

# Summary of Legislation

## 2024



## Behavioral Health

### Introduction

Addressing the substance use disorder epidemic and providing behavioral health resources to communities throughout Colorado were the two major behavioral health care themes that emerged during the Second Regular Session of the 74th General Assembly. Important behavioral health bills are discussed below.

### Substance Use Disorder Prevention, Treatment, and Harm Reduction

Addressing the substance abuse epidemic remained a major objective of the General Assembly during the latest session. Major provisions focused on substance abuse prevention, treatment, and harm reduction.

The legislature passed [Senate Bill 24-047](#), which modifies several existing programs dealing with substance abuse intervention and prevention, and creates a process for establishing local overdose fatality review teams. A major provision is the modification of the Prescription Drug Monitoring Program (PDMP), including:

- exempting veterinarians from aspects of the program that were meant only to apply to human prescriptions;
- adding reporting requirements for gabapentinoids to the program;

- allowing a medical director to appoint designees to access the program on behalf of the practitioner; and
- allowing the Department of Health Care Policy and Financing (HCPF) to access and analyze program data for care coordination, utilization review, and federally required reporting.

The bill also expands the Substance Use Screening, Brief Intervention, and Referral to Treatment Grant Program to require adolescent substance use screening, intervention, and referral practices for professionals in Colorado schools and for pediatricians and professionals in pediatric settings. The bill requires the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies to conduct their data linkage project and expands the scope of data to be used. Additionally, Senate Bill 24-047 requires HCPF to publish guidance for providers concerning reimbursement for all variations of screening, brief intervention, and referral to treatment interventions.

Lastly, the bill establishes a process for local multidisciplinary and multiagency drug overdose fatality review teams to obtain information necessary to identify system gaps in overdose prevention. The information requested must be provided within five business days and is not subject to inspection through the Colorado Open Records Act.

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[House Bill 24-1045](#) was signed into law and primarily focuses on providing substance use disorder treatment options for potentially vulnerable populations. For example, it appropriates funds to adult pretrial diversion programs, the Colorado Child Abuse Prevention Trust Fund, and the creation of a grant program in the Behavioral Health Administrations (BHA) to support substance use disorder treatment programs. The bill also requires HCPF to provide necessary medications and case management services as a part of reentry services for all adults and minors immediately before they are released from a correctional facility. The bill creates more consistent access points for citizens to access substance use disorder treatment options.

Another way the legislature addressed the substance abuse epidemic was by passing legislation that further supports the use of opioid antagonists as a method for harm reduction with [House Bill 24-1037](#) and [House Bill 24-1003](#). Opioid antagonists, like naloxone and naltrexone, help to block the effects of opioids, reduce withdrawal symptoms, and can reverse an opioid overdose.

House Bill 24-1037 clarifies that harm reduction centers may provide drug testing services and clarifies that distributors of an opioid antagonist have the same immunity protections as those administering the opioid antagonist.

House Bill 24-1003 extends the authority for stocking and administering medication to prevent opiate overdoses to school bus drivers and allows districts and schools to maintain a supply of non-laboratory additive detection tests.



[House Bill 24-1028](#), which did not pass, was another policy focused on reducing the risks of substance use disorder. The bill would have permitted municipalities to authorize overdose prevention centers. Overdose prevention centers provide space for individuals to use controlled substances under the supervision of healthcare professionals or other trained staff who can provide life-saving treatment during an overdose, and other harm reduction services.

### Strengthening the State's Behavioral Health Care Network through Community Resources

With the establishment of the BHA in 2021, the legislature acknowledged a need to strengthen the state's behavioral health care network. This legislative session the General Assembly furthered this goal by passing a number of bills that provide behavioral health resources to communities in need.

The legislature passed [Senate Bill 24-007](#), which creates the Behavioral Health First Aid Training Program in the Office of Suicide Prevention in the Colorado Department of Public Health and Environment (CDPHE). Under this free program, select participants will be prepared to teach behavioral health first aid certification courses to teens and adults in their organizations and communities. Eligible organizations may include public schools, nonprofit organizations, and first responder agencies, among others.

[Senate Bill 24-055](#) instructs the BHA to appoint a liaison to the Department of Agriculture (CDA) and several stakeholders.

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Among other things, the liaison will coordinate a training for behavioral health providers that serve agricultural industry workers. Additionally, the bill requires the CDA to contract with a statewide organization to host an in-person annual summit for organizations seeking to promote behavioral health in agricultural communities.

[House Bill 24-1406](#) creates the School-Based Mental Health Support Program in the BHA to provide training, resources, and implementation and sustainment support for educators to provide mental health services for students through an external provider. The program must emphasize supporting rural schools or schools that do not have equitable access to mental health care.

