

**Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

Bill A

LLS NO. 24-0313.01 Brita Darling x2241

SENATE BILL

SENATE SPONSORSHIP

Jaquez Lewis and Priola,

HOUSE SPONSORSHIP

Young and Epps, Kipp

Senate Committees

House Committees

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;
- Add reporting requirements for gabapentin, in addition to prescriptions for controlled substances in this state, to the program;

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

- Allow the medical director of a medical practice or hospital to appoint designees to query the program on behalf of a practitioner in the medical practice or hospital setting;
- Allow the department of health care policy and financing to access the program, consistent with federal data privacy requirements, for purposes of care coordination, utilization review, and federally required reporting relating to recipients of certain benefits; 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 department of health care policy and financing to publish guidance for providers concerning reimbursement for all variations of screening, brief intervention, and referral to treatment interventions.

Section 13 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 14:**

- 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 15 authorizes the university of Colorado school of medicine (school of medicine) to conduct a statewide opioid use disorder prevalence 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

1 substances AND GABAPENTIN provides a mechanism whereby practitioners
2 can discover the extent of each patient's requests for drugs and whether
3 other providers have prescribed similar substances during a similar period
4 of time; AND

5 (d) Electronic monitoring of prescriptions for controlled
6 substances AND GABAPENTIN provides a mechanism for law enforcement
7 officials and regulatory boards to efficiently investigate practitioner
8 behavior that is potentially harmful to the public.

9 **SECTION 3.** In Colorado Revised Statutes, 12-280-402, **add**
10 (2.3) and (2.5) as follows:

11 **12-280-402. Definitions.** As used in this part 4, unless the context
12 otherwise requires:

13 (2.3) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED
14 PURSUANT TO SECTION 25-1.5-103.

15 (2.5) "MEDICAL DIRECTOR" MEANS A MEDICAL DIRECTOR OF A
16 MEDICAL PRACTICE OR HOSPITAL IN THIS STATE.

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

19 **12-280-403. Prescription drug use monitoring program -**
20 **registration required - applications - rules - appropriation - repeal.**

21 (1) The board shall develop or procure a ~~prescription controlled~~
22 ~~substance~~ PRESCRIPTION DRUG electronic program to track information
23 regarding prescriptions for controlled substances AND GABAPENTIN
24 dispensed in Colorado, including the following information:

25 (c) The name and amount of the controlled substance AND THE
26 AMOUNT OF GABAPENTIN;

27 (2) (a) Each practitioner licensed in this state who holds a current

1 registration issued by the federal drug enforcement administration, ~~and~~
2 each pharmacist licensed in this state, ~~AND EACH MEDICAL DIRECTOR~~ shall
3 register and maintain a user account with the program.

4 (b) When registering with the program or at any time ~~thereafter~~
5 ~~AFTER REGISTRATION~~, a practitioner may authorize designees to access the
6 program under section 12-280-404 (3)(b) or (3)(d) on behalf of the
7 practitioner, ~~and~~ a pharmacist may authorize designees to access the
8 program under section 12-280-404 (3)(f), ~~AND A MEDICAL DIRECTOR MAY~~
9 ~~AUTHORIZE DESIGNEES TO ACCESS THE PROGRAM UNDER SECTION~~
10 ~~12-280-404 (3)(m) if:~~

11 (I) (A) The authorized designee ~~of the practitioner~~ is employed by,
12 or is under contract with, the same professional practice as the
13 practitioner ~~OR MEDICAL DIRECTOR~~; or

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

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

20 (III) The practitioner, ~~or~~ pharmacist, ~~OR MEDICAL DIRECTOR~~
21 remains responsible for:

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

1 confidentiality of the information obtained from the program; and

2 (B) Any negligent breach of confidentiality of information
3 obtained from the program by the ~~practitioner's or pharmacist's~~ designee
4 when the designee accessed the program on behalf of ~~the~~ A supervising
5 practitioner, ~~or~~ pharmacist, OR MEDICAL DIRECTOR.

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

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

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

17 **12-280-404. Program operation - access - rules - definitions.**

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

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

25 (c) ~~The board shall determine if the program should track all~~
26 ~~prescription drugs prescribed in this state. If the board makes such~~
27 ~~determination, the board shall promulgate rules on or before June 1, 2022,~~

1 to include all prescription drugs in the program. If the board determines
2 that one or more prescription drugs should not be tracked through the
3 program, the board shall publicly note the justification for such exclusion
4 during the rule-making process. THE PROGRAM SHALL TRACK ALL
5 CONTROLLED SUBSTANCES AND GABAPENTIN DISPENSED IN THIS STATE.
6 EACH PHARMACY SHALL UPLOAD ALL CONTROLLED SUBSTANCES AND
7 GABAPENTIN DISPENSED IN EACH PHARMACY AT LEAST EVERY
8 TWENTY-FOUR HOURS.

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

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

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

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

1 patient's ~~drug abuse~~ SUBSTANCE USE DISORDER;

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

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

13 (n) THE CHAIR OF A LOCAL TEAM, AS DEFINED IN SECTION
14 25-20.5-2201 (4), FOR PURPOSES OF COMPLYING WITH A RECORDS
15 REQUEST RELATING TO AN OVERDOSE FATALITY REVIEW PURSUANT TO
16 SECTION 25-20.5-2202; AND

17 (o) (I) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
18 CARE POLICY AND FINANCING OR THE EXECUTIVE DIRECTOR'S DESIGNEE,
19 FOR THE PURPOSES OF CARE COORDINATION, UTILIZATION REVIEW, AND
20 FEDERALLY REQUIRED REPORTING PERTAINING TO RECIPIENTS OF BENEFITS
21 UNDER THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND
22 6 OF TITLE 25.5, AND ENROLLEES UNDER THE "CHILDREN'S BASIC HEALTH
23 PLAN ACT", ARTICLE 8 OF TITLE 25.5, AS LONG AS THE DEPARTMENT'S USE
24 OF THE PROGRAM DATA IS CONSISTENT WITH THE FEDERAL "HEALTH
25 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L.
26 104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS,
27 INCLUDING THE REQUIREMENT TO REMOVE ANY PERSONALLY IDENTIFYING

1 INFORMATION UNLESS EXEMPTED FROM THE REQUIREMENT.

2 (II) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
3 SHALL USE THE DATA COLLECTED PURSUANT TO SUBSECTION (3)(o)(I) OF
4 THIS SECTION TO REVIEW AND ANALYZE CURRENT RULES AND OTHER
5 POLICIES, APPROPRIATE UTILIZATION, AND SAFE PRESCRIBING PRACTICES.

6 (4) (a) ~~Each~~ A practitioner, EXCEPT FOR A VETERINARIAN
7 LICENSED PURSUANT TO PART 1 OF ARTICLE 315 OF THIS TITLE 12, or the
8 ~~practitioner's~~ designee OF A PRACTITIONER OR MEDICAL DIRECTOR shall
9 query the program prior to prescribing an opioid unless the patient
10 receiving the prescription:

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

19 (c) A practitioner or the ~~practitioner's~~ designee OF A PRACTITIONER
20 OR OF A MEDICAL DIRECTOR complies with this subsection (4) if the
21 practitioner or THE ~~practitioner's~~ OR MEDICAL DIRECTOR'S designee
22 attempts to access the program before prescribing an opioid or a
23 benzodiazepine and the program is not available or is inaccessible due to
24 technical failure.

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

27 **12-280-407. Prescription drug outlets - prescribers -**

1 **responsibilities - liability.** (2) A practitioner who has, in good faith,
2 written a prescription for a controlled substance OR GABAPENTIN to a
3 patient is not liable for information submitted to the program. A
4 practitioner, THE DESIGNEE OF A PRACTITIONER OR MEDICAL DIRECTOR, or
5 prescription drug outlet ~~who~~ THAT has, in good faith, submitted the
6 required information to the program is not liable for participation in the
7 program.

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

10 **12-280-408. Exemption - waiver.** (2) A prescription drug outlet
11 that does not report controlled substance AND GABAPENTIN data to the
12 program due to a lack of electronic automation of the outlet's business
13 may apply to the board for a waiver from the reporting requirements.

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

16 **12-315-126. Prescriptions - limitations.** ~~A veterinarian is subject~~
17 ~~to the limitations on prescriptions specified in section 12-30-109.~~

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

21 **25-20.5-1802. Colorado substance use disorders prevention**
22 **collaborative - created - mission - administration - assessment tool -**
23 **report - repeal.** (2) The mission of the collaborative is to:

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

26 (i) Work with prevention specialists and existing training agencies
27 to provide and support training to strengthen Colorado's prevention

1 workforce; AND

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

5 (3) The department of ~~public health and environment~~ and the
6 collaborative shall:

7 (b) Implement effective primary prevention programs in Colorado
8 communities, with the goal of increasing the number of programs to reach
9 those in need statewide; ~~and~~

10 (c) Coordinate with designated state agencies and other
11 organizations to provide prevention science training to systemize, update,
12 expand, and strengthen prevention certification training and provide
13 continuing education to prevention specialists; AND

14 (d) CREATE A SUBSTANCE USE DISORDER PREVENTION SERVICES
15 ASSESSMENT TOOL TO IDENTIFY SUBSTANCE USE DISORDER PREVENTION
16 SERVICES GAPS IN AREAS OF HIGHEST LOCAL NEED, INCLUDING
17 COMMUNITY-ORIENTED, CHILDREN-ORIENTED, YOUTH-ORIENTED, AND
18 FAMILY-ORIENTED PREVENTION SERVICES, FOR PURPOSES OF THE
19 SUBSTANCE USE DISORDER PREVENTION GAP GRANT PROGRAM PURSUANT
20 TO ARTICLE 59 OF THIS TITLE 25.

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

23 PART 22

24 LOCAL OVERDOSE FATALITY REVIEW

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

27 (1) "BEHAVIORAL HEALTH ENTITY" HAS THE SAME MEANING AS

1 SET FORTH IN SECTION 27-50-101 (4).

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

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

8 (4) "OVERDOSE FATALITY REVIEW" MEANS A PROCESS IN WHICH A
9 MULTIDISCIPLINARY TEAM PERFORMS A SERIES OF INDIVIDUAL OVERDOSE
10 FATALITY REVIEWS TO EFFECTIVELY IDENTIFY SYSTEM GAPS AND
11 INNOVATIVE COMMUNITY-SPECIFIC OVERDOSE PREVENTION AND
12 INTERVENTION STRATEGIES.

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

24 (a) IF THE PERSON, AGENCY, OR ENTITY IS A HEALTH-CARE
25 PROVIDER, SUBSTANCE USE DISORDER TREATMENT PROVIDER, HOSPITAL,
26 OR OTHER HEALTH-CARE FACILITY OR BEHAVIORAL HEALTH ENTITY,
27 INFORMATION AND RECORDS MAINTAINED BY THE PERSON, AGENCY, OR

1 ENTITY REGARDING THE PHYSICAL HEALTH, MENTAL HEALTH, AND
2 SUBSTANCE USE DISORDER TREATMENT FOR A PERSON WHOSE DEATH OR
3 NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM; AND

4 (b) IF THE AGENCY OR ENTITY IS A STATE OR LOCAL GOVERNMENT
5 AGENCY OR ENTITY THAT PROVIDED SERVICES TO A PERSON WHOSE DEATH
6 OR NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM OR PROVIDED
7 SERVICES TO THE FAMILY OF THE PERSON, INFORMATION AND RECORDS
8 MAINTAINED BY THE AGENCY OR ENTITY ABOUT THE PERSON, INCLUDING
9 DEATH INVESTIGATIVE INFORMATION, MEDICAL EXAMINER INVESTIGATIVE
10 INFORMATION, LAW ENFORCEMENT INVESTIGATIVE INFORMATION,
11 EMERGENCY MEDICAL SERVICES REPORTS, FIRE DEPARTMENT RECORDS,
12 PROSECUTORIAL RECORDS, PAROLE AND PROBATION INFORMATION AND
13 RECORDS, COURT RECORDS, SCHOOL RECORDS, AND INFORMATION AND
14 RECORDS OF A DEPARTMENT OF HUMAN OR SOCIAL SERVICES, INCLUDING
15 THE LOCAL HUMAN SERVICES AND PUBLIC HEALTH AGENCIES.

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

- 19 (a) A CORONER OR MEDICAL EXAMINER;
- 20 (b) A FIRE DEPARTMENT;
- 21 (c) A HEALTH-CARE FACILITY;
- 22 (d) A HOSPITAL;
- 23 (e) A STATE OR LOCAL LAW ENFORCEMENT AGENCY;
- 24 (f) A STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING THE
25 DEPARTMENT OF HUMAN SERVICES, INCLUDING THE BEHAVIORAL HEALTH
26 ADMINISTRATION; THE DEPARTMENT OF PUBLIC HEALTH AND
27 ENVIRONMENT, SO LONG AS THE DEPARTMENT OF PUBLIC HEALTH AND

1 ENVIRONMENT CREATED OR HOLDS THE RECORDS AND THE RELEASE DOES
2 NOT VIOLATE ANY AGREEMENT NOT TO RELEASE THE RECORDS; THE
3 DEPARTMENT OF LAW; THE OFFICE OF STATE PUBLIC DEFENDER; THE
4 DEPARTMENT OF CORRECTIONS; AND THE STATE BOARD OF PAROLE;

5 (g) A BEHAVIORAL HEALTH ENTITY;

6 (h) A HEALTH-CARE PROVIDER;

7 (i) A SUBSTANCE USE DISORDER TREATMENT PROVIDER;

8 (j) A SCHOOL, INCLUDING A PUBLIC OR PRIVATE ELEMENTARY,
9 MIDDLE, JUNIOR HIGH, OR HIGH SCHOOL, OR A PUBLIC OR PRIVATE
10 INSTITUTION OF POSTSECONDARY EDUCATION DESCRIBED IN TITLE 23,
11 INCLUDING THE AURARIA HIGHER EDUCATION CENTER CREATED IN
12 ARTICLE 70 OF TITLE 23;

13 (k) A SOCIAL SERVICES PROVIDER;

14 (l) THE PRESCRIPTION DRUG USE MONITORING PROGRAM
15 DESCRIBED IN SECTION 12-280-403;

16 (m) GROUND OR AIR AMBULANCE SERVICE AGENCIES; AND

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

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

26 (b) A PERSON, AGENCY, OR ENTITY THAT RECEIVES A RECORDS
27 REQUEST FROM A LOCAL TEAM PURSUANT TO THIS SECTION MAY CHARGE

1 THE LOCAL TEAM A REASONABLE FEE FOR THE SERVICE OF DUPLICATING
2 ANY RECORDS REQUESTED BY THE LOCAL TEAM.

3 (4) THE DISCLOSURE OR REDISCLOSURE, IN ACCORDANCE WITH
4 THIS SECTION, OF A MEDICAL RECORD DEVELOPED IN CONNECTION WITH
5 THE PROVISION OF SUBSTANCE USE TREATMENT SERVICES, WITHOUT THE
6 AUTHORIZATION OF A PERSON IN INTEREST, IS SUBJECT TO ANY
7 LIMITATIONS THAT EXIST PURSUANT TO APPLICABLE STATE OR FEDERAL
8 LAW, INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C.
9 SEC. 290dd-2, AND 42 CFR 2.

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

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

17 (7) SO LONG AS EACH INDIVIDUAL PRESENT AT A LOCAL TEAM
18 MEETING HAS SIGNED THE CONFIDENTIALITY FORM DESCRIBED IN SECTION
19 25-20.5-2203, ANY INFORMATION RECEIVED BY THE CHAIR OF THE LOCAL
20 TEAM IN RESPONSE TO A REQUEST UNDER THIS SECTION MAY BE SHARED
21 AT A LOCAL TEAM MEETING WITH LOCAL TEAM MEMBERS AND ANY
22 NONMEMBER ATTENDEES.

23 (8) A PERSON, AGENCY, OR ENTITY THAT PROVIDES INFORMATION
24 OR RECORDS TO A LOCAL TEAM PURSUANT TO THIS PART 22 IS NOT SUBJECT
25 TO CIVIL OR CRIMINAL LIABILITY OR ANY PROFESSIONAL DISCIPLINARY
26 ACTION PURSUANT TO STATE LAW AS A RESULT OF PROVIDING THE
27 INFORMATION OR RECORD.

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

4 **25-20.5-2203. Confidentiality - closed meetings - records not**
5 **open to inspection - civil liability.** (1) LOCAL TEAM MEETINGS IN WHICH
6 CONFIDENTIAL INFORMATION IS DISCUSSED ARE EXEMPT FROM THE OPEN
7 MEETINGS PROVISIONS OF THE "COLORADO SUNSHINE ACT OF 1972", PART
8 4 OF ARTICLE 6 OF TITLE 24, AND MUST BE CLOSED TO THE PUBLIC.

9 (2) (a) UPON REQUEST OF A LOCAL TEAM, A PERSON WHO IS NOT A
10 MEMBER OF A LOCAL TEAM MAY ATTEND AND PARTICIPATE IN A MEETING
11 AT WHICH A LOCAL TEAM REVIEWS CONFIDENTIAL INFORMATION AND
12 CONSIDERS A PLAN, AN INTERVENTION, OR OTHER COURSE OF CONDUCT
13 BASED ON THAT REVIEW.

14 (b) A LOCAL TEAM MEMBER AND ANY NONMEMBER IN
15 ATTENDANCE AT A LOCAL TEAM MEETING SHALL SIGN A CONFIDENTIALITY
16 FORM AND REVIEW THE PURPOSE AND GOAL OF THE LOCAL TEAM BEFORE
17 THE PERSON MAY PARTICIPATE IN THE REVIEW OF CONFIDENTIAL
18 INFORMATION. THE CONFIDENTIALITY FORM MUST SET OUT THE
19 REQUIREMENTS FOR MAINTAINING THE CONFIDENTIALITY OF ANY
20 INFORMATION DISCLOSED DURING THE MEETING AND ANY PENALTIES
21 ASSOCIATED WITH FAILURE TO MAINTAIN CONFIDENTIALITY.

22 (3) INFORMATION AND RECORDS ACQUIRED BY A LOCAL TEAM ARE
23 CONFIDENTIAL AND ARE NOT SUBJECT TO SUBPOENA, DISCOVERY, OR
24 INTRODUCTION INTO EVIDENCE IN A CIVIL OR CRIMINAL PROCEEDING OR
25 DISCIPLINARY ACTION. INFORMATION AND RECORDS THAT ARE OTHERWISE
26 AVAILABLE FROM OTHER SOURCES ARE NOT IMMUNE FROM SUBPOENA,
27 DISCOVERY, OR INTRODUCTION INTO EVIDENCE THROUGH THOSE SOURCES

1 SOLELY BECAUSE THE INFORMATION OR RECORD WAS PRESENTED TO OR
2 REVIEWED BY A LOCAL TEAM.

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

6 (5) SUBSTANCE USE DISORDER TREATMENT RECORDS REQUESTED
7 OR PROVIDED TO THE LOCAL TEAM ARE SUBJECT TO ANY ADDITIONAL
8 LIMITATIONS ON REDISCLOSURE OF A MEDICAL RECORD DEVELOPED IN
9 CONNECTION WITH THE PROVISIONS OF SUBSTANCE USE DISORDER
10 TREATMENT SERVICES PURSUANT TO APPLICABLE STATE OR FEDERAL LAW,
11 INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C. SEC.
12 290dd-2, AND 42 CFR 2.

13 (6) LOCAL TEAM MEMBERS AND A PERSON WHO PRESENTS OR
14 PROVIDES INFORMATION TO A LOCAL TEAM MAY NOT BE QUESTIONED IN
15 ANY CIVIL OR CRIMINAL PROCEEDING OR DISCIPLINARY ACTION
16 REGARDING THE INFORMATION PRESENTED OR PROVIDED. THIS
17 SUBSECTION (6) DOES NOT PREVENT A PERSON FROM TESTIFYING
18 REGARDING INFORMATION OBTAINED INDEPENDENTLY OF THE LOCAL
19 TEAM OR TESTIFYING AS TO PUBLIC INFORMATION.

20 (7) A LOCAL TEAM AND ANY NONMEMBER PARTICIPATING IN AN
21 OVERDOSE FATALITY REVIEW SHALL MAINTAIN THE CONFIDENTIALITY OF
22 INFORMATION PROVIDED TO THE LOCAL TEAM AS REQUIRED BY STATE AND
23 FEDERAL LAW. A MEMBER OF A LOCAL TEAM OR A PARTICIPATING
24 NONMEMBER WHO SHARES CONFIDENTIAL INFORMATION IN VIOLATION OF
25 THIS SECTION IS IMMUNE FROM CIVIL AND CRIMINAL LIABILITY IF THE
26 PERSON ACTED IN GOOD FAITH COMPLIANCE WITH THE PROVISIONS OF THIS
27 PART 22.

1 FAMILIES, AND COLORADO COMMUNITIES.

2 **25-59-102. Definitions.** AS USED IN THIS ARTICLE 59, UNLESS THE
3 CONTEXT OTHERWISE REQUIRES:

4 (1) "ASSESSMENT TOOL" MEANS THE SUBSTANCE USE DISORDER
5 PREVENTION SERVICES ASSESSMENT TOOL DESCRIBED IN SECTION
6 25-59-103 (3).

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

10 (3) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH
11 AND ENVIRONMENT CREATED AND EXISTING PURSUANT TO SECTION
12 25-1-102.

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

15 (5) "PREVENTION COLLABORATIVE" MEANS THE COLORADO
16 SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE CREATED IN
17 SECTION 25-20.5-1802.

18 **25-59-103. Substance use disorder prevention gap grant
19 program - created - award of grants - rules - reporting -**

20 **appropriation.** (1) THERE IS ESTABLISHED IN THE DEPARTMENT THE
21 SUBSTANCE USE DISORDER PREVENTION GAP GRANT PROGRAM TO PROVIDE
22 GRANTS TO COMMUNITY-BASED ORGANIZATIONS FOR SUBSTANCE USE
23 DISORDER PREVENTION SERVICES IN AREAS OF HIGHEST NEED, INCLUDING
24 COMMUNITY-ORIENTED, CHILDREN-ORIENTED, YOUTH-ORIENTED, AND
25 FAMILY-ORIENTED PREVENTION SERVICES.

26 (2) THE DEPARTMENT SHALL ADMINISTER THE GRANT PROGRAM.
27 THE DEPARTMENT SHALL CREATE A GRANT APPLICATION PROCESS AND

1 MAKE THE PROCESS AND THE ASSESSMENT TOOL PUBLICLY AVAILABLE ON
2 ITS WEBSITE PRIOR TO ACCEPTING APPLICATIONS. THE DEPARTMENT SHALL
3 BEGIN ACCEPTING GRANT APPLICATIONS NO LATER THAN DECEMBER 31,
4 2024.

5 (3) PURSUANT TO SECTION 25-20.5-1802 (3)(d), THE PREVENTION
6 COLLABORATIVE AND THE DEPARTMENT SHALL DEVELOP A SUBSTANCE
7 USE DISORDER PREVENTION SERVICES ASSESSMENT TOOL TO IDENTIFY
8 LOCAL GAPS IN SUBSTANCE USE DISORDER PREVENTION SERVICES,
9 INCLUDING COMMUNITY-ORIENTED, CHILDREN-ORIENTED,
10 YOUTH-ORIENTED, AND FAMILY-ORIENTED PREVENTION SERVICES, GAPS
11 IN ACCESS TO PREVENTION SERVICES, OR WHERE ADDITIONAL FUNDING IS
12 NECESSARY TO MAXIMIZE THE IMPACT OF EXISTING PREVENTION SERVICES.
13 THE DEPARTMENT SHALL MAKE THE ASSESSMENT TOOL PUBLICLY
14 AVAILABLE ON ITS WEBSITE PRIOR TO ACCEPTING APPLICATIONS FOR THE
15 GRANT PROGRAM.

16 (4) (a) THE PREVENTION COLLABORATIVE SHALL REVIEW GRANT
17 PROGRAM APPLICATIONS THAT ADDRESS GAPS IN SUBSTANCE USE
18 DISORDER PREVENTION SERVICES IDENTIFIED USING THE ASSESSMENT
19 TOOL AND SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT FOR THE
20 AWARD OF GRANTS.

21 (b) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT
22 SHALL AWARD TWO-YEAR SUBSTANCE USE DISORDER PREVENTION GAP
23 GRANTS TO APPLICANTS BASED ON THE RECOMMENDATIONS OF THE
24 PREVENTION COLLABORATIVE MADE PURSUANT TO SUBSECTION (4)(a) OF
25 THIS SECTION.

26 (5) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT MAY
27 PROMULGATE ANY RULES NECESSARY FOR THE IMPLEMENTATION OF THE

1 GRANT PROGRAM.

2 (6) EACH COMMUNITY-BASED ORGANIZATION THAT RECEIVES A
3 GRANT PROGRAM GRANT SHALL REPORT TO THE DEPARTMENT, AS
4 DETERMINED BY THE DEPARTMENT, ON THE USE OF AND OUTCOMES
5 ASSOCIATED WITH THE USE OF THE GRANT PROGRAM MONEY.

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

9 **25-59-104. Repeal of article.** THIS ARTICLE 59 IS REPEALED,
10 EFFECTIVE JULY 1, 2028.

11 **SECTION 12.** In Colorado Revised Statutes, **add** 25.5-4-431 as
12 follows:

13 **25.5-4-431. Reimbursement guidance for screening, brief**
14 **intervention, and referral to treatment.** THE STATE DEPARTMENT SHALL
15 PUBLISH GUIDANCE FOR PROVIDERS CONCERNING REIMBURSEMENT FOR
16 ALL VARIATIONS OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO
17 TREATMENT INTERVENTIONS.

18 **SECTION 13.** In Colorado Revised Statutes, 25.5-5-208, **amend**
19 (1) introductory portion; and **add** (1)(a.3) and (1)(a.5) as follows:

20 **25.5-5-208. Additional services - training - grants - screening,**
21 **brief intervention, and referral.** (1) On or after July 1, 2018, the state
22 department shall grant, through a competitive grant program, one million
23 five hundred thousand dollars to one or more organizations to operate a
24 substance ~~abuse~~ USE screening, brief intervention, and referral to
25 treatment practice. The grant program must require:

26 (a.3) IMPLEMENTATION OF A STATEWIDE ADOLESCENT SUBSTANCE
27 USE SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT

1 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR APPROPRIATE
2 PROFESSIONALS IN COLORADO SCHOOLS, WITH THE PURPOSE OF
3 IDENTIFYING STUDENTS WHO WOULD BENEFIT FROM SCREENING, BRIEF
4 INTERVENTION, AND POTENTIAL REFERRAL TO RESOURCES, INCLUDING
5 TREATMENT;

6 (a.5) IMPLEMENTATION OF A STATEWIDE SUBSTANCE USE
7 SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT
8 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR PEDIATRICIANS AND
9 PROFESSIONALS IN PEDIATRIC SETTINGS, WITH THE PURPOSE OF
10 IDENTIFYING ADOLESCENT PATIENTS WHO WOULD BENEFIT FROM
11 SCREENING, BRIEF INTERVENTION, AND POTENTIAL REFERRAL TO
12 RESOURCES, INCLUDING TREATMENT;

13 **SECTION 14.** In Colorado Revised Statutes, 27-80-121, **amend**
14 (1) and (3) as follows:

15 **27-80-121. Perinatal substance use data linkage project -**
16 **center for research into substance use disorder prevention,**
17 **treatment, and recovery support strategies - report.** (1) The center for
18 research into substance use disorder prevention, treatment, and recovery
19 support strategies established in section 27-80-118, referred to in this
20 section as the "center", in partnership with an institution of higher
21 education and the state substance abuse trend and response task force
22 established in section 18-18.5-103, ~~may~~ SHALL conduct a statewide
23 perinatal substance use data linkage project that uses ongoing collection,
24 analysis, interpretation, and dissemination of data for the planning,
25 implementation, and evaluation of public health actions to improve
26 outcomes for families impacted by substance use during pregnancy. The
27 data linkage project shall utilize data from the medical assistance program

1 ESTABLISHED IN articles 4 to 6 of title 25.5; the electronic prescription
2 drug monitoring program created in part 4 of article 280 of title 12; the
3 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the
4 Colorado immunization information system created pursuant to ~~section~~
5 ~~25-4-2401, et seq.~~ PART 24 OF ARTICLE 4 OF TITLE 25; the Colorado child
6 care assistance program created in part 1 of article 4 of title 26.5; the
7 BHA; THE EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS
8 UNDER PART C OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES
9 EDUCATION ACT", 20 U.S.C. SEC. 1400 ET SEQ.; THE SUPPLEMENTAL
10 NUTRITION ASSISTANCE PROGRAM ESTABLISHED IN PART 3 OF ARTICLE 2
11 OF TITLE 26; THE COLORADO DEPARTMENT OF EDUCATION; THE FEDERAL
12 SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND
13 CHILDREN, AS PROVIDED FOR IN 42 U.S.C. SEC. 1786; OTHER DATA
14 SOURCES RELATED TO MATERNAL HEALTH, AS COLLECTED BY THE
15 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; FAMILY
16 EXPERIENCES AND PROVIDER PERSPECTIVES, WHEN NECESSARY; and birth
17 and death records to examine the following:

18 (a) Health-care ~~mortality~~ utilization by pregnant and postpartum
19 women with substance use disorders and their infants compared to the
20 general population;

21 (b) Human service, EDUCATION, public health program utilization,
22 and substance use treatment by pregnant and postpartum women with
23 substance use disorders and their infants COMPARED TO THE GENERAL
24 POPULATION;

25 (c) Health-care, human service, EDUCATION, and public health
26 program outcomes, INCLUDING MORBIDITY AND MORTALITY OUTCOMES,
27 among pregnant and postpartum women with substance use disorders and

1 their infants COMPARED TO THE GENERAL POPULATION; and

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

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

12 **SECTION 15.** In Colorado Revised Statutes, **add** 27-80-121.2 as
13 follows:

14 **27-80-121.2. Opioid use disorder prevalence data linkage**
15 **project - reporting - legislative declaration - definition.** (1) (a) THE
16 GENERAL ASSEMBLY FINDS AND DECLARES THAT:

17 (I) COLORADO IS EXPERIENCING AN OVERDOSE CRISIS;

18 (II) NATIONALLY AND LOCALLY, OVERDOSE DEATHS HAVE
19 CONTINUED TO INCREASE, WITH MORE THAN SEVENTY-FIVE PERCENT OF
20 OVERDOSE DEATHS IN 2021 INVOLVING ILLICITLY MANUFACTURED
21 FENTANYL;

22 (III) AMONG THE RISK FACTORS FOR OVERDOSE IS HAVING AN
23 OPIOID USE DISORDER, PARTICULARLY AMONG PEOPLE NOT TAKING
24 MEDICATIONS FOR OPIOID USE DISORDERS;

25 (IV) HOWEVER, UNRELIABLE METHODS OF ESTIMATING PEOPLE IN
26 COLORADO WITH OPIOID USE DISORDERS, AS WELL AS SYSTEMIC BARRIERS
27 THAT PREVENT PEOPLE WITH OPIOID USE DISORDERS FROM

1 SELF-REPORTING AND ACCESSING HEALTH CARE, LIKELY LEADS TO
2 UNDERESTIMATION OF THE NUMBER OF PEOPLE WITH OPIOID USE
3 DISORDERS IN COLORADO; AND

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

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

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

16 (3) THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE SHALL
17 CONDUCT A STATEWIDE DATA LINKAGE PROJECT THAT USES ONGOING
18 COLLECTION, ANALYSIS, INTERPRETATION, AND DISSEMINATION OF DATA
19 FOR THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PUBLIC
20 HEALTH ACTIONS TO IMPROVE OUTCOMES FOR INDIVIDUALS WITH OPIOID
21 MISUSE OR USE DISORDERS.

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

23 (a) THE MEDICAL ASSISTANCE PROGRAM ESTABLISHED IN ARTICLES
24 4 TO 6 OF TITLE 25.5;

25 (b) THE ELECTRONIC PRESCRIPTION DRUG USE MONITORING
26 PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF TITLE 12;

27 (c) THE BHA;

1 (d) THE JUDICIAL DEPARTMENTS FOR DENVER COUNTY AND OTHER
2 COLORADO COUNTIES;

3 (e) THE DEPARTMENT OF CORRECTIONS;

4 (f) THE COLORADO DEPARTMENT OF HEALTH CARE POLICY AND
5 FINANCING, RELATING TO OPIOID MISUSE, OVERDOSES, AND OPIOID USE
6 DISORDERS AND RELATED TREATMENT;

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

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

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

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

16 (5) IN ADDITION TO THE DATA COLLECTED PURSUANT TO
17 SUBSECTION (4) OF THIS SECTION, THE DATA LINKAGE PROJECT MAY
18 CONNECT ADDITIONAL STATE AND OTHER DATA SOURCES TO IMPROVE
19 POPULATION-LEVEL ESTIMATES OF THE PREVALENCE OF OPIOID MISUSE OR
20 USE DISORDERS IN COLORADO.

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

24 (7) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), ON OR
25 BEFORE JANUARY 31, 2025, AND ANNUALLY THEREAFTER THROUGHOUT
26 THE DURATION OF THE DATA LINKAGE PROJECT, THE UNIVERSITY OF
27 COLORADO SCHOOL OF MEDICINE SHALL REPORT PROGRESS ON THE DATA

1 LINKAGE PROJECT AND THE RESULTS, IF AVAILABLE, TO THE HEALTH AND
2 INSURANCE COMMITTEE AND THE PUBLIC AND BEHAVIORAL HEALTH AND
3 HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND
4 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR
5 SUCCESSOR COMMITTEES.

6 **SECTION 16. Safety clause.** The general assembly finds,
7 determines, and declares that this act is necessary for the immediate
8 preservation of the public peace, health, or safety or for appropriations for
9 the support and maintenance of the departments of the state and state
10 institutions.