

**NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.**

# An Act

HOUSE BILL 19-1193

BY REPRESENTATIVE(S) Herod and Pelton, Bird, Buckner, Buentello, Caraveo, Catlin, Cutter, Duran, Esgar, Exum, Froelich, Galindo, Gonzales-Gutierrez, Gray, Hooton, Jackson, Kipp, Kraft-Tharp, McCluskie, Melton, Michaelson Jenet, Mullica, Roberts, Sandridge, Singer, Sirota, Snyder, Tipper, Titone, Valdez A., Weissman, Becker;  
also SENATOR(S) Garcia, Bridges, Coram, Court, Crowder, Danielson, Donovan, Fenberg, Fields, Gardner, Ginal, Gonzales, Lee, Moreno, Pettersen, Priola, Story, Tate, Todd, Winter, Zenzinger.

CONCERNING BEHAVIORAL HEALTH SUPPORTS FOR HIGH-RISK FAMILIES,  
AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

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

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

*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

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

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

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

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

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

(g) Most referrals to the child welfare system related to substance use are for children under the age of one month;

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

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

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

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

**25.5-5-309. Pregnant women - needs assessment - referral to treatment program - definition.** (1) The health care practitioner for each pregnant woman who is enrolled or eligible for services pursuant to section 25.5-5-101 (1)(c) or 25.5-5-201 (1)(m.5) ~~shall be~~ IS encouraged to identify as soon as possible after ~~such~~ THE woman is determined to be pregnant whether ~~such~~ THE woman is at risk of a poor birth outcome due to substance ~~abuse~~ USE during the prenatal period and in need of special assistance in order to reduce ~~such~~ THE risk. If the health care practitioner makes such a determination regarding any pregnant woman, the health care practitioner ~~shall be~~ IS encouraged to refer ~~such~~ THE woman to any entity approved and licensed by the department of human services for the performance of a needs assessment. ANY COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES MAY REFER AN ELIGIBLE WOMAN FOR A NEEDS ASSESSMENT, OR ANY pregnant woman who is eligible for services pursuant to section 25.5-5-201 (1)(m.5) may refer herself for ~~such~~ A needs assessment.

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

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

**25.5-5-310. Treatment program for high-risk pregnant and parenting women - cooperation with private entities - definition.** (1) (a) AS USED IN THIS SECTION, "PARENTING WOMAN" MEANS A WOMAN UP TO ONE YEAR POSTPARTUM WHO IS IN NEED OF SUBSTANCE USE DISORDER SERVICES.

(b) The state department and the departments of human services and public health and environment shall cooperate with any ~~private entities~~ ORGANIZATIONS that desire to assist ~~such~~ THE departments in the provision of services connected with the treatment program for high-risk pregnant AND PARENTING women. ~~Private entities~~ ORGANIZATIONS may provide services that are not provided to persons pursuant to this ~~article~~ ARTICLE 5

or article 4 or 6 of this ~~title~~ TITLE 25.5 or article 2 of title 26, ~~C.R.S.~~, which SERVICES may include but ~~shall~~ ARE not ~~be~~ limited to needs assessment services, preventive services, rehabilitative services, care coordination, nutrition assessment, psycho social counseling, intensive health education, home visits, transportation, development of provider training, child care, CHILD CARE NAVIGATION, and other necessary components of residential or outpatient treatment or care.

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

(b) THE DEPARTMENT OF HUMAN SERVICES IS AUTHORIZED TO USE STATE MONEY TO PROVIDE SERVICES TO WOMEN, INCLUDING WOMEN ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM ESTABLISHED PURSUANT TO THIS ARTICLE 5 AND ARTICLES 4 AND 6 OF THIS TITLE 25.5, WHO ENROLL, UP TO ONE YEAR POSTPARTUM, IN RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT SERVICES, UNTIL SUCH TIME AS THOSE SERVICES ARE COVERED BY THE MEDICAL ASSISTANCE PROGRAM. THE DEPARTMENT OF HUMAN SERVICES MAY CONTINUE TO USE STATE MONEY TO ENROLL PARENTING WOMEN IN RESIDENTIAL SERVICES WHO QUALIFY AS INDIGENT BUT WHO ARE NOT ELIGIBLE FOR SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM.

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

UP-TO-DATE HEALTH RECORDS FOR HER CHILD, INCLUDING THOSE REFERENCED IN SECTION 25-4-902, WITHIN THIRTY DAYS AFTER COMMENCING TREATMENT.

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

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

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

**25.5-5-312. Treatment program for high-risk pregnant and parenting women - extended coverage - federal approval.** (1) The state department shall seek federal approval to continue providing substance ~~abuse~~ USE DISORDER treatment services for twelve months following a pregnancy to women who are eligible to receive services under the medical assistance program, who are receiving services pursuant to the treatment program for high-risk pregnant AND PARENTING women, and who continue to participate in the treatment program. The state department shall implement the continued services to the extent allowed by the federal government.

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

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

**27-80-114. Treatment program for high-risk pregnant and parenting women - cooperation with organizations.** The department of health care policy and financing shall cooperate with any ~~private entities~~ ORGANIZATIONS that desire to assist the department of health care policy and financing in the provision of services connected with the treatment program for high-risk pregnant AND PARENTING women. ~~Private entities~~ ORGANIZATIONS may provide services that are not provided to persons pursuant to the treatment program for high-risk pregnant AND PARENTING women, article 2 of title 26, ~~C.R.S.~~, and articles 4, 5, and 6 of title 25.5, ~~C.R.S.~~, which may include but shall not be limited to needs assessment services, preventive services, rehabilitative services, care coordination, nutrition assessment, psychosocial counseling, intensive health education, home visits, transportation, development of provider training, child care, and other necessary components of residential or outpatient treatment or care.

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

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

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

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

(2) THERE IS CREATED IN THE STATE TREASURY THE HIGH-RISK FAMILIES CASH FUND, REFERRED TO IN THIS SECTION AS THE "FUND". THE FUND CONSISTS OF MONEY CREDITED TO THE FUND AND ANY OTHER MONEY THAT THE GENERAL ASSEMBLY MAY APPROPRIATE OR TRANSFER TO THE

FUND. THE STATE TREASURER SHALL CREDIT ALL INTEREST AND INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE FUND TO THE FUND. MONEY IN THE FUND IS CONTINUOUSLY APPROPRIATED TO THE DEPARTMENT, WHICH MAY EXPEND MONEY FROM THE FUND FOR THE PURPOSES SPECIFIED IN SUBSECTION (4) OF THIS SECTION.

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

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

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

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

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

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

(b) MONEY EXPENDED BY THE DEPARTMENT MUST BE USED FOR ONE-TIME ALLOCATIONS TO INCREASE TREATMENT CAPACITY, INCLUDING START-UP COSTS AND CAPITAL EXPENDITURES, OR TO PROVIDE SUBSTANCE USE DISORDER RECOVERY AND WRAPAROUND SERVICES, INCLUDING ACCESS

TO CHILD CARE, TO HIGH-RISK FAMILIES.

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

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

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

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

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

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

**ARTICLE 6.9**  
**Child Care Services and Substance Use Disorder**  
**Treatment Pilot Program**

**26-6.9-101. Definitions.** AS USED IN THIS ARTICLE 6.9, UNLESS THE CONTEXT OTHERWISE REQUIRES:

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

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

**26-6.9-102. Child care services and substance use disorder**



**treatment pilot program - created - purposes - eligibility - evaluation - funding - rules.** (1) (a) THERE IS CREATED IN THE STATE DEPARTMENT THE CHILD CARE SERVICES AND SUBSTANCE USE DISORDER TREATMENT PILOT PROGRAM. THE STATE DEPARTMENT SHALL ADMINISTER THE PILOT PROGRAM AS A TWO-GENERATION INITIATIVE. THE PURPOSE OF THE PILOT PROGRAM IS TO:

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

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

(III) PROVIDE IMPLEMENTATION GRANTS TO PILOT A REGIONAL MOBILE CHILD CARE MODEL THAT IS LICENSED IN COMPLIANCE WITH ARTICLE 6 OF TITLE 26 OR AS DEFINED IN SECTION 26-6-102, AND THAT SERVES CHILDREN UNDER FIVE YEARS OF AGE IN AT LEAST THREE FACILITIES THAT PROVIDE SUBSTANCE USE DISORDER TREATMENT TO PARENTING WOMEN. APPLICANTS FOR MOBILE CHILD CARE PILOT GRANTS MUST DEMONSTRATE A COMMITMENT OF SOURCES OF PRIVATE MONEY FOR MOBILE CHILD CARE TO ENSURE THAT THE MOBILE CHILD CARE PILOT MODEL IS AN INITIATIVE OF A PUBLIC-PRIVATE PARTNERSHIP. THE MOBILE CHILD CARE PILOT MODEL MAY BE EXPANDED TO SERVE ADDITIONAL AGES OR ADDITIONAL REGIONS USING GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES THAT THE STATE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND.

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

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

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

(b) ON OR BEFORE JUNE 30, 2023, THE STATE DEPARTMENT SHALL PROVIDE TO THE HEALTH AND INSURANCE AND PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES, ANY COMPLETED PILOT PROGRAM EVALUATIONS PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION, AS WELL AS A SUMMARY OF THE PILOT PROGRAM, INCLUDING GRANTS AWARDED AND THE OUTCOME OF THE GRANTS.

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

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

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

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

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

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

**SECTION 11. Appropriation.** For the 2019-20 state fiscal year, \$500,000 is appropriated to the department of human services for use by the office of early childhood. This appropriation is from the general fund and is based on an assumption that the office will require an additional 0.6 FTE. To implement this act, the office may use this appropriation for the child care services and substance use disorder treatment pilot program.

**SECTION 12. Safety clause.** The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

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KC Becker  
SPEAKER OF THE HOUSE  
OF REPRESENTATIVES

\_\_\_\_\_  
Leroy M. Garcia  
PRESIDENT OF  
THE SENATE

\_\_\_\_\_  
Marilyn Eddins  
CHIEF CLERK OF THE HOUSE  
OF REPRESENTATIVES

\_\_\_\_\_  
Cindi L. Markwell  
SECRETARY OF  
THE SENATE

APPROVED \_\_\_\_\_  
(Date and Time)

\_\_\_\_\_  
Jared S. Polis  
GOVERNOR OF THE STATE OF COLORADO