

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

DRAFT
10/9/23

Bill 1

LLS NO. 24-0313.01 Brita Darling x2241

INTERIM COMMITTEE BILL

Opioid and Other Substance Use Disorders Study Committee

BILL TOPIC: Prevention Of Substance Use Disorders

A BILL FOR AN ACT

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

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)

Opioid and Other Substance Use Disorders Study Committee.
Sections 1 through 8 of the bill:

- Exempt veterinarians from complying with specific aspects of the prescription drug monitoring program (program) that are specific to prescriptions for human patients;
- Require the reporting of all psychotropic prescription drugs dispensed in this state to the program;
- Allow the medical director of a medical practice or hospital

*Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words indicate deletions from existing law.*

- to appoint designees to query the program on behalf of any practitioner in the medical practice or hospital setting;
- Allow the department of health care policy and financing to access the program to review and analyze current data; and
 - Update current language in the laws relating to the program by using more modern terminology.

Sections 9 and 11 create the substance use disorder prevention gap grant program (grant program) in the department of public health and environment (department). The grant program provides grants to community-based organizations to fill gaps in funding for substance use disorder prevention services in areas of highest need, including community-oriented, children-oriented, youth-oriented, and family-oriented prevention services.

The department, in conjunction with the Colorado substance use disorders prevention collaborative (prevention collaborative), shall create a publicly available prevention services gap assessment tool to direct grant program awards to areas of highest need. After review of applications, the prevention collaborative shall make recommendations to the department, and, subject to available appropriations, the department shall award 2-year grants based on those recommendations.

The bill requires the department to administer the grant program and application process and authorizes the executive director of the department to promulgate rules as necessary to implement the grant program. The department shall begin accepting grant applications no later than December 31, 2024.

The bill requires the general assembly to appropriate to the department \$1,500,000 from the general fund to implement the grant program. The grant program repeals in 2028.

Section 10 permits a multidisciplinary and multiagency drug overdose fatality review team established for a county, a city and county, a group of counties or cities and counties, or an Indian tribe (local team) to request and receive information from certain specified persons and entities as necessary to carry out the purpose and duties of the local team. Upon written request of the chair of a local team, a person or entity shall provide the local team with information and records regarding the person whose death or near death is being reviewed by the local team.

A person or entity that receives a records request from a local team may charge the local team a reasonable fee for the service of duplicating any records requested by the local team.

A person or entity, including a local or state agency, that provides information or records to a local team is not subject to civil or criminal liability or any professional disciplinary action pursuant to state law as a result of providing the information or record.

Upon request of a local team, a person who is not a member of a

local team may attend and participate in a meeting at which a local team reviews confidential information and considers a plan, an intervention, or other course of conduct based on that review. The bill requires each person at a local team meeting to sign a confidentiality form before reviewing information and records received by the local team. Local team meetings in which confidential information is discussed are exempt from the open meetings provisions of the "Colorado Sunshine Act of 1972".

A local team shall maintain the confidentiality of information provided to the local team as required by state and federal law, and information and records acquired or created by a local team are not subject to inspection pursuant to the "Colorado Open Records Act". Local team members and a person who presents or provides information to a local team may not be questioned in any civil or criminal proceeding or disciplinary action regarding the information presented or provided.

Section 12 requires the substance use screening, brief intervention, and referral to treatment grant program to implement:

- A statewide adolescent substance use screening, brief intervention, and referral practice that includes training and technical assistance for appropriate professionals in Colorado schools, with the purpose of identifying students who would benefit from screening, brief intervention, and potential referral to resources, including treatment; and
- A statewide substance use screening, brief intervention, and referral practice for pediatricians and professionals in pediatric settings, with the purpose of identifying adolescent patients who would benefit from screening, brief intervention, and potential referral to resources, including treatment.

Current law authorizes the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to conduct a statewide perinatal substance use data linkage project (data linkage project) that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy. **Section 13:**

- Requires the center to conduct the data linkage project;
- Requires the data linkage project to utilize data from additional state and federal programs; and
- Expands the data linkage project to examine the education of pregnant and postpartum women with substance use disorders.

Section 14 authorizes the university of Colorado school of medicine (school of medicine) to conduct a statewide data linkage project (data linkage project) that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning,

implementation, and evaluation of public health actions to improve outcomes for individuals with opioid misuse or use disorders. The bill includes sources of data to be used in the data linkage project. The governor's office of information technology shall perform secure linkage and anonymization of the data. The school of medicine will report annually to certain committees of the general assembly on the data linkage project and its outcomes.

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

2 **SECTION 1.** In Colorado Revised Statutes, 12-30-109, **amend**
3 (4)(e); and **repeal** (4)(f) as follows:

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

5 (4) As used in this section, "prescriber" means:

6 (e) A podiatrist licensed pursuant to article 290 of this title 12; OR

7 (f) ~~A veterinarian licensed pursuant to part 1 of article 315 of this~~
8 ~~title 12; or~~

9 **SECTION 2.** In Colorado Revised Statutes, 12-280-401, **amend**
10 (1)(b), (1)(c), and (1)(d) as follows:

11 **12-280-401. Legislative declaration.** (1) The general assembly
12 finds, determines, and declares that:

13 (b) Prescription drug misuse occurs at times due to the deception
14 of ~~the~~ authorized practitioners, where patients seek controlled substances
15 for treatment and the practitioner is unaware of the patient's other medical
16 providers and treatments;

17 (c) Electronic monitoring of prescriptions for controlled
18 substances ~~AND ALL OTHER PSYCHOTROPIC PRESCRIPTION DRUGS~~ provides
19 a mechanism whereby practitioners can discover the extent of each
20 patient's requests for drugs and whether other providers have prescribed
21 similar substances during a similar period of time; AND

22 (d) Electronic monitoring of prescriptions for controlled

1 substances AND ALL OTHER PSYCHOTROPIC PRESCRIPTION DRUGS provides
2 a mechanism for law enforcement officials and regulatory boards to
3 efficiently investigate practitioner behavior that is potentially harmful to
4 the public.

5 **SECTION 3.** In Colorado Revised Statutes, 12-280-402, **add**
6 (2.3) and (2.5) as follows:

7 **12-280-402. Definitions.** As used in this part 4, unless the context
8 otherwise requires:

9 (2.3) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED
10 PURSUANT TO SECTION 25-1.5-103.

11 (2.5) "MEDICAL DIRECTOR" MEANS A MEDICAL DIRECTOR OF A
12 MEDICAL PRACTICE OR HOSPITAL IN THIS STATE.

13 **SECTION 4.** In Colorado Revised Statutes, 12-280-403, **amend**
14 (1) introductory portion, (1)(c), (2)(a), (2)(b), (2)(c), and (3) as follows:

15 **12-280-403. Prescription drug use monitoring program -**
16 **registration required - applications - rules - appropriation - repeal.**

17 (1) The board shall develop or procure a ~~prescription controlled~~
18 ~~substance~~ PRESCRIPTION DRUG electronic program to track information
19 regarding prescriptions for controlled substances AND ALL OTHER
20 PSYCHOTROPIC PRESCRIPTION DRUGS dispensed in Colorado, including the
21 following information:

22 (c) The name and amount of the controlled substance OR OTHER
23 PSYCHOTROPIC PRESCRIPTION DRUG;

24 (2) (a) Each practitioner licensed in this state who holds a current
25 registration issued by the federal drug enforcement administration, ~~and~~
26 each pharmacist licensed in this state, AND EACH MEDICAL DIRECTOR shall
27 register and maintain a user account with the program.

1 (b) When registering with the program or at any time thereafter
2 AFTER REGISTRATION, a practitioner may authorize designees to access the
3 program under section 12-280-404 (3)(b) or (3)(d) on behalf of the
4 practitioner, and a pharmacist may authorize designees to access the
5 program under section 12-280-404 (3)(f), AND A MEDICAL DIRECTOR MAY
6 AUTHORIZE DESIGNEES TO ACCESS THE PROGRAM UNDER SECTION
7 12-280-404 (3)(m) if:

8 (I) (A) The authorized designee of the practitioner is employed by,
9 or is under contract with, the same professional practice as the
10 practitioner OR MEDICAL DIRECTOR; or

11 (B) The authorized designee of the pharmacist is employed by, or
12 is under contract with, the same prescription drug outlet as the
13 pharmacist; and

14 (II) The practitioner, or pharmacist, OR MEDICAL DIRECTOR takes
15 reasonable steps to ensure that the designee is sufficiently competent in
16 the use of the program; and

17 (III) The practitioner, or pharmacist, OR MEDICAL DIRECTOR
18 remains responsible for:

19 (A) Ensuring that access to the program by the practitioner's OR
20 MEDICAL DIRECTOR'S designee is limited to the purposes authorized in
21 section 12-280-404 ~~(3)(b) or (3)(d)~~ (3)(b), (3)(d), OR (3)(m), or that
22 access to the program by the pharmacist's designee is limited to the
23 purposes authorized in section 12-280-404 (3)(f), as the case may be, and
24 that access to the program occurs in a manner that protects the
25 confidentiality of the information obtained from the program; and

26 (B) Any negligent breach of confidentiality of information
27 obtained from the program by the practitioner's or pharmacist's designee

1 when the designee accessed the program on behalf of ~~the~~ A supervising
2 practitioner, ~~or~~ pharmacist, OR MEDICAL DIRECTOR.

3 (c) A practitioner, ~~or~~ pharmacist, OR MEDICAL DIRECTOR is subject
4 to penalties pursuant to section 12-280-406 for violating the requirements
5 of subsection (2)(b) of this section.

6 (3) Each practitioner and each dispensing pharmacy shall disclose
7 to a patient receiving a controlled substance OR OTHER PSYCHOTROPIC
8 PRESCRIPTION DRUG that ~~his or her~~ THE PATIENT'S identifying prescription
9 information will be entered into the program database and may be
10 accessed for limited purposes by specified individuals.

11 **SECTION 5.** In Colorado Revised Statutes, 12-280-404, **amend**
12 (2)(c), (3)(b), (3)(c)(I), (3)(d), (3)(f), (4)(a) introductory portion, (4)(a.5),
13 and (4)(c); **repeal** (2)(b)(I); and **add** (3)(m), (3)(n), and (3)(o), as follows:

14 **12-280-404. Program operation - access - rules - definitions.**

15 (2) (b) The rules adopted pursuant to subsection (2)(a) of this section
16 may:

17 (I) ~~Identify prescription drugs and substances by using~~
18 ~~evidence-based practices, in addition to controlled substances, that have~~
19 ~~a substantial potential for abuse and must require pharmacists and~~
20 ~~prescription drug outlets to report those prescription drugs and substances~~
21 ~~to the program when they are dispensed to a patient; and~~

22 (c) ~~The board shall determine if the program should track all~~
23 ~~prescription drugs prescribed in this state. If the board makes such~~
24 ~~determination, the board shall promulgate rules on or before June 1, 2022,~~
25 ~~to include all prescription drugs in the program. If the board determines~~
26 ~~that one or more prescription drugs should not be tracked through the~~
27 ~~program, the board shall publicly note the justification for such exclusion~~

1 ~~during the rule-making process~~ THE PROGRAM SHALL TRACK ALL
2 CONTROLLED SUBSTANCES AND OTHER PSYCHOTROPIC PRESCRIPTION
3 DRUGS DISPENSED IN THIS STATE. EACH PHARMACY SHALL UPLOAD ALL
4 CONTROLLED SUBSTANCES AND OTHER PSYCHOTROPIC PRESCRIPTION
5 DRUGS DISPENSED IN EACH PHARMACY AT LEAST EVERY TWENTY-FOUR
6 HOURS.

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

9 (b) ~~Any~~ A practitioner with ~~the~~ statutory authority to ~~prescribe~~
10 ~~controlled substances~~ OR WITH PRESCRIPTIVE AUTHORITY, or an individual
11 designated by the practitioner OR A MEDICAL DIRECTOR to act on ~~his or her~~
12 THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with
13 section 12-280-403 (2)(b), to the extent the query relates to a current
14 patient of the practitioner. The practitioner or ~~his or her~~ THE
15 PRACTITIONER'S designee shall identify ~~his or her~~ THE PERSON'S area of
16 health-care specialty or practice upon the initial query of the program.

17 (c) (I) ~~Any~~ A veterinarian with statutory authority to prescribe
18 controlled substances, to the extent the query relates to a current patient
19 or to a client and if the veterinarian, in the exercise of professional
20 judgment, has a reasonable basis to suspect the client has ~~committed drug~~
21 ~~abuse~~ A SUBSTANCE USE DISORDER or has mistreated an animal.

22 (d) A practitioner OR MEDICAL DIRECTOR, or an individual
23 designated by the practitioner OR MEDICAL DIRECTOR to act on ~~his or her~~
24 THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with
25 section 12-280-403 (2)(b), engaged in a legitimate program to monitor a
26 patient's ~~drug abuse~~ SUBSTANCE USE DISORDER;

27 (f) A pharmacist, an individual designated by a pharmacist in

1 accordance with section 12-280-403 (2)(b) to act on ~~his or her~~ THE
2 PHARMACIST'S behalf, or a pharmacist licensed in another state, to the
3 extent the information requested relates specifically to a current patient
4 to whom the pharmacist is dispensing or considering dispensing a
5 controlled substance or OTHER PSYCHOTROPIC prescription drug or a
6 patient to whom the pharmacist is currently providing clinical patient care
7 services;

8 (m) THE MEDICAL DIRECTOR, OR THE MEDICAL DIRECTOR'S
9 DESIGNEES, AT A MEDICAL PRACTICE OR HOSPITAL ON BEHALF OF AN
10 AUTHORIZED PRACTITIONER IN THE MEDICAL PRACTICE OR HOSPITAL
11 SETTING;

12 (n) THE CHAIR OF A LOCAL TEAM, FOR PURPOSES OF COMPLYING
13 WITH A RECORDS REQUEST RELATING TO AN OVERDOSE FATALITY REVIEW
14 PURSUANT TO SECTION 25-20.5-2202; AND

15 (o) (I) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
16 CARE POLICY AND FINANCING OR THE EXECUTIVE DIRECTOR'S DESIGNEE,
17 FOR THE PURPOSES OF ANALYZING DATA OF THE ENROLLEES IN THE
18 "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF TITLE
19 25.5, AND THE "CHILDREN'S BASIC HEALTH PLAN ACT", ARTICLE 8 OF
20 TITLE 25.5, WHO HAVE PURCHASED PRESCRIPTIONS WITH CASH OR
21 THROUGH INSURANCE COVERAGE.

22 (II) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
23 SHALL USE THE DATA COLLECTED PURSUANT TO SUBSECTION (3)(o)(I) OF
24 THIS SECTION TO REVIEW AND ANALYZE CURRENT RULES AND OTHER
25 POLICIES, APPROPRIATE UTILIZATION, AND SAFE PRESCRIBING PRACTICES;

26 (4) (a) ~~Each~~ A practitioner, EXCEPT FOR A VETERINARIAN
27 LICENSED PURSUANT TO PART 1 OF ARTICLE 315 OF THIS TITLE 12, or the

1 ~~practitioner's~~ designee OF A PRACTITIONER OR MEDICAL DIRECTOR shall
2 query the program prior to prescribing an opioid unless the patient
3 receiving the prescription:

4 (a.5) ~~Each~~ A practitioner, EXCEPT A VETERINARIAN LICENSED
5 PURSUANT TO PART 1 OF ARTICLE 315 OF THIS TITLE 12, or the
6 ~~practitioner's~~ designee OF A PRACTITIONER OR MEDICAL DIRECTOR shall
7 query the program before prescribing a benzodiazepine to a patient unless
8 the benzodiazepine is prescribed to treat a patient in hospice or to treat
9 epilepsy, a seizure or seizure disorder, a suspected seizure disorder,
10 spasticity, alcohol withdrawal, or a neurological condition, including a
11 posttraumatic brain injury or catatonia.

12 (c) A practitioner or the ~~practitioner's~~ designee OF A PRACTITIONER
13 OR OF A MEDICAL DIRECTOR complies with this subsection (4) if the
14 practitioner or THE ~~practitioner's~~ OR MEDICAL DIRECTOR'S designee
15 attempts to access the program before prescribing an opioid or a
16 benzodiazepine and the program is not available or is inaccessible due to
17 technical failure.

18 **SECTION 6.** In Colorado Revised Statutes, 12-280-407, **amend**
19 (2) as follows:

20 **12-280-407. Prescription drug outlets - prescribers -**
21 **responsibilities - liability.** (2) A practitioner who has, in good faith,
22 written a prescription for a controlled substance OR OTHER PSYCHOTROPIC
23 PRESCRIPTION DRUG to a patient is not liable for information submitted to
24 the program. A practitioner, THE DESIGNEE OF A PRACTITIONER OR
25 MEDICAL DIRECTOR, or prescription drug outlet ~~who~~ THAT has, in good
26 faith, submitted the required information to the program is not liable for
27 participation in the program.

1 **SECTION 7.** In Colorado Revised Statutes, 12-280-408, **amend**
2 (2) as follows:

3 **12-280-408. Exemption - waiver.** (2) A prescription drug outlet
4 that does not report controlled substance AND OTHER PSYCHOTROPIC
5 PRESCRIPTION DRUG data to the program due to a lack of electronic
6 automation of the outlet's business may apply to the board for a waiver
7 from the reporting requirements.

8 **SECTION 8.** In Colorado Revised Statutes, **repeal** 12-315-126
9 as follows:

10 **12-315-126. Prescriptions - limitations.** ~~A veterinarian is subject~~
11 ~~to the limitations on prescriptions specified in section 12-30-109.~~

12 **SECTION 9.** In Colorado Revised Statutes, 25-20.5-1802,
13 **amend** (2)(h), (2)(i), (3) introductory portion, (3)(b), and (3)(c); and **add**
14 (2)(j) and (3)(d) as follows:

15 **25-20.5-1802. Colorado substance use disorders prevention**
16 **collaborative - created - mission - administration - assessment tool -**
17 **report - repeal.** (2) The mission of the collaborative is to:

18 (h) Work with key state and community stakeholders to establish
19 a minimum standard for primary prevention programs in Colorado; ~~and~~

20 (i) Work with prevention specialists and existing training agencies
21 to provide and support training to strengthen Colorado's prevention
22 workforce; AND

23 (j) REVIEW APPLICATIONS AND MAKE RECOMMENDATIONS FOR THE
24 AWARD OF SUBSTANCE USE DISORDER PREVENTION GAP GRANT PROGRAM
25 GRANTS PURSUANT TO SECTION 25-59-103 (4).

26 (3) The department of ~~public health and environment~~ and the
27 collaborative shall:

1 (b) Implement effective primary prevention programs in Colorado
2 communities, with the goal of increasing the number of programs to reach
3 those in need statewide; and

4 (c) Coordinate with designated state agencies and other
5 organizations to provide prevention science training to systemize, update,
6 expand, and strengthen prevention certification training and provide
7 continuing education to prevention specialists; AND

8 (d) CREATE A SUBSTANCE USE DISORDER PREVENTION SERVICES
9 ASSESSMENT TOOL TO IDENTIFY SUBSTANCE USE DISORDER PREVENTION
10 SERVICES GAPS IN AREAS OF HIGHEST LOCAL NEED, INCLUDING
11 COMMUNITY-ORIENTED, CHILDREN-ORIENTED, YOUTH-ORIENTED, AND
12 FAMILY-ORIENTED PREVENTION SERVICES, FOR PURPOSES OF THE
13 SUBSTANCE USE DISORDER PREVENTION GAP GRANT PROGRAM PURSUANT
14 TO ARTICLE 59 OF TITLE 25.

15 **SECTION 10.** In Colorado Revised Statutes, **add** part 22 to
16 article 20.5 of title 25 as follows:

17 PART 22

18 LOCAL OVERDOSE FATALITY REVIEW

19 **25-20.5-2201. Definitions.** AS USED IN THIS PART 22, UNLESS THE
20 CONTEXT OTHERWISE REQUIRES:

21 (1) "BEHAVIORAL HEALTH ENTITY" HAS THE SAME MEANING AS
22 SET FORTH IN SECTION 25-1.5-103.

23 (2) "HEALTH-CARE FACILITY" MEANS A FACILITY LICENSED OR
24 CERTIFIED BY THE DEPARTMENT PURSUANT TO SECTION 25-1.5-103.

25 (3) "OVERDOSE FATALITY REVIEW" MEANS A PROCESS IN WHICH A
26 MULTIDISCIPLINARY TEAM PERFORMS A SERIES OF INDIVIDUAL OVERDOSE
27 FATALITY REVIEWS TO EFFECTIVELY IDENTIFY SYSTEM GAPS AND

1 INNOVATIVE COMMUNITY-SPECIFIC OVERDOSE PREVENTION AND
2 INTERVENTION STRATEGIES.

3 (4) "LOCAL TEAM" MEANS A MULTIDISCIPLINARY AND
4 MULTIAGENCY DRUG OVERDOSE FATALITY REVIEW TEAM ESTABLISHED
5 FOR A COUNTY, A CITY AND COUNTY, A GROUP OF COUNTIES OR CITIES AND
6 COUNTIES, OR AN INDIAN TRIBE.

7 **25-20.5-2202. Overdose fatality review access to information**
8 **- fees - disclosure - no liability for sharing records.** (1) THE CHAIR OF
9 A LOCAL TEAM MAY REQUEST INFORMATION FROM A PERSON, AGENCY, OR
10 ENTITY DESCRIBED IN SUBSECTION (2) OF THIS SECTION AS NECESSARY TO
11 CARRY OUT THE PURPOSES AND DUTIES OF THE LOCAL TEAM THAT ARE SET
12 FORTH IN THE ORDER, AGREEMENT, OR OTHER DOCUMENT ESTABLISHING
13 THE LOCAL TEAM. SUBJECT TO SUBSECTION (4) OF THIS SECTION, BUT
14 NOTWITHSTANDING ANY OTHER PROVISION OF STATE OR LOCAL LAW TO
15 THE CONTRARY, UPON WRITTEN REQUEST OF THE CHAIR OF A LOCAL TEAM,
16 A PERSON, AGENCY, OR ENTITY SHALL PROVIDE THE LOCAL TEAM WITH THE
17 FOLLOWING:

18 (a) IF THE PERSON, AGENCY, OR ENTITY IS A HEALTH-CARE
19 PROVIDER, SUBSTANCE USE DISORDER TREATMENT PROVIDER, HOSPITAL,
20 OR OTHER HEALTH-CARE FACILITY OR BEHAVIORAL HEALTH ENTITY,
21 INFORMATION AND RECORDS MAINTAINED BY THE PERSON, AGENCY, OR
22 ENTITY REGARDING THE PHYSICAL HEALTH, MENTAL HEALTH, AND
23 SUBSTANCE USE DISORDER TREATMENT FOR A PERSON WHOSE DEATH OR
24 NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM; AND

25 (b) IF THE AGENCY OR ENTITY IS A STATE OR LOCAL GOVERNMENT
26 AGENCY OR ENTITY THAT PROVIDED SERVICES TO A PERSON WHOSE DEATH
27 OR NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM OR PROVIDED

1 SERVICES TO THE FAMILY OF THE PERSON, INFORMATION AND RECORDS
2 MAINTAINED BY THE AGENCY OR ENTITY ABOUT THE PERSON, INCLUDING
3 DEATH INVESTIGATIVE INFORMATION, MEDICAL EXAMINER INVESTIGATIVE
4 INFORMATION, LAW ENFORCEMENT INVESTIGATIVE INFORMATION,
5 EMERGENCY MEDICAL SERVICES REPORTS, FIRE DEPARTMENT RECORDS,
6 PROSECUTORIAL RECORDS, PAROLE AND PROBATION INFORMATION AND
7 RECORDS, COURT RECORDS, SCHOOL RECORDS, AND INFORMATION AND
8 RECORDS OF A DEPARTMENT OF HUMAN OR SOCIAL SERVICES, INCLUDING
9 THE LOCAL HUMAN SERVICES AND PUBLIC HEALTH AGENCIES.

10 (2) THE FOLLOWING PERSONS, AGENCIES, OR ENTITIES SHALL
11 COMPLY WITH A RECORDS REQUEST BY THE CHAIR OF A LOCAL TEAM MADE
12 PURSUANT TO SUBSECTION (1) OF THIS SECTION:

- 13 (a) A CORONER OR MEDICAL EXAMINER;
14 (b) A FIRE DEPARTMENT;
15 (c) A HEALTH-CARE FACILITY;
16 (d) A HOSPITAL;
17 (e) A STATE OR LOCAL LAW ENFORCEMENT AGENCY;
18 (f) A STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING THE
19 DEPARTMENT HUMAN SERVICES, INCLUDING THE BEHAVIORAL HEALTH
20 ADMINISTRATION; THE DEPARTMENT OF PUBLIC HEALTH AND
21 ENVIRONMENT; THE DEPARTMENT OF LAW; THE OFFICE OF STATE PUBLIC
22 DEFENDER; THE DEPARTMENT OF CORRECTIONS; AND THE STATE BOARD OF
23 PAROLE;
24 (g) A BEHAVIORAL HEALTH ENTITY;
25 (h) A HEALTH-CARE PROVIDER;
26 (i) A SUBSTANCE USE DISORDER TREATMENT PROVIDER;
27 (j) A SCHOOL, INCLUDING A PUBLIC OR PRIVATE ELEMENTARY,

1 MIDDLE, JUNIOR HIGH, OR HIGH SCHOOL, OR A PUBLIC OR PRIVATE
2 INSTITUTION OF POSTSECONDARY EDUCATION DESCRIBED IN TITLE 23,
3 INCLUDING THE AURARIA HIGHER EDUCATION CENTER CREATED IN
4 ARTICLE 70 OF TITLE 23;

5 (k) AN EMERGENCY MEDICAL SERVICES PROVIDER;

6 (l) A SOCIAL SERVICES PROVIDER;

7 (m) THE PRESCRIPTION DRUG MONITORING PROGRAM DESCRIBED
8 IN SECTION 12-280-403; AND

9 (n) ANY OTHER PERSON OR ENTITY WHO IS IN POSSESSION OF
10 RECORDS THAT ARE, AS DETERMINED BY THE LOCAL TEAM, PERTINENT TO
11 THE LOCAL TEAM'S INVESTIGATION OF AN OVERDOSE FATALITY.

12 (3) (a) A PERSON, AGENCY, OR ENTITY SHALL PROVIDE REQUESTED
13 INFORMATION TO THE LOCAL TEAM WITHIN FIVE BUSINESS DAYS AFTER
14 RECEIPT OF THE WRITTEN REQUEST, EXCLUDING WEEKENDS AND
15 HOLIDAYS, UNLESS AN EXTENSION IS GRANTED BY THE CHAIR. WRITTEN
16 REQUESTS MAY INCLUDE A REQUEST SUBMITTED VIA E-MAIL OR FACSIMILE
17 TRANSMISSION.

18 (b) A PERSON, AGENCY, OR ENTITY THAT RECEIVES A RECORDS
19 REQUEST FROM A LOCAL TEAM PURSUANT TO THIS SECTION MAY CHARGE
20 THE LOCAL TEAM A REASONABLE FEE FOR THE SERVICE OF DUPLICATING
21 ANY RECORDS REQUESTED BY THE LOCAL TEAM.

22 (4) THE DISCLOSURE OR REDISCLOSURE, IN ACCORDANCE WITH
23 THIS SECTION, OF A MEDICAL RECORD DEVELOPED IN CONNECTION WITH
24 THE PROVISION OF SUBSTANCE USE TREATMENT SERVICES, WITHOUT THE
25 AUTHORIZATION OF A PERSON IN INTEREST, IS SUBJECT TO ANY
26 LIMITATIONS THAT EXIST PURSUANT TO APPLICABLE STATE OR FEDERAL
27 LAW, INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C.

1 SEC. 290dd-2, AND 42 CFR 2.

2 (5) NOTWITHSTANDING ANY LAW TO THE CONTRARY, THE LOCAL
3 TEAM DOES NOT NEED AN ADMINISTRATIVE SUBPOENA OR OTHER FORM OF
4 LEGAL COMPULSION TO RECEIVE REQUESTED RECORDS.

5 (6) THE CHAIR OF A LOCAL TEAM, OR THE CHAIR'S DESIGNEE, MAY
6 REQUEST A PERSON WHOSE OVERDOSE IS UNDER REVIEW OR, IF DECEASED,
7 THE PERSON'S NEXT OF KIN, TO SIGN A CONSENT FORM FOR THE RELEASE
8 OF CONFIDENTIAL INFORMATION.

9 (7) SO LONG AS EACH INDIVIDUAL PRESENT AT A LOCAL TEAM
10 MEETING HAS SIGNED THE CONFIDENTIALITY FORM DESCRIBED IN SECTION
11 25-20.5-2203, ANY INFORMATION RECEIVED BY THE CHAIR IN RESPONSE
12 TO A REQUEST UNDER THIS SECTION MAY BE SHARED AT A LOCAL TEAM
13 MEETING WITH LOCAL TEAM MEMBERS AND ANY NONMEMBER ATTENDEES.

14 (8) A PERSON, AGENCY, OR ENTITY THAT PROVIDES INFORMATION
15 OR RECORDS TO A LOCAL TEAM PURSUANT TO THIS PART 20 IS NOT SUBJECT
16 TO CIVIL OR CRIMINAL LIABILITY OR ANY PROFESSIONAL DISCIPLINARY
17 ACTION PURSUANT TO STATE LAW AS A RESULT OF PROVIDING THE
18 INFORMATION OR RECORD.

19 (9) A MEMBER OF THE LOCAL TEAM MAY CONTACT, INTERVIEW, OR
20 OBTAIN INFORMATION BY REQUEST FROM A FAMILY MEMBER OR FRIEND OF
21 A PERSON WHOSE DEATH IS BEING REVIEWED BY THE LOCAL TEAM.

22 **25-20.5-2203. Confidentiality - closed meetings - records not**
23 **open to inspection - civil liability.** (1) LOCAL TEAM MEETINGS IN WHICH
24 CONFIDENTIAL INFORMATION IS DISCUSSED ARE EXEMPT FROM THE OPEN
25 MEETINGS PROVISIONS OF THE "COLORADO SUNSHINE ACT OF 1972", PART
26 4 OF ARTICLE 6 OF TITLE 24, AND MUST BE CLOSED TO THE PUBLIC.

27 (2) (a) UPON REQUEST OF A LOCAL TEAM, A PERSON WHO IS NOT A

1 MEMBER OF A LOCAL TEAM MAY ATTEND AND PARTICIPATE IN A MEETING
2 AT WHICH A LOCAL TEAM REVIEWS CONFIDENTIAL INFORMATION AND
3 CONSIDERS A PLAN, AN INTERVENTION, OR OTHER COURSE OF CONDUCT
4 BASED ON THAT REVIEW.

5 (b) A LOCAL TEAM MEMBER AND ANY NONMEMBER IN
6 ATTENDANCE AT A LOCAL TEAM MEETING SHALL SIGN A CONFIDENTIALITY
7 FORM AND REVIEW THE PURPOSE AND GOAL OF THE LOCAL TEAM BEFORE
8 THE PERSON MAY PARTICIPATE IN THE REVIEW OF CONFIDENTIAL
9 INFORMATION. THE CONFIDENTIALITY FORM MUST SET OUT THE
10 REQUIREMENTS FOR MAINTAINING THE CONFIDENTIALITY OF ANY
11 INFORMATION DISCLOSED DURING THE MEETING AND ANY PENALTIES
12 ASSOCIATED WITH FAILURE TO MAINTAIN CONFIDENTIALITY.

13 (3) INFORMATION AND RECORDS ACQUIRED BY A LOCAL TEAM ARE
14 CONFIDENTIAL AND ARE NOT SUBJECT TO SUBPOENA, DISCOVERY, OR
15 INTRODUCTION INTO EVIDENCE IN A CIVIL OR CRIMINAL PROCEEDING OR
16 DISCIPLINARY ACTION. INFORMATION AND RECORDS THAT ARE OTHERWISE
17 AVAILABLE FROM OTHER SOURCES ARE NOT IMMUNE FROM SUBPOENA,
18 DISCOVERY, OR INTRODUCTION INTO EVIDENCE THROUGH THOSE SOURCES
19 SOLELY BECAUSE THE INFORMATION OR RECORD WAS PRESENTED TO OR
20 REVIEWED BY A LOCAL TEAM.

21 (4) INFORMATION AND RECORDS ACQUIRED OR CREATED BY A
22 LOCAL TEAM ARE NOT SUBJECT TO INSPECTION PURSUANT TO THE
23 "COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE 24.

24 (5) SUBSTANCE USE DISORDER TREATMENT RECORDS REQUESTED
25 OR PROVIDED TO THE LOCAL TEAM ARE SUBJECT TO ANY ADDITIONAL
26 LIMITATIONS ON REDISCLOSURE OF A MEDICAL RECORD DEVELOPED IN
27 CONNECTION WITH THE PROVISIONS OF SUBSTANCE USE DISORDER

1 TREATMENT SERVICES PURSUANT TO APPLICABLE STATE OR FEDERAL LAW,
2 INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C. SEC.
3 290dd-2, AND 42 CFR 2.

4 (6) LOCAL TEAM MEMBERS AND A PERSON WHO PRESENTS OR
5 PROVIDES INFORMATION TO A LOCAL TEAM MAY NOT BE QUESTIONED IN
6 ANY CIVIL OR CRIMINAL PROCEEDING OR DISCIPLINARY ACTION
7 REGARDING THE INFORMATION PRESENTED OR PROVIDED. THIS
8 SUBSECTION (6) DOES NOT PREVENT A PERSON FROM TESTIFYING
9 REGARDING INFORMATION OBTAINED INDEPENDENTLY OF THE LOCAL
10 TEAM OR AS TO PUBLIC INFORMATION.

11 (7) A LOCAL TEAM AND ANY NONMEMBER PARTICIPATING IN AN
12 OVERDOSE FATALITY REVIEW SHALL MAINTAIN THE CONFIDENTIALITY OF
13 INFORMATION PROVIDED TO THE LOCAL TEAM AS REQUIRED BY STATE AND
14 FEDERAL LAW. A MEMBER OF A LOCAL TEAM OR A PARTICIPATING
15 NONMEMBER WHO SHARES CONFIDENTIAL INFORMATION IN VIOLATION OF
16 THIS SECTION IS IMMUNE FROM CIVIL AND CRIMINAL LIABILITY IF THE
17 PERSON ACTED IN GOOD FAITH COMPLIANCE WITH THE PROVISIONS OF THIS
18 PART 22.

19 (8) A PERSON WHO KNOWINGLY VIOLATES THE CONFIDENTIALITY
20 PROVISIONS OF THIS PART 22 IS SUBJECT TO A CIVIL PENALTY OF UP TO ONE
21 THOUSAND DOLLARS.

22 (9) THIS SECTION DOES NOT PROHIBIT A LOCAL TEAM FROM
23 REQUESTING THE ATTENDANCE AT A TEAM MEETING OF A PERSON WHO
24 HAS INFORMATION RELEVANT TO THE TEAM'S EXERCISE OF ITS PURPOSE
25 AND DUTIES.

26 **SECTION 11.** In Colorado Revised Statutes, **add** article 59 to
27 title 25 as follows:

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ARTICLE 59

Substance Use Disorder Prevention Gap Grant Program

25-59-101. Legislative declaration. (1) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

(a) OPIOID USE DISORDER PREVENTION INITIATIVES IN RECENT YEARS HAVE HAD A POSITIVE EFFECT ON REDUCING SUBSTANCE USE DISORDERS;

(b) PREVENTION SERVICES PROVIDERS REQUIRE ADDITIONAL, FLEXIBLE FUNDING TO ADDRESS GAPS IN PREVENTION SERVICES AT THE LOCAL LEVEL IN AREAS OF HIGHEST NEED, INCLUDING COMMUNITY-ORIENTED, CHILDREN-ORIENTED, YOUTH-ORIENTED, AND FAMILY-ORIENTED PREVENTION SERVICES; AND

(c) BY DIRECTING THE DEPARTMENT, IN CONJUNCTION WITH THE PREVENTION COLLABORATIVE, TO DEVELOP A PREVENTION SERVICES GAP ASSESSMENT TOOL FOR USE IN DIRECTING GRANT MONEY TO NEEDED PREVENTION SERVICES, THE STATE WILL FURTHER THE GOAL OF EXPANDING PREVENTION INITIATIVES THAT HAVE EVIDENCE OF BEING SUCCESSFUL IN REDUCING SUBSTANCE USE DISORDERS IN INDIVIDUALS, FAMILIES, AND COLORADO COMMUNITIES.

25-59-102. Definitions. AS USED IN THIS ARTICLE 59, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "ASSESSMENT TOOL" MEANS THE SUBSTANCE USE DISORDER PREVENTION SERVICES ASSESSMENT TOOL DESCRIBED IN SECTION 25-59-103 (3).

(2) "COMMUNITY-BASED ORGANIZATION" MEANS A NONPROFIT OR FOR-PROFIT ORGANIZATION THAT PROVIDES SUBSTANCE USE DISORDER PREVENTION SERVICES.

1 (3) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
2 AND ENVIRONMENT CREATED AND EXISTING PURSUANT TO SECTION
3 25-1-102.

4 (4) "GRANT PROGRAM" MEANS THE SUBSTANCE USE DISORDER
5 PREVENTION GAP GRANT PROGRAM CREATED IN SECTION 25-59-103.

6 (5) "PREVENTION COLLABORATIVE" MEANS THE COLORADO
7 SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE CREATED IN
8 SECTION 25-20.5-1802.

9 **25-59-103. Substance use disorder prevention gap grant**
10 **program - created - award of grants - rules - reporting -**
11 **appropriation.** (1) THERE IS ESTABLISHED IN THE DEPARTMENT THE
12 SUBSTANCE USE DISORDER PREVENTION GAP GRANT PROGRAM TO PROVIDE
13 GRANTS TO COMMUNITY-BASED ORGANIZATIONS FOR SUBSTANCE USE
14 DISORDER PREVENTION SERVICES IN AREAS OF HIGHEST NEED, INCLUDING
15 COMMUNITY-ORIENTED, CHILDREN-ORIENTED, YOUTH-ORIENTED, AND
16 FAMILY-ORIENTED PREVENTION SERVICES.

17 (2) THE DEPARTMENT SHALL ADMINISTER THE GRANT PROGRAM.
18 THE DEPARTMENT SHALL CREATE A GRANT APPLICATION PROCESS AND
19 MAKE THE PROCESS AND THE ASSESSMENT TOOL PUBLICLY AVAILABLE ON
20 ITS WEBSITE PRIOR TO ACCEPTING APPLICATIONS. THE DEPARTMENT SHALL
21 BEGIN ACCEPTING GRANT APPLICATIONS NO LATER THAN DECEMBER 31,
22 2024.

23 (3) PURSUANT TO SECTION 25-20.5-1802 (3)(d), THE PREVENTION
24 COLLABORATIVE AND THE DEPARTMENT SHALL DEVELOP A SUBSTANCE
25 USE DISORDER PREVENTION SERVICES ASSESSMENT TOOL TO IDENTIFY
26 LOCAL GAPS IN SUBSTANCE USE DISORDER PREVENTION SERVICES,
27 INCLUDING COMMUNITY-ORIENTED, CHILDREN-ORIENTED,

1 YOUTH-ORIENTED, AND FAMILY-ORIENTED PREVENTION SERVICES, GAPS
2 IN ACCESS TO PREVENTION SERVICES, OR WHERE ADDITIONAL FUNDING IS
3 NECESSARY TO MAXIMIZE THE IMPACT OF EXISTING PREVENTION SERVICES.
4 THE DEPARTMENT SHALL MAKE THE ASSESSMENT TOOL PUBLICLY
5 AVAILABLE ON ITS WEBSITE PRIOR TO ACCEPTING APPLICATIONS FOR THE
6 GRANT PROGRAM.

7 (4) (a) THE PREVENTION COLLABORATIVE SHALL REVIEW GRANT
8 PROGRAM APPLICATIONS THAT ADDRESS GAPS IN SUBSTANCE USE
9 DISORDER PREVENTION SERVICES IDENTIFIED USING THE ASSESSMENT
10 TOOL AND SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT FOR THE
11 AWARD OF GRANTS.

12 (b) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT
13 SHALL AWARD TWO-YEAR SUBSTANCE USE DISORDER PREVENTION GAP
14 GRANTS TO APPLICANTS BASED ON THE RECOMMENDATIONS OF THE
15 PREVENTION COLLABORATIVE MADE PURSUANT TO SUBSECTION (4)(a) OF
16 THIS SECTION.

17 (5) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT MAY
18 PROMULGATE ANY RULES NECESSARY FOR THE IMPLEMENTATION OF THE
19 GRANT PROGRAM.

20 (6) EACH COMMUNITY-BASED ORGANIZATION THAT RECEIVES A
21 GRANT PROGRAM GRANT SHALL REPORT TO THE DEPARTMENT, AS
22 DETERMINED BY THE DEPARTMENT, ON THE USE OF AND OUTCOMES
23 ASSOCIATED WITH THE USE OF THE GRANT PROGRAM MONEY.

24 (7) THE GENERAL ASSEMBLY SHALL APPROPRIATE TO THE
25 DEPARTMENT ONE MILLION FIVE HUNDRED THOUSAND DOLLARS FROM THE
26 GENERAL FUND TO IMPLEMENT THE GRANT PROGRAM.

27 **25-59-104. Repeal of article.** THIS ARTICLE 59 IS REPEALED,

1 EFFECTIVE JULY 1, 2028.

2 **SECTION 12.** In Colorado Revised Statutes, 25.5-5-208, **add** (1)
3 introductory portion, (1)(a.3), and (1)(a.5) as follows:

4 **25.5-5-208. Additional services - training - grants - screening,**
5 **brief intervention, and referral.** (1) On or after July 1, 2018, the state
6 department shall grant, through a competitive grant program, one million
7 five hundred thousand dollars to one or more organizations to operate a
8 substance ~~abuse~~ USE screening, brief intervention, and referral to
9 treatment practice. The grant program must require:

10 (a.3) IMPLEMENTATION OF A STATEWIDE ADOLESCENT SUBSTANCE
11 USE SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT
12 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR APPROPRIATE
13 PROFESSIONALS IN COLORADO SCHOOLS, WITH THE PURPOSE OF
14 IDENTIFYING STUDENTS WHO WOULD BENEFIT FROM SCREENING, BRIEF
15 INTERVENTION, AND POTENTIAL REFERRAL TO RESOURCES, INCLUDING
16 TREATMENT;

17 (a.5) IMPLEMENTATION OF A STATEWIDE SUBSTANCE USE
18 SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT
19 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR PEDIATRICIANS AND
20 PROFESSIONALS IN PEDIATRIC SETTINGS, WITH THE PURPOSE OF
21 IDENTIFYING ADOLESCENT PATIENTS WHO WOULD BENEFIT FROM
22 SCREENING, BRIEF INTERVENTION, AND POTENTIAL REFERRAL TO
23 RESOURCES, INCLUDING TREATMENT;

24 **SECTION 13.** In Colorado Revised Statutes, 27-80-121, **amend**
25 (1) and (3) as follows:

26 **27-80-121. Perinatal substance use data linkage project -**
27 **center for research into substance use disorder prevention,**

1 **treatment, and recovery support strategies - report.** (1) The center for
2 research into substance use disorder prevention, treatment, and recovery
3 support strategies established in section 27-80-118, referred to in this
4 section as the "center", in partnership with an institution of higher
5 education and the state substance abuse trend and response task force
6 established in section 18-18.5-103, ~~may~~ SHALL conduct a statewide
7 perinatal substance use data linkage project that uses ongoing collection,
8 analysis, interpretation, and dissemination of data for the planning,
9 implementation, and evaluation of public health actions to improve
10 outcomes for families impacted by substance use during pregnancy. The
11 data linkage project shall utilize data from the medical assistance program
12 ESTABLISHED IN articles 4 to 6 of title 25.5; the electronic prescription
13 drug monitoring program created in part 4 of article 280 of title 12; the
14 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the
15 Colorado immunization information system created pursuant to ~~section~~
16 ~~25-4-2401, et seq.~~ PART 24 OF ARTICLE 4 OF TITLE 25; the Colorado child
17 care assistance program created in part 1 of article 4 of title 26.5; the
18 BHA; THE EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS
19 UNDER PART C OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES
20 EDUCATION ACT", 20 U.S.C. SEC. 1400 ET SEQ.; THE SUPPLEMENTAL
21 NUTRITION ASSISTANCE PROGRAM ESTABLISHED IN PART 3 OF ARTICLE 2
22 OF TITLE 26; THE COLORADO DEPARTMENT OF EDUCATION; THE FEDERAL
23 SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND
24 CHILDREN, AS PROVIDED FOR IN 42 U.S.C. SEC. 1786; OTHER DATA
25 SOURCES RELATED TO MATERNAL HEALTH, AS COLLECTED BY THE
26 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; FAMILY
27 EXPERIENCES AND PROVIDER PERSPECTIVES, WHEN NECESSARY; and birth

1 and death records to examine the following:

2 (a) Health-care mortality utilization by pregnant and postpartum
3 women with substance use disorders and their infants compared to the
4 general population;

5 (b) Human service, EDUCATION, public health program utilization,
6 and substance use treatment by pregnant and postpartum women with
7 substance use disorders and their infants COMPARED TO THE GENERAL
8 POPULATION;

9 (c) Health-care, human service, EDUCATION, and public health
10 program outcomes, INCLUDING MORBIDITY AND MORTALITY OUTCOMES,
11 among pregnant and postpartum women with substance use disorders and
12 their infants COMPARED TO THE GENERAL POPULATION; and

13 (d) Costs associated with health-care, human service, EDUCATION,
14 and public health program provisions for pregnant and postpartum
15 women with substance use disorders and their infants COMPARED TO THE
16 GENERAL POPULATION.

17 (3) The data linkage project may conduct ongoing research related
18 to the incidence of perinatal substance exposure or related infant and
19 family health, EDUCATION, and human service outcomes based on the
20 standards specified in sections 19-1-103 (1)(a)(VII) and 19-3-102 (1)(g)
21 for determining child abuse or neglect or whether a child is neglected or
22 dependent.

23 **SECTION 14.** In Colorado Revised Statutes, **add** 27-80-121.2 as
24 follows:

25 **27-80-121.2. Opioid use disorder prevalence data linkage**
26 **project - reporting - legislative declaration.** (1) (a) THE GENERAL
27 ASSEMBLY FINDS AND DECLARES THAT:

1 (I) COLORADO IS EXPERIENCING AN OVERDOSE CRISIS;

2 (II) NATIONALLY AND LOCALLY, OVERDOSE DEATHS HAVE
3 CONTINUED TO INCREASE, WITH MORE THAN SEVENTY-FIVE PERCENT OF
4 OVERDOSE DEATHS IN 2021 INVOLVING ILLICITLY MANUFACTURED
5 FENTANYL;

6 (III) AMONG THE RISK FACTORS FOR OVERDOSE IS HAVING AN
7 OPIOID USE DISORDER, PARTICULARLY AMONG PEOPLE NOT TAKING
8 MEDICATIONS FOR OPIOID USE DISORDERS;

9 (IV) HOWEVER, UNRELIABLE METHODS OF ESTIMATING PEOPLE IN
10 COLORADO WITH OPIOID USE DISORDERS, AS WELL AS SYSTEMIC BARRIERS
11 THAT PREVENT PEOPLE WITH OPIOID USE DISORDERS FROM
12 SELF-REPORTING AND ACCESSING HEALTH CARE, LIKELY LEADS TO
13 UNDERESTIMATION OF THE NUMBER OF PEOPLE WITH OPIOID USE
14 DISORDERS IN COLORADO; AND

15 (V) WITHOUT AN ACCURATE UNDERSTANDING OF THE SCOPE OF
16 OPIOID MISUSE OR USE DISORDERS IN COLORADO, SERVICES AND OTHER
17 RESOURCES CANNOT BE PROPERLY ALLOCATED TO RESPOND TO THE CRISIS,
18 LEADING TO A POOR PUBLIC HEALTH RESPONSE AND HEALTH DISPARITIES.

19 (b) THEREFORE, THE GENERAL ASSEMBLY FINDS AND DECLARES
20 THAT ESTABLISHING A DATA LINKAGE PROJECT TO ACCURATELY ESTIMATE
21 THE SCOPE OF OPIOID MISUSE AND USE DISORDERS IN COLORADO WILL
22 ADVANCE THE STATE'S RESPONSE TO THE CRISIS AND IMPROVE HEALTH
23 OUTCOMES FOR INDIVIDUALS WITH OPIOID MISUSE AND USE DISORDERS.

24 (2) AS USED IN THIS SECTION, "DATA LINKAGE PROJECT" MEANS
25 THE OPIOID USE DISORDER PREVALENCE DATA LINKAGE PROJECT CREATED
26 IN SUBSECTION (3) OF THIS SECTION.

27 (3) THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE SHALL

1 CONDUCT A STATEWIDE DATA LINKAGE PROJECT THAT USES ONGOING
2 COLLECTION, ANALYSIS, INTERPRETATION, AND DISSEMINATION OF DATA
3 FOR THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PUBLIC
4 HEALTH ACTIONS TO IMPROVE OUTCOMES FOR INDIVIDUALS WITH OPIOID
5 MISUSE OR USE DISORDERS.

6 (4) THE DATA LINKAGE PROJECT MUST UTILIZE DATA FROM:

7 (a) THE MEDICAL ASSISTANCE PROGRAM ESTABLISHED IN ARTICLES
8 4 TO 6 OF TITLE 25.5;

9 (b) THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM
10 CREATED IN PART 4 OF ARTICLE 280 OF TITLE 12;

11 (c) THE BHA;

12 (d) THE JUDICIAL DEPARTMENTS FOR DENVER COUNTY AND OTHER
13 COLORADO COUNTIES;

14 (e) THE DEPARTMENT OF CORRECTIONS;

15 (f) THE COLORADO DEPARTMENT OF HEALTH CARE POLICY AND
16 FINANCING, RELATING TO OPIOID MISUSE, OVERDOSES, AND OPIOID USE
17 DISORDERS AND RELATED TREATMENT;

18 (g) OTHER DATA SOURCES RELATING TO OPIOID MISUSE OR USE
19 DISORDERS COLLECTED BY THE COLORADO DEPARTMENT OF PUBLIC
20 HEALTH AND ENVIRONMENT; AND

21 (h) BIRTH AND DEATH RECORDS TO EXAMINE THE FOLLOWING:

22 (I) YEARLY PREVALENCE OF OPIOID MISUSE OR USE DISORDERS IN
23 COLORADO FROM 2015 THROUGH 2024; AND

24 (II) YEARLY PREVALENCE OF OPIOID MISUSE OR USE DISORDERS IN
25 COLORADO FROM 2015 THROUGH 2024 BY AGE GROUP, GENDER, RACE,
26 AND GEOGRAPHIC AREA.

27 (5) IN ADDITION TO THE DATA COLLECTED PURSUANT TO

1 SUBSECTION (4) OF THIS SECTION, THE DATA LINKAGE PROJECT MAY
2 CONNECT ADDITIONAL STATE AND OTHER DATA SOURCES TO IMPROVE
3 POPULATION-LEVEL ESTIMATES OF THE PREVALENCE OF OPIOID MISUSE OR
4 USE DISORDERS IN COLORADO.

5 (6) THE GOVERNOR'S OFFICE OF INFORMATION TECHNOLOGY SHALL
6 OBTAIN DATA AND PERFORM SECURE LINKAGE AND ANONYMIZATION ON
7 BEHALF OF THE STATE.

8 (7) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), ON OR
9 BEFORE JANUARY 31, 2025, AND ANNUALLY THEREAFTER THROUGHOUT
10 THE DURATION OF THE DATA LINKAGE PROJECT, THE UNIVERSITY OF
11 COLORADO SCHOOL OF MEDICINE SHALL REPORT PROGRESS ON THE DATA
12 LINKAGE PROJECT AND THE RESULTS, IF AVAILABLE, TO THE HEALTH AND
13 INSURANCE COMMITTEE AND THE PUBLIC HEALTH CARE AND HUMAN
14 SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE
15 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE OR THEIR
16 SUCCESSOR COMMITTEES.

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