or 315 of this title 12 may prescribe opioids AND  
7 BENZODIAZEPINES electronically.

8 (4) As used in this section, "~~opioid prescriber~~" "PRESCRIBER"  
9 means:

10 (5) ~~This section is repealed, effective September 1, 2021.~~

11 (6) THE EXECUTIVE DIRECTOR SHALL, BY RULE, LIMIT THE SUPPLY  
12 OF A BENZODIAZEPINE THAT A PRESCRIBER MAY PRESCRIBE TO A PATIENT  
13 WHO HAS NOT HAD A BENZODIAZEPINE PRESCRIPTION IN THE LAST TWELVE  
14 MONTHS BY THAT PRESCRIBER.

15 **SECTION 6.** In Colorado Revised Statutes, 12-30-109, **amend**  
16 **as it exists from July 1, 2021, until July 1, 2023,** (2) as follows:

17 **12-30-109. Prescriptions - limitations - definition - rules.**

18 (2) ~~An opioid~~ A prescriber licensed pursuant to article 220 or 315 of this  
19 title 12 may prescribe opioids AND BENZODIAZEPINES electronically.

20 **SECTION 7.** In Colorado Revised Statutes, 12-30-109, **amend**  
21 **as it will become effective July 1, 2023,** (2) as follows:

22 **12-30-109. Prescriptions - limitations - definition - rules.**

23 (2) ~~An opioid~~ A prescriber licensed pursuant to article 315 of this title 12  
24 may prescribe opioids AND BENZODIAZEPINES electronically.

25 **SECTION 8.** In Colorado Revised Statutes, 12-220-111, **amend**  
26 (2) as follows:

27 **12-220-111. Dentists may prescribe drugs - surgical operations**

1 **- anesthesia - limits on prescriptions.** (2) ~~(a)~~ A dentist is subject to the  
2 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section  
3 12-30-109.

4 ~~(b) This subsection (2) is repealed, effective September 1, 2021.~~

5 **SECTION 9.** In Colorado Revised Statutes, **amend** 12-240-123  
6 as follows:

7 **12-240-123. Prescriptions - limitations.** ~~(1)~~ A physician or  
8 physician assistant is subject to the limitations on ~~prescribing opioids~~  
9 PRESCRIPTIONS specified in section 12-30-109.

10 ~~(2) This section is repealed, effective September 1, 2021.~~

11 **SECTION 10.** In Colorado Revised Statutes, 12-255-112, **amend**  
12 (6) as follows:

13 **12-255-112. Prescriptive authority - advanced practice nurses**  
14 **- limits on prescriptions - rules - financial benefit for prescribing**  
15 **prohibited.** (6) ~~(a)~~ An advanced practice nurse with prescriptive  
16 authority pursuant to this section is subject to the limitations on  
17 ~~prescribing opioids~~ PRESCRIPTIONS specified in section 12-30-109.

18 ~~(b) This subsection (6) is repealed, effective September 1, 2021.~~

19 **SECTION 11.** In Colorado Revised Statutes, 12-275-113, **amend**  
20 (5) as follows:

21 **12-275-113. Use of prescription and nonprescription drugs -**  
22 **limits on prescriptions.** (5) ~~(a)~~ An optometrist is subject to the  
23 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section  
24 12-30-109.

25 ~~(b) This subsection (5) is repealed, effective September 1, 2021.~~

26 **SECTION 12.** In Colorado Revised Statutes, 12-290-111, **amend**  
27 (3) as follows:

1           **12-290-111. Prescriptions - requirement to advise patients -**  
2 **limits on prescriptions.** (3) ~~(a)~~ A podiatrist is subject to the limitations  
3 on ~~prescribing opioids~~ PRESCRIPTIONS specified in section 12-30-109.

4           ~~(b) This subsection (3) is repealed, effective September 1, 2021.~~

5           **SECTION 13.** In Colorado Revised Statutes, **amend** 12-315-126  
6 as follows:

7           **12-315-126. Prescriptions - limitations.** ~~(1)~~ A veterinarian is  
8 subject to the limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified  
9 in section 12-30-109.

10          ~~(2) This section is repealed, effective September 1, 2021.~~

11          **SECTION 14.** In Colorado Revised Statutes, 12-240-130, **repeal**  
12 (3) as follows:

13          **12-240-130. Procedure - registration - fees.** (3) ~~Applicants for~~  
14 ~~relicensure shall not be required to attend and complete continuing~~  
15 ~~medical education programs, except as directed by the board to correct~~  
16 ~~deficiencies of training or education as directed under section 12-240-125~~  
17 ~~(5)(c)(III)(B).~~

18          **SECTION 15.** In Colorado Revised Statutes, **add** 12-240-146 as  
19 follows:

20          **12-240-146. Continuing education - competency standards for**  
21 **prescribing opioids - rules.** THE BOARD, IN CONSULTATION WITH THE  
22 CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION,  
23 TREATMENT, AND RECOVERY SUPPORT STRATEGIES ESTABLISHED IN  
24 SECTION 27-80-118, SHALL PROMULGATE RULES TO ESTABLISH  
25 COMPETENCY-BASED STANDARDS FOR CONTINUING MEDICAL EDUCATION  
26 FOR PHYSICIANS AND PHYSICIAN ASSISTANTS CONCERNING THE  
27 PRESCRIBING PRACTICES FOR OPIOIDS. THE BOARD SHALL REQUIRE

1 FULFILLMENT OF THE CONTINUING EDUCATION REQUIREMENTS AS A  
2 REQUIREMENT FOR █ LICENSURE █ RENEWAL.

3 **SECTION 16.** In Colorado Revised Statutes, 12-280-403, **amend**  
4 (1) introductory portion, (1)(c), (1)(e), (1)(f), (3), and (4); and **add** (1)(g)  
5 and (2)(e) as follows:

6 **12-280-403. Prescription drug use monitoring program -**  
7 **registration required.** (1) The board shall develop or procure a  
8 prescription ~~controlled substance~~ DRUG electronic program to track  
9 information regarding prescriptions for controlled substances AND OTHER  
10 DRUGS AS REQUIRED BY RULES PROMULGATED BY THE BOARD dispensed  
11 in Colorado, including the following information:

12 (c) The name and amount of the controlled substance OR OTHER  
13 PRESCRIPTION DRUG AS REQUIRED BY RULES OF THE BOARD;

14 (e) The name of the dispensing pharmacy; ~~and~~

15 (f) Any other data elements necessary to determine whether a  
16 patient is visiting multiple practitioners or pharmacies, or both, to receive  
17 the same or similar medication; AND

18 (g) BEGINNING JANUARY 1, 2021, THE NAME OF THE PERSON  
19 PAYING FOR THE PRESCRIPTION.

20 (2) (e) OTHER THAN AN ANNUAL FEE AUTHORIZED PURSUANT TO  
21 SECTION 12-280-405 (3), THE BOARD SHALL NOT CHARGE A FEE OR OTHER  
22 ASSESSMENT AGAINST A PRACTITIONER, PHARMACIST, OR DESIGNEE OF  
23 EITHER A PRACTITIONER OR PHARMACIST FOR REGISTERING OR  
24 MAINTAINING AN ACCOUNT WITH THE PROGRAM.

25 (3) Each practitioner and each dispensing pharmacy shall disclose  
26 to a patient receiving a controlled substance OR OTHER PRESCRIPTION  
27 DRUG AS REQUIRED BY RULES PROMULGATED BY THE BOARD that ~~his or~~

1 ~~her~~ THE PATIENT'S identifying prescription information will be entered  
2 into the program database and may be accessed for limited purposes by  
3 specified individuals.

4 (4) The board shall establish a method and format for  
5 PHARMACISTS, PHARMACISTS' DESIGNEES, AND prescription drug outlets  
6 to convey the necessary information to the board or its designee. The  
7 method must not require more than a one-time entry of data per patient  
8 per prescription by a prescription drug outlet. BY JANUARY 1, 2021, THE  
9 METHOD ESTABLISHED BY THE BOARD PURSUANT TO THIS SUBSECTION (4)  
10 SHALL REQUIRE EACH PHARMACIST, PHARMACIST'S DESIGNEE, OR  
11 PRESCRIPTION DRUG OUTLET TO ENTER EACH PRESCRIPTION DISPENSED IN  
12 THIS STATE OR TO AN ADDRESS IN THIS STATE, INCLUDING PRESCRIPTIONS  
13 NOT PAID FOR BY A THIRD-PARTY PAYER, INTO THE PROGRAM DATABASE  
14 DAILY AFTER EACH PRESCRIPTION IS DISPENSED.

15 **SECTION 17.** In Colorado Revised Statutes, 12-280-404, **amend**  
16 (3)(b), (3)(c)(I), (3)(h), (3)(l)(I), (4)(c), (5), and (7); **repeal** (4)(e); and  
17 **add** (4)(a.5) and (4)(f) as follows:

18 **12-280-404. Program operation - access - rules - definitions.**

19 (3) The program is available for query only to the following persons or  
20 group of persons:

21 (b) Any practitioner with the statutory authority to prescribe  
22 controlled substances OR OTHER DRUGS THAT MAY BE SUBJECT TO A  
23 PROGRAM QUERY, or an individual designated by the practitioner to act on  
24 ~~his or her~~ THE PRACTITIONER'S behalf in accordance with section  
25 12-280-403 (2)(b), to the extent the query relates to a current patient of  
26 the practitioner. The practitioner or ~~his or her~~ THE PRACTITIONER'S  
27 designee shall identify his or her area of health care specialty or practice


1 upon the initial query of the program.


2 (c) (I) Any veterinarian with statutory authority to prescribe  
3 controlled substances OR OTHER DRUGS THAT MAY BE SUBJECT TO A  
4 PROGRAM QUERY, to the extent the query relates to a current patient or to  
5 a client and if the veterinarian, in the exercise of professional judgment,  
6 has a reasonable basis to suspect the client has committed drug abuse or  
7 has mistreated an animal.

8 (h) The individual who is the recipient of a ~~controlled substance~~  
9 prescription FOR A CONTROLLED SUBSTANCE OR OTHER DRUG THAT MAY  
10 BE SUBJECT TO A PROGRAM QUERY so long as the information released is  
11 specific to the individual;

12 (l) A medical examiner who is a physician licensed pursuant to  
13 article 240 of this title 12, whose license is in good standing, and who is  
14 located and employed in the state of Colorado, or a coroner elected  
15 pursuant to section 30-10-601, if:

16 (I) The information released is specific to an individual who is the  
17 subject of an autopsy OR A DEATH INVESTIGATION conducted by the  
18 medical examiner or coroner;

19 

20 (4) (a.5) EACH PRACTITIONER OR THE PRACTITIONER'S DESIGNEE  
21 SHALL QUERY THE PROGRAM BEFORE PRESCRIBING A SECOND FILL FOR A  
22 BENZODIAZEPINE TO A PATIENT UNLESS THE BENZODIAZEPINE IS  
23 PRESCRIBED TO TREAT A PATIENT IN HOSPICE OR TO TREAT A SEIZURE OR  
24 SEIZURE DISORDER, ALCOHOL WITHDRAWAL, OR A NEUROLOGICAL   
25 EMERGENCY EVENT INCLUDING A POST-TRAUMATIC BRAIN INJURY.

26 (c) A practitioner or ~~his or her~~ THE PRACTITIONER'S designee  
27 complies with this subsection (4) if ~~he or she~~ THE PRACTITIONER OR

1 PRACTITIONER'S DESIGNEE attempts to access the program prior to BEFORE  
2 prescribing the second fill for an opioid OR A BENZODIAZEPINE and the  
3 program is not available or is inaccessible due to technical failure.

4 (e) ~~This subsection (4) is repealed, effective September 1, 2021.~~

5 (f) THE BOARD SHALL PROMULGATE RULES DESIGNATING  
6 ADDITIONAL CONTROLLED SUBSTANCES AND OTHER PRESCRIPTION DRUGS  
7 TO BE TRACKED THROUGH THE PROGRAM PURSUANT TO SECTION  
8 12-280-403 (1) THAT HAVE POTENTIAL FOR ABUSE OR HAVE POTENTIAL  
9 FOR AN ADVERSE DRUG INTERACTION WITH A CONTROLLED SUBSTANCE.

10 (5) OTHER THAN THE FEE AUTHORIZED BY SECTION 12-280-405  
11 (3), the board shall not charge a practitioner, or pharmacy, PHARMACIST,  
12 OR DESIGNEE OF A PRACTITIONER OR PHARMACIST who transmits data in  
13 compliance with the operation and maintenance of the program a fee for  
14 the transmission of the data AND SHALL NOT CHARGE A PRACTITIONER,  
15 PHARMACIST, OR DESIGNEE OF A PRACTITIONER OR PHARMACIST A FEE TO  
16 ACCESS THE DATABASE.

17 (7) (a) The board shall provide a means of sharing information  
18 about individuals whose information is recorded in the program with  
19 out-of-state health care practitioners and law enforcement officials that  
20 meet the requirements of subsection (3)(b), (3)(d), or (3)(g) of this  
21 section.

22 (b) THE BOARD MAY, WITHIN EXISTING FUNDS AVAILABLE FOR  
23 OPERATION OF THE PROGRAM, PROVIDE A MEANS OF SHARING  
24 PRESCRIPTION INFORMATION WITH THE HEALTH INFORMATION  
25 ORGANIZATION NETWORK, AS DEFINED IN SECTION 25-3.5-103 (8.5), IN  
26 ORDER TO WORK COLLABORATIVELY WITH THE STATEWIDE HEALTH  
27 INFORMATION EXCHANGES DESIGNATED BY THE DEPARTMENT OF HEALTH



1 CARE POLICY AND FINANCING. USE OF THE INFORMATION MADE  
2 AVAILABLE PURSUANT TO THIS SUBSECTION (7)(b) IS SUBJECT TO PRIVACY  
3 AND SECURITY PROTECTIONS IN STATE LAW AND THE FEDERAL "HEALTH  
4 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996",  
5 PUB.L.104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS.

6 **SECTION 18.** In Colorado Revised Statutes, 12-280-407, **amend**  
7 (2) as follows:

8 **12-280-407. Prescription drug outlets - prescribers -**  
9 **responsibilities - liability.** (2) A practitioner who has, in good faith,  
10 written a prescription for a controlled substance OR OTHER DRUG THAT  
11 MAY BE SUBJECT TO A PROGRAM QUERY to a patient is not liable for  
12 information submitted to the program. A practitioner WHO or prescription  
13 drug outlet ~~who~~ THAT has, in good faith, submitted the required  
14 information to the program is not liable for participation in the program.

15 **SECTION 19.** In Colorado Revised Statutes, 12-280-408, **amend**  
16 (2) as follows:

17 **12-280-408. Exemption - waiver.** (2) A prescription drug outlet  
18 that does not report controlled substance data OR DATA ON OTHER  
19 PRESCRIPTION DRUGS THAT MAY BE SUBJECT TO A PROGRAM QUERY to the  
20 program due to a lack of electronic automation of the outlet's business  
21 may apply to the board for a waiver from the reporting requirements.

22 ■ ■ ■

23 **SECTION 20.** In Colorado Revised Statutes, 27-80-118, **amend**  
24 (4)(a) as follows:

25 **27-80-118. Center for research into substance use disorder**  
26 **prevention, treatment, and recovery support strategies - legislative**  
27 **declaration - established - repeal.** (4) (a) ■ The center shall develop

1 and implement a series of continuing education activities designed to help  
2 a prescriber of pain medication to safely and effectively manage patients  
3 with pain and, when appropriate, prescribe opioids or medication-assisted  
4 treatment. THE EDUCATIONAL ACTIVITIES MUST ALSO INCLUDE BEST  
5 PRACTICES FOR PRESCRIBING BENZODIAZEPINES AND THE POTENTIAL HARM  
6 OF INAPPROPRIATELY LIMITING PRESCRIPTIONS TO CHRONIC PAIN  
7 PATIENTS. The educational activities must apply to physicians, physician  
8 assistants, nurses, and dentists, WITH AN EMPHASIS ON PHYSICIANS,  
9 PHYSICIAN ASSISTANTS, NURSES, AND DENTISTS SERVING UNDERSERVED  
10 POPULATIONS AND COMMUNITIES.

11

12 **SECTION 21. Appropriation.** (1) For the 2020-21 state fiscal  
13 year, \$18,540 is appropriated to the department of regulatory agencies.  
14 This appropriation is from the division of professions and occupations  
15 cash fund created in section 12-20-105 (3), C.R.S. To implement this act,  
16 the department may use this appropriation as follows:

17 (a) \$2,550 for the colorado medical board; and

18 (b) \$15,990 for the purchase of legal services.

19 (2) For the 2020-21 state fiscal year, \$15,990 is appropriated to  
20 the department of law. This appropriation is from reappropriated funds  
21 received from the department of regulatory agencies under subsection  
22 (1)(b) of this section. To implement this act, the department of law may  
23 use this appropriation to provide legal services for the department of  
24 regulatory agencies.

25 **SECTION 22. Act subject to petition - effective date -**  
26 **applicability.** (1) This act takes effect at 12:01 a.m. on the day following  
27 the expiration of the ninety-day period after final adjournment of the

1 general assembly; except that, if a referendum petition is filed pursuant  
2 to section 1 (3) of article V of the state constitution against this act or an  
3 item, section, or part of this act within such period, then the act, item,  
4 section, or part will not take effect unless approved by the people at the  
5 general election to be held in November 2022 and, in such case, will take  
6 effect on the date of the official declaration of the vote thereon by the  
7 governor.

8 (2) Sections 2 and 3 of this act apply to health benefit plans issued  
9 or renewed on or after January 1, 2022.