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HOUSE BILL 21-1276

BY REPRESENTATIVE(S) Kennedy and Herod, Amabile, Bernett, Bird, Boesenecker, Caraveo, Cutter, Esgar, Exum, Froelich, Gonzales-Gutierrez, Gray, Hooton, Jackson, Kipp, Lontine, McCluskie, McCormick, Michaelson Jenet, Mullica, Ortiz, Ricks, Sandridge, Sirota, Snyder, Tipper, Titone, Valdez D., Weissman, Young, Garnett, Jodeh, Valdez A.; also SENATOR(S) Pettersen and Priola, Buckner, Fenberg, Gonzales, Lee, Moreno, Rodriguez, Story, Garcia.

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

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

SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

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

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

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

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

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

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

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

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

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

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

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

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

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

(c) Continue to limit opioid prescriptions and require prescribers to

query the prescription drug monitoring program (PDMP);

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

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

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

(g) Direct 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 2. In Colorado Revised Statutes, 10-16-104, **add** (25) as follows:

10-16-104. Mandatory coverage provisions - definitions - rules.

(25) **Nonpharmacological alternative treatment to opioids.** (a) A HEALTH BENEFIT PLAN ISSUED OR RENEWED ON OR AFTER JANUARY 1, 2023, MUST ALIGN COST-SHARING AMOUNTS FOR NONPHARMACOLOGICAL TREATMENT FOR A PATIENT WITH A PAIN DIAGNOSIS WHERE AN OPIOID MIGHT BE PRESCRIBED, WHICH MUST INCLUDE A COST-SHARING AMOUNT FOR EACH VISIT NOT TO EXCEED THE COST-SHARING AMOUNT FOR A PRIMARY CARE VISIT FOR NONPREVENTIVE SERVICES FOR A MINIMUM OF SIX PHYSICAL THERAPY VISITS, SIX OCCUPATIONAL THERAPY VISITS, SIX CHIROPRACTIC VISITS, AND SIX ACUPUNCTURE VISITS.

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

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

(A) ITS DETERMINATION AS TO WHETHER THE BENEFIT SPECIFIED IN THIS SUBSECTION (25) IS IN ADDITION TO ESSENTIAL HEALTH BENEFITS AND WOULD BE SUBJECT TO DEFRAYAL BY THE STATE PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B); AND

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

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

(A) THE DIVISION RECEIVES CONFIRMATION FROM THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT THE COVERAGE SPECIFIED IN THIS SUBSECTION (25) DOES NOT CONSTITUTE AN ADDITIONAL BENEFIT THAT REQUIRES DEFAYAL BY THE STATE PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B);

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

(C) MORE THAN THREE HUNDRED SIXTY-FIVE DAYS HAVE PASSED SINCE THE DIVISION SUBMITTED ITS DETERMINATION AND REQUEST FOR CONFIRMATION THAT THE COVERAGE SPECIFIED IN THIS SUBSECTION (25) IS NOT AN ADDITIONAL BENEFIT THAT REQUIRES STATE DEFAYAL PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B), AND THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS FAILED TO RESPOND TO THE REQUEST WITHIN THAT PERIOD, IN WHICH CASE THE DIVISION SHALL CONSIDER THE FEDERAL DEPARTMENT'S UNREASONABLE DELAY A PRECLUSION FROM REQUIRING DEFAYAL BY THE STATE.

(d) THE DIVISION SHALL CONDUCT AN ACTUARIAL STUDY TO DETERMINE THE EFFECT, IF ANY, THE COST-SHARING BENEFIT REQUIRED BY THIS SUBSECTION (25) HAS ON PREMIUMS.

SECTION 3. In Colorado Revised Statutes, **amend** 10-16-145.5 as

follows:

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

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

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

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

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

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

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

(b) AS USED IN THIS SUBSECTION (2), "ATYPICAL OPIOID" MEANS AN OPIOID AGONIST WITH A DOCUMENTED SAFER SIDE-EFFECT PROFILE AND LESS

RISK OF ADDICTION THAN OLDER OPIUM-BASED MEDICATIONS.

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

10-16-154. Disclosures - physical therapists - occupational therapists - chiropractors - acupuncturists - patients - carrier prohibitions - enforcement. (1) A CARRIER THAT HAS A CONTRACT WITH A PHYSICAL THERAPIST, AN OCCUPATIONAL THERAPIST, A CHIROPRACTOR, OR AN ACUPUNCTURIST SHALL NOT:

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

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

(c) REQUIRE THE PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, CHIROPRACTOR, OR ACUPUNCTURIST TO CHARGE AN AMOUNT TO A COVERED PERSON 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.

(2) IF THE COMMISSIONER DETERMINES THAT A CARRIER HAS NOT COMPLIED WITH THIS SECTION, THE COMMISSIONER SHALL REQUIRE THE CARRIER TO DEVELOP AND PROVIDE TO THE DIVISION FOR APPROVAL A CORRECTIVE ACTION PLAN OR USE ANY OF THE COMMISSIONER'S ENFORCEMENT POWERS UNDER THIS TITLE 10 TO ENSURE THE CARRIER'S COMPLIANCE WITH THIS SECTION.

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

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

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

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

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

(b) Prior to prescribing the second fill of any opioid OR BENZODIAZEPINE prescription pursuant to this section, ~~an opioid~~ A prescriber must comply with the requirements of section 12-280-404 (4). Failure to comply with section 12-280-404 (4) constitutes unprofessional conduct or grounds for discipline, as applicable, under section 12-220-201, 12-240-121, 12-255-120, 12-275-120, 12-290-108, or 12-315-112, as applicable to the particular ~~opioid~~ prescriber, only if the ~~opioid~~ prescriber repeatedly fails to comply.

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

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

(6) ON OR BEFORE NOVEMBER 1, 2021, THE APPLICABLE BOARD FOR EACH PRESCRIBER SHALL, BY RULE, LIMIT THE SUPPLY OF A BENZODIAZEPINE THAT A PRESCRIBER MAY PRESCRIBE TO A PATIENT WHO HAS NOT OBTAINED A BENZODIAZEPINE PRESCRIPTION FROM A PRESCRIBER WITHIN THE LAST TWELVE MONTHS; EXCEPT THAT THE RULES MUST NOT LIMIT THE SUPPLY OF A BENZODIAZEPINE PRESCRIBED TO TREAT EPILEPSY, A SEIZURE OR SEIZURE DISORDER, A SUSPECTED SEIZURE DISORDER, SPASTICITY, ALCOHOL WITHDRAWAL, OR A NEUROLOGICAL CONDITION, INCLUDING A

POSTTRAUMATIC BRAIN INJURY OR CATATONIA. THE RULES MUST ALLOW FOR APPROPRIATE TAPERING OFF OF BENZODIAZEPINES AND MUST NOT REQUIRE OR ENCOURAGE ABRUPT DISCONTINUATION OR WITHDRAWAL OF BENZODIAZEPINES.

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

12-30-109. Prescriptions - limitations - definition - rules. (2) ~~An opioid~~ A prescriber licensed pursuant to article 220 or 315 of this title 12 may prescribe opioids AND BENZODIAZEPINES electronically.

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

12-30-109. Prescriptions - limitations - definition - rules. (2) ~~An opioid~~ A prescriber licensed pursuant to article 315 of this title 12 may prescribe opioids AND BENZODIAZEPINES electronically.

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

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

SECTION 9. In Colorado Revised Statutes, 12-220-306, **amend** (2)

as follows:

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

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

SECTION 10. In Colorado Revised Statutes, **amend** 12-240-123 as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 15. In Colorado Revised Statutes, 12-280-403, **add** (6) as follows:

12-280-403. Prescription drug use monitoring program - registration required. (6) (a) ON OR BEFORE DECEMBER 1, 2021, THE DIVISION SHALL FULLY ENABLE THE EXPANSION, UTILIZATION, AND ADOPTION OF THE UNITED STATES BUREAU OF JUSTICE ASSISTANCE RXCHECK, BOTH FOR INTERSTATE DATA SHARING AND FOR INTEGRATING THE PROGRAM INTO THE ELECTRONIC MEDICAL RECORDS OF PRACTITIONERS AND HEALTH SYSTEMS WITHIN THE STATE. PRACTITIONERS AND HEALTH SYSTEMS, THROUGH PUBLIC AND PRIVATE INTEGRATION ORGANIZATIONS THAT COMPLY WITH THE BUSINESS ASSOCIATE REQUIREMENTS OF THE FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", AS AMENDED, 42 U.S.C. SEC. 1320d TO 1320d-9, AND ITS RELATED PRIVACY AND SECURITY REGULATIONS, ARE AUTHORIZED TO DIRECTLY CONNECT TO THE PROGRAM THROUGH RXCHECK. IN ORDER TO COMPLETE THE REQUIRED RXCHECK ENABLEMENT, THE DIVISION MAY AUTHORIZE PUBLIC OR PRIVATE INTEGRATION ORGANIZATIONS TO PROVIDE TO THE DIVISION REASONABLE AND NECESSARY PROGRAM QUERY AUDIT REPORTS SHOULD AUDIT REPORTING FUNCTIONALITY NOT BE SUFFICIENT FOR THE DIVISION THROUGH RXCHECK. NOTWITHSTANDING THE ENABLEMENT OF RXCHECK DESCRIBED IN THIS SUBSECTION (6), THE PROGRAM, WHETHER DEVELOPED BY THE BOARD OR PROCURED, MUST ALLOW DIRECT APPLICATION PROGRAM INTERFACE CONNECTIONS TO THE PROGRAM THROUGH PUBLIC AND PRIVATE INTEGRATION ORGANIZATIONS THAT COMPLY

WITH THE BUSINESS ASSOCIATE REQUIREMENTS OF THE "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", AS AMENDED, 42 U.S.C. SEC. 1320d TO 1320d-9, AND ITS RELATED PRIVACY AND SECURITY REGULATIONS.

(b) FOR THE 2021-22 STATE FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE MONEY FROM THE MARIJUANA TAX CASH FUND CREATED IN SECTION 39-28.8-501 (1) TO THE DEPARTMENT FOR APPROPRIATION TO THE DIVISION FOR THE PURPOSES OF THIS SUBSECTION (6).

SECTION 16. In Colorado Revised Statutes, 12-280-404, **amend** (3)(I)(I), (4)(a) introductory portion, (4)(c), and (7); **repeal** (4)(e); and **add** (4)(a.5) as follows:

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

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

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

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

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

(a.5) EACH PRACTITIONER OR THE PRACTITIONER'S DESIGNEE SHALL QUERY THE PROGRAM BEFORE PRESCRIBING A BENZODIAZEPINE TO A PATIENT UNLESS THE BENZODIAZEPINE IS PRESCRIBED TO TREAT A PATIENT IN HOSPICE OR TO TREAT EPILEPSY, A SEIZURE OR SEIZURE DISORDER, A SUSPECTED SEIZURE DISORDER, SPASTICITY, ALCOHOL WITHDRAWAL, OR A NEUROLOGICAL CONDITION, INCLUDING A POSTTRAUMATIC BRAIN INJURY OR CATATONIA.

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

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

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

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

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

SECTION 17. In Colorado Revised Statutes, 27-80-118, **amend** (4)(a) as follows:

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

AND COMMUNITIES.

SECTION 18. In Colorado Revised Statutes, **add 27-80-124** as follows:

27-80-124. Colorado substance use disorders prevention collaborative - created - mission - administration - repeal. (1) THE OFFICE OF BEHAVIORAL HEALTH SHALL CONVENE AND ADMINISTER A COLORADO SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE WITH INSTITUTIONS OF HIGHER EDUCATION, NONPROFIT AGENCIES, AND STATE AGENCIES, REFERRED TO IN THIS SECTION AS THE "COLLABORATIVE", 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 TO FULFILL THE MISSION STATED IN SUBSECTION (2) OF THIS SECTION.

(2) THE MISSION OF THE COLLABORATIVE IS TO:

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

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

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

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

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

(f) ADVISE STATE AGENCIES AND COMMUNITIES REGARDING NEW

AND INNOVATIVE PRIMARY PREVENTION PROGRAMS AND PRACTICES;

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

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

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

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

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

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

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

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

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

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

SECTION 19. Appropriation. (1) For the 2021-22 state fiscal year, \$382,908 is appropriated to the department of human services for use by the office of behavioral health. This appropriation is from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To implement this act, the office may use this appropriation as follows:

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

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

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

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

(3) For the 2021-22 state fiscal year, \$215,207 is appropriated to the department of regulatory agencies. The appropriation is from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To implement this act, the division of professions and occupations may use this appropriation as follows:

(a) \$117,972 for use by the division of professions and occupations for personal services, which amount is based on an assumption that the division will require 2.1 FTE;

(b) \$15,235 for use by the division of professions and occupations for operating expenses; and

(c) \$82,000 for use by the executive director's office for information technology asset management.

SECTION 20. Effective date. (1) Except as provided in subsections (2) and (3) of this section, this act takes effect July 1, 2021.

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

(3) Sections 15 and 16 of this act take effect only if Senate Bill 21-098 becomes law and take effect either upon the effective date of this act or Senate Bill 21-098, whichever is later.

SECTION 21. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.

Alec Garnett
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Leroy M. Garcia
PRESIDENT OF
THE SENATE

Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO