

First Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO

**REREVISED**

*This Version Includes All Amendments  
Adopted in the Second House*

LLS NO. 21-0135.02 Kristen Forrestal x4217

**HOUSE BILL 21-1276**

**HOUSE SPONSORSHIP**

**Kennedy and Herod**, Amabile, Bernett, Bird, Boesenecker, Caraveo, Cutter, Esgar, Exum, Froelich, Garnett, Gonzales-Gutierrez, Gray, Hooton, Jackson, Kipp, Lontine, McCluskie, McCormick, Michaelson Jenet, Mullica, Ortiz, Ricks, Sandridge, Sirota, Snyder, Tipper, Titone, Valdez D., Weissman, Young

**SENATE SPONSORSHIP**

**Pettersen and Priola**, Buckner, Fenberg, Garcia, Gonzales, Lee, Moreno, Rodriguez, Story

**House Committees**

Health & Insurance  
Appropriations

**Senate Committees**

State, Veterans, & Military Affairs  
Appropriations

SENATE  
Amended 3rd Reading  
June 4, 2021

**A BILL FOR AN ACT**

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

SENATE  
Amended 2nd Reading  
June 3, 2021

**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>.)*

HOUSE  
3rd Reading Unamended  
May 24, 2021

**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

HOUSE  
Amended 2nd Reading  
May 22, 2021

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.

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 ALIGN COST-SHARING AMOUNTS FOR  
25 NONPHARMACOLOGICAL TREATMENT FOR A PATIENT WITH A PAIN  
26 DIAGNOSIS WHERE AN OPIOID MIGHT BE PRESCRIBED, WHICH MUST  
27 INCLUDE A COST-SHARING AMOUNT FOR EACH VISIT NOT TO EXCEED THE

1 COST-SHARING AMOUNT FOR A PRIMARY CARE VISIT FOR NONPREVENTIVE  
2 SERVICES FOR A MINIMUM OF SIX PHYSICAL THERAPY VISITS, SIX  
3 OCCUPATIONAL THERAPY VISITS, SIX CHIROPRACTIC VISITS, AND SIX  
4 ACUPUNCTURE VISITS.

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

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

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

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

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

24 (A) THE DIVISION RECEIVES CONFIRMATION FROM THE FEDERAL  
25 DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT THE COVERAGE  
26 SPECIFIED IN THIS SUBSECTION (24) DOES NOT CONSTITUTE AN  
27 ADDITIONAL BENEFIT THAT REQUIRES DEFAYAL BY THE STATE PURSUANT

1 TO 42 U.S.C. SEC. 18031 (d)(3)(B);

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

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

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

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

20 **10-16-145.5. Step therapy - prior authorization - prohibited -**  
21 **stage four advanced metastatic cancer - opioid prescription -**  
22 **definitions.** (1) (a) Notwithstanding section 10-16-145, a carrier that  
23 provides coverage under a health benefit plan for the treatment of stage  
24 four advanced metastatic cancer shall not limit or exclude coverage under  
25 the health benefit plan for a drug THAT IS approved by the ~~United States~~  
26 ~~food and drug administration~~ FDA and that is on the carrier's prescription  
27 drug formulary by mandating that a covered person with stage four

1 advanced metastatic cancer undergo step therapy if the use of the  
2 approved drug is consistent with:

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

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

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

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

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

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

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

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

27 **10-16-154. Disclosures - physical therapists - occupational**



1 **therapists - chiropractors - acupuncturists - patients - carrier**  
2 **prohibitions - enforcement.** (1) A CARRIER THAT HAS A CONTRACT WITH

3 A PHYSICAL THERAPIST, AN OCCUPATIONAL THERAPIST, A CHIROPRACTOR,  
4 OR AN ACUPUNCTURIST SHALL NOT:

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

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

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

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

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

4           **12-30-109. Prescriptions - limitations - definition - rules.**

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

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

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

20           (b) Prior to prescribing the second fill of any opioid OR  
21 BENZODIAZEPINE prescription pursuant to this section, ~~an opioid~~ A  
22 prescriber must comply with the requirements of section 12-280-404 (4).  
23 Failure to comply with section 12-280-404 (4) constitutes unprofessional  
24 conduct or grounds for discipline, as applicable, under section  
25 12-220-201, 12-240-121, 12-255-120, 12-275-120, 12-290-108, or  
26 12-315-112, as applicable to the particular ~~opioid~~ prescriber, only if the  
27 ~~opioid~~ prescriber repeatedly fails to comply.

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

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

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

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

18 **12-30-109. Prescriptions - limitations - definition - rules.**

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

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

23 **12-30-109. Prescriptions - limitations - definition - rules.**

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

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

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

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

20           **12-220-306. 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 10.** 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 11.** In Colorado Revised Statutes, 12-255-112, **amend**  
5 (6) as follows:

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

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

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

15 **12-275-113. Use of prescription and nonprescription drugs -**  
16 **limits on prescriptions.** (5) ~~(a)~~ An optometrist is subject to the  
17 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section  
18 12-30-109.

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

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

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

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

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

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

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

5           ■ ■

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

8           **12-280-403. Prescription drug use monitoring program -**  
9 **registration required.** (6) (a) ON OR BEFORE DECEMBER 1, 2021, THE  
10 DIVISION SHALL FULLY ENABLE THE EXPANSION, UTILIZATION, AND  
11 ADOPTION OF THE UNITED STATES BUREAU OF JUSTICE ASSISTANCE  
12 RXCHECK, BOTH FOR INTERSTATE DATA SHARING AND FOR INTEGRATING  
13 THE PROGRAM INTO THE ELECTRONIC MEDICAL RECORDS OF  
14 PRACTITIONERS AND HEALTH SYSTEMS WITHIN THE STATE. PRACTITIONERS  
15 AND HEALTH SYSTEMS, THROUGH PUBLIC AND PRIVATE INTEGRATION  
16 ORGANIZATIONS THAT COMPLY WITH THE BUSINESS ASSOCIATE  
17 REQUIREMENTS OF THE FEDERAL "HEALTH INSURANCE PORTABILITY AND  
18 ACCOUNTABILITY ACT OF 1996", AS AMENDED, 42 U.S.C. SEC. 1320d TO  
19 1320d-9, AND ITS RELATED PRIVACY AND SECURITY REGULATIONS, ARE  
20 AUTHORIZED TO DIRECTLY CONNECT TO THE PROGRAM THROUGH  
21 RXCHECK. IN ORDER TO COMPLETE THE REQUIRED RXCHECK  
22 ENABLEMENT, THE DIVISION MAY AUTHORIZE PUBLIC OR PRIVATE  
23 INTEGRATION ORGANIZATIONS TO PROVIDE TO THE DIVISION REASONABLE  
24 AND NECESSARY PROGRAM QUERY AUDIT REPORTS SHOULD AUDIT  
25 REPORTING FUNCTIONALITY NOT BE SUFFICIENT FOR THE DIVISION  
26 THROUGH RXCHECK. NOTWITHSTANDING THE ENABLEMENT OF RXCHECK  
27 DESCRIBED IN THIS SUBSECTION (6), THE PROGRAM, WHETHER DEVELOPED

1 BY THE BOARD OR PROCURED, MUST ALLOW DIRECT APPLICATION  
2 PROGRAM INTERFACE CONNECTIONS TO THE PROGRAM THROUGH PUBLIC  
3 AND PRIVATE INTEGRATION ORGANIZATIONS THAT COMPLY WITH THE  
4 BUSINESS ASSOCIATE REQUIREMENTS OF THE "HEALTH INSURANCE  
5 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", AS AMENDED, 42  
6 U.S.C. SEC. 1320d TO 1320d-9, AND ITS RELATED PRIVACY AND SECURITY  
7 REGULATIONS.

8 (b) FOR THE 2021-22 STATE FISCAL YEAR, THE GENERAL  
9 ASSEMBLY SHALL APPROPRIATE MONEY FROM THE MARIJUANA TAX CASH  
10 FUND CREATED IN SECTION 39-28.8-501 (1) TO THE DEPARTMENT FOR  
11 APPROPRIATION TO THE DIVISION FOR THE PURPOSES OF THIS SUBSECTION  
12 (6).

13 **SECTION 16.** In Colorado Revised Statutes, 12-280-404, **amend**  
14 (3)(1)(I), (4)(a) introductory portion, (4)(c), and (7); **repeal** (4)(e); and  
15 **add** (4)(a.5) as follows:

16 **12-280-404. Program operation - access - rules - definitions.**

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

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

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

26 (4) (a) Each practitioner or ~~his or her~~ THE PRACTITIONER'S  
27 designee shall query the program prior to prescribing ~~the second fill for~~

1 an opioid unless the patient receiving the prescription:

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

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

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

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

20 (b) THE BOARD MAY, WITHIN EXISTING FUNDS AVAILABLE FOR  
21 OPERATION OF THE PROGRAM, PROVIDE A MEANS OF SHARING  
22 PRESCRIPTION INFORMATION AND ELECTRONIC HEALTH RECORDS THROUGH  
23 A BOARD-APPROVED VENDOR AND METHOD WITH THE HEALTH  
24 INFORMATION ORGANIZATION NETWORK, AS DEFINED IN SECTION  
25 25-3.5-103 (8.5), IN ORDER TO WORK COLLABORATIVELY WITH THE  
26 STATEWIDE HEALTH INFORMATION EXCHANGES DESIGNATED BY THE  
27 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING. USE OF THE



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

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

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

21   
22 **SECTION 18.** In Colorado Revised Statutes, **add** 27-80-124 as  
23 follows:

24 **27-80-124. Colorado substance use disorders prevention**  
25 **collaborative - created - mission - administration - repeal.** (1) THE  
26 OFFICE OF BEHAVIORAL HEALTH SHALL CONVENE AND ADMINISTER A  
27 COLORADO SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE

1 WITH INSTITUTIONS OF HIGHER EDUCATION, NONPROFIT AGENCIES, AND  
2 STATE AGENCIES, REFERRED TO IN THIS SECTION AS THE  
3 "COLLABORATIVE", FOR THE PURPOSE OF GATHERING FEEDBACK FROM  
4 LOCAL PUBLIC HEALTH AGENCIES, INSTITUTIONS OF HIGHER EDUCATION,  
5 NONPROFIT AGENCIES, AND STATE AGENCIES CONCERNING  
6 EVIDENCE-BASED PREVENTION PRACTICES TO FULFILL THE MISSION STATED  
7 IN SUBSECTION (2) OF THIS SECTION.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26           (a) \$117,972 for use by the division of professions and  
27 occupations for personal services, which amount is based on an

1 assumption that the division will require 2.1 FTE;  
2 (b) \$15,235 for use by the division of professions and occupations  
3 for operating expenses; and  
4 (c) \$82,000 for use by the executive director's office for  
5 information technology asset management.

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

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

9 (3) Sections 15 and 16 of this act take effect only if Senate Bill  
10 21-098 becomes law and take effect either upon the effective date of this  
11 act or Senate Bill 21-098, whichever is later.

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