

**Second Regular Session  
Seventy-second General Assembly  
STATE OF COLORADO**

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 20-0155.02 Kristen Forrestal x4217

**HOUSE BILL 20-1085**

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**HOUSE SPONSORSHIP**

**Kennedy and Herod,**

**SENATE SPONSORSHIP**

**Winter and Priola, Donovan, Pettersen**

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**House Committees**

Health & Insurance  
Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING THE PREVENTION OF SUBSTANCE USE DISORDERS.**

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**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 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

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.

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.** In Colorado Revised Statutes, 10-16-104, **add** (23)  
3 as follows:

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

10 **(b)** THE COVERAGE REQUIRED BY THIS SUBSECTION (23) MUST:

11 **(I)** INCLUDE, AT THE CARRIERS' LOWEST COST-SHARING TIER, A

1 MINIMUM OF SIX PHYSICAL THERAPY VISITS, SIX OCCUPATIONAL THERAPY  
2 VISITS, SIX CHIROPRACTIC VISITS, AND SIX ACUPUNCTURE VISITS; AND

3 (II) NOT REQUIRE PRIOR AUTHORIZATION, AS DEFINED IN SECTION  
4 10-16-112.5 (7)(d), FOR NONPHARMACOLOGICAL TREATMENTS AS AN  
5 ALTERNATIVE TO OPIOIDS.

6 (c) AT THE TIME OF A COVERED PERSON'S INITIAL VISIT FOR  
7 TREATMENT, A PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST,  
8 ACUPUNCTURIST, OR CHIROPRACTOR SHALL NOTIFY THE COVERED  
9 PERSON'S CARRIER THAT THE COVERED PERSON HAS STARTED TREATMENT  
10 WITH THE PROVIDER.

11 **SECTION 2.** In Colorado Revised Statutes, **amend** 10-16-145.5  
12 as follows:

13 **10-16-145.5. Step therapy - prior authorization - prohibited -**  
14 **stage four advanced metastatic cancer - opioid prescription -**  
15 **definition - rules.** (1) (a) Notwithstanding section 10-16-145, a carrier  
16 that provides coverage under a health benefit plan for the treatment of  
17 stage four advanced metastatic cancer shall not limit or exclude coverage  
18 under the health benefit plan for a drug THAT IS approved by the United  
19 States food and drug administration and that is on the carrier's  
20 prescription drug formulary by mandating that a covered person with  
21 stage four advanced metastatic cancer undergo step therapy if the use of  
22 the approved drug is consistent with:

23 (a) (I) The United States food and drug administration-approved  
24 indication or the national comprehensive cancer network drugs and  
25 biologics compendium indication for the treatment of stage four advanced  
26 metastatic cancer; or

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

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

5           (2) (a) NOTWITHSTANDING SECTION 10-16-145, A CARRIER SHALL  
6 NOT LIMIT OR EXCLUDE COVERAGE UNDER A HEALTH BENEFIT PLAN FOR A  
7 NONOPIOID OR AN ATYPICAL OPIOID THAT HAS THE SAME INDICATION AS,  
8 AND IS PRESCRIBED BY THE COVERED PERSON'S PROVIDER AS AN  
9 ALTERNATIVE TO, AN OPIOID AND THAT HAS BEEN APPROVED BY THE  
10 UNITED STATES FOOD AND DRUG ADMINISTRATION BY:

11           (I) MANDATING THAT A COVERED PERSON UNDERGO STEP  
12 THERAPY FOR THE NONOPIOID OR ATYPICAL OPIOID; OR

13           (II) REQUIRING PRIOR AUTHORIZATION FOR THE NONOPIOID OR  
14 ATYPICAL OPIOID.

15           (b) THE CARRIER SHALL MAKE THE PRESCRIBED NONOPIOID OR  
16 ATYPICAL OPIOID AVAILABLE TO THE COVERED PERSON AT THE CARRIER'S  
17 LOWEST COST-SHARING TIER UNDER THE HEALTH BENEFIT PLAN  
18 APPLICABLE TO A COVERED OPIOID THAT HAS THE SAME INDICATION.

19           (c) FOR THE PURPOSES OF THIS SECTION, "NONOPIOID OR AN  
20 ATYPICAL OPIOID" MEANS ANALGESICS WITH FAR LOWER FATALITY RATES  
21 THAN PURE OPIOID AGONISTS AS SPECIFIED BY RULE OF THE  
22 COMMISSIONER.

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

25           **10-16-152. Disclosures - physical therapists - occupational**  
26 **therapists - acupuncturists - patients - carrier prohibitions -**  
27 **enforcement.** (1) A CARRIER THAT HAS A CONTRACT WITH A PHYSICAL

1 THERAPIST, AN OCCUPATIONAL THERAPIST, OR AN ACUPUNCTURIST SHALL  
2 NOT:

3 (a) PROHIBIT THE PHYSICAL THERAPIST, OCCUPATIONAL  
4 THERAPIST, OR ACUPUNCTURIST FROM PROVIDING A COVERED PERSON  
5 INFORMATION ON THE AMOUNT OF THE COVERED PERSON'S FINANCIAL  
6 RESPONSIBILITY FOR THE COVERED PERSON'S PHYSICAL THERAPY,  
7 OCCUPATIONAL THERAPY, OR ACUPUNCTURE SERVICES;

8 (b) PENALIZE THE PHYSICAL THERAPIST, OCCUPATIONAL  
9 THERAPIST, OR ACUPUNCTURIST FOR DISCLOSING THE INFORMATION  
10 DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION TO A COVERED PERSON  
11 OR PROVIDING A MORE AFFORDABLE ALTERNATIVE TO A COVERED PERSON;  
12 OR

13 (c) REQUIRE THE PHYSICAL THERAPIST, THE OCCUPATIONAL  
14 THERAPIST, OR THE ACUPUNCTURIST TO CHARGE OR COLLECT A  
15 COPAYMENT FROM A COVERED PERSON THAT EXCEEDS THE TOTAL  
16 CHARGES SUBMITTED BY THE PHYSICAL THERAPIST, OCCUPATIONAL  
17 THERAPIST, OR ACUPUNCTURIST.

18 (2) IF THE COMMISSIONER DETERMINES THAT A CARRIER HAS NOT  
19 COMPLIED WITH THIS SECTION, THE COMMISSIONER SHALL INSTITUTE A  
20 CORRECTIVE ACTION PLAN FOR THE CARRIER TO FOLLOW OR USE ANY OF  
21 THE COMMISSIONER'S ENFORCEMENT POWERS UNDER THIS TITLE 10 TO  
22 OBTAIN THE CARRIER'S COMPLIANCE WITH THIS SECTION.

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

27

1           **12-30-109. Prescriptions - limitations - definition - rules.**

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

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

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

17           (b) Prior to prescribing the second fill of any opioid OR  
18           BENZODIAZEPINE prescription pursuant to this section, ~~an opioid~~ A  
19           prescriber must comply with the requirements of section 12-280-404 (4).  
20           Failure to comply with section 12-280-404 (4) constitutes unprofessional  
21           conduct or grounds for discipline, as applicable, under section  
22           12-220-130, 12-240-121, 12-255-120, 12-275-120, 12-290-108, or  
23           12-315-112, as applicable to the particular ~~opioid~~ prescriber, only if the  
24           ~~opioid~~ prescriber repeatedly fails to comply.

25           (2) ~~An opioid~~ A prescriber licensed pursuant to article 220, 240,  
26           255, 275, 290, or 315 of this title 12 may prescribe opioids AND  
27           BENZODIAZEPINES electronically.

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

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

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

8 **SECTION 5.** In Colorado Revised Statutes, 12-30-109, **amend**  
9 **as it exists from July 1, 2021, until July 1, 2023,** (2) as follows:

10 **12-30-109. Prescriptions - limitations - definition - rules.**

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

13 **SECTION 6.** In Colorado Revised Statutes, 12-30-109, **amend**  
14 **as it will become effective July 1, 2023,** (2) as follows:

15 **12-30-109. Prescriptions - limitations - definition - rules.**

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

18 **SECTION 7.** In Colorado Revised Statutes, 12-220-111, **amend**  
19 (2) as follows:

20 **12-220-111. Dentists may prescribe drugs - surgical operations**  
21 **- anesthesia - limits on prescriptions.** (2) ~~(a)~~ A dentist is subject to the

22 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section  
23 12-30-109.

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

25 **SECTION 8.** In Colorado Revised Statutes, **amend** 12-240-123  
26 as follows:

27 **12-240-123. Prescriptions - limitations.** ~~(1)~~ A physician or



1 physician assistant is subject to the limitations on ~~prescribing opioids~~  
2 PRESCRIPTIONS specified in section 12-30-109.

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

4 **SECTION 9.** In Colorado Revised Statutes, 12-255-112, **amend**  
5 (6) as follows:

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

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

12 **SECTION 10.** In Colorado Revised Statutes, 12-275-113, **amend**  
13 (5) as follows:

14 **12-275-113. Use of prescription and nonprescription drugs -**  
15 **limits on prescriptions.** (5) (a) An optometrist is subject to the  
16 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section  
17 12-30-109.

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

19 **SECTION 11.** In Colorado Revised Statutes, 12-290-111, **amend**  
20 (3) as follows:

21 **12-290-111. Prescriptions - requirement to advise patients -**  
22 **limits on prescriptions.** (3) (a) A podiatrist is subject to the limitations  
23 on ~~prescribing opioids~~ PRESCRIPTIONS specified in section 12-30-109.

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

25 **SECTION 12.** In Colorado Revised Statutes, **amend** 12-315-126  
26 as follows:

27 **12-315-126. Prescriptions - limitations.** (†) A veterinarian is

1 subject to the limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified  
2 in section 12-30-109.

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

4 **SECTION 13.** In Colorado Revised Statutes, 12-240-130, **repeal**  
5 (3) as follows:

6 **12-240-130. Procedure - registration - fees.** (3) Applicants for  
7 relicensure shall not be required to attend and complete continuing  
8 medical education programs, except as directed by the board to correct  
9 deficiencies of training or education as directed under section 12-240-125  
10 ~~(5)(c)(III)(B).~~

11 **SECTION 14.** In Colorado Revised Statutes, **add** 12-240-146 as  
12 follows:

13 **12-240-146. Continuing education - competency standards for**  
14 **prescribing opioids - rules.** THE BOARD, IN CONSULTATION WITH THE  
15 CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION,  
16 TREATMENT, AND RECOVERY SUPPORT STRATEGIES ESTABLISHED IN  
17 SECTION 27-80-118, SHALL PROMULGATE RULES TO ESTABLISH  
18 COMPETENCY-BASED STANDARDS FOR CONTINUING MEDICAL EDUCATION  
19 FOR PHYSICIANS AND PHYSICIAN ASSISTANTS CONCERNING THE  
20 PRESCRIBING PRACTICES FOR OPIOIDS. THE BOARD SHALL REQUIRE  
21 FULFILLMENT OF THE CONTINUING EDUCATION REQUIREMENTS AS A  
22 REQUIREMENT FOR LICENSURE RENEWAL.

23 **SECTION 15.** In Colorado Revised Statutes, 12-280-403, **amend**  
24 (1) introductory portion, (1)(c), (1)(e), (1)(f), (3), and (4); and **add** (1)(g)  
25 and (2)(e) as follows:

26 **12-280-403. Prescription drug use monitoring program -**  
27 **registration required.** (1) The board shall develop or procure a

1 prescription ~~controlled substance~~ DRUG electronic program to track  
2 information regarding prescriptions for controlled substances AND OTHER  
3 DRUGS AS REQUIRED BY RULES PROMULGATED BY THE BOARD dispensed  
4 in Colorado, including the following information:

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

7 (e) The name of the dispensing pharmacy; and

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

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

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

18 (3) Each practitioner and each dispensing pharmacy shall disclose  
19 to a patient receiving a controlled substance OR OTHER PRESCRIPTION  
20 DRUG AS REQUIRED BY RULES PROMULGATED BY THE BOARD that ~~his or~~  
21 ~~her~~ THE PATIENT'S identifying prescription information will be entered  
22 into the program database and may be accessed for limited purposes by  
23 specified individuals.

24 (4) The board shall establish a method and format for  
25 PHARMACISTS, PHARMACISTS' DESIGNEES, AND prescription drug outlets  
26 to convey the necessary information to the board or its designee. The  
27 method must not require more than a one-time entry of data per patient

1 per prescription by a prescription drug outlet. BY JANUARY 1, 2021, THE  
2 METHOD ESTABLISHED BY THE BOARD PURSUANT TO THIS SUBSECTION (4)  
3 SHALL REQUIRE EACH PHARMACIST, PHARMACIST'S DESIGNEE, OR  
4 PRESCRIPTION DRUG OUTLET TO ENTER EACH PRESCRIPTION DISPENSED IN  
5 THIS STATE OR TO AN ADDRESS IN THIS STATE, INCLUDING PRESCRIPTIONS  
6 NOT PAID FOR BY A THIRD-PARTY PAYER, INTO THE PROGRAM DATABASE  
7 DAILY AFTER EACH PRESCRIPTION IS DISPENSED.

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

11 **12-280-404. Program operation - access - rules - definitions.**

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

14 (b) Any practitioner with the statutory authority to prescribe  
15 controlled substances OR OTHER DRUGS THAT MAY BE SUBJECT TO A  
16 PROGRAM QUERY, or an individual designated by the practitioner to act on  
17 ~~his or her~~ THE PRACTITIONER'S behalf in accordance with section  
18 12-280-403 (2)(b), to the extent the query relates to a current patient of  
19 the practitioner. The practitioner or ~~his or her~~ THE PRACTITIONER'S  
20 designee shall identify his or her area of health care specialty or practice  
21 upon the initial query of the program.

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

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

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

9 (l) The information released is specific to an individual who is the  
10 subject of an autopsy OR A DEATH INVESTIGATION conducted by the  
11 medical examiner or coroner;

12 (m) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING,  
13 FOR THE PURPOSES OF CARE COORDINATION AND UTILIZATION REVIEW  
14 PERTAINING TO RECIPIENTS OF MEDICAL ASSISTANCE UNDER ARTICLES 4,  
15 5, AND 6 OF TITLE 25.5, AS LONG AS THE DEPARTMENT'S USE OF THE  
16 PROGRAM DATA IS CONSISTENT WITH THE FEDERAL "HEALTH INSURANCE  
17 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS  
18 AMENDED, AND ANY IMPLEMENTING REGULATIONS, INCLUDING THE  
19 REQUIREMENT TO REMOVE ANY PERSONALLY IDENTIFYING INFORMATION  
20 UNLESS EXEMPTED FROM THE REQUIREMENT.

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

27 (c) A practitioner or ~~his or her~~ THE PRACTITIONER'S designee

1 complies with this subsection (4) if ~~he or she~~ THE PRACTITIONER OR  
2 PRACTITIONER'S DESIGNEE attempts to access the program ~~prior to~~ BEFORE  
3 ~~prescribing the second fill for an opioid OR A BENZODIAZEPINE and the~~  
4 program is not available or is inaccessible due to technical failure.

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

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

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

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

23 (b) BY JANUARY 1, 2021, THE BOARD SHALL PROVIDE A MEANS OF  
24 SHARING 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 17.** 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 18.** 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 **SECTION 19.** In Colorado Revised Statutes, **amend** 25-1-521 as  
23 follows:

24 **25-1-521. State department - local public health agencies -**  
25 **address substance use disorders - appropriation.** (†) For the 2019-20  
26 STATE fiscal year ANDEACH STATE FISCAL YEAR THEREAFTER, the general  
27 assembly shall appropriate two million dollars to the state department to

1 address opioid and substance use disorders through public health  
2 interventions and to work with community partners, including county and  
3 district public health agencies, to address opioid and other substance use  
4 priorities throughout the state. The state department may use the money  
5 for data collection, analysis, and dissemination activities related to opioid  
6 and other substance use disorders at the state and local levels, including  
7 community health assessments and improvement planning. THE STATE  
8 DEPARTMENT SHALL CONSIDER THE GOAL OF ADDRESSING THE NEEDS OF  
9 UNDERSERVED POPULATIONS AND COMMUNITIES WHEN ADDRESSING  
10 OPIOID AND SUBSTANCE USE DISORDERS. The state department may use up  
11 to five hundred thousand dollars of the money ANNUALLY APPROPRIATED  
12 PURSUANT TO THIS SUBSECTION (1) for administrative costs and other  
13 activities related to the purposes of this section.

14 ~~(2) This section is repealed, effective July 1, 2020.~~

15 **SECTION 20.** In Colorado Revised Statutes, 25.5-5-208, **amend**  
16 (1) introductory portion; and **add** (3) as follows:

17 **25.5-5-208. Additional services - training - grants - screening,**  
18 **brief intervention, and referral.** (1) ~~On or after July 1, 2018,~~ The state  
19 department shall grant, through a competitive grant program, one million  
20 five hundred thousand dollars to one or more organizations to operate a  
21 substance abuse USE DISORDER screening, brief intervention, and referral  
22 to treatment ~~practice~~ GRANT PROGRAM. IN REVIEWING GRANT  
23 APPLICATIONS AND SELECTING PARTICIPANTS FOR THE GRANT PROGRAM,  
24 THE STATE DEPARTMENT SHALL CONSIDER THE GOAL OF ADDRESSING THE  
25 NEEDS OF UNDERSERVED POPULATIONS AND COMMUNITIES. The grant  
26 program must require:

27 (3) FOR THE **2020-21** STATE FISCAL YEAR THROUGH THE 2023-24



1 STATE FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE FIVE  
2 HUNDRED THOUSAND DOLLARS FROM THE MARIJUANA TAX CASH FUND  
3 CREATED IN SECTION 39-28.8-501 (1) TO THE STATE DEPARTMENT FOR THE  
4 SUBSTANCE USE DISORDER SCREENING, BRIEF INTERVENTION, AND  
5 REFERRAL TO TREATMENT GRANT PROGRAM DESCRIBED IN SUBSECTION (1)  
6 OF THIS SECTION. THE STATE DEPARTMENT SHALL USE THE MONEY FOR  
7 EXPANDED TRAINING AND TECHNICAL ASSISTANCE IN ORDER TO MONITOR  
8 FIDELITY TO THE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO  
9 TREATMENT MODEL THROUGH QUALITATIVE AND QUANTITATIVE DATA  
10 COLLECTION AND ANALYSIS.

11 **SECTION 21.** In Colorado Revised Statutes, 27-80-118, **amend**  
12 (4)(a) as follows:

13 **27-80-118. Center for research into substance use disorder**  
14 **prevention, treatment, and recovery support strategies - legislative**  
15 **declaration - established - repeal.** (4) (a) (I) The center shall develop  
16 and implement a series of continuing education activities designed to help  
17 a prescriber of pain medication to safely and effectively manage patients  
18 with pain and, when appropriate, prescribe opioids or medication-assisted  
19 treatment. THE EDUCATIONAL ACTIVITIES MUST ALSO INCLUDE BEST  
20 PRACTICES FOR PRESCRIBING BENZODIAZEPINES AND THE POTENTIAL HARM  
21 OF INAPPROPRIATELY LIMITING PRESCRIPTIONS TO CHRONIC PAIN  
22 PATIENTS. The educational activities must apply to physicians, physician  
23 assistants, nurses, and dentists, WITH AN EMPHASIS ON PHYSICIANS,  
24 PHYSICIAN ASSISTANTS, NURSES, AND DENTISTS SERVING UNDERSERVED  
25 POPULATIONS AND COMMUNITIES.

26 (II) FOR THE STATE FISCAL YEARS 2020-21 THROUGH 2024-25, THE  
27 GENERAL ASSEMBLY SHALL APPROPRIATE TWO HUNDRED FIFTY THOUSAND

1 DOLLARS PER YEAR FROM THE MARIJUANA TAX CASH FUND CREATED IN  
2 SECTION 39-28.8-501 (1) TO THE DEPARTMENT FOR ALLOCATION TO THE  
3 CENTER FOR THE PURPOSES OF THIS SUBSECTION (4).

4 **SECTION 22.** In Colorado Revised Statutes, **add** 27-80-124 as  
5 follows:

6 **27-80-124. Colorado substance use disorders prevention**  
7 **collaborative - created - mission - administration - repeal.** (1) THE  
8 OFFICE OF BEHAVIORAL HEALTH SHALL CONVENE AND ADMINISTER A  
9 COLORADO SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE  
10 WITH INSTITUTIONS OF HIGHER EDUCATION, NONPROFIT AGENCIES, AND  
11 STATE AGENCIES, REFERRED TO IN THIS SECTION AS THE  
12 "COLLABORATIVE", FOR THE PURPOSE OF GATHERING FEEDBACK FROM  
13 LOCAL PUBLIC HEALTH AGENCIES, INSTITUTIONS OF HIGHER EDUCATION,  
14 NONPROFIT AGENCIES, AND STATE AGENCIES CONCERNING  
15 EVIDENCE-BASED PREVENTION PRACTICES TO FULFILL THE MISSION STATED  
16 IN SUBSECTION (2) OF THIS SECTION.

17 (2) THE MISSION OF THE COLLABORATIVE IS TO:

18 (a) COORDINATE WITH AND ASSIST STATE AGENCIES AND  
19 COMMUNITIES TO STRENGTHEN COLORADO'S PREVENTION  
20 INFRASTRUCTURE AND TO IMPLEMENT A STATEWIDE STRATEGIC PLAN FOR  
21 PRIMARY PREVENTION OF SUBSTANCE USE DISORDERS FOR STATE FISCAL  
22 YEARS 2020-21 THROUGH 2023-24;

23 (b) ADVANCE THE USE OF TESTED AND EFFECTIVE PREVENTION  
24 PROGRAMS AND PRACTICES THROUGH EDUCATION, OUTREACH, ADVOCACY,  
25 AND TECHNICAL ASSISTANCE, WITH AN EMPHASIS ON ADDRESSING THE  
26 NEEDS OF UNDERSERVED POPULATIONS AND COMMUNITIES;

27 (c) DIRECT EFFORTS TO RAISE PUBLIC AWARENESS OF THE COST

1 SAVINGS OF PREVENTION MEASURES;

2 (d) PROVIDE DIRECT TRAINING AND TECHNICAL ASSISTANCE TO  
3 COMMUNITIES REGARDING SELECTION, IMPLEMENTATION, AND  
4 SUSTAINMENT OF TESTED AND EFFECTIVE PRIMARY PREVENTION  
5 PROGRAMS;

6 (e) PURSUE LOCAL AND STATE POLICY CHANGES THAT ENHANCE  
7 THE USE OF TESTED AND EFFECTIVE PRIMARY PREVENTION PROGRAMS;

8 (f) ADVISE STATE AGENCIES AND COMMUNITIES REGARDING NEW  
9 AND INNOVATIVE PRIMARY PREVENTION PROGRAMS AND PRACTICES;

10 (g) SUPPORT FUNDING EFFORTS IN ORDER TO ALIGN FUNDING AND  
11 SERVICES AND COMMUNICATE WITH COMMUNITIES ABOUT FUNDING  
12 STRATEGIES;

13 (h) WORK WITH KEY STATE AND COMMUNITY STAKEHOLDERS TO  
14 ESTABLISH A MINIMUM STANDARD FOR PRIMARY PREVENTION PROGRAMS  
15 IN COLORADO; AND

16 (i) WORK WITH PREVENTION SPECIALISTS AND EXISTING TRAINING  
17 AGENCIES TO PROVIDE AND SUPPORT TRAINING TO STRENGTHEN  
18 COLORADO'S PREVENTION WORKFORCE.

19 (3) THE OFFICE OF BEHAVIORAL HEALTH AND THE COLLABORATIVE  
20 SHALL:

21 (a) ESTABLISH COMMUNITY-BASED PREVENTION COALITIONS AND  
22 DELIVERY SYSTEMS TO REDUCE SUBSTANCE MISUSE;

23 (b) IMPLEMENT EFFECTIVE PRIMARY PREVENTION PROGRAMS IN  
24 COLORADO COMMUNITIES WITH THE GOAL OF INCREASING THE NUMBER OF  
25 PROGRAMS TO REACH THOSE IN NEED STATEWIDE; AND

26 (c) COORDINATE WITH DESIGNATED STATE AGENCIES AND OTHER  
27 ORGANIZATIONS TO PROVIDE PREVENTION SCIENCE TRAINING TO

1 SYSTEMIZE, UPDATE, EXPAND, AND STRENGTHEN PREVENTION  
2 CERTIFICATION TRAINING AND PROVIDE CONTINUING EDUCATION TO  
3 PREVENTION SPECIALISTS.

4 (4) IN ORDER TO IMPLEMENT AND PROVIDE SUSTAINABILITY TO THE  
5 COLLABORATIVE, FOR STATE FISCAL YEARS 2020-21 THROUGH 2023-24,  
6 THE GENERAL ASSEMBLY SHALL APPROPRIATE MONEY FROM THE  
7 MARIJUANA TAX CASH FUND CREATED IN SECTION 39-28.8-501 (1) TO THE  
8 OFFICE OF BEHAVIORAL HEALTH TO ACCOMPLISH THE MISSION OF THE  
9 COLLABORATIVE.

10 (5) THE OFFICE OF BEHAVIORAL HEALTH SHALL REPORT ITS  
11 PROGRESS TO THE GENERAL ASSEMBLY ON OR BEFORE SEPTEMBER 1, 2021,  
12 AND EACH SEPTEMBER 1 THROUGH SEPTEMBER 1, 2024.

13 (6) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 30, 2024.

14 **SECTION 23. Safety clause.** The general assembly hereby finds,  
15 determines, and declares that this act is necessary for the immediate  
16 preservation of the public peace, health, or safety.