

**First Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

INTRODUCED

LLS NO. 19-0846.01 Brita Darling x2241

HOUSE BILL 19-1193

HOUSE SPONSORSHIP

Herod and Pelton,

SENATE SPONSORSHIP

Garcia,

House Committees

Public Health Care & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING BEHAVIORAL HEALTH SUPPORTS FOR HIGH-RISK**
102 **FAMILIES.**

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>.)

The bill amends existing programs that provide access to substance use disorder treatment to pregnant and parenting women. The bill creates child care pilot programs for parenting women engaged in substance use disorder treatment. The bill:

- ! Defines "parenting women" as women up to one year postpartum who are in need of substance use disorder

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

- services;
- ! Encourages health care practitioners and county human or social services departments to identify pregnant women and parenting women for a needs assessment to determine needed services;
 - ! Authorizes the department to use state money to provide residential substance use disorder treatment to pregnant and parenting women until such time as those services are covered under the state program of medical assistance, and authorizes the department of health care policy and financing to seek federal changes to permit treatment for this population, if necessary;
 - ! Creates the high-risk families cash fund (cash fund) for the office of behavioral health in the department of human services to provide services to high-risk parents, including pregnant and parenting women, and for services for high-risk children and youth with behavioral health disorders. Further, money in the cash fund may be used to increase treatment capacity.
 - ! Requires the state treasurer to transfer to the cash fund any unencumbered and unexpended money appropriated annually to certain programs listed in the bill, and requires annual reporting on the use of money from the cash fund;
 - ! Creates the child care services and substance use disorder treatment pilot program (pilot program) as a two-generation initiative in the department of human services;
 - ! Awards pilot program grants to enhance existing child care resource and referral programs and increase child care navigation capacity in one urban and one rural site to serve pregnant and parenting women seeking or participating in substance use disorder treatment;
 - ! Awards pilot program grants to enhance the capacity of the existing child care resource and referral program's centralized call center to serve pregnant and parenting women with a substance use disorder;
 - ! Awards pilot program grants to pilot a regional mobile child care model to serve young children of parenting women in substance use disorder treatment;
 - ! Requires an annual appropriation of \$500,000 for 3 fiscal years for the pilot program, and requires annual reporting to the general assembly concerning the pilot program. Any money not expended for the pilot program will be transferred to the high-risk families cash fund.
 - ! Prohibits the admission into evidence in criminal proceedings information relating to substance use during

pregnancy, with certain exceptions, that is obtained as part of providing postpartum care for up to one year postpartum or disclosed while women are seeking or participating in behavioral health treatment.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 hereby finds and declares that:

4 (a) Mothers and their children have better physical and
5 psychological outcomes when families remain together. Substance use
6 disorder treatment that supports the family as a unit has proven to be
7 effective for maintaining maternal drug abstinence and child well-being.

8 (b) There are few intensive treatment options available that allow
9 children to remain in their mother's care. In Colorado, pregnant women
10 enrolled in Special Connections' residential program have an average wait
11 of eight to twelve weeks for short-term treatment programs, with an
12 average of twenty to thirty women on the wait list at any given time.

13 (c) The number of annual neonatal abstinence syndrome (NAS)
14 births to women enrolled in the medicaid program increased from one
15 hundred thirty-two births in 2011 to two hundred ninety births in 2016,
16 an increase of one hundred twenty percent;

17 (d) Only 3.3 percent of outpatient substance use disorder treatment
18 facilities in Colorado provide child care;

19 (e) A woman's risk for overdose is highest at seven to twelve
20 months postpartum;

21 (f) Overdose is one of the top three leading causes of maternal
22 mortality in Colorado;

23 (g) Most referrals to the child welfare system related to substance

1 use are for children under the age of one month;

2 (h) The federal "Family First Prevention Services Act" aims to
3 prevent children from entering the child welfare system. The act allows
4 for reimbursement for preventive services such as mental health and
5 substance use disorder treatment for the child's parent as a way to reduce
6 risk to the child.

7 (i) The state must prepare for the implementation of the federal
8 "Family First Prevention Services Act" with additional substance use
9 disorder treatment options for families and their children who may be at
10 risk for entering foster care.

11 (2) Therefore, the general assembly finds and declares that
12 families impacted by substance use disorders experience better outcomes
13 when a two-generation approach is used to provide support to the whole
14 family. Access to co-located, affordable, quality child care services is a
15 critical part of the two-generation approach in order to remove barriers to
16 treatment for parenting women and to keep families together.

17 **SECTION 2.** In Colorado Revised Statutes, **amend** 25.5-5-309
18 as follows:

19 **25.5-5-309. Pregnant women - needs assessment - referral to**
20 **treatment program - definition.** (1) The health care practitioner for
21 each pregnant woman who is enrolled or eligible for services pursuant to
22 section 25.5-5-101 (1)(c) or 25.5-5-201 (1)(m.5) ~~shall be~~ IS encouraged
23 to identify as soon as possible after ~~such~~ THE woman is determined to be
24 pregnant whether ~~such~~ THE woman is at risk of a poor birth outcome due
25 to substance ~~abuse~~ USE during the prenatal period and in need of special
26 assistance in order to reduce ~~such~~ THE risk. If the health care practitioner
27 makes such a determination regarding any pregnant woman, the health

1 care practitioner ~~shall be~~ IS encouraged to refer ~~such~~ THE woman to any
2 entity approved and licensed by the department of human services for the
3 performance of a needs assessment. ANY COUNTY DEPARTMENT OF
4 HUMAN OR SOCIAL SERVICES MAY REFER AN ELIGIBLE WOMAN FOR A
5 NEEDS ASSESSMENT, OR ANY pregnant woman who is eligible for services
6 pursuant to section 25.5-5-201 (1)(m.5) may refer herself for ~~such~~ A
7 needs assessment.

8 (2) For the purposes of this section, unless the context otherwise
9 requires, a "needs assessment" means an assessment that is designed to
10 ~~make a determination of what~~ DETERMINE THE services THAT are needed
11 ~~by~~ FOR a pregnant woman to minimize the occurrence of a poor birth
12 outcome due to substance ~~abuse~~ USE by ~~such~~ THE pregnant woman.

13 **SECTION 3.** In Colorado Revised Statutes, **amend** 25.5-5-310
14 as follows:

15 **25.5-5-310. Treatment program for high-risk pregnant and**
16 **parenting women - cooperation with private entities - definition.**

17 (1) (a) AS USED IN THIS SECTION, "PARENTING WOMAN" MEANS A WOMAN
18 UP TO ONE YEAR POSTPARTUM WHO IS IN NEED OF SUBSTANCE USE
19 DISORDER SERVICES.

20 (b) The state department and the departments of human services
21 and public health and environment shall cooperate with any ~~private~~
22 ~~entities~~ ORGANIZATIONS that desire to assist ~~such~~ THE departments in the
23 provision of services connected with the treatment program for high-risk
24 pregnant AND PARENTING women. ~~Private entities~~ ORGANIZATIONS may
25 provide services that are not provided to persons pursuant to this ~~article~~
26 ARTICLE 5 or article 4 or 6 of this ~~title~~ TITLE 25.5 or article 2 of title 26,
27 ~~C.R.S.~~, which SERVICES may include but ~~shall~~ ARE not ~~be~~ limited to needs

1 assessment services, preventive services, rehabilitative services, care
2 coordination, nutrition assessment, psycho social counseling, intensive
3 health education, home visits, transportation, development of provider
4 training, child care, CHILD CARE NAVIGATION, and other necessary
5 components of residential or outpatient treatment or care.

6 (2) (a) HEALTH CARE PRACTITIONERS AND COUNTY DEPARTMENTS
7 OF HUMAN OR SOCIAL SERVICES ARE ENCOURAGED TO IDENTIFY ANY
8 PREGNANT OR PARENTING WOMAN. IF A PRACTITIONER OR COUNTY
9 DEPARTMENT OF HUMAN OR SOCIAL SERVICES MAKES SUCH
10 DETERMINATION REGARDING ANY PREGNANT OR PARENTING WOMAN UP
11 TO ONE YEAR POSTPARTUM, THE PRACTITIONER OR COUNTY DEPARTMENT
12 OF HUMAN OR SOCIAL SERVICES IS ENCOURAGED TO REFER THE WOMAN TO
13 ANY ENTITY APPROVED AND LICENSED BY THE DEPARTMENT OF HUMAN
14 SERVICES FOR A NEEDS ASSESSMENT IN ORDER TO IMPROVE OUTCOMES FOR
15 THE PREGNANT OR PARENTING WOMAN AND CHILD AND REDUCE THE
16 LIKELIHOOD OF OUT-OF-HOME PLACEMENT. ANY PREGNANT OR PARENTING
17 WOMAN UP TO ONE YEAR POSTPARTUM MAY ALSO REFER HERSELF FOR A
18 NEEDS ASSESSMENT.

19 (b) THE DEPARTMENT OF HUMAN SERVICES IS AUTHORIZED TO USE
20 STATE MONEY TO PROVIDE SERVICES TO WOMEN, INCLUDING WOMEN
21 ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM ESTABLISHED
22 PURSUANT TO THIS ARTICLE 5 AND ARTICLES 4 AND 6 OF THIS TITLE 25.5,
23 WHO ENROLL, UP TO ONE YEAR POSTPARTUM, IN RESIDENTIAL SUBSTANCE
24 USE DISORDER TREATMENT SERVICES, UNTIL SUCH TIME AS THOSE
25 SERVICES ARE COVERED BY THE MEDICAL ASSISTANCE PROGRAM. THE
26 DEPARTMENT OF HUMAN SERVICES MAY CONTINUE TO USE STATE MONEY
27 TO ENROLL PARENTING WOMEN IN RESIDENTIAL SERVICES WHO QUALIFY

1 AS INDIGENT BUT WHO ARE NOT ELIGIBLE FOR SERVICES UNDER THE
2 MEDICAL ASSISTANCE PROGRAM.

3 (c) FACILITIES APPROVED AND LICENSED BY THE OFFICE OF
4 BEHAVIORAL HEALTH WITHIN THE DEPARTMENT OF HUMAN SERVICES TO
5 PROVIDE SUBSTANCE USE DISORDER SERVICES TO HIGH-RISK PREGNANT
6 AND PARENTING WOMEN AND THAT OFFER CHILD CARE SERVICES MUST
7 ALLOW A WOMAN TO BEGIN TREATMENT WITHOUT FIRST PRESENTING
8 UP-TO-DATE HEALTH RECORDS FOR HER CHILD, INCLUDING THOSE
9 REFERENCED IN SECTION 25-4-902. THE PARENTING WOMAN IN
10 TREATMENT MUST PRESENT UP-TO-DATE HEALTH RECORDS FOR HER CHILD,
11 INCLUDING THOSE REFERENCED IN SECTION 25-4-902, WITHIN THIRTY
12 DAYS AFTER COMMENCING TREATMENT.

13 **SECTION 4.** In Colorado Revised Statutes, **amend** 25.5-5-311
14 as follows:

15 **25.5-5-311. Treatment program for high-risk pregnant and**
16 **parenting women - data collection.** The state department, in cooperation
17 with the department of human services, shall create a data collection
18 mechanism regarding persons receiving services pursuant to the treatment
19 program for high-risk pregnant AND PARENTING women ~~which shall~~
20 ~~include~~ THAT INCLUDES the collection of ~~such~~ ANY data as ~~such~~ THAT THE
21 departments deem appropriate.

22 **SECTION 5.** In Colorado Revised Statutes, **amend** 25.5-5-312
23 as follows:

24 **25.5-5-312. Treatment program for high-risk pregnant and**
25 **parenting women - extended coverage - federal approval.** (1) The
26 state department shall seek federal approval to continue providing
27 substance ~~abuse~~ USE DISORDER treatment services for twelve months

1 following a pregnancy to women who are eligible to receive services
2 under the medical assistance program, who are receiving services
3 pursuant to the treatment program for high-risk pregnant AND PARENTING
4 women, and who continue to participate in the treatment program. The
5 state department shall implement the continued services to the extent
6 allowed by the federal government.

7 (2) THE STATE DEPARTMENT IS AUTHORIZED TO REQUEST ANY
8 FEDERAL CHANGES NECESSARY TO PERMIT HIGH-RISK PREGNANT AND
9 PARENTING WOMEN TO FURTHER ACCESS TREATMENT FOR PREGNANT AND
10 PARENTING WOMEN WITH SUBSTANCE USE DISORDERS. ANY CHANGES TO
11 FEDERAL WAIVER PROGRAMS FOR THIS POPULATION MUST PRESERVE THE
12 FAMILY-ORIENTED SPECIALTY SERVICES NEEDED BY PREGNANT AND
13 PARENTING WOMEN AND THEIR DEPENDENT CHILDREN, INCLUDING THOSE
14 SERVICES DESCRIBED IN SECTION 25.5-5-310 (1).

15 **SECTION 6.** In Colorado Revised Statutes, **amend** 27-80-114 as
16 follows:

17 **27-80-114. Treatment program for high-risk pregnant and**
18 **parenting women - cooperation with organizations.** The department of
19 health care policy and financing shall cooperate with any ~~private entities~~
20 ORGANIZATIONS that desire to assist the department of health care policy
21 and financing in the provision of services connected with the treatment
22 program for high-risk pregnant AND PARENTING women. ~~Private entities~~
23 ORGANIZATIONS may provide services that are not provided to persons
24 pursuant to the treatment program for high-risk pregnant AND PARENTING
25 women, article 2 of title 26, ~~C.R.S.~~, and articles 4, 5, and 6 of title 25.5,
26 ~~C.R.S.~~, which may include but shall not be limited to needs assessment
27 services, preventive services, rehabilitative services, care coordination,

1 nutrition assessment, psychosocial counseling, intensive health education,
2 home visits, transportation, development of provider training, child care,
3 and other necessary components of residential or outpatient treatment or
4 care.

5 **SECTION 7.** In Colorado Revised Statutes, **amend** 27-80-115 as
6 follows:

7 **27-80-115. Treatment program for high-risk pregnant and**
8 **parenting women - data collection.** The department of health care
9 policy and financing shall create a data collection mechanism regarding
10 persons receiving services pursuant to the treatment program for high-risk
11 pregnant AND PARENTING women ~~which shall~~ THAT MUST include the
12 collection of data on cost-effectiveness, success of the program, and other
13 data the department of health care policy and financing deems
14 appropriate.

15 **SECTION 8.** In Colorado Revised Statutes, **add** 27-80-119 as
16 follows:

17 **27-80-119. High-risk families cash fund - creation - services**
18 **provided - definition - report.** (1) AS USED IN THIS SECTION, UNLESS
19 THE CONTEXT OTHERWISE REQUIRES, "HIGH-RISK CHILDREN AND YOUTH"
20 MEANS CHILDREN OR YOUTH AT RISK OF ENTERING OR WHO ARE INVOLVED
21 WITH THE JUVENILE JUSTICE SYSTEM OR THE CHILD WELFARE SYSTEM.

22 (2) THERE IS CREATED IN THE STATE TREASURY THE HIGH-RISK
23 FAMILIES CASH FUND, REFERRED TO IN THIS SECTION AS THE "FUND". THE
24 FUND CONSISTS OF MONEY CREDITED TO THE FUND AND ANY OTHER
25 MONEY THAT THE GENERAL ASSEMBLY MAY APPROPRIATE OR TRANSFER
26 TO THE FUND. THE STATE TREASURER SHALL CREDIT ALL INTEREST AND
27 INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE

1 FUND TO THE FUND. MONEY IN THE FUND IS CONTINUOUSLY APPROPRIATED
2 TO THE DEPARTMENT, WHICH MAY EXPEND MONEY FROM THE FUND FOR
3 THE PURPOSES SPECIFIED IN SUBSECTION (4) OF THIS SECTION.

4 (3) (a) THE STATE TREASURER SHALL TRANSFER TO THE FUND ANY
5 MONEY APPROPRIATED BY THE GENERAL ASSEMBLY FOR THE "CHILDREN
6 AND YOUTH MENTAL HEALTH TREATMENT ACT", PURSUANT TO ARTICLE
7 67 OF THIS TITLE 27, AND FOR THE TREATMENT OF PREGNANT WOMEN
8 PURSUANT TO SECTION 25.5-5-309, THAT REMAINS UNENCUMBERED AND
9 UNEXPENDED AT THE END OF EACH FISCAL YEAR. SUCH MONEY DOES NOT
10 REVERT TO THE GENERAL FUND.

11 (b) THE STATE TREASURER SHALL TRANSFER TO THE FUND ANY
12 MONEY APPROPRIATED BY THE GENERAL ASSEMBLY FOR THE "INCREASING
13 ACCESS TO EFFECTIVE SUBSTANCE USE DISORDER SERVICES ACT",
14 PURSUANT TO SECTION 27-80-107.5, THAT REMAINS UNENCUMBERED AND
15 UNEXPENDED AT THE END OF THE SECOND YEAR OF THE TWO-FISCAL-YEAR
16 SPENDING AUTHORITY. SUCH MONEY DOES NOT REVERT TO THE GENERAL
17 FUND.

18 (4) THE DEPARTMENT MAY EXPEND MONEY IN THE FUND FOR THE
19 FOLLOWING PURPOSES:

20 (a) FOR SERVICES TO HIGH-RISK PARENTS, INCLUDING PREGNANT
21 AND PARENTING WOMEN, WITH SUBSTANCE USE DISORDERS; AND

22 (b) FOR SERVICES FOR HIGH-RISK CHILDREN AND YOUTH WITH
23 BEHAVIORAL HEALTH DISORDERS.

24 (5) (a) THE DEPARTMENT MAY USE MONEY FROM THE FUND TO
25 CONTRACT WITH MANAGED SERVICE ORGANIZATIONS, PRIVATE PROVIDERS,
26 SCHOOLS, COUNTIES, NONPROFIT ORGANIZATIONS, OR MUNICIPALITIES TO
27 PROVIDE SERVICES DESCRIBED IN SUBSECTION (4) OF THIS SECTION.

1 (b) MONEY EXPENDED BY THE DEPARTMENT MUST BE USED FOR
2 ONE-TIME ALLOCATIONS TO INCREASE TREATMENT CAPACITY, INCLUDING
3 START-UP COSTS AND CAPITAL EXPENDITURES, OR TO PROVIDE SUBSTANCE
4 USE DISORDER RECOVERY AND WRAPAROUND SERVICES, INCLUDING
5 ACCESS TO CHILD CARE, TO HIGH-RISK FAMILIES.

6 (6) AFTER CONSIDERING RELEVANT STAKEHOLDER FEEDBACK, THE
7 DEPARTMENT SHALL ANNUALLY PRIORITIZE THE USE OF AVAILABLE
8 MONEY IN THE FUND, RECOGNIZING STATEWIDE NEED AND
9 COMPLEMENTING EXISTING FUNDING FOR BEHAVIORAL HEALTH SERVICES
10 STATEWIDE.

11 (7) NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136
12 (11)(a)(I) TO THE CONTRARY, THE DEPARTMENT SHALL SUBMIT A REPORT
13 TO THE GENERAL ASSEMBLY ON JULY 1, 2020, AND ON JULY 1 EACH YEAR
14 THEREAFTER, WHICH REPORT MUST INCLUDE:

15 (a) A SUMMARY OF EXPENDITURES FROM THE FUND MADE BY THE
16 DEPARTMENT;

17 (b) THE IMPACT OF THE EXPENDITURES IN INCREASING SERVICES
18 FOR HIGH-RISK FAMILIES; AND

19 (c) ANY RECOMMENDATIONS TO STRENGTHEN AND IMPROVE
20 ACCESS TO SERVICES AND SERVICES PROVIDED WITH MONEY FROM THE
21 FUND.

22 **SECTION 9.** In Colorado Revised Statutes, **add** article 6.9 to title
23 26 as follows:

24 **ARTICLE 6.9**

25 **Child Care Services and Substance Use Disorder**

26 **Treatment Pilot Program**

27 **26-6.9-101. Definitions.** AS USED IN THIS ARTICLE 6.9, UNLESS

1 THE CONTEXT OTHERWISE REQUIRES:

2 (1) "FACILITY" MEANS AN AGENCY MEETING THE STANDARDS
3 DESCRIBED IN SECTION 27-81-106 (1) OR 27-82-103 (1) AND APPROVED
4 PURSUANT TO SECTION 27-81-106 OR 27-82-103.

5 (2) "PILOT PROGRAM" MEANS THE CHILD CARE SERVICES AND
6 SUBSTANCE USE DISORDER TREATMENT PILOT PROGRAM CREATED IN THIS
7 ARTICLE 6.9.

8 **26-6.9-102. Child care services and substance use disorder**
9 **treatment pilot program - created - purposes - eligibility - evaluation**
10 **- funding - rules.** (1) (a) THERE IS CREATED IN THE STATE DEPARTMENT
11 THE CHILD CARE SERVICES AND SUBSTANCE USE DISORDER TREATMENT
12 PILOT PROGRAM. THE STATE DEPARTMENT SHALL ADMINISTER THE PILOT
13 PROGRAM AS A TWO-GENERATION INITIATIVE. THE PURPOSE OF THE PILOT
14 PROGRAM IS TO:

15 (I) PROVIDE GRANTS TO ENHANCE THE EXISTING CHILD CARE
16 RESOURCE AND REFERRAL PROGRAMS TO PROVIDE INCREASED CHILD CARE
17 NAVIGATION CAPACITY IN ONE RURAL PILOT PROGRAM SITE AND ONE
18 URBAN PILOT PROGRAM SITE TO SERVE PREGNANT AND PARENTING WOMEN
19 SEEKING OR PARTICIPATING IN SUBSTANCE USE DISORDER TREATMENT;
20 AND

21 (II) PROVIDE A GRANT TO ENHANCE THE CAPACITY OF THE
22 EXISTING CHILD CARE RESOURCE AND REFERRAL PROGRAM'S CENTRALIZED
23 CALL CENTER TO SERVE PREGNANT AND PARENTING WOMEN SEEKING OR
24 PARTICIPATING IN SUBSTANCE USE DISORDER TREATMENT; AND

25 (III) PROVIDE IMPLEMENTATION GRANTS TO PILOT A REGIONAL
26 MOBILE CHILD CARE MODEL THAT IS LICENSED IN COMPLIANCE WITH
27 ARTICLE 6 OF TITLE 26 OR AS DEFINED IN SECTION 26-6-102, AND THAT

1 SERVES CHILDREN UNDER FIVE YEARS OF AGE IN AT LEAST THREE
2 FACILITIES THAT PROVIDE SUBSTANCE USE DISORDER TREATMENT TO
3 PARENTING WOMEN. APPLICANTS FOR MOBILE CHILD CARE PILOT GRANTS
4 MUST DEMONSTRATE A COMMITMENT OF SOURCES OF PRIVATE MONEY FOR
5 MOBILE CHILD CARE TO ENSURE THAT THE MOBILE CHILD CARE PILOT
6 MODEL IS AN INITIATIVE OF A PUBLIC-PRIVATE PARTNERSHIP. THE MOBILE
7 CHILD CARE PILOT MODEL MAY BE EXPANDED TO SERVE ADDITIONAL AGES
8 OR ADDITIONAL REGIONS USING GIFTS, GRANTS, OR DONATIONS FROM
9 PRIVATE OR PUBLIC SOURCES THAT THE STATE DEPARTMENT MAY SEEK,
10 ACCEPT, AND EXPEND.

11 (b) THE STATE DEPARTMENT SHALL ENSURE THAT THERE IS
12 ADEQUATE TRAINING, CROSS-TRAINING, TECHNICAL ASSISTANCE, DATA
13 COLLECTION, AND EVALUATION FOR GRANTS AWARDED PURSUANT TO
14 SUBSECTIONS (1)(a)(I), (1)(a)(II), AND (1)(a)(III) OF THIS SECTION.

15 (2) THE STATE DEPARTMENT SHALL DETERMINE THE ELIGIBILITY
16 AND SELECTION CRITERIA FOR PILOT PROGRAM GRANTS. THE STATE BOARD
17 MAY PROMULGATE RULES, AS NECESSARY, TO IMPLEMENT THE PILOT
18 PROGRAM.

19 (3) (a) A PILOT PROGRAM GRANTEE MAY USE THE GRANT MONEY
20 FOR IMPROVED TECHNOLOGY, SUPPLIES, AND MATERIALS TO IMPLEMENT
21 THE PILOT PROGRAM; TO HIRE STAFF FOR PILOT PROGRAM OVERSIGHT AND
22 IMPLEMENTATION; AND FOR PILOT PROGRAM EVALUATION.

23 (b) ON OR BEFORE JUNE 30, 2023, THE STATE DEPARTMENT SHALL
24 PROVIDE TO THE HEALTH AND INSURANCE AND PUBLIC HEALTH CARE AND
25 HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND
26 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY
27 SUCCESSOR COMMITTEES, ANY COMPLETED PILOT PROGRAM EVALUATIONS

1 PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION, AS WELL AS A
2 SUMMARY OF THE PILOT PROGRAM, INCLUDING GRANTS AWARDED AND
3 THE OUTCOME OF THE GRANTS.

4 (4) (a) FOR EACH OF THE 2019-20, 2020-21, AND 2021-22 FISCAL
5 YEARS, THE GENERAL ASSEMBLY SHALL APPROPRIATE FIVE HUNDRED
6 THOUSAND DOLLARS FROM THE GENERAL FUND TO THE STATE
7 DEPARTMENT TO IMPLEMENT THE PILOT PROGRAM DESCRIBED IN THIS
8 ARTICLE 6.9. ANY MONEY APPROPRIATED FOR THE PILOT PROGRAM IN THE
9 2019-20 OR 2020-21 FISCAL YEAR THAT REMAINS UNEXPENDED AND
10 UNENCUMBERED AT THE END OF EITHER FISCAL YEAR IS FURTHER
11 APPROPRIATED TO THE STATE DEPARTMENT FOR THE FOLLOWING FISCAL
12 YEAR FOR PURPOSES OF THE PILOT PROGRAM. THE STATE TREASURER
13 SHALL TRANSFER ANY MONEY THAT IS UNEXPENDED AND UNENCUMBERED
14 AT THE END OF THE 2021-2022 FISCAL YEAR TO THE HIGH-RISK FAMILIES
15 CASH FUND, CREATED IN SECTION 27-80-119. SUCH MONEY DOES NOT
16 REVERT TO THE GENERAL FUND.

17 (b) THE STATE DEPARTMENT MAY USE A PORTION OF THE MONEY
18 ANNUALLY APPROPRIATED FOR THE PILOT PROGRAM TO PAY THE DIRECT
19 AND INDIRECT COSTS INCURRED TO ADMINISTER THE PILOT PROGRAM, NOT
20 TO EXCEED TEN PERCENT OF THE ANNUAL APPROPRIATION.

21 (c) THE STATE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND
22 GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR
23 THE PURPOSES OF THIS ARTICLE 6.9. THE DEPARTMENT SHALL TRANSMIT
24 ALL MONEY RECEIVED FOR THE PILOT PROGRAM THROUGH GIFTS, GRANTS,
25 OR DONATIONS TO THE STATE TREASURER.

26 **26-6.9-103. Repeal of article.** THIS ARTICLE 6.9 IS REPEALED,
27 EFFECTIVE JULY 1, 2023.

1 **SECTION 10.** In Colorado Revised Statutes, **amend** 13-25-136
2 as follows:

3 **13-25-136. Criminal actions - prenatal drug and alcohol**
4 **screening - admissibility of evidence.** A court shall not admit in a
5 criminal proceeding information relating to substance use not otherwise
6 required to be reported pursuant to section 19-3-304, ~~C.R.S.~~, obtained as
7 part of a screening or test performed to determine pregnancy or to provide
8 prenatal OR POSTPARTUM care, ~~for a~~ UP TO ONE YEAR POSTPARTUM, OR IF
9 A pregnant OR PARENTING woman DISCLOSES SUBSTANCE USE DURING
10 PREGNANCY WHILE SEEKING OR PARTICIPATING IN BEHAVIORAL HEALTH
11 TREATMENT. This section ~~shall not be interpreted to~~ DOES NOT prohibit
12 prosecution of any claim or action related to such substance use based on
13 evidence obtained through methods other than ~~the screening or testing~~
14 THOSE described in this section.

15 **SECTION 11. Safety clause.** The general assembly hereby finds,
16 determines, and declares that this act is necessary for the immediate
17 preservation of the public peace, health, and safety.