

First Regular Session
Seventy-third General Assembly
STATE OF COLORADO

ENGROSSED

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

LLS NO. 21-0135.02 Kristen Forrester x4217

HOUSE BILL 21-1276

HOUSE SPONSORSHIP

Kennedy and Herod,

SENATE SPONSORSHIP

Pettersen and Priola,

House Committees

Health & Insurance
Appropriations

Senate Committees

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>.)

Section 2 of the bill requires a health benefit plan issued or renewed on or after January 1, 2023, to provide coverage for nonpharmacological treatment as an alternative to opioids. The required coverage must include, at a cost-sharing amount not to exceed the cost-sharing amount for a primary care visit for nonpreventive services and without a prior authorization requirement, at least 6 physical therapy

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 2nd Reading
May 22, 2021

visits, 6 occupational therapy visits, 6 chiropractic visits, and 6 acupuncture visits per year.

Section 3 requires an insurance carrier (carrier) that provides prescription drug benefits to provide coverage, beginning January 1, 2023, for at least one atypical opioid that is approved by the federal food and drug administration (FDA) for the treatment of acute or chronic pain, which coverage must be at the lowest cost-sharing tier of the carrier's formulary with no requirement for step therapy or prior authorization. Additionally, a carrier cannot require step therapy for any additional FDA-approved atypical opioids.

Section 4 precludes a carrier that has a contract with a physical therapist, occupational therapist, chiropractor, or acupuncturist from:

- Prohibiting the physical therapist, occupational therapist, chiropractor, or acupuncturist from, or penalizing the physical therapist, occupational therapist, chiropractor, 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, chiropractic services, or acupuncture services; or
- Requiring the physical therapist, occupational therapist, chiropractor, or acupuncturist to charge a covered person an amount or collect a copayment from a covered person that exceeds the total charges submitted to the carrier by the physical therapist, occupational therapist, chiropractor, or acupuncturist.

The commissioner is required to take action against a carrier that the commissioner determines is not complying with these prohibitions.

Current law limits specified prescribers from prescribing more than a 7-day supply of an opioid to a patient who has not obtained an opioid prescription from that prescriber within the previous 12 months unless certain conditions apply. This prescribing limitation is set to repeal on September 1, 2021. **Sections 5 through 13** continue the prescribing limitation indefinitely.

Section 5 also requires the executive director of the department of regulatory agencies to promulgate rules that limit the supply of a benzodiazepine, which is a sedative commonly prescribed for anxiety and as a sleep aid, that a prescriber may prescribe to a patient who has not had a prescription for a benzodiazepine in the last 12 months.

Section 14 requires a licensed physician and licensed physician assistant to demonstrate compliance with continuing medical education concerning prescribing practices for opioids as a condition of license renewal.

Section 15 requires the Colorado medical board (board) to consult with the center for research into substance use disorder prevention,

treatment, and recovery support strategies (center) to promulgate rules establishing competency-based continuing education requirements for physicians and physician assistants concerning prescribing practices for opioids.

Section 16 continues indefinitely the requirement that a health-care provider query the prescription drug monitoring program (program) before prescribing an opioid, including a benzodiazepine, and changes current law to require the query on every prescription fill, not just the second fill.

In addition to current law allowing medical examiners and coroners to query the program when conducting an autopsy, section 16 allows medical examiners and coroners to query the program when conducting a death investigation.

Section 16 also authorizes the board to provide a means of sharing prescription information from the program with the health information organization network in order to work collaboratively with statewide health information exchanges designated by the department of health care policy and financing.

Section 17 requires the center to include in its continuing education activities the best practices for prescribing benzodiazepines and the potential harm of inappropriately limiting prescriptions to chronic pain patients and makes an appropriation for this purpose.

Section 18 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.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 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

1 tapentadol, exist on the market as safer alternatives to conventional
2 opioids;

3

4 (d) Insurance coverage for alternatives to opioids for treating
5 chronic pain, such as safer drugs, occupational and physical therapy, and
6 chiropractic and acupuncture services, often includes barriers to safer
7 treatment, like prior authorization and step therapy;

8 (e) There is growing evidence of the harms of inappropriately
9 prescribing benzodiazepines, especially long-term prescribing for acute
10 conditions, which contributes to physical dependence and potential for
11 misuse, drug interactions, or overdose;

12 (f) Although Colorado's opioid prescription limit explicitly
13 exempts certain diagnoses, including cancer and chronic pain, many
14 chronic pain patients have nonetheless found their prescriptions limited;

15 (g) There are many legitimate uses of opioids and
16 benzodiazepines, especially for patients with chronic conditions, and
17 limiting access for these patients can cause considerable harm, especially
18 when they are titrated too rapidly;

19 (h) Notwithstanding the legitimate uses of these medications,
20 chances of overdose increase when opioids are taken with
21 benzodiazepines; and

22 (i) Education standards are in need of continuous development.

23 (2) In order to enhance collaboration with health-care providers,
24 promote alternatives to opioids, and prevent more tragic deaths from
25 opioid use and abuse, it is the intent of the general assembly to:

26 (a) Reduce out-of-pocket costs for physical therapy, occupational
27 therapy, chiropractic services, and acupuncture services;

1 (b) Remove barriers to coverage of atypical opioids, such as
2 buprenorphine, tramadol, and tapentadol;

3 (c) Continue to limit opioid prescriptions and require prescribers
4 to query the prescription drug monitoring program (PDMP);

5 (d) Establish limits on benzodiazepine prescriptions for certain
6 conditions and require prescribers to query the PDMP;

7 (e) Make it easier for providers to query the PDMP by integrating
8 it into electronic health records systems;

9

10

11 (f) Allow medical examiners and coroners to query the
12 prescription drug monitoring program during death investigations; and

13 (g) Direct the office of behavioral health in the department of
14 human services to convene a collaborative with institutions of higher
15 education, nonprofit agencies, and state agencies for the purpose of
16 gathering feedback from local public health agencies, institutions of
17 higher education, nonprofit agencies, and state agencies concerning
18 evidence-based prevention practices.

19 **SECTION 2.** In Colorado Revised Statutes, 10-16-104, **add** (24)
20 as follows:

21 **10-16-104. Mandatory coverage provisions - definitions -**
22 **rules. (24) Nonpharmacological alternative treatment to opioids.**

23 (a) A HEALTH BENEFIT PLAN ISSUED OR RENEWED ON OR AFTER JANUARY
24 1, 2023, MUST PROVIDE A COST-SHARING BENEFIT FOR
25 NONPHARMACOLOGICAL TREATMENT FOR A PATIENT WITH A PAIN
26 DIAGNOSIS WHERE AN OPIOID MIGHT BE PRESCRIBED.

27 (b) THE COST-SHARING BENEFIT MUST INCLUDE:

1 (I) A COST-SHARING AMOUNT FOR EACH VISIT NOT TO EXCEED THE
2 COST-SHARING AMOUNT FOR A PRIMARY CARE VISIT FOR NONPREVENTIVE
3 SERVICES; AND

4 (II) A MINIMUM OF SIX PHYSICAL THERAPY VISITS, SIX
5 OCCUPATIONAL THERAPY VISITS, SIX CHIROPRACTIC VISITS, AND SIX
6 ACUPUNCTURE VISITS.

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

12 (d) (I) THE DIVISION SHALL SUBMIT TO THE FEDERAL DEPARTMENT
13 OF HEALTH AND HUMAN SERVICES:

14 (A) ITS DETERMINATION AS TO WHETHER THE BENEFIT SPECIFIED
15 IN THIS SUBSECTION (24) IS IN ADDITION TO ESSENTIAL HEALTH BENEFITS
16 AND WOULD BE SUBJECT TO DEFRAYAL BY THE STATE PURSUANT TO 42
17 U.S.C. SEC. 18031 (d)(3)(B); AND

18 (B) A REQUEST THAT THE FEDERAL DEPARTMENT CONFIRM THE
19 DIVISION'S DETERMINATION WITHIN SIXTY DAYS AFTER RECEIPT OF THE
20 DIVISION'S REQUEST AND SUBMISSION OF ITS DETERMINATION.

21 (II) THIS SUBSECTION (24) APPLIES TO LARGE EMPLOYER POLICIES
22 OR CONTRACTS ISSUED OR RENEWED ON OR AFTER JANUARY 1, 2022, AND
23 TO INDIVIDUAL AND SMALL GROUP POLICIES AND CONTRACTS ISSUED ON
24 OR AFTER JANUARY 1, 2023, AND THE DIVISION SHALL IMPLEMENT THE
25 REQUIREMENTS OF THIS SUBSECTION (24), IF:

26 (A) THE DIVISION RECEIVES CONFIRMATION FROM THE FEDERAL
27 DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT THE COVERAGE

1 SPECIFIED IN THIS SUBSECTION (24) DOES NOT CONSTITUTE AN
2 ADDITIONAL BENEFIT THAT REQUIRES DEFRAYAL BY THE STATE PURSUANT
3 TO 42 U.S.C. SEC. 18031 (d)(3)(B);

4 (B) THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES
5 HAS OTHERWISE INFORMED THE DIVISION THAT THE COVERAGE DOES NOT
6 REQUIRE STATE DEFRAYAL PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B);
7 OR

8 (C) MORE THAN THREE HUNDRED SIXTY-FIVE DAYS HAVE PASSED
9 SINCE THE DIVISION SUBMITTED ITS DETERMINATION AND REQUEST FOR
10 CONFIRMATION THAT THE COVERAGE SPECIFIED IN THIS SUBSECTION (24)
11 IS NOT AN ADDITIONAL BENEFIT THAT REQUIRES STATE DEFRAYAL
12 PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B), AND THE FEDERAL
13 DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS FAILED TO RESPOND
14 TO THE REQUEST WITHIN THAT PERIOD, IN WHICH CASE THE DIVISION
15 SHALL CONSIDER THE FEDERAL DEPARTMENT'S UNREASONABLE DELAY A
16 PRECLUSION FROM REQUIRING DEFRAYAL BY THE STATE.

17 (e) THE DIVISION SHALL CONDUCT AN ACTUARIAL STUDY TO
18 DETERMINE THE EFFECT, IF ANY, THE COST-SHARING BENEFIT REQUIRED BY
19 THIS SUBSECTION (24) HAS ON PREMIUMS.

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

22 **10-16-145.5. Step therapy - prior authorization - prohibited -**
23 **stage four advanced metastatic cancer - opioid prescription -**
24 **definitions.** (1) (a) Notwithstanding section 10-16-145, a carrier that
25 provides coverage under a health benefit plan for the treatment of stage
26 four advanced metastatic cancer shall not limit or exclude coverage under
27 the health benefit plan for a drug THAT IS approved by the ~~United States~~

1 ~~food and drug administration~~ FDA and that is on the carrier's prescription
2 drug formulary by mandating that a covered person with stage four
3 advanced metastatic cancer undergo step therapy if the use of the
4 approved drug is consistent with:

5 (a) (I) The ~~United States food and drug administration-approved~~
6 FDA-APPROVED indication or the National Comprehensive Cancer
7 Network drugs and biologics compendium indication for the treatment of
8 stage four advanced metastatic cancer; or

9 ~~(b)~~ (II) Peer-reviewed medical literature.

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

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

16 (I) PROVIDE COVERAGE FOR AT LEAST ONE ATYPICAL OPIOID THAT
17 HAS BEEN APPROVED BY THE FDA FOR THE TREATMENT OF ACUTE OR
18 CHRONIC PAIN AT THE LOWEST TIER OF THE CARRIER'S DRUG FORMULARY
19 AND NOT REQUIRE STEP THERAPY OR PRIOR AUTHORIZATION, AS DEFINED
20 IN SECTION 10-16-112.5 (7)(d), FOR THAT ATYPICAL OPIOID; AND

21 (II) NOT REQUIRE STEP THERAPY FOR THE PRESCRIPTION AND USE
22 OF ANY ADDITIONAL ATYPICAL OPIOID MEDICATIONS THAT HAVE BEEN
23 APPROVED BY THE FDA FOR THE TREATMENT OF ACUTE OR CHRONIC PAIN.

24 (b) AS USED IN THIS SUBSECTION (2), "ATYPICAL OPIOID" MEANS
25 AN OPIOID AGONIST WITH A DOCUMENTED SAFER SIDE-EFFECT PROFILE
26 AND LESS RISK OF ADDICTION THAN OLDER OPIUM-BASED MEDICATIONS.

27 **SECTION 4.** In Colorado Revised Statutes, **add** 10-16-154 as

1 follows:

2 **10-16-154. Disclosures - physical therapists - occupational**
3 **therapists - chiropractors - acupuncturists - patients - carrier**
4 **prohibitions - enforcement.** (1) A CARRIER THAT HAS A CONTRACT WITH

5 A PHYSICAL THERAPIST, AN OCCUPATIONAL THERAPIST, A CHIROPRACTOR,
6 OR AN ACUPUNCTURIST SHALL NOT:

7 (a) PROHIBIT THE PHYSICAL THERAPIST, OCCUPATIONAL
8 THERAPIST, CHIROPRACTOR, OR ACUPUNCTURIST FROM PROVIDING A
9 COVERED PERSON INFORMATION ON THE AMOUNT OF THE COVERED
10 PERSON'S FINANCIAL RESPONSIBILITY FOR THE PHYSICAL THERAPY,
11 OCCUPATIONAL THERAPY, CHIROPRACTIC SERVICES, OR ACUPUNCTURE
12 SERVICES PROVIDED TO THE COVERED PERSON;

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

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

24 (2) IF THE COMMISSIONER DETERMINES THAT A CARRIER HAS NOT
25 COMPLIED WITH THIS SECTION, THE COMMISSIONER SHALL REQUIRE THE
26 CARRIER TO DEVELOP AND PROVIDE TO THE DIVISION FOR APPROVAL A
27 CORRECTIVE ACTION PLAN OR USE ANY OF THE COMMISSIONER'S

1 ENFORCEMENT POWERS UNDER THIS TITLE 10 TO ENSURE THE CARRIER'S
2 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; **repeal** (5); and **add** (6) as follows:

6 **12-30-109. Prescriptions - limitations - definition - rules.**

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

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

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

22 (b) Prior to prescribing the second fill of any opioid OR
23 BENZODIAZEPINE prescription pursuant to this section, ~~an opioid~~ A
24 prescriber must comply with the requirements of section 12-280-404 (4).
25 Failure to comply with section 12-280-404 (4) constitutes unprofessional
26 conduct or grounds for discipline, as applicable, under section
27 12-220-201, 12-240-121, 12-255-120, 12-275-120, 12-290-108, or

1 12-315-112, as applicable to the particular ~~opioid~~ prescriber, only if the
2 ~~opioid~~ prescriber repeatedly fails to comply.

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

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

6 (6) ON OR BEFORE NOVEMBER 1, 2021, THE APPLICABLE BOARD
7 FOR EACH PRESCRIBER SHALL, BY RULE, LIMIT THE SUPPLY OF A
8 BENZODIAZEPINE THAT A PRESCRIBER MAY PRESCRIBE TO A PATIENT WHO
9 HAS NOT OBTAINED A BENZODIAZEPINE PRESCRIPTION FROM A PRESCRIBER
10 WITHIN THE LAST TWELVE MONTHS; EXCEPT THAT THE RULES MUST NOT
11 LIMIT THE SUPPLY OF A BENZODIAZEPINE PRESCRIBED TO TREAT EPILEPSY,
12 A SEIZURE OR SEIZURE DISORDER, A SUSPECTED SEIZURE DISORDER,
13 SPASTICITY, ALCOHOL WITHDRAWAL, OR A NEUROLOGICAL CONDITION,
14 INCLUDING A POSTTRAUMATIC BRAIN INJURY OR CATATONIA. THE RULES
15 MUST ALLOW FOR APPROPRIATE TAPERING OFF OF BENZODIAZEPINES AND
16 MUST NOT REQUIRE OR ENCOURAGE ABRUPT DISCONTINUATION OR
17 WITHDRAWAL OF BENZODIAZEPINES.

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

20 **12-30-109. Prescriptions - limitations - definition - rules.**

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

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

25 **12-30-109. Prescriptions - limitations - definition - rules.**

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

1 **SECTION 8.** In Colorado Revised Statutes, 12-30-114, **amend**
2 (1)(a) as follows:

3 **12-30-114. Demonstrated competency - opiate prescribers -**
4 **rules - definition.** (1) (a) The applicable licensing board for each
5 licensed health-care provider, IN CONSULTATION WITH THE CENTER FOR
6 RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND
7 RECOVERY SUPPORT STRATEGIES CREATED IN SECTION 27-80-118, shall
8 promulgate rules that require each licensed health-care provider, as a
9 condition of renewing, reactivating, or reinstating a license on or after
10 October 1, ~~2019~~ 2022, to complete up to four credit hours of training per
11 licensing cycle in order to demonstrate competency regarding: Best
12 practices for opioid prescribing, according to the most recent version of
13 the division's guidelines for the safe prescribing and dispensing of
14 opioids; THE POTENTIAL HARM OF INAPPROPRIATELY LIMITING
15 PRESCRIPTIONS TO CHRONIC PAIN PATIENTS; BEST PRACTICES FOR
16 PRESCRIBING BENZODIAZEPINES; recognition of substance use disorders;
17 referral of patients with substance use disorders for treatment; and the use
18 of the electronic prescription drug monitoring program created in part 4
19 of article 280 of this title 12.

20 **SECTION 9.** In Colorado Revised Statutes, 12-220-306, **amend**
21 (2) as follows:

22 **12-220-306. Dentists may prescribe drugs - surgical operations**
23 **- anesthesia - limits on prescriptions.** (2) ~~(a)~~ A dentist is subject to the
24 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section
25 12-30-109.

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

27 **SECTION 10.** In Colorado Revised Statutes, **amend** 12-240-123

1 as follows:

2 **12-240-123. Prescriptions - limitations.** ~~(1)~~ A physician or
3 physician assistant is subject to the limitations on ~~prescribing opioids~~
4 PRESCRIPTIONS specified in section 12-30-109.

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

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

8 **12-255-112. Prescriptive authority - advanced practice**
9 **registered nurses - limits on prescriptions - rules - financial benefit**
10 **for prescribing prohibited.** (6) ~~(a)~~ An advanced practice registered
11 nurse with prescriptive authority pursuant to this section is subject to the
12 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section
13 12-30-109.

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

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

17 **12-275-113. Use of prescription and nonprescription drugs -**
18 **limits on prescriptions.** (5) ~~(a)~~ An optometrist is subject to the
19 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section
20 12-30-109.

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

22 **SECTION 13.** In Colorado Revised Statutes, 12-290-111, **amend**
23 (3) as follows:

24 **12-290-111. Prescriptions - requirement to advise patients -**
25 **limits on prescriptions.** (3) ~~(a)~~ A podiatrist is subject to the limitations
26 on ~~prescribing opioids~~ PRESCRIPTIONS specified in section 12-30-109.

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

1 **SECTION 14.** In Colorado Revised Statutes, **amend** 12-315-126
2 as follows:

3 **12-315-126. Prescriptions - limitations.** ~~(1)~~ A veterinarian is
4 subject to the limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified
5 in section 12-30-109.

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

7

8 **SECTION 15.** In Colorado Revised Statutes, 12-280-404, **amend**
9 (3)(1)(I), (4)(a) introductory portion, (4)(c), and (7); **repeal** (4)(e); and
10 **add** (4)(a.5) 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 groups of persons:

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

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

21 (4) (a) Each practitioner or ~~his or her~~ THE PRACTITIONER'S
22 designee shall query the program prior to prescribing ~~the second fill for~~
23 an opioid unless the patient receiving the prescription:

24 (a.5) EACH PRACTITIONER OR THE PRACTITIONER'S DESIGNEE
25 SHALL QUERY THE PROGRAM BEFORE PRESCRIBING A BENZODIAZEPINE TO
26 A PATIENT UNLESS THE BENZODIAZEPINE IS PRESCRIBED TO TREAT A
27 PATIENT IN HOSPICE OR TO TREAT **EPILEPSY**, A SEIZURE OR SEIZURE

1 DISORDER, A SUSPECTED SEIZURE DISORDER, SPASTICITY, ALCOHOL
2 WITHDRAWAL, OR A NEUROLOGICAL CONDITION, INCLUDING A
3 POSTTRAUMATIC BRAIN INJURY OR CATATONIA.

4 (c) A practitioner or ~~his or her~~ THE PRACTITIONER'S designee
5 complies with this subsection (4) if ~~he or she~~ THE PRACTITIONER OR
6 PRACTITIONER'S DESIGNEE attempts to access the program ~~prior to~~ BEFORE
7 prescribing ~~the second fill for~~ an opioid OR A BENZODIAZEPINE and the
8 program is not available or is inaccessible due to technical failure.

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

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

15 (b) THE BOARD MAY, WITHIN EXISTING FUNDS AVAILABLE FOR
16 OPERATION OF THE PROGRAM, PROVIDE A MEANS OF SHARING
17 PRESCRIPTION INFORMATION AND ELECTRONIC HEALTH RECORDS THROUGH
18 A BOARD-APPROVED VENDOR AND METHOD WITH THE HEALTH
19 INFORMATION ORGANIZATION NETWORK, AS DEFINED IN SECTION
20 25-3.5-103 (8.5), IN ORDER TO WORK COLLABORATIVELY WITH THE
21 STATEWIDE HEALTH INFORMATION EXCHANGES DESIGNATED BY THE
22 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING. USE OF THE
23 INFORMATION MADE AVAILABLE PURSUANT TO THIS SUBSECTION (7)(b) IS
24 SUBJECT TO PRIVACY AND SECURITY PROTECTIONS IN STATE LAW AND THE
25 FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
26 OF 1996", PUB.L.104-191, AS AMENDED, AND ANY IMPLEMENTING
27 REGULATIONS.

1 **SECTION 16.** In Colorado Revised Statutes, 27-80-118, **amend**
2 (4)(a) as follows:

3 **27-80-118. Center for research into substance use disorder**
4 **prevention, treatment, and recovery support strategies - legislative**
5 **declaration - established - repeal.** (4) (a) The center shall develop and
6 implement a series of continuing education activities designed to help a
7 prescriber of pain medication to safely and effectively manage patients
8 with pain and, when appropriate, prescribe opioids or medication-assisted
9 treatment. THE EDUCATIONAL ACTIVITIES MUST ALSO INCLUDE BEST
10 PRACTICES FOR PRESCRIBING BENZODIAZEPINES AND THE POTENTIAL HARM
11 OF INAPPROPRIATELY LIMITING PRESCRIPTIONS TO CHRONIC PAIN
12 PATIENTS. The educational activities must apply to physicians, physician
13 assistants, nurses, and dentists, WITH AN EMPHASIS ON PHYSICIANS,
14 PHYSICIAN ASSISTANTS, NURSES, AND DENTISTS SERVING UNDERSERVED
15 POPULATIONS AND COMMUNITIES.

16 **SECTION 17.** In Colorado Revised Statutes, **add** 27-80-124 as
17 follows:

18 **27-80-124. Colorado substance use disorders prevention**
19 **collaborative - created - mission - administration - repeal.** (1) THE
20 OFFICE OF BEHAVIORAL HEALTH SHALL CONVENE AND ADMINISTER A
21 COLORADO SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE
22 WITH INSTITUTIONS OF HIGHER EDUCATION, NONPROFIT AGENCIES, AND
23 STATE AGENCIES, REFERRED TO IN THIS SECTION AS THE
24 "COLLABORATIVE", FOR THE PURPOSE OF GATHERING FEEDBACK FROM
25 LOCAL PUBLIC HEALTH AGENCIES, INSTITUTIONS OF HIGHER EDUCATION,
26 NONPROFIT AGENCIES, AND STATE AGENCIES CONCERNING
27

1 EVIDENCE-BASED PREVENTION PRACTICES TO FULFILL THE MISSION STATED
2 IN SUBSECTION (2) OF THIS SECTION.

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

4 (a) COORDINATE WITH AND ASSIST STATE AGENCIES AND
5 COMMUNITIES TO STRENGTHEN COLORADO'S PREVENTION
6 INFRASTRUCTURE AND TO IMPLEMENT A STATEWIDE STRATEGIC PLAN FOR
7 PRIMARY PREVENTION OF SUBSTANCE USE DISORDERS FOR STATE FISCAL
8 YEARS 2021-22 THROUGH 2024-25;

9 (b) ADVANCE THE USE OF TESTED AND EFFECTIVE PREVENTION
10 PROGRAMS AND PRACTICES THROUGH EDUCATION, OUTREACH, ADVOCACY,
11 AND TECHNICAL ASSISTANCE, WITH AN EMPHASIS ON ADDRESSING THE
12 NEEDS OF UNDERSERVED POPULATIONS AND COMMUNITIES;

13 (c) DIRECT EFFORTS TO RAISE PUBLIC AWARENESS OF THE COST
14 SAVINGS OF PREVENTION MEASURES;

15 (d) PROVIDE DIRECT TRAINING AND TECHNICAL ASSISTANCE TO
16 COMMUNITIES REGARDING SELECTION, IMPLEMENTATION, AND
17 SUSTAINMENT OF TESTED AND EFFECTIVE PRIMARY PREVENTION
18 PROGRAMS;

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

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

23 (g) SUPPORT FUNDING EFFORTS IN ORDER TO ALIGN FUNDING AND
24 SERVICES AND COMMUNICATE WITH COMMUNITIES ABOUT FUNDING
25 STRATEGIES;

26 (h) WORK WITH KEY STATE AND COMMUNITY STAKEHOLDERS TO
27 ESTABLISH A MINIMUM STANDARD FOR PRIMARY PREVENTION PROGRAMS

1 IN COLORADO; AND

2 (i) WORK WITH PREVENTION SPECIALISTS AND EXISTING TRAINING
3 AGENCIES TO PROVIDE AND SUPPORT TRAINING TO STRENGTHEN
4 COLORADO'S PREVENTION WORKFORCE.

5 (3) THE OFFICE OF BEHAVIORAL HEALTH AND THE COLLABORATIVE
6 SHALL:

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

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

12 (c) COORDINATE WITH DESIGNATED STATE AGENCIES AND OTHER
13 ORGANIZATIONS TO PROVIDE PREVENTION SCIENCE TRAINING TO
14 SYSTEMIZE, UPDATE, EXPAND, AND STRENGTHEN PREVENTION
15 CERTIFICATION TRAINING AND PROVIDE CONTINUING EDUCATION TO
16 PREVENTION SPECIALISTS.

17 (4) IN ORDER TO IMPLEMENT AND PROVIDE SUSTAINABILITY TO THE
18 COLLABORATIVE, FOR STATE FISCAL YEARS 2021-22 THROUGH 2024-25,
19 THE GENERAL ASSEMBLY SHALL APPROPRIATE MONEY FROM THE
20 MARIJUANA TAX CASH FUND CREATED IN SECTION 39-28.8-501 (1) TO THE
21 OFFICE OF BEHAVIORAL HEALTH TO ACCOMPLISH THE MISSION OF THE
22 COLLABORATIVE.

23 (5) THE OFFICE OF BEHAVIORAL HEALTH SHALL REPORT ITS
24 PROGRESS TO THE GENERAL ASSEMBLY ON OR BEFORE SEPTEMBER 1, 2022,
25 AND EACH SEPTEMBER 1 THROUGH SEPTEMBER 1, 2025.

26 (6) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 30, 2025.

27 **SECTION 18. Appropriation.** (1) For the 2021-22 state fiscal

1 year, \$382,908 is appropriated to the department of human services for
2 use by the office of behavioral health. This appropriation is from the
3 marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To
4 implement this act, the office may use this appropriation as follows:

5 (a) \$74,848 for personal services related to community behavioral
6 health administration, which amount is based on an assumption that the
7 office will require an additional 0.8 FTE;

8 (b) \$8,060 for operating expenses related to community
9 behavioral health administration; and

10 (c) \$300,000 for community prevention and treatment programs.

11 (2) For the 2021-22 state fiscal year, \$13,000 is appropriated to
12 the department of regulatory agencies for use by the division of insurance.
13 This appropriation is from the division of insurance cash fund created in
14 section 10-1-103 (3), C.R.S. To implement this act, the division may use
15 this appropriation for personal services.

16 **SECTION 19. Effective date.** (1) Except as provided in
17 subsections (2) and (3) of this section, this act takes effect July 1, 2021.

18 (2) Sections 2 and 3 of this act take effect January 1, 2023.

19 (3) Section 15 of this act takes effect only if Senate Bill 21-098
20 becomes law and takes effect either upon the effective date of this act or
21 Senate Bill 21-098, whichever is later.

22 **SECTION 20. Safety clause.** The general assembly hereby finds,
23 determines, and declares that this act is necessary for the immediate
24 preservation of the public peace, health, or safety.