SENATE BILL 19-228

CONCERNING MEASURES TO PREVENT SUBSTANCE ABUSE, AND, IN CONNECTION THEREWITH, REQUIRING CERTAIN PRESCRIBERS TO COMPLETE SUBSTANCE USE DISORDER TRAINING; PROHIBITING PHYSICIANS AND PHYSICIAN ASSISTANTS FROM ACCEPTING BENEFITS FOR PRESCRIBING SPECIFIC MEDICATIONS; REQUIRING OPIOID PRESCRIPTIONS TO BEAR WARNING LABELS; ALLOWING MEDICAL EXAMINERS ACCESS TO THE PRESCRIPTION DRUG MONITORING PROGRAM; PROVIDING FUNDING TO ADDRESS OPIOID AND SUBSTANCE USE DISORDERS THROUGH PUBLIC HEALTH INTERVENTIONS IN LOCAL COMMUNITIES; REQUIRING STATE DEPARTMENTS TO REPORT RECEIPT AND ELIGIBILITY FOR FEDERAL FUNDS FOR HIV AND HEPATITIS TESTING; REQUIRING THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF

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.
HUMAN SERVICES TO ADMINISTER GRANT PROGRAMS;
REQUIRING THE CENTER FOR RESEARCH INTO SUBSTANCE USE
DISORDER PREVENTION, TREATMENT, AND RECOVERY SUPPORT
STRATEGIES TO DEVELOP AND IMPLEMENT A PROGRAM TO
INCREASE PUBLIC AWARENESS CONCERNING THE SAFE USE,
STORAGE, AND DISPOSAL OF ANTAGONIST DRUGS, TO CONDUCT
A NEEDS ASSESSMENT AMONG MOTHERS AND PREGNANT WOMEN,
AND TO IMPLEMENT A GRANT PROGRAM; AND REQUIRING THE
OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF
HUMAN SERVICES TO ADMINISTER A CHILD AND MATERNAL
HEALTH PILOT PROGRAM.

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:

! Requires certain health care providers who have prescriptive authority to complete substance use disorder training as part of continuing education required to renew the provider's license. Specifically, the requirement applies to podiatrists (section 1 of the bill), dentists (section 2), advanced practice nurses (section 3), optometrists (section 4), and veterinarians (section 5).

! Prohibits a physician or physician assistant from accepting any direct or indirect benefits for prescribing a specific medication (section 6);

! Requires a prescription for an opioid for outpatient use to bear a warning label (section 7);

! Allows medical examiners access to the prescription drug monitoring program under specified circumstances (section 8);

! For the 2019-20 fiscal year, appropriates $5 million from the general fund to the department of public health and environment for the purpose of working at state and local levels to address opioid and other substance use disorder priorities (section 9);
Requires specified state departments to report to the health committees of the general assembly by December 31, 2019, the amount of federal funds that each is receiving or is eligible to receive for use in testing for hepatitis and HIV and the number of individuals currently and anticipated to be tested. The departments are also required to share eligibility standards for treatment with primary care providers (section 10).

Creates 2 grant programs in the office of behavioral health in the department of human services to address opioid and other substance use disorder prevention and recovery. The grant programs focus on at-risk youth and their families affected by substance use disorders and who have not been successful in seeking aid through existing resources. The general assembly is required to appropriate $3 million to the youth opioid and substance use prevention fund from the marijuana tax cash fund and $3 million to the local substance use disorder prevention and recovery pilot program fund from the general fund to administer the programs (section 11).

Requires the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to develop and implement a program to increase public awareness about the safe use, storage, and disposal of opioids, and about the availability of antagonist drugs. The general assembly is required to annually appropriate $750,000 to the center from the marijuana tax cash fund to implement the program (section 12).

Requires the center to hire additional staff to assist local communities in applying for grants, and requires the general assembly to appropriate general funds for the 2019-20 fiscal year to enable the center to hire staff for this purpose (section 12);

Requires the center to conduct a statewide maternal and perinatal population-based needs assessment to gather information regarding substance use disorders among mothers and pregnant women and other mental health issues. For the 2019-20 and 2020-21 fiscal years, the general assembly is directed to appropriate $100,000 per year from the general fund for allocation to the center to conduct the needs assessment (section 14).

Requires the center to establish a pilot program to test the implementation of screening, brief intervention, and referral to treatment (SBIRT) for women's health and prenatal and postpartum care in 5 counties. The general
assembly is directed to appropriate $228,000 from the marijuana tax cash fund to implement SBIRT in the 2019-20 fiscal year (section 14).

Requires the college of nursing to implement and provide a training and technical assistance program for health care and mental health care providers in specified counties regarding SBIRT online training and tools to teach women of the risks of alcohol and substance use during pregnancy. For the 2019-20 and 2020-21 fiscal years, the general assembly is directed to appropriate $172,000 per year from the marijuana tax cash fund to implement the program (section 14).

Requires the office of behavioral health in the department of human services to administer a pilot program to integrate substance use disorder and medication-assisted treatment with obstetric and gynecological health care and requires the general assembly to appropriate money from the general fund in the 2019-20, 2020-21, and 2021-22 fiscal years to fund the pilot program (section 15).

Sections 16 through 23 make conforming amendments to harmonize the bill with the title 12 recodification bill, House Bill 19-1172.

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

SECTION 1. In Colorado Revised Statutes, 12-32-111, amend (1)(a) as follows:

12-32-111. Renewal of license. (1) (a) The Colorado podiatry board shall set reasonable continuing education requirements for renewal of a license, but in no event shall the board require more than fourteen hours' credit of continuing education per year. As a condition of renewing a license on or after July 1, 2019, the continuing education requirements must include training regarding substance use disorders; the use of federal food and drug administration-approved medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders; and the
USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM
CREATED IN PART 4 OF ARTICLE 42.5 OF THIS TITLE 12. A podiatrist
desiring to renew his or her license to practice podiatry shall submit to the
Colorado podiatry board the information the board believes necessary to
show that he or she has fulfilled the board's continuing education
requirements and a fee to be determined and collected pursuant to section
24-34-105. C.R.S.

SECTION 2. In Colorado Revised Statutes, 12-35-139, amend
(2) as follows:
12-35-139. Continuing education requirements - rules. (2) The
board may adopt rules establishing the basic requirements for continuing
education, including the types of programs that qualify, exemptions for
persons holding an inactive or retired license, requirements for courses
designed to enhance clinical skills for certain licenses, and the manner by
which dentists and dental hygienists are to report compliance with the
continuing education requirements. AS A CONDITION OF RENEWING,
REACTIVATING, OR REINSTATING A LICENSE ON OR AFTER JULY 1, 2019,
THE CONTINUING EDUCATION MUST INCLUDE TRAINING REGARDING
SUBSTANCE USE DISORDERS; THE USE OF FEDERAL FOOD AND DRUG
ADMINISTRATION-APPROVED MEDICATIONS, IN COMBINATION WITH
COUNSELING AND BEHAVIORAL THERAPIES, TO PROVIDE A WHOLE-PATIENT
APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDERS; AND THE
USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM
CREATED IN PART 4 OF ARTICLE 42.5 OF THIS TITLE 12.

SECTION 3. In Colorado Revised Statutes, amend 12-38-127 as
follows:
12-38-127. Continuing education - rules. (1) In addition to any
other authority conferred upon the board by this article ARTICLE 38, the board is authorized to require no more than twenty hours of continuing education every two years as a condition of renewal of licenses and to establish procedures and standards for such the educational requirements. The board shall, to assure that the continuing education requirements imposed do not have the effect of restraining competition among providers of such education, recognize a variety of alternative means of compliance with such the requirements.

(2) AS A CONDITION OF RENEWING A LICENSE ON OR AFTER JULY 1, 2019, FOR ADVANCED PRACTICE NURSES WHO HAVE PRESCRIPTIVE AUTHORITY PURSUANT TO SECTION 12-38-111.6, THE CONTINUING EDUCATION REQUIREMENT MUST INCLUDE TRAINING REGARDING SUBSTANCE USE DISORDERS; THE USE OF FEDERAL FOOD AND DRUG ADMINISTRATION-APPROVED MEDICATIONS, IN COMBINATION WITH COUNSELING AND BEHAVIORAL THERAPIES, TO PROVIDE A WHOLE-PATIENT APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDERS; AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 42.5 OF THIS TITLE 12.

(3) The board shall adopt rules and regulations that are necessary to carry out the provisions of this section, such which rules and regulations to MUST be promulgated in accordance with the provisions of article 4 of title 24. C.R.S.

SECTION 4. In Colorado Revised Statutes, 12-40-113, amend (1)(f) as follows:

12-40-113. License renewal - requirements - fee - failure to pay. (1) (f) (I) Effective April 1, 1993; In addition to all other requirements of this section for license renewal, the board shall require
that each optometrist seeking to renew a license shall have completed twenty-four hours of board-approved continuing education. Any optometrist desiring to renew a license to practice optometry in this state shall submit to the board the information the board believes is necessary to show that the optometrist has fulfilled the continuing education requirements of this paragraph (f) SUBSECTION (1)(f).

Implementation of this paragraph (f) shall within existing appropriations.

(II) AS A CONDITION OF RENEWING A LICENSE ON OR AFTER JULY 1, 2019, THE BOARD-APPROVED CONTINUING EDUCATION MUST INCLUDE TRAINING REGARDING SUBSTANCE USE DISORDERS; THE USE OF FEDERAL FOOD AND DRUG ADMINISTRATION-APPROVED MEDICATIONS, IN COMBINATION WITH COUNSELING AND BEHAVIORAL THERAPIES, TO PROVIDE A WHOLE-PATIENT APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDERS; AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 42.5 OF THIS TITLE.

SECTION 5. In Colorado Revised Statutes, 12-64-110, amend (4)(a) as follows:

12-64-110. License renewal. (4) (a) (I) In order to obtain license renewal, each licensee, except as otherwise provided, must complete a board-approved veterinary continuing educational EDUCATION program of at least thirty-two hours biennially. AS A CONDITION OF RENEWING A LICENSE ON OR AFTER JULY 1, 2019, THE BOARD-APPROVED CONTINUING EDUCATION PROGRAM MUST INCLUDE TRAINING REGARDING SUBSTANCE USE DISORDERS AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 42.5 OF THIS TITLE.
The courses may be taken at any time during the period since the license was last renewed and before the license is due to be renewed. The licensee shall provide satisfactory proof of the completion of all delinquent continuing education requirements. For good cause, the board may prescribe the type and character of continuing education courses to be taken by any doctor of veterinary medicine in order to comply with the requirements of this article.

SECTION 6. In Colorado Revised Statutes, add 12-36-117.8 as follows:

12-36-117.8. Prescription medications - financial benefit for prescribing prohibited. A PHYSICIAN OR PHYSICIAN ASSISTANT SHALL NOT ACCEPT ANY DIRECT OR INDIRECT BENEFIT FROM A PHARMACEUTICAL MANUFACTURER OR PHARMACEUTICAL REPRESENTATIVE FOR PRESCRIBING A SPECIFIC MEDICATION TO A PATIENT. FOR THE PURPOSES OF THIS SECTION, A DIRECT OR INDIRECT BENEFIT DOES NOT INCLUDE A BENEFIT OFFERED TO A PHYSICIAN OR PHYSICIAN ASSISTANT REGARDLESS OF WHETHER THE SPECIFIC MEDICATION IS BEING PRESCRIBED.

SECTION 7. In Colorado Revised Statutes, 12-42.5-121, add (1)(c) as follows:

12-42.5-121. Labeling. (1) A prescription drug dispensed pursuant to an order must be labeled as follows:

(c) IF THE PRESCRIPTION DRUG IS DISPENSED TO A PATIENT FOR OUTPATIENT USE AND CONTAINS AN OPIOID, THE LABEL OR CONTAINER MUST BEAR A NOTIFICATION THAT STATES: "CAUTION: OPIOID. RISK OF OVERDOSE AND ADDICTION."

SECTION 8. In Colorado Revised Statutes, 12-42.5-404, add
(3)(j) as follows:

12-42.5-404. Program operation - access - rules - definitions - repeal. (3) The program is available for query only to the following persons or groups of persons:

(j) A MEDICAL EXAMINER WHO IS A PHYSICIAN LICENSED PURSUANT TO ARTICLE 36 OF THIS TITLE 12 WHOSE LICENSE IS IN GOOD STANDING, AND WHO IS LOCATED AND EMPLOYED IN THE STATE OF COLORADO, OR A CORONER ELECTED PURSUANT TO SECTION 30-10-601, IF:

(I) THE INFORMATION RELEASED IS SPECIFIC TO AN INDIVIDUAL WHO IS THE SUBJECT OF AN AUTOPSY CONDUCTED BY THE MEDICAL EXAMINER OR CORONER;

(II) THE MEDICAL EXAMINER OR THE CORONER HAS LEGITIMATE ACCESS TO THE INDIVIDUAL’S MEDICAL RECORD; AND

(III) THE INDIVIDUAL’S DEATH OR INJURY OCCURRED UNDER UNUSUAL, SUSPICIOUS, OR UNNATURAL CIRCUMSTANCES.

SECTION 9. In Colorado Revised Statutes, add 25-1-521 as follows:

25-1-521. State department - local public health agencies - address substance use disorders - appropriation - repeal. (1) For the 2019-20 fiscal year, the general assembly shall appropriate THREE MILLION DOLLARS TO THE STATE DEPARTMENT TO ADDRESS OPIOID AND SUBSTANCE USE DISORDERS THROUGH PUBLIC HEALTH INTERVENTIONS AND TO WORK WITH COMMUNITY PARTNERS, INCLUDING COUNTY AND DISTRICT PUBLIC HEALTH AGENCIES, TO ADDRESS OPIOID AND OTHER SUBSTANCE USE PRIORITIES THROUGHOUT THE STATE. THE STATE DEPARTMENT MAY USE THE MONEY FOR DATA COLLECTION, ANALYSIS,
AND DISSEMINATION ACTIVITIES RELATED TO OPIOID AND OTHER
SUBSTANCE USE DISORDERS AT THE STATE AND LOCAL LEVELS, INCLUDING
COMMUNITY HEALTH ASSESSMENTS AND IMPROVEMENT PLANNING. THE
STATE DEPARTMENT MAY USE UP TO FIVE HUNDRED THOUSAND DOLLARS
OF THE MONEY FOR ADMINISTRATIVE COSTS AND OTHER ACTIVITIES
RELATED TO THE PURPOSES OF THIS SECTION.

(2) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2020.

SECTION 10. In Colorado Revised Statutes, add 26-1-141 as
follows:

26-1-141. Departments - report required - hepatitis and HIV
tests - definitions. (1) On or before December 31, 2019, the
executive directors of the department of human services, the
department of health care policy and financing, and the
department of corrections shall submit a report to the public
health care and human services committee and the health and
insurance committee of the house of representatives and the
health and human services committee of the senate concerning:

(a) The amount of federal funds that each department is
eligible to receive or is currently receiving that may be used for
testing for hepatitis B, hepatitis C, or HIV;

(b) The number of individuals currently being tested for
each disease listed in subsection (1)(a) of this section; and

(c) Whether each department is planning to increase the
number of people being tested for each disease listed in
subsection (1)(a) of this section.

(2) The departments specified in subsection (1) of this
section shall prepare materials describing the eligibility
STANDARDS CURRENTLY IN USE FOR TREATMENT OF HEPATITIS B, HEPATITIS C, AND HIV AND DISTRIBUTE MATERIALS TO PRIMARY CARE PROVIDERS IN THE STATE. THE DEPARTMENTS MAY DISTRIBUTE THE MATERIALS BY PROVIDING THE MATERIALS TO THE RELEVANT PROFESSIONAL ASSOCIATION FOR THE PROVIDERS, AT PROFESSIONAL ASSOCIATION MEETINGS AND CONFERENCES, OR BY OTHER APPROPRIATE MEANS AS DETERMINED BY EACH DEPARTMENT.

(3) AS USED IN THIS SECTION:

(a) "ARRANGING FOR THE PROVISION" MEANS DEMONSTRATING ESTABLISHED REFERRAL RELATIONSHIPS WITH HEALTH CARE PROVIDERS FOR ANY OF THE COMPREHENSIVE PRIMARY CARE SERVICES NOT DIRECTLY PROVIDED BY AN ENTITY.

(b) (I) "PRIMARY CARE" MEANS THE BASIC ENTRY-LEVEL HEALTH CARE PROVIDED BY PHYSICIAN OR NONPHYSICIAN HEALTH CARE PRACTITIONERS THAT IS GENERALLY PROVIDED IN AN OUTPATIENT SETTING.

(II) "PRIMARY CARE" INCLUDES:

(A) PROVIDING OR ARRANGING FOR THE PROVISION OF PRIMARY HEALTH CARE;

(B) MATERNITY CARE, INCLUDING PREGNATAL CARE;

(C) PREVENTIVE, DEVELOPMENTAL, AND DIAGNOSTIC SERVICES FOR INFANTS AND CHILDREN;

(D) ADULT PREVENTIVE SERVICES;

(E) DIAGNOSTIC LABORATORY AND RADIOLOGY SERVICES;

(F) EMERGENCY CARE FOR MINOR TRAUMA;

(G) PHARMACEUTICAL SERVICES; AND

(H) COORDINATION AND FOLLOW-UP FOR HOSPITAL CARE.
"PRIMARY CARE" MAY ALSO INCLUDE OPTIONAL SERVICES BASED ON A PATIENT'S NEEDS.

SECTION 11. In Colorado Revised Statutes, add 27-80-103.5 and 27-80-103.7 as follows:

27-80-103.5. Opioid prevention grant program - fund - appropriation - report - repeal. (1) (a) THERE IS CREATED IN THE OFFICE OF BEHAVIORAL HEALTH, REFERRED TO IN THIS SECTION AS THE "OFFICE", THE CHARLIE HUGHES AND NATHAN GAUNA OPIOID PREVENTION GRANT PROGRAM TO IMPROVE YOUNG LIVES, WHICH IS A FIVE-YEAR GRANT PROGRAM, REFERRED TO IN THIS SECTION AS THE "PROGRAM", FOR PREVENTING OPIOID USE AMONG THE STATE'S YOUTH POPULATION AND SUPPORTING YOUTH WHOSE FAMILY MEMBERS EXPERIENCE ADDICTION. AN ENTITY THAT RECEIVES A GRANT PURSUANT TO THIS SECTION SHALL APPLY THE GRANT TO ADMINISTER AN EVIDENCE-BASED PROGRAM WITH CLEAR METRICS AND BENCHMARKS TO DEVELOP, IMPLEMENT, AND IDENTIFY PROOF POINTS AND BEST PRACTICES FOR PREVENTING OPIOID USE AMONG THE STATE'S YOUTH POPULATION.

(b) (I) THE OFFICE SHALL ADMINISTER THE PROGRAM, INCLUDING PUBLISHING THE REQUIREMENTS TO RECEIVE A GRANT, REVIEWING APPLICANTS, AND SELECTING GRANT RECIPIENTS.

(II) IN CHOOSING THE GRANT RECIPIENTS, THE OFFICE SHALL CONSIDER THE NUMBER OF YOUTH TO BE SERVED BY THE APPLICANT, THE GEOGRAPHIC LOCATION OF THE APPLICANT, AND THE DEMONSTRATION OF NEED IN THE GEOGRAPHIC AREA TO BE SERVED. THE OFFICE MAY AWARD A GRANT TO ONE OR MORE, BUT NOT MORE THAN FIVE, GEOGRAPHICALLY DIVERSE APPLICANTS.

(III) THE OFFICE SHALL PRIORITIZE FUNDING REQUESTED AMOUNTS
IN THEIR ENTIRETY OR IN AMOUNTS SUBSTANTIALLY SUFFICIENT TO
ENSURE GRANT RECIPIENTS CAN FULLY OR SUBSTANTIALLY IMPLEMENT
PROGRAMS TO FIDELITY.

(IV) THE OFFICE SHALL PRIORITIZE AWARDS TO ENTITIES THAT
SERVE COMMUNITIES WITH HIGH RISK FACTORS FOR SUBSTANCE USE
COMBINED WITH LIMITED ACCESS TO TREATMENT SERVICES ACCORDING TO
STATE NEEDS ASSESSMENTS, COLORADO HEALTH INDICATOR DATA, AND
NATIONAL BEST PRACTICE TRENDS.

(2) AN APPLICANT FOR A GRANT THROUGH THE PROGRAM MUST:
(a) SERVE YOUTH FIVE YEARS OF AGE AND OLDER BUT YOUNGER
THAN NINETEEN YEARS OF AGE;
(b) BE A COMMUNITY-BASED YOUTH DEVELOPMENT
ORGANIZATION PROVIDING DIRECT SERVICES TO YOUTH;
(c) SERVE YOUTH LIVING IN COMMUNITIES EXPERIENCING AN
OPIOID CRISIS;
(d) DEMONSTRATE THAT IT WILL ADMINISTER AN EVIDENCE-BASED
SUBSTANCE USE PREVENTION PROGRAM LISTED AS A MODEL OR PROMISING
PROGRAM IN THE BLUEPRINTS FOR HEALTHY YOUTH DEVELOPMENT
PROGRAM REGISTRY;
(e) HAVE A HISTORY OF DELIVERING YOUTH PREVENTION
PROGRAMS; AND
(f) AGREE THAT DURING EACH GRANT YEAR, THE APPLICANT WILL:
(I) MEASURE THE YOUTH PARTICIPANTS' ATTITUDES ON OPIOID USE
AND OTHER SUBSTANCE USE; AND
(II) TRACK DEMOGRAPHICS, ATTENDANCE, AND PARTICIPATION IN
THE PROGRAM AND COMPILE AGGREGATED FEEDBACK ON THIS
INFORMATION FOR THE REPORT REQUIRED PURSUANT TO SUBSECTION (5)
of this section.

(3) The office shall award the grants to the selected recipients on or before October 1, 2019, and contract with the grant recipients no later than November 1, 2019.

(4) There is created in the state treasury the youth opioid and substance use prevention fund, which consists of money appropriated to the fund by the general assembly. For the 2019-20 fiscal year, and each fiscal year thereafter through the 2023-24 fiscal year, the general assembly shall appropriate a total of two million dollars to the fund from the marijuana tax cash fund created in section 39-28.8-501 (1). The money in the fund is continuously appropriated to the department for use by the office for the direct and indirect costs of the program. The office may use up to two percent of the money in the fund for the administration and evaluation of the program. Any unexpended and unencumbered money remaining in the fund at the end of each fiscal year of the program remains in the fund and shall not be credited or transferred to the general fund or any other fund. Any unexpended and unencumbered money remaining in the fund on July 1, 2024, reverts to the marijuana tax cash fund.

(5) The office shall work with the grant recipients to obtain the aggregated feedback required by subsection (2)(f)(II) of this section. The office shall submit a report to the general assembly on or before January 1, 2024, regarding the progress of each grant recipient based on the data obtained pursuant to subsection (2)(f)(II) of this section and the performance metrics specified in the recipient's grant application.
1 (6) This section is repealed, effective September 1, 2024.
2 Before its repeal, the program is scheduled for review pursuant
3 to section 24-34-104.
4
5 27-80-103.7. Grants for substance use disorder prevention and
6 recovery support - definitions - fund - report - appropriation - repeal.
7 (1) As used in this section:
8 (a) "Office" means the Office of Behavioral Health.
9 (b) "Pilot Program" means the local substance use
10 disorder prevention and recovery pilot program created in
11 subsection (2) of this section.
12 (c) "Primary Prevention" means preventing substance use
13 disorders.
14 (d) "Secondary Prevention" means identifying substance
15 use disorders early and connecting individuals to treatment
16 resources.
17 (e) "Tertiary Prevention" means improving treatment and
18 recovery.
19 (f) "Urban area", "Rural area", and "Frontier area" have
20 the same meaning as those terms are defined by the Health
21 Resources and Services Administration in the United States
22 Department of Health and Human Services.
23 (2) There is created in the office the local substance use
24 disorder prevention and recovery pilot program. The office
25 shall administer the pilot program in collaboration with the
26 Department of Public Health and Environment. The office may
27 make grants from money appropriated by the General Assembly
28 for the purpose of supporting the full spectrum of substance use
DISORDER PREVENTION AND TREATMENT FOR CHILDREN AND FAMILIES WHO HAVE NOT SUCCESSFULLY CONNECTED WITH EFFECTIVE, AVAILABLE SERVICES TO PREVENT FURTHER SUBSTANCE USE AND TO SUPPORT THE RECOVERY OF THESE CHILDREN AND FAMILIES. THE GRANTS MAY BE AWARDED TO LOCAL COMMUNITIES, LOCAL GOVERNMENTS, SCHOOLS, AND NONPROFIT AGENCIES IN URBAN, RURAL, AND FRONTIER AREAS OF THE STATE. THE GRANT AWARD RECIPIENTS SHALL USE THE MONEY FOR PRIMARY PREVENTION, SECONDARY PREVENTION, AND TERTIARY PREVENTION.

(3) APPLICATIONS FOR GRANTS FROM THE PILOT PROGRAM MADE PURSUANT TO THIS SECTION MUST BE MADE TO THE OFFICE IN A FORMAT DETERMINED BY AND INCLUDE INFORMATION REQUIRED BY THE OFFICE. THE OFFICE SHALL DETERMINE THE CRITERIA THAT EACH GRANT APPLICANT MUST MEET IN ORDER TO BE ELIGIBLE FOR A GRANT AWARD.

(4) THE OFFICE SHALL EVALUATE THE PILOT PROGRAM AND REPORT THE RESULTS OF THE EVALUATION TO THE GENERAL ASSEMBLY ON OR BEFORE JANUARY 1, 2024.

OFFICE MAY USE UP TO TWO HUNDRED FIFTY THOUSAND DOLLARS PER YEAR FOR THE ADMINISTRATIVE COSTS OF THE PROGRAM AND AN EVALUATION OF THE PROGRAM. ANY UNEXPENDED AND UNENCUMBERED MONEY REMAINING IN THE FUND AT THE END OF EACH FISCAL YEAR OF THE PILOT PROGRAM REMAINS IN THE FUND AND SHALL NOT BE CREDITED TO THE GENERAL FUND OR ANY OTHER FUND. ANY UNEXPENDED AND UNENCUMBERED MONEY REMAINING IN THE FUND ON JULY 1, 2024, REVERTS TO THE GENERAL FUND.

(6) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2024. BEFORE ITS REPEAL, THE PILOT PROGRAM IS SCHEDULED FOR REVIEW PURSUANT TO SECTION 24-34-104.

SECTION 12. In Colorado Revised Statutes, 27-80-118, add (5) and (6) as follows:

27-80-118. Center for research into substance use disorder prevention, treatment, and recovery support strategies - legislative declaration - established - repeal. (5) (a) THE CENTER SHALL DEVELOP AND IMPLEMENT A PROGRAM TO INCREASE PUBLIC AWARENESS CONCERNING THE SAFE USE, STORAGE, AND DISPOSAL OF OPIOIDS AND THE AVAILABILITY OF NALOXONE AND OTHER DRUGS USED TO BLOCK THE EFFECTS OF AN OPIOID OVERDOSE.


(II) THIS SUBSECTION (5) IS REPEALED, EFFECTIVE SEPTEMBER 1,
2024. Before its repeal, the program created in this subsection (5) is scheduled for review pursuant to section 24-34-104.

(6) (a) The center may employ up to four additional employees to work as grant writers in order to aid local communities in need of assistance in applying for grants to access state and federal money to address opioid and other substance use disorders in their communities. The center shall determine the communities in which to provide the grant writing assistance.

(b) For the fiscal year 2019-20, the general assembly shall appropriate money from the general fund to the department for allocation to the center for the purposes of this subsection (6). The center may use the money to hire new employees and for the direct and indirect costs associated with this subsection (6).

SECTION 13. In Colorado Revised Statutes, 24-34-104, add (25)(a)(XX), (25)(a)(XXI), and (25)(a)(XXII) as follows:

24-34-104. General assembly review of regulatory agencies and functions for repeal, continuation, or reestablishment - legislative declaration - repeal. (25) (a) The following agencies, functions, or both, are scheduled for repeal on September 1, 2024:

(XX) The Charlie Hughes and Nathan Gauna Opioid Prevention Grant Program to Improve Young Lives Created in Section 27-80-103.5;

(XXI) The Local Substance Use Disorder Prevention and Recovery Pilot Program created in Section 27-80-103.7;

(XXII) The program to increase public awareness
CONCERNING THE SAFE USE, STORAGE, AND DISPOSAL OF OPIOIDS AND THE
AVAILABILITY OF NALOXONE AND OTHER DRUGS USED TO BLOCK THE
EFFECTS OF AN OPIOID OVERDOSE DEVELOPED PURSUANT TO SECTION
27-80-118 (5).

follows:

27-80-119. Maternal and perinatal population-based needs
assessment - screening, brief intervention, and referral to treatment
pilot program - training and technical assistance program -
legislative declaration - appropriations - repeal. (1) Legislative
declaration. The general assembly finds that:

(a) The statewide incidence of newborns affected by
in-utero opioid exposure increased eighty-three percent from
2010 through 2015;

(b) Accidental drug overdose was the leading cause of
death among postpartum women in Colorado from 2004 through
2012;

(c) The cost of care for newborns with neonatal
abstinence syndrome grew from sixty million dollars in 2003 to
nearly three hundred million dollars in 2012;

(d) There is a lack of standardized statewide prenatal
screening practices;

(e) There is a need for objective scientific research to
identify the data-driven interventions that can be developed to
improve screening and treatment of mothers with substance use
disorders and improve outcomes for both mothers and newborns;

(f) The prevalence and consequences of opioid use
DISORDER IN PREGNANT WOMEN ARE RELATIVELY WELL UNDERSTOOD, AND EFFECTIVE TREATMENTS EXIST ONCE A SUBSTANCE USE DISORDER IS IDENTIFIED;

(g) THERE IS A NEED TO PROMOTE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT, REFERRED TO IN THIS SECTION AS "SBIRT", INTERVENTIONS BY HEALTH CARE PROVIDERS WHO WORK WITH WOMEN OF CHILDBEARING AGE;

(h) SBIRT INTERVENTIONS ARE USED TO SCREEN FOR ALCOHOL AND OTHER SUBSTANCE USE IN ADDITION TO OPIOIDS AND INCLUDE BRIEF, OFFICE-BASED COUNSELING BY PRIMARY CARE PROVIDERS FOR ALCOHOL AND SUBSTANCE USE REDUCTION, AS WELL AS HELPING PATIENTS LINK TO SUBSTANCE USE TREATMENT WHEN MORE SERIOUS PROBLEMS EXIST; AND

(i) SBIRT INTERVENTIONS SHOULD BE TARGETED TO PREGNANT WOMEN AND WOMEN OF CHILDBEARING AGE THROUGH A PRIMARY CARE PREVENTION MODEL.

(2) Perinatal substance use data linkage project. (a) The CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SUPPORT STRATEGIES ESTABLISHED IN SECTION 27-80-118, REFERRED TO IN THIS SECTION AS THE "CENTER", IN PARTNERSHIP WITH THE UNIVERSITY OF DENVER AND THE STATE SUBSTANCE ABUSE TREND AND RESPONSE TASK FORCE ESTABLISHED IN SECTION 18-18.5-103, SHALL CONDUCT A STATEWIDE PERINATAL SUBSTANCE USE 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. THE DATA LINKAGE PROJECT SHALL CONSIDER STATE ADMINISTERED DATA SOURCES THAT INCLUDE:

(I) HEALTH CARE UTILIZATION BY PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS;

(II) HUMAN SERVICES AND PUBLIC HEALTH PROGRAM UTILIZATION BY PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS;

(III) HEALTH CARE, HUMAN SERVICES, AND PUBLIC HEALTH PROGRAM OUTCOMES AMONG PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS; AND

(IV) COSTS ASSOCIATED WITH HEALTH CARE, HUMAN SERVICES, AND PUBLIC HEALTH PROGRAM PROVISIONS FOR PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS.

(b) THE DATA LINKAGE PROJECT SHALL USE VITAL RECORDS TO ESTABLISH MATERNAL AND INFANT DYADS BEGINNING AT THE BIRTH HOSPITALIZATION AND RETROSPECTIVELY LINK THE PRENATAL PERIOD AND PROSPECTIVELY LINK THE FIRST YEAR POSTPARTUM.

(c) THE LINKED INFORMATION NETWORK OF COLORADO IN THE COLORADO GOVERNOR'S OFFICE OF INFORMATION TECHNOLOGY WILL OBTAIN DATA THROUGH THE LINKED INFORMATION NETWORK OF COLORADO GOVERNANCE PROCESS AND PERFORM SECURE LINKAGE AND ANONYMIZATION ON BEHALF OF COLORADO.

(d) THE CENTER SHALL REPORT TO THE HEALTH AND INSURANCE AND THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES:
(I) The preliminary results of the data linkage project on or before January 1, 2021, and;

(II) The final results of the data linkage project on or before July 1, 2022.

(e) For the fiscal years 2019-20, 2020-21 and 2021-22, the General Assembly shall appropriate one hundred thousand dollars to the State Department for allocation to the Center for the purposes of this subsection (2).

(3) SBIRT interventions pilot program. (a) The Center shall establish a pilot program to test the implementation of SBIRT interventions for women's health and prenatal and postpartum care in Alamosa, Boulder, Denver, El Paso, and Pueblo Counties. The pilot program established by the Center shall be administered by the College of Nursing at the University of Colorado Anschutz Medical Campus, referred to in this section as the "College of Nursing", in collaboration with a Peer Assistance Services Agency in Colorado that provides accessible prevention and intervention services in workplaces and communities focused on substance use and related issues. The pilot program must provide SBIRT training and follow up for women's health and prenatal and postpartum care in the five counties. The focus of the pilot program is to work with healthy women to discuss substance use in a prevention model before pregnancy occurs and to promote SBIRT use with pregnant women.

(b) The College of Nursing shall:

(I) Provide a tablet-based SBIRT screening tool to
INTERESTED HEALTH CARE PROVIDERS IN THE FIVE COUNTIES, PROVIDE
TECHNICAL SUPPORT TO IMPLEMENT THE TABLET-BASED SCREENING TOOL,
AND ANALYZE DATA FROM THE APPLICATION OF THE SCREENING TOOL TO
DETERMINE SBIRT UTILIZATION AND PATIENT RISK LEVELS FOR
SUBSTANCE USE DISORDERS;

(II) FACILITATE ADVANCED PRACTICE NURSES AND PHYSICIAN
ASSISTANTS OFFERING TREATMENT FOR SUBSTANCE USE IN THE FIVE
COUNTIES BY SHARING TOOLS AND RESOURCES FROM THE
MEDICATION-ASSISTED TREATMENT EXPANSION PILOT PROGRAM
ESTABLISHED IN PART 8 OF ARTICLE 21 OF TITLE 23; AND

(III) PARTICIPATE IN COLLABORATIVE MEETINGS WITH OTHER
STAKEHOLDERS CONVENED BY THE COLORADO CONSORTIUM FOR
PRESCRIPTION DRUG ABUSE PREVENTION, OR ITS SUCCESSOR
ORGANIZATION, TO SHARE FROM ITS TRAINING AND SBIRT ACTIVITIES THE
LESSONS LEARNED, BEST PRACTICES, AND COLLECTED DATA.

(c) FOR THE 2019-20 FISCAL YEAR, THE GENERAL ASSEMBLY SHALL
APPROPRIATE TWO HUNDRED TWENTY-EIGHT THOUSAND DOLLARS FROM
THE MARIJUANA TAX CASH FUND CREATED IN SECTION 39-28.8-501 (1) TO
THE BOARD OF REGENTS OF THE UNIVERSITY OF COLORADO, FOR
ALLOCATION TO THE COLLEGE OF NURSING TO IMPLEMENT THE SBIRT
PILOT PROGRAM.

(4) Training and technical assistance program. (a) THE
COLLEGE OF NURSING SHALL COLLABORATE WITH A PEER ASSISTANCE
SERVICES AGENCY IN COLORADO THAT PROVIDES ACCESSIBLE PREVENTION
AND INTERVENTION SERVICES IN WORKPLACES AND COMMUNITIES
FOCUSED ON SUBSTANCE USE AND RELATED ISSUES TO IMPLEMENT AND
PROVIDE A TRAINING AND TECHNICAL ASSISTANCE PROGRAM FOR HEALTH
CARE PROVIDERS AND MENTAL HEALTH CARE PROVIDERS IN ALAMOSA, BOUNDER, DENVER, EL PASO, AND PUEBLO COUNTIES. THE TRAINING AND TECHNICAL ASSISTANCE PROGRAM MUST:

(I) PROVIDE IN-PERSON TRAINING AND ACCESS TO UTILIZATION OF ONLINE SBIRT TRAINING; AND

(II) PROVIDE WOMEN WITH AN EXPERIENCE WHERE THEY LEARN THE HEALTH RISKS OF SUBSTANCE USE AND THE RISKS OF SUBSTANCE-EXPOSED PREGNANCIES.

(b) THE TRAINING AND TECHNICAL ASSISTANCE MAY BE USED TO COLLECT DATA FROM WOMEN WHO USE ALCOHOL OR OTHER SUBSTANCES THAT INCLUDES INFORMATION ON WHETHER THE WOMEN WOULD LIKE TO REDUCE THE USE OF ALCOHOL OR OTHER SUBSTANCES, THE QUANTITY AND FREQUENCY OF CONSUMPTION OF ALCOHOL OR OTHER SUBSTANCES, AND RECOMMENDATIONS FOR PLANS FOR APPROPRIATE CHANGE CONCERNING THE USE OF ALCOHOL OR OTHER SUBSTANCES BY THE WOMEN.

(c) THE COLLEGE OF NURSING MAY CONTRACT WITH AN OUTSIDE ENTITY TO COLLECT NONIDENTIFYING DATA FROM THE TRAINING AND TECHNICAL ASSISTANCE PROGRAM AND PROVIDE THE DATA TO THE COLLEGE OF NURSING AND THE PEER ASSISTANCE SERVICES AGENCY.

(d) THE COLLEGE OF NURSING SHALL PROMOTE THE TRAINING AND TECHNICAL ASSISTANCE PROGRAM THROUGH THE LEADERSHIP OF WOMEN'S HEALTH AND ADVOCACY ORGANIZATIONS, PRIMARY CARE PRACTICES, OBSTETRIC AND GYNECOLOGICAL PRACTICES, HOSPITALS AND HOSPITAL SYSTEMS, PROFESSIONAL HEALTH CARE ASSOCIATIONS, SBIRT TRAINING, AN SBIRT NEWSLETTER, AND ELECTRONIC MAILINGS.

(e) FOR THE 2019-20 AND 2020-21 FISCAL YEARS, THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE HUNDRED SEVENTY-TWO THOUSAND
DOLLARS PER YEAR FROM THE MARIJUANA TAX CASH FUND CREATED IN
SECTION 39-28.8-501 (1) TO THE BOARD OF REGENTS OF THE UNIVERSITY
OF COLORADO, FOR ALLOCATION TO THE COLLEGE OF NURSING FOR THE
PURPOSES OF THIS SUBSECTION (4).

(5) **Repeal.** This section is repealed, effective June 30, 2022.

SECTION 15. In Colorado Revised Statutes, add part 2 to article
82 of title 27 as follows:

PART 2

MATERNAL AND CHILD HEALTH PILOT PROGRAM

27-82-201. Legislative declaration. The General Assembly
finds and declares that facilities that provide treatment to
individuals with a substance use disorder, including
medication-assisted treatment, and clinics that provide
obstetric and gynecological health care services would better
serve pregnant and postpartum women if the services could be
coordinated and provided to women at the same location. It is
the intent of the General Assembly to provide general fund
money to fund a pilot program to integrate these health care
services at specified facilities and clinics and require the office
of behavioral health to evaluate the pilot program and report
the results of the pilot program to the General Assembly.

27-82-202. Definitions. As used in this part 2, unless the
context otherwise requires:

(1) "Clinic" means a site that provides obstetric and
gynecological health care.

(2) "Licensed health care provider" means a physician or
physician assistant licensed pursuant to article 36 of title 12 or
A nurse licensed pursuant to Article 38 of Title 12.

(3) "PILOT PROGRAM" means the Maternal and Child Health Pilot Program created in Section 27-82-203.

(4) "TREATMENT FACILITY" means a health care facility that provides substance use disorder or medication-assisted treatment and that is approved by the Office of Behavioral Health pursuant to Section 27-82-103.

27-82-203. Maternal and child health pilot program - created - eligibility of grant recipients - rules - report. (1) There is created in the Department the Maternal and Child Health Pilot Program. The Office of Behavioral Health shall administer the pilot program. The purpose of the pilot program is to:

(a) Provide grants to three treatment facilities to facilitate the integration of obstetric and gynecological health care; and

(b) Provide grants to six clinics to facilitate the integration of behavioral health, including substance use disorder treatment or medication-assisted treatment, into obstetric and gynecological health care at the clinics.

(2) The Office of Behavioral Health shall determine the criteria for treatment facilities and clinics to be eligible to receive the grants.

(3) (a)(I) A treatment facility that is awarded a grant shall integrate prenatal, postpartum, and other health care services delivered by licensed health care providers into the services currently provided at the treatment facility.

(II) A treatment facility that is awarded a grant may use
THE GRANT TO HIRE CLINICAL STAFF AND TO PROVIDE CLINICAL UPDATES,
INCLUDING TRAINING STAFF AND UPGRADING AND CHANGING
TECHNOLOGY PLATFORMS TO SUPPORT INTEGRATED CARE, IN ORDER TO
PERFORM OBSTETRIC AND GYNECOLOGICAL HEALTH CARE WITHIN THE
TREATMENT FACILITY. A TREATMENT FACILITY WITH LOW PATIENT
VOLUME MAY PARTNER WITH OTHER TREATMENT FACILITIES AND CLINICS
TO PROVIDE INTEGRATED CARE.

(b) (I) A CLINIC THAT IS AWARDED A GRANT SHALL INTEGRATE
BEHAVIORAL HEALTH CARE SERVICES PROVIDED BY SOCIAL WORKERS AND
OTHER BEHAVIORAL HEALTH CARE PROFESSIONALS LICENSED PURSUANT
TO ARTICLE 43 OF TITLE 12, INCLUDING MENTAL HEALTH SERVICES,
SUBSTANCE USE DISORDER TREATMENT, OR MEDICATION-ASSISTED
TREATMENT, INTO THE HEALTH CARE SERVICES CURRENTLY PROVIDED AT
THE CLINIC.

(II) A CLINIC MAY USE THE GRANT FOR SERVICES INCLUDING
TRAINING CLINICAL STAFF, UPGRADING AND CHANGING TECHNOLOGY
PLATFORMS TO SUPPORT INTEGRATED CARE, EMPLOYING BEHAVIORAL
HEALTH CARE PROVIDERS, AND COORDINATING AND REFERENDING PATIENTS
TO BEHAVIORAL HEALTH CARE PROVIDERS OUTSIDE THE CLINIC.

(4) THE STATE BOARD OF HUMAN SERVICES WITHIN THE
DEPARTMENT, IN CONSULTATION WITH THE OFFICE OF BEHAVIORAL
HEALTH, MAY PROMULGATE RULES TO IMPLEMENT THE PILOT PROGRAM.
The rules must include:

(a) The procedures and timelines by which a treatment
facility or clinic may apply for a grant;

(b) Grant application contents; and

(c) Criteria for determining eligibility for and the amount
OF EACH GRANT AWARDED TO A TREATMENT FACILITY OR CLINIC.

(5) THE EXECUTIVE DIRECTOR SHALL DETERMINE A PROCESS TO
EVALUATE THE GRANT RECIPIENTS AND THE INTEGRATION OF HEALTH
CARE RESULTING FROM THE PILOT PROGRAM. THE OFFICE OF BEHAVIORAL
HEALTH SHALL REPORT THE RESULTS OF THE PILOT PROGRAM TO THE
HEALTH CARE AND HUMAN SERVICES AND THE HEALTH AND INSURANCE
COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE HEALTH AND
HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR
COMMITTEES.

27-82-204. Funding for pilot program. (1)(a) FOR THE 2019-20
THROUGH 2021-22 FISCAL YEARS, THE GENERAL ASSEMBLY SHALL
APPROPRIATE MONEY EACH FISCAL YEAR FROM THE GENERAL FUND TO THE
DEPARTMENT, FOR ALLOCATION TO THE OFFICE OF BEHAVIORAL HEALTH
TO IMPLEMENT THE PILOT PROGRAM. THE OFFICE OF BEHAVIORAL HEALTH
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.

(b) IF ANY UNEXPENDED OR UNCOMMITTED MONEY APPROPRIATED
FOR THE 2019-20 OR 2020-21 FISCAL YEAR REMAINS AT THE END OF
EITHER FISCAL YEAR, THE OFFICE OF BEHAVIORAL HEALTH MAY EXPEND
THE MONEY IN ACCORDANCE WITH THIS SECTION IN THE SUCCEEDING
FISCAL YEAR WITHOUT FURTHER APPROPRIATION. ANY UNEXPENDED OR
UNCOMMITTED MONEY REMAINING AT THE END OF THE 2021-22 FISCAL
YEAR REVERTS TO THE GENERAL FUND.

(2) THE DEPARTMENT MAY SOLICIT, ACCEPT, AND EXPEND ANY
GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES TO
IMPLEMENT OR ADMINISTER THE PILOT PROGRAM.
27-82-205. Repeal of part. This part 2 is repealed, effective December 31, 2022.

SECTION 16. In Colorado Revised Statutes, 12-290-119, amend as relocated by House Bill 19-1172 (1)(a) as follows:

12-290-119. Renewal of license - continuing education - professional development program - rules - renewal questionnaire. (1)(a) The board shall set reasonable continuing education requirements for the renewal of a license, but in no event shall the board require more than fourteen hours' credit of continuing education per year. As a condition of renewing a license on or after July 1, 2019, the continuing education requirements must include training regarding substance use disorders; the use of federal food and drug administration-approved medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders; and the use of the electronic prescription drug monitoring program created in part 4 of article 280 of this title. A podiatrist desiring to renew his or her license to practice podiatry shall submit to the board the information the board believes necessary to show that the podiatrist has fulfilled the board's continuing education requirements and a fee to be determined and collected pursuant to section 12-20-105.

SECTION 17. In Colorado Revised Statutes, 12-220-145, amend as relocated by House Bill 19-1172 (2) as follows:

12-220-145. Continuing education requirements - rules. (2) The board may adopt rules establishing the basic requirements for continuing education, including the types of programs that qualify, exemptions for persons holding an inactive or retired license,
requirements for courses designed to enhance clinical skills for certain licenses, and the manner by which dentists and dental hygienists are to report compliance with the continuing education requirements. As a condition of renewing, reactivating, or reinstating a license on or after July 1, 2019, the continuing education must include training regarding substance use disorders; the use of federal food and drug administration-approved medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders; and the use of the electronic prescription drug monitoring program created in Part 4 of Article 280 of this title.

SECTION 18. In Colorado Revised Statutes, amend as relocated by House Bill 19-1172 12-255-129 as follows:

12-255-129. Continuing education - rules. (1) In addition to any other authority conferred upon the board by this article 255, the board is authorized to require no more than twenty hours of continuing education every two years as a condition of renewal of licenses and to establish procedures and standards for the educational requirements. The board shall, to assure that the continuing education requirements imposed do not have the effect of restraining competition among providers of the education, recognize a variety of alternative means of compliance with such the requirements.

(2) As a condition of renewing a license on or after July 1, 2019, for advanced practice nurses who have prescriptive authority pursuant to section 12-255-112, the continuing education requirement must include training regarding...
SUBSTANCE USE DISORDERS; THE USE OF FEDERAL FOOD AND DRUG ADMINISTRATION-APPROVED MEDICATIONS, IN COMBINATION WITH COUNSELING AND BEHAVIORAL THERAPIES, TO PROVIDE A WHOLE-PATIENT APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDERS; AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF THIS TITLE 12.

(3) The board shall adopt rules that are necessary to carry out the provisions of this section, which rules must be promulgated in accordance with the provisions of article 4 of title 24.

SECTION 19. In Colorado Revised Statutes, 12-275-115, amend as relocated by House Bill 19-1172 (3) as follows:

12-275-115. License renewal - questionnaire - continuing education. (3) (a) Effective April 1, 1993, in addition to all other requirements of this section for license renewal, the board shall require that each optometrist seeking to renew a license shall have completed twenty-four hours of board-approved continuing education. Any optometrist desiring to renew a license to practice optometry in this state shall submit to the board the information the board believes is necessary to show that the optometrist has fulfilled the continuing education requirements of this subsection (3). Implementation of this subsection (3) shall occur within existing appropriations.

(b) As a condition of renewing a license on or after July 1, 2019, the board-approved continuing education must include training regarding substance use disorders; the use of federal food and drug administration-approved medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders; and the use of the electronic prescription drug monitoring program created in part 4 of article 280 of this title 12.
USE DISORDERS; AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG
MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF THIS TITLE
12.

SECTION 20. In Colorado Revised Statutes, 12-315-110, amend
as relocated by House Bill 19-1172 (3)(a) as follows:

12-315-110. License renewal. (3) (a) (I) In order to obtain
license renewal, each licensee, except as otherwise provided, must
complete a board-approved veterinary continuing educational program of at least thirty-two hours biennially. As a condition of
renewing a license on or after July 1, 2019, the board-approved
continuing education program must include training regarding
substance use disorders and the use of the electronic
prescription drug monitoring program created in part 4 of
article 280 of this title.

(II) The courses may be taken at any time during the period since
the license was last renewed and before the license is due to be renewed.
The licensee shall provide satisfactory proof of the completion of all
delinquent continuing education requirements. For good cause, the board
may prescribe the type and character of continuing education courses to
be taken by any doctor of veterinary medicine in order to
comply with the requirements of this article 315.

SECTION 21. In Colorado Revised Statutes, add to article 240
as relocated by House Bill 19-1172 12-240-145 as follows:

12-240-145. Prescription medications - financial benefit for
prescribing prohibited. A physician or physician assistant shall
not accept any direct or indirect benefit from a pharmaceutical
manufacturer or pharmaceutical representative for prescribing
A specific medication to a patient. For the purposes of this section, a direct or indirect benefit does not include a benefit offered to a physician or physician assistant regardless of whether the specific medication is being prescribed.

**SECTION 22.** In Colorado Revised Statutes, 12-280-124, add as relocated by House Bill 19-1172 (1)(c) as follows:

12-280-124. Labeling. (1) A prescription drug dispensed pursuant to an order must be labeled as follows:

(c) If the prescription drug is dispensed to a patient for outpatient use and contains an opioid, the label or container must bear a notification that states: "Caution: Opioid. Risk of overdose and addiction."

**SECTION 23.** In Colorado Revised Statutes, 12-280-404, add as relocated by House Bill 19-1172 (3)(l) as follows:

12-280-404. Program operation - access - rules - definitions - repeal. (3) The program is available for query only to the following persons or groups of persons:

(l) A medical examiner who is a physician licensed pursuant to Article 240 of this title 12, whose license is in good standing, and who is located and employed in the state of Colorado, or a coroner elected pursuant to section 30-10-601, if:

(I) The information released is specific to an individual who is the subject of an autopsy conducted by the medical examiner or coroner;

(II) The medical examiner or the coroner has legitimate access to the individual's medical record; and
THE INDIVIDUAL'S DEATH OR INJURY OCCURRED UNDER UNUSUAL, SUSPICIOUS, OR UNNATURAL CIRCUMSTANCES.

SECTION 24. Effective date - applicability. (1) This act takes effect upon passage; except that sections 16 through 23 of this act take effect only if House Bill 19-1172 becomes law, in which case sections 16 through 23 take effect October 1, 2019.

(2) This act applies to conduct occurring on or after the effective date of this act.

SECTION 25. 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.