

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 19-1084.01 Kristen Forrestal x4217

SENATE BILL 19-228

SENATE SPONSORSHIP

Winter and Moreno,

HOUSE SPONSORSHIP

Buentello and Singer,

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO PREVENT SUBSTANCE ABUSE, AND, IN**
102 **CONNECTION THEREWITH, REQUIRING CERTAIN PRESCRIBERS TO**
103 **COMPLETE SUBSTANCE USE DISORDER TRAINING; PROHIBITING**
104 **PHYSICIANS AND PHYSICIAN ASSISTANTS FROM ACCEPTING**
105 **BENEFITS FOR PRESCRIBING SPECIFIC MEDICATIONS; REQUIRING**
106 **OPIOID PRESCRIPTIONS TO BEAR WARNING LABELS; ALLOWING**
107 **MEDICAL EXAMINERS ACCESS TO THE PRESCRIPTION DRUG**
108 **MONITORING PROGRAM; PROVIDING FUNDING TO ADDRESS**
109 **OPIOID AND SUBSTANCE USE DISORDERS THROUGH PUBLIC**
110 **HEALTH INTERVENTIONS IN LOCAL COMMUNITIES; REQUIRING**
111 **STATE DEPARTMENTS TO REPORT RECEIPT AND ELIGIBILITY FOR**
112 **FEDERAL FUNDS FOR HIV AND HEPATITIS TESTING; REQUIRING**
113 **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.

101 HUMAN SERVICES TO ADMINISTER GRANT PROGRAMS;
102 REQUIRING THE CENTER FOR RESEARCH INTO SUBSTANCE USE
103 DISORDER PREVENTION, TREATMENT, AND RECOVERY SUPPORT
104 STRATEGIES TO DEVELOP AND IMPLEMENT A PROGRAM TO
105 INCREASE PUBLIC AWARENESS CONCERNING THE SAFE USE,
106 STORAGE, AND DISPOSAL OF ANTAGONIST DRUGS, TO CONDUCT
107 A NEEDS ASSESSMENT AMONG MOTHERS AND PREGNANT WOMEN,
108 AND TO IMPLEMENT A GRANT PROGRAM; AND REQUIRING THE
109 OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF
110 HUMAN SERVICES TO ADMINISTER A CHILD AND MATERNAL
111 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.

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

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

4 **12-32-111. Renewal of license.** (1) (a) The Colorado podiatry
5 board shall set reasonable continuing education requirements for renewal
6 of A license, but in no event shall the board require more than fourteen
7 hours' credit of continuing education per year. AS A CONDITION OF
8 RENEWING A LICENSE ON OR AFTER JULY 1, 2019, THE CONTINUING
9 EDUCATION REQUIREMENTS MUST INCLUDE TRAINING REGARDING
10 SUBSTANCE USE DISORDERS; THE USE OF FEDERAL FOOD AND DRUG
11 ADMINISTRATION-APPROVED MEDICATIONS, IN COMBINATION WITH
12 COUNSELING AND BEHAVIORAL THERAPIES, TO PROVIDE A WHOLE-PATIENT
13 APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDERS; AND THE

1 USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM
2 CREATED IN PART 4 OF ARTICLE 42.5 OF THIS TITLE 12. A podiatrist
3 desiring to renew his or her license to practice podiatry shall submit to the
4 Colorado podiatry board the information the board believes necessary to
5 show that he or she has fulfilled the board's continuing education
6 requirements and a fee to be determined and collected pursuant to section
7 24-34-105. ~~C.R.S.~~

8 **SECTION 2.** In Colorado Revised Statutes, 12-35-139, **amend**
9 (2) as follows:

10 **12-35-139. Continuing education requirements - rules.** (2) The
11 board may adopt rules establishing the basic requirements for continuing
12 education, including the types of programs that qualify, exemptions for
13 persons holding an inactive or retired license, requirements for courses
14 designed to enhance clinical skills for certain licenses, and the manner by
15 which dentists and dental hygienists are to report compliance with the
16 continuing education requirements. AS A CONDITION OF RENEWING,
17 REACTIVATING, OR REINSTATING A LICENSE ON OR AFTER JULY 1, 2019,
18 THE CONTINUING EDUCATION MUST INCLUDE TRAINING REGARDING
19 SUBSTANCE USE DISORDERS; THE USE OF FEDERAL FOOD AND DRUG
20 ADMINISTRATION-APPROVED MEDICATIONS, IN COMBINATION WITH
21 COUNSELING AND BEHAVIORAL THERAPIES, TO PROVIDE A WHOLE-PATIENT
22 APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDERS; AND THE
23 USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM
24 CREATED IN PART 4 OF ARTICLE 42.5 OF THIS TITLE 12.

25 **SECTION 3.** In Colorado Revised Statutes, **amend** 12-38-127 as
26 follows:

27 **12-38-127. Continuing education - rules.** (1) In addition to any

1 other authority conferred upon the board by this ~~article~~ ARTICLE 38, the
2 board is authorized to require no more than twenty hours of continuing
3 education every two years as a condition of renewal of licenses and to
4 establish procedures and standards for ~~such~~ THE educational
5 requirements. The board shall, to assure that the continuing education
6 requirements imposed do not have the effect of restraining competition
7 among providers of such education, recognize a variety of alternative
8 means of compliance with ~~such~~ THE requirements.

9 (2) AS A CONDITION OF RENEWING A LICENSE ON OR AFTER JULY
10 1, 2019, FOR ADVANCED PRACTICE NURSES WHO HAVE PRESCRIPTIVE
11 AUTHORITY PURSUANT TO SECTION 12-38-111.6, THE CONTINUING
12 EDUCATION REQUIREMENT MUST INCLUDE TRAINING REGARDING
13 SUBSTANCE USE DISORDERS; THE USE OF FEDERAL FOOD AND DRUG
14 ADMINISTRATION-APPROVED MEDICATIONS, IN COMBINATION WITH
15 COUNSELING AND BEHAVIORAL THERAPIES, TO PROVIDE A WHOLE-PATIENT
16 APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDERS; AND THE
17 USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM
18 CREATED IN PART 4 OF ARTICLE 42.5 OF THIS TITLE 12.

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

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

25 **12-40-113. License renewal - requirements - fee - failure to**
26 **pay.** (1) (f) (I) ~~Effective April 1, 1993,~~ In addition to all other
27 requirements of this section for license renewal, the board shall require

1 that each optometrist seeking to renew a license shall have completed TO
2 COMPLETE twenty-four hours of board-approved continuing education.
3 Any optometrist desiring to renew a license to practice optometry in this
4 state shall submit to the board the information the board believes is
5 necessary to show that the optometrist has fulfilled the continuing
6 education requirements of this ~~paragraph (f)~~ SUBSECTION (1)(f).
7 Implementation of this ~~paragraph (f)~~ shall SUBSECTION (1)(f) MUST occur
8 within existing appropriations.

9 (II) AS A CONDITION OF RENEWING A LICENSE ON OR AFTER JULY
10 1, 2019, THE BOARD-APPROVED CONTINUING EDUCATION MUST INCLUDE
11 TRAINING REGARDING SUBSTANCE USE DISORDERS; THE USE OF FEDERAL
12 FOOD AND DRUG ADMINISTRATION-APPROVED MEDICATIONS, IN
13 COMBINATION WITH COUNSELING AND BEHAVIORAL THERAPIES, TO
14 PROVIDE A WHOLE-PATIENT APPROACH TO THE TREATMENT OF SUBSTANCE
15 USE DISORDERS; AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG
16 MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 42.5 OF THIS TITLE
17 12.

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

20 **12-64-110. License renewal.** (4) (a) (I) In order to obtain license
21 renewal, each licensee, except as otherwise provided, must complete a
22 board-approved veterinary continuing ~~educational~~ EDUCATION program
23 of at least thirty-two hours biennially. AS A CONDITION OF RENEWING A
24 LICENSE ON OR AFTER JULY 1, 2019, THE BOARD-APPROVED CONTINUING
25 EDUCATION PROGRAM MUST INCLUDE TRAINING REGARDING SUBSTANCE
26 USE DISORDERS AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG
27 MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 42.5 OF THIS TITLE

1 12.

2 (II) The courses may be taken at any time during the period since
3 the license was last renewed and before the license is due to be renewed.
4 The licensee shall provide satisfactory proof of the completion of all
5 delinquent continuing education requirements. For good cause, the board
6 may prescribe the type and character of continuing education courses to
7 be taken by any ~~doctor of veterinary medicine~~ VETERINARIAN in order to
8 comply with the requirements of this ~~article~~ ARTICLE 64.

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

11 **12-36-117.8. Prescription medications - financial benefit for**
12 **prescribing prohibited.** A PHYSICIAN OR PHYSICIAN ASSISTANT SHALL
13 NOT ACCEPT ANY DIRECT OR INDIRECT BENEFIT FROM A PHARMACEUTICAL
14 MANUFACTURER OR PHARMACEUTICAL REPRESENTATIVE FOR PRESCRIBING
15 A SPECIFIC MEDICATION TO A PATIENT. FOR THE PURPOSES OF THIS
16 SECTION, A DIRECT OR INDIRECT BENEFIT DOES NOT INCLUDE A BENEFIT
17 OFFERED TO A PHYSICIAN OR PHYSICIAN ASSISTANT REGARDLESS OF
18 WHETHER THE SPECIFIC MEDICATION IS BEING PRESCRIBED.

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

21 **12-42.5-121. Labeling.** (1) A prescription drug dispensed
22 pursuant to an order must be labeled as follows:

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

27 **SECTION 8.** In Colorado Revised Statutes, 12-42.5-404, **add**

1 (3)(j) as follows:

2 **12-42.5-404. Program operation - access - rules - definitions -**
3 **repeal.** (3) The program is available for query only to the following
4 persons or groups of persons:

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

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

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

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

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

19 **25-1-521. State department - local public health agencies -**
20 **address substance use disorders - appropriation - repeal.** (1) FOR THE
21 2019-20 FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE
22 THREE MILLION DOLLARS TO THE STATE DEPARTMENT TO ADDRESS OPIOID
23 AND SUBSTANCE USE DISORDERS THROUGH PUBLIC HEALTH
24 INTERVENTIONS AND TO WORK WITH COMMUNITY PARTNERS, INCLUDING
25 COUNTY AND DISTRICT PUBLIC HEALTH AGENCIES, TO ADDRESS OPIOID AND
26 OTHER SUBSTANCE USE PRIORITIES THROUGHOUT THE STATE. THE STATE
27 DEPARTMENT MAY USE THE MONEY FOR DATA COLLECTION, ANALYSIS,

1 AND DISSEMINATION ACTIVITIES RELATED TO OPIOID AND OTHER
2 SUBSTANCE USE DISORDERS AT THE STATE AND LOCAL LEVELS, INCLUDING
3 COMMUNITY HEALTH ASSESSMENTS AND IMPROVEMENT PLANNING. THE
4 STATE DEPARTMENT MAY USE UP TO FIVE HUNDRED THOUSAND DOLLARS
5 OF THE MONEY FOR ADMINISTRATIVE COSTS AND OTHER ACTIVITIES
6 RELATED TO THE PURPOSES OF THIS SECTION.

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

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

10 **26-1-141. Departments - report required - hepatitis and HIV**
11 **tests - definitions.** (1) ON OR BEFORE DECEMBER 31, 2019, THE
12 EXECUTIVE DIRECTORS OF THE DEPARTMENT OF HUMAN SERVICES, THE
13 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, AND THE
14 DEPARTMENT OF CORRECTIONS SHALL SUBMIT A REPORT TO THE PUBLIC
15 HEALTH CARE AND HUMAN SERVICES COMMITTEE AND THE HEALTH AND
16 INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE
17 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE CONCERNING:

18 (a) THE AMOUNT OF FEDERAL FUNDS THAT EACH DEPARTMENT IS
19 ELIGIBLE TO RECEIVE OR IS CURRENTLY RECEIVING THAT MAY BE USED FOR
20 TESTING FOR HEPATITIS B, HEPATITIS C, OR HIV;

21 (b) THE NUMBER OF INDIVIDUALS CURRENTLY BEING TESTED FOR
22 EACH DISEASE LISTED IN SUBSECTION (1)(a) OF THIS SECTION; AND

23 (c) WHETHER EACH DEPARTMENT IS PLANNING TO INCREASE THE
24 NUMBER OF PEOPLE BEING TESTED FOR EACH DISEASE LISTED IN
25 SUBSECTION (1)(a) OF THIS SECTION.

26 (2) THE DEPARTMENTS SPECIFIED IN SUBSECTION (1) OF THIS
27 SECTION SHALL PREPARE MATERIALS DESCRIBING THE ELIGIBILITY

1 STANDARDS CURRENTLY IN USE FOR TREATMENT OF HEPATITIS B,
2 HEPATITIS C, AND HIV AND DISTRIBUTE MATERIALS TO PRIMARY CARE
3 PROVIDERS IN THE STATE. THE DEPARTMENTS MAY DISTRIBUTE THE
4 MATERIALS BY PROVIDING THE MATERIALS TO THE RELEVANT
5 PROFESSIONAL ASSOCIATION FOR THE PROVIDERS, AT PROFESSIONAL
6 ASSOCIATION MEETINGS AND CONFERENCES, OR BY OTHER APPROPRIATE
7 MEANS AS DETERMINED BY EACH DEPARTMENT.

8 (3) AS USED IN THIS SECTION:

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

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

17 (II) "PRIMARY CARE" INCLUDES:

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

20 (B) MATERNITY CARE, INCLUDING PRENATAL CARE;

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

23 (D) ADULT PREVENTIVE SERVICES;

24 (E) DIAGNOSTIC LABORATORY AND RADIOLOGY SERVICES;

25 (F) EMERGENCY CARE FOR MINOR TRAUMA;

26 (G) PHARMACEUTICAL SERVICES; AND

27 (H) COORDINATION AND FOLLOW-UP FOR HOSPITAL CARE.

1 (III) "PRIMARY CARE" MAY ALSO INCLUDE OPTIONAL SERVICES
2 BASED ON A PATIENT'S NEEDS.

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

5 **27-80-103.5. Opioid prevention grant program - fund -**
6 **appropriation - report - repeal.** (1) (a) THERE IS CREATED IN THE
7 OFFICE OF BEHAVIORAL HEALTH, REFERRED TO IN THIS SECTION AS THE
8 "OFFICE", THE CHARLIE HUGHES AND NATHAN GAUNA OPIOID
9 PREVENTION GRANT PROGRAM TO IMPROVE YOUNG LIVES, WHICH IS A
10 FIVE-YEAR GRANT PROGRAM, REFERRED TO IN THIS SECTION AS THE
11 "PROGRAM", FOR PREVENTING OPIOID USE AMONG THE STATE'S YOUTH
12 POPULATION AND SUPPORTING YOUTH WHOSE FAMILY MEMBERS
13 EXPERIENCE ADDICTION. AN ENTITY THAT RECEIVES A GRANT PURSUANT
14 TO THIS SECTION SHALL APPLY THE GRANT TO ADMINISTER AN
15 EVIDENCE-BASED PROGRAM WITH CLEAR METRICS AND BENCHMARKS TO
16 DEVELOP, IMPLEMENT, AND IDENTIFY PROOF POINTS AND BEST PRACTICES
17 FOR PREVENTING OPIOID USE AMONG THE STATE'S YOUTH POPULATION.

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

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

27 (III) THE OFFICE SHALL PRIORITIZE FUNDING REQUESTED AMOUNTS

1 IN THEIR ENTIRETY OR IN AMOUNTS SUBSTANTIALLY SUFFICIENT TO
2 ENSURE GRANT RECIPIENTS CAN FULLY OR SUBSTANTIALLY IMPLEMENT
3 PROGRAMS TO FIDELITY.

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

9 (2) AN APPLICANT FOR A GRANT THROUGH THE PROGRAM MUST:

10 (a) SERVE YOUTH FIVE YEARS OF AGE AND OLDER BUT YOUNGER
11 THAN NINETEEN YEARS OF AGE;

12 (b) BE A COMMUNITY-BASED YOUTH DEVELOPMENT
13 ORGANIZATION PROVIDING DIRECT SERVICES TO YOUTH;

14 (c) SERVE YOUTH LIVING IN COMMUNITIES EXPERIENCING AN
15 OPIOID CRISIS;

16 (d) DEMONSTRATE THAT IT WILL ADMINISTER AN EVIDENCE-BASED
17 SUBSTANCE USE PREVENTION PROGRAM LISTED AS A MODEL OR PROMISING
18 PROGRAM IN THE BLUEPRINTS FOR HEALTHY YOUTH DEVELOPMENT
19 PROGRAM REGISTRY;

20 (e) HAVE A HISTORY OF DELIVERING YOUTH PREVENTION
21 PROGRAMS; AND

22 (f) AGREE THAT DURING EACH GRANT YEAR, THE APPLICANT WILL:

23 (I) MEASURE THE YOUTH PARTICIPANTS' ATTITUDES ON OPIOID USE
24 AND OTHER SUBSTANCE USE; AND

25 (II) TRACK DEMOGRAPHICS, ATTENDANCE, AND PARTICIPATION IN
26 THE PROGRAM AND COMPILE AGGREGATED FEEDBACK ON THIS
27 INFORMATION FOR THE REPORT REQUIRED PURSUANT TO SUBSECTION (5)

1 OF THIS SECTION.

2 (3) THE OFFICE SHALL AWARD THE GRANTS TO THE SELECTED
3 RECIPIENTS ON OR BEFORE OCTOBER 1, 2019, AND CONTRACT WITH THE
4 GRANT RECIPIENTS NO LATER THAN NOVEMBER 1, 2019.

5 (4) THERE IS CREATED IN THE STATE TREASURY THE YOUTH OPIOID
6 AND SUBSTANCE USE PREVENTION FUND, WHICH CONSISTS OF MONEY
7 APPROPRIATED TO THE FUND BY THE GENERAL ASSEMBLY. FOR THE
8 2019-20 FISCAL YEAR, AND EACH FISCAL YEAR THEREAFTER THROUGH THE
9 2023-24 FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE A
10 TOTAL OF TWO MILLION DOLLARS TO THE FUND FROM THE MARIJUANA TAX
11 CASH FUND CREATED IN SECTION 39-28.8-501 (1). THE MONEY IN THE
12 FUND IS CONTINUOUSLY APPROPRIATED TO THE DEPARTMENT FOR USE BY
13 THE OFFICE FOR THE DIRECT AND INDIRECT COSTS OF THE PROGRAM. THE
14 OFFICE MAY USE UP TO TWO PERCENT OF THE MONEY IN THE FUND FOR THE
15 ADMINISTRATION AND EVALUATION OF THE PROGRAM. ANY UNEXPENDED
16 AND UNENCUMBERED MONEY REMAINING IN THE FUND AT THE END OF
17 EACH FISCAL YEAR OF THE PROGRAM REMAINS IN THE FUND AND SHALL
18 NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANY OTHER
19 FUND. ANY UNEXPENDED AND UNENCUMBERED MONEY REMAINING IN THE
20 FUND ON JULY 1, 2024, REVERTS TO THE MARIJUANA TAX CASH FUND.

21 (5) THE OFFICE SHALL WORK WITH THE GRANT RECIPIENTS TO
22 OBTAIN THE AGGREGATED FEEDBACK REQUIRED BY SUBSECTION (2)(f)(II)
23 OF THIS SECTION. THE OFFICE SHALL SUBMIT A REPORT TO THE GENERAL
24 ASSEMBLY ON OR BEFORE JANUARY 1, 2024, REGARDING THE PROGRESS OF
25 EACH GRANT RECIPIENT BASED ON THE DATA OBTAINED PURSUANT TO
26 SUBSECTION (2)(f)(II) OF THIS SECTION AND THE PERFORMANCE METRICS
27 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 **27-80-103.7. Grants for substance use disorder prevention and**
5 **recovery support - definitions - fund - report - appropriation - repeal.**

6 (1) AS USED IN THIS SECTION:

7 (a) "OFFICE" MEANS THE OFFICE OF BEHAVIORAL HEALTH.

8 (b) "PILOT PROGRAM" MEANS THE LOCAL SUBSTANCE USE
9 DISORDER PREVENTION AND RECOVERY PILOT PROGRAM CREATED IN
10 SUBSECTION (2) OF THIS SECTION.

11 (c) "PRIMARY PREVENTION" MEANS PREVENTING SUBSTANCE USE
12 DISORDERS.

13 (d) "SECONDARY PREVENTION" MEANS IDENTIFYING SUBSTANCE
14 USE DISORDERS EARLY AND CONNECTING INDIVIDUALS TO TREATMENT
15 RESOURCES.

16 (e) "TERTIARY PREVENTION" MEANS IMPROVING TREATMENT AND
17 RECOVERY.

18 (f) "URBAN AREA", "RURAL AREA", AND "FRONTIER AREA" HAVE
19 THE SAME MEANING AS THOSE TERMS ARE DEFINED BY THE HEALTH
20 RESOURCES AND SERVICES ADMINISTRATION IN THE UNITED STATES
21 DEPARTMENT OF HEALTH AND HUMAN SERVICES.

22 (2) THERE IS CREATED IN THE OFFICE THE LOCAL SUBSTANCE USE
23 DISORDER PREVENTION AND RECOVERY PILOT PROGRAM. THE OFFICE
24 SHALL ADMINISTER THE PILOT PROGRAM IN COLLABORATION WITH THE
25 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. THE OFFICE MAY
26 MAKE GRANTS FROM MONEY APPROPRIATED BY THE GENERAL ASSEMBLY
27 FOR THE PURPOSE OF SUPPORTING THE FULL SPECTRUM OF SUBSTANCE USE

1 DISORDER PREVENTION AND TREATMENT FOR CHILDREN AND FAMILIES
2 WHO HAVE NOT SUCCESSFULLY CONNECTED WITH EFFECTIVE, AVAILABLE
3 SERVICES TO PREVENT FURTHER SUBSTANCE USE AND TO SUPPORT THE
4 RECOVERY OF THESE CHILDREN AND FAMILIES. THE GRANTS MAY BE
5 AWARDED TO LOCAL COMMUNITIES, LOCAL GOVERNMENTS, SCHOOLS, AND
6 NONPROFIT AGENCIES IN URBAN, RURAL, AND FRONTIER AREAS OF THE
7 STATE. THE GRANT AWARD RECIPIENTS SHALL USE THE MONEY FOR
8 PRIMARY PREVENTION, SECONDARY PREVENTION, AND TERTIARY
9 PREVENTION.

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

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

18 (5) THERE IS CREATED IN THE STATE TREASURY THE LOCAL
19 SUBSTANCE USE DISORDER PREVENTION AND RECOVERY PILOT PROGRAM
20 FUND, REFERRED TO IN THIS SUBSECTION (5) AS THE "FUND", WHICH
21 CONSISTS OF MONEY APPROPRIATED TO THE FUND BY THE GENERAL
22 ASSEMBLY. FOR THE 2019-20 FISCAL YEAR AND EACH FISCAL YEAR
23 THEREAFTER THROUGH THE 2023-24 FISCAL YEAR, THE GENERAL
24 ASSEMBLY SHALL APPROPRIATE A TOTAL OF TWO MILLION DOLLARS TO THE
25 FUND FROM THE GENERAL FUND. THE MONEY IN THE FUND IS
26 CONTINUOUSLY APPROPRIATED TO THE DEPARTMENT FOR USE BY THE
27 OFFICE FOR THE DIRECT AND INDIRECT COSTS OF THE PILOT PROGRAM. THE

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

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

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

14 **27-80-118. Center for research into substance use disorder**
15 **prevention, treatment, and recovery support strategies - legislative**
16 **declaration - established - repeal.** (5) (a) THE CENTER SHALL DEVELOP
17 AND IMPLEMENT A PROGRAM TO INCREASE PUBLIC AWARENESS
18 CONCERNING THE SAFE USE, STORAGE, AND DISPOSAL OF OPIOIDS AND THE
19 AVAILABILITY OF NALOXONE AND OTHER DRUGS USED TO BLOCK THE
20 EFFECTS OF AN OPIOID OVERDOSE.

21 (b) (I) FOR THE 2019-20 FISCAL YEAR AND EACH FISCAL YEAR
22 THEREAFTER THROUGH THE 2023-24 FISCAL YEAR, THE GENERAL
23 ASSEMBLY SHALL APPROPRIATE SEVEN HUNDRED FIFTY THOUSAND
24 DOLLARS PER YEAR TO THE CENTER FROM THE MARIJUANA TAX CASH FUND
25 CREATED IN SECTION 39-28.8-501 (1) FOR THE PURPOSES OF THIS
26 SUBSECTION (5).

27 (II) THIS SUBSECTION (5) IS REPEALED, EFFECTIVE SEPTEMBER 1,

1 2024. BEFORE ITS REPEAL, THE PROGRAM CREATED IN THIS SUBSECTION
2 (5) IS SCHEDULED FOR REVIEW PURSUANT TO SECTION 24-34-104.

3 (6) (a) THE CENTER MAY EMPLOY UP TO FOUR ADDITIONAL
4 EMPLOYEES TO WORK AS GRANT WRITERS IN ORDER TO AID LOCAL
5 COMMUNITIES IN NEED OF ASSISTANCE IN APPLYING FOR GRANTS TO
6 ACCESS STATE AND FEDERAL MONEY TO ADDRESS OPIOID AND OTHER
7 SUBSTANCE USE DISORDERS IN THEIR COMMUNITIES. THE CENTER SHALL
8 DETERMINE THE COMMUNITIES IN WHICH TO PROVIDE THE GRANT WRITING
9 ASSISTANCE.

10 (b) FOR THE FISCAL YEAR 2019-20, THE GENERAL ASSEMBLY
11 SHALL APPROPRIATE MONEY FROM THE GENERAL FUND TO THE
12 DEPARTMENT FOR ALLOCATION TO THE CENTER FOR THE PURPOSES OF THIS
13 SUBSECTION (6). THE CENTER MAY USE THE MONEY TO HIRE NEW
14 EMPLOYEES AND FOR THE DIRECT AND INDIRECT COSTS ASSOCIATED WITH
15 THIS SUBSECTION (6).

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

18 **24-34-104. General assembly review of regulatory agencies**
19 **and functions for repeal, continuation, or reestablishment - legislative**
20 **declaration - repeal.** (25) (a) The following agencies, functions, or both,
21 are scheduled for repeal on September 1, 2024:

22 (XX) THE CHARLIE HUGHES AND NATHAN GAUNA OPIOID
23 PREVENTION GRANT PROGRAM TO IMPROVE YOUNG LIVES CREATED IN
24 SECTION 27-80-103.5;

25 (XXI) THE LOCAL SUBSTANCE USE DISORDER PREVENTION AND
26 RECOVERY PILOT PROGRAM CREATED IN SECTION 27-80-103.7;

27 (XXII) THE PROGRAM TO INCREASE PUBLIC AWARENESS

1 CONCERNING THE SAFE USE, STORAGE, AND DISPOSAL OF OPIOIDS AND THE
2 AVAILABILITY OF NALOXONE AND OTHER DRUGS USED TO BLOCK THE
3 EFFECTS OF AN OPIOID OVERDOSE DEVELOPED PURSUANT TO SECTION
4 27-80-118 (5).

5 **SECTION 14.** In Colorado Revised Statutes, **add** 27-80-119 as
6 follows:

7 **27-80-119. Maternal and perinatal population-based needs**
8 **assessment - screening, brief intervention, and referral to treatment**
9 **pilot program - training and technical assistance program -**
10 **legislative declaration - appropriations - repeal. (1) Legislative**
11 **declaration.** THE GENERAL ASSEMBLY FINDS THAT:

12 (a) THE STATEWIDE INCIDENCE OF NEWBORNS AFFECTED BY
13 IN-UTERO OPIOID EXPOSURE INCREASED EIGHTY-THREE PERCENT FROM
14 2010 THROUGH 2015;

15 (b) ACCIDENTAL DRUG OVERDOSE WAS THE LEADING CAUSE OF
16 DEATH AMONG POSTPARTUM WOMEN IN COLORADO FROM 2004 THROUGH
17 2012;

18 (c) THE COST OF CARE FOR NEWBORNS WITH NEONATAL
19 ABSTINENCE SYNDROME GREW FROM SIXTY MILLION DOLLARS IN 2003 TO
20 NEARLY THREE HUNDRED MILLION DOLLARS IN 2012;

21 (d) THERE IS A LACK OF STANDARDIZED STATEWIDE PRENATAL
22 SCREENING PRACTICES;

23 (e) THERE IS A NEED FOR OBJECTIVE SCIENTIFIC RESEARCH TO
24 IDENTIFY THE DATA-DRIVEN INTERVENTIONS THAT CAN BE DEVELOPED TO
25 IMPROVE SCREENING AND TREATMENT OF MOTHERS WITH SUBSTANCE USE
26 DISORDERS AND IMPROVE OUTCOMES FOR BOTH MOTHERS AND NEWBORNS;

27 (f) THE PREVALENCE AND CONSEQUENCES OF OPIOID USE

1 DISORDER IN PREGNANT WOMEN ARE RELATIVELY WELL UNDERSTOOD,
2 AND EFFECTIVE TREATMENTS EXIST ONCE A SUBSTANCE USE DISORDER IS
3 IDENTIFIED;

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

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

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

16 == =====
17 **(2) Perinatal substance use data linkage project.** (a) THE
18 CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION,
19 TREATMENT, AND RECOVERY SUPPORT STRATEGIES ESTABLISHED IN
20 SECTION 27-80-118, REFERRED TO IN THIS SECTION AS THE "CENTER", IN
21 PARTNERSHIP WITH THE UNIVERSITY OF DENVER AND THE STATE
22 SUBSTANCE ABUSE TREND AND RESPONSE TASK FORCE ESTABLISHED IN
23 SECTION 18-18.5-103, SHALL CONDUCT A STATEWIDE PERINATAL
24 SUBSTANCE USE DATA LINKAGE PROJECT THAT USES ONGOING
25 COLLECTION, ANALYSIS, INTERPRETATION, AND DISSEMINATION OF DATA
26 FOR THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PUBLIC
27 HEALTH ACTIONS TO IMPROVE OUTCOMES FOR FAMILIES IMPACTED BY

1 SUBSTANCE USE DURING PREGNANCY. THE DATA LINKAGE PROJECT SHALL
2 CONSIDER STATE ADMINISTERED DATA SOURCES THAT INCLUDE:

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

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

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

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

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

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

24 (d) THE CENTER SHALL REPORT TO THE HEALTH AND INSURANCE
25 AND THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEES OF THE
26 HOUSE OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES
27 COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES;

1 (I) THE PRELIMINARY RESULTS OF THE DATA LINKAGE PROJECT ON
2 OR BEFORE JANUARY 1, 2021, AND;

3 (II) THE FINAL RESULTS OF THE DATA LINKAGE PROJECT ON OR
4 BEFORE JULY 1, 2022.

5 (e) FOR THE FISCAL YEARS 2019-20, 2020-21 AND 2021-22, THE
6 GENERAL ASSEMBLY SHALL APPROPRIATE ONE HUNDRED THOUSAND
7 DOLLARS TO THE STATE DEPARTMENT FOR ALLOCATION TO THE CENTER
8 FOR THE PURPOSES OF THIS SUBSECTION (2).

9 **(3) SBIRT interventions pilot program.** (a) THE CENTER SHALL
10 ESTABLISH A PILOT PROGRAM TO TEST THE IMPLEMENTATION OF SBIRT
11 INTERVENTIONS FOR WOMEN'S HEALTH AND PRENATAL AND POSTPARTUM
12 CARE IN ALAMOSA, BOULDER, DENVER, EL PASO, AND PUEBLO COUNTIES.
13 THE PILOT PROGRAM ESTABLISHED BY THE CENTER SHALL BE
14 ADMINISTERED BY THE COLLEGE OF NURSING AT THE UNIVERSITY OF
15 COLORADO ANSCHUTZ MEDICAL CAMPUS, REFERRED TO IN THIS SECTION
16 AS THE "COLLEGE OF NURSING", IN COLLABORATION WITH A PEER
17 ASSISTANCE SERVICES AGENCY IN COLORADO THAT PROVIDES ACCESSIBLE
18 PREVENTION AND INTERVENTION SERVICES IN WORKPLACES AND
19 COMMUNITIES FOCUSED ON SUBSTANCE USE AND RELATED ISSUES. THE
20 PILOT PROGRAM MUST PROVIDE SBIRT TRAINING AND FOLLOW UP FOR
21 WOMEN'S HEALTH AND PRENATAL AND POSTPARTUM CARE IN THE FIVE
22 COUNTIES. THE FOCUS OF THE PILOT PROGRAM IS TO WORK WITH HEALTHY
23 WOMEN TO DISCUSS SUBSTANCE USE IN A PREVENTION MODEL BEFORE
24 PREGNANCY OCCURS AND TO PROMOTE SBIRT USE WITH PREGNANT
25 WOMEN.

26 (b) THE COLLEGE OF NURSING SHALL:

27 (I) PROVIDE A TABLET-BASED SBIRT SCREENING TOOL TO

1 INTERESTED HEALTH CARE PROVIDERS IN THE FIVE COUNTIES, PROVIDE
2 TECHNICAL SUPPORT TO IMPLEMENT THE TABLET-BASED SCREENING TOOL,
3 AND ANALYZE DATA FROM THE APPLICATION OF THE SCREENING TOOL TO
4 DETERMINE SBIRT UTILIZATION AND PATIENT RISK LEVELS FOR
5 SUBSTANCE USE DISORDERS;

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

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

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

22 (4) **Training and technical assistance program.** (a) THE
23 COLLEGE OF NURSING SHALL COLLABORATE WITH A PEER ASSISTANCE
24 SERVICES AGENCY IN COLORADO THAT PROVIDES ACCESSIBLE PREVENTION
25 AND INTERVENTION SERVICES IN WORKPLACES AND COMMUNITIES
26 FOCUSED ON SUBSTANCE USE AND RELATED ISSUES TO IMPLEMENT AND
27 PROVIDE A TRAINING AND TECHNICAL ASSISTANCE PROGRAM FOR HEALTH

1 CARE PROVIDERS AND MENTAL HEALTH CARE PROVIDERS IN ALAMOSA,
2 BOULDER, DENVER, EL PASO, AND PUEBLO COUNTIES. THE TRAINING AND
3 TECHNICAL ASSISTANCE PROGRAM MUST:

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

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

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

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

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

26 (e) FOR THE 2019-20 AND 2020-21 FISCAL YEARS, THE GENERAL
27 ASSEMBLY SHALL APPROPRIATE ONE HUNDRED SEVENTY-TWO THOUSAND

1 DOLLARS PER YEAR FROM THE MARIJUANA TAX CASH FUND CREATED IN
2 SECTION 39-28.8-501 (1) TO THE BOARD OF REGENTS OF THE UNIVERSITY
3 OF COLORADO, FOR ALLOCATION TO THE COLLEGE OF NURSING FOR THE
4 PURPOSES OF THIS SUBSECTION (4).

5 (5) **Repeal.** THIS SECTION IS REPEALED, EFFECTIVE JUNE 30, 2022.

6 **SECTION 15.** In Colorado Revised Statutes, **add** part 2 to article
7 82 of title 27 as follows:

8 PART 2

9 MATERNAL AND CHILD HEALTH PILOT PROGRAM

10 **27-82-201. Legislative declaration.** THE GENERAL ASSEMBLY
11 FINDS AND DECLARES THAT FACILITIES THAT PROVIDE TREATMENT TO
12 INDIVIDUALS WITH A SUBSTANCE USE DISORDER, INCLUDING
13 MEDICATION-ASSISTED TREATMENT, AND CLINICS THAT PROVIDE
14 OBSTETRIC AND GYNECOLOGICAL HEALTH CARE SERVICES WOULD BETTER
15 SERVE PREGNANT AND POSTPARTUM WOMEN IF THE SERVICES COULD BE
16 COORDINATED AND PROVIDED TO WOMEN AT THE SAME LOCATION. IT IS
17 THE INTENT OF THE GENERAL ASSEMBLY TO PROVIDE GENERAL FUND
18 MONEY TO FUND A PILOT PROGRAM TO INTEGRATE THESE HEALTH CARE
19 SERVICES AT SPECIFIED FACILITIES AND CLINICS AND REQUIRE THE OFFICE
20 OF BEHAVIORAL HEALTH TO EVALUATE THE PILOT PROGRAM AND REPORT
21 THE RESULTS OF THE PILOT PROGRAM TO THE GENERAL ASSEMBLY.

22 **27-82-202. Definitions.** AS USED IN THIS PART 2, UNLESS THE
23 CONTEXT OTHERWISE REQUIRES:

24 (1) "CLINIC" MEANS A SITE THAT PROVIDES OBSTETRIC AND
25 GYNECOLOGICAL HEALTH CARE.

26 (2) "LICENSED HEALTH CARE PROVIDER" MEANS A PHYSICIAN OR
27 PHYSICIAN ASSISTANT LICENSED PURSUANT TO ARTICLE 36 OF TITLE 12 OR

1 A NURSE LICENSED PURSUANT TO ARTICLE 38 OF TITLE 12.

2 (3) "PILOT PROGRAM" MEANS THE MATERNAL AND CHILD HEALTH
3 PILOT PROGRAM CREATED IN SECTION 27-82-203.

4 (4) "TREATMENT FACILITY" MEANS A HEALTH CARE FACILITY THAT
5 PROVIDES SUBSTANCE USE DISORDER OR MEDICATION-ASSISTED
6 TREATMENT AND THAT IS APPROVED BY THE OFFICE OF BEHAVIORAL
7 HEALTH PURSUANT TO SECTION 27-82-103.

8 **27-82-203. Maternal and child health pilot program - created**
9 **- eligibility of grant recipients - rules - report.** (1) THERE IS CREATED

10 IN THE DEPARTMENT THE MATERNAL AND CHILD HEALTH PILOT PROGRAM.
11 THE OFFICE OF BEHAVIORAL HEALTH SHALL ADMINISTER THE PILOT
12 PROGRAM. THE PURPOSE OF THE PILOT PROGRAM IS TO:

13 (a) PROVIDE GRANTS TO THREE TREATMENT FACILITIES TO
14 FACILITATE THE INTEGRATION OF OBSTETRIC AND GYNECOLOGICAL
15 HEALTH CARE; AND

16 (b) PROVIDE GRANTS TO SIX CLINICS TO FACILITATE THE
17 INTEGRATION OF BEHAVIORAL HEALTH, INCLUDING SUBSTANCE USE
18 DISORDER TREATMENT OR MEDICATION-ASSISTED TREATMENT, INTO
19 OBSTETRIC AND GYNECOLOGICAL HEALTH CARE AT THE CLINICS.

20 (2) THE OFFICE OF BEHAVIORAL HEALTH SHALL DETERMINE THE
21 CRITERIA FOR TREATMENT FACILITIES AND CLINICS TO BE ELIGIBLE TO
22 RECEIVE THE GRANTS.

23 (3) (a) (I) A TREATMENT FACILITY THAT IS AWARDED A GRANT
24 SHALL INTEGRATE PRENATAL, POSTPARTUM, AND OTHER HEALTH CARE
25 SERVICES DELIVERED BY LICENSED HEALTH CARE PROVIDERS INTO THE
26 SERVICES CURRENTLY PROVIDED AT THE TREATMENT FACILITY.

27 (II) A TREATMENT FACILITY THAT IS AWARDED A GRANT MAY USE

1 THE GRANT TO HIRE CLINICAL STAFF AND TO PROVIDE CLINICAL UPDATES,
2 INCLUDING TRAINING STAFF AND UPGRADING AND CHANGING
3 TECHNOLOGY PLATFORMS TO SUPPORT INTEGRATED CARE, IN ORDER TO
4 PERFORM OBSTETRIC AND GYNECOLOGICAL HEALTH CARE WITHIN THE
5 TREATMENT FACILITY. A TREATMENT FACILITY WITH LOW PATIENT
6 VOLUME MAY PARTNER WITH OTHER TREATMENT FACILITIES AND CLINICS
7 TO PROVIDE INTEGRATED CARE.

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

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

20 (4) THE STATE BOARD OF HUMAN SERVICES WITHIN THE
21 DEPARTMENT, IN CONSULTATION WITH THE OFFICE OF BEHAVIORAL
22 HEALTH, MAY PROMULGATE RULES TO IMPLEMENT THE PILOT PROGRAM.
23 THE RULES MUST INCLUDE:

24 (a) THE PROCEDURES AND TIMELINES BY WHICH A TREATMENT
25 FACILITY OR CLINIC MAY APPLY FOR A GRANT;

26 (b) GRANT APPLICATION CONTENTS; AND

27 (c) CRITERIA FOR DETERMINING ELIGIBILITY FOR AND THE AMOUNT

1 OF EACH GRANT AWARDED TO A TREATMENT FACILITY OR CLINIC.

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

10 **27-82-204. Funding for pilot program.** (1) (a) FOR THE 2019-20
11 THROUGH 2021-22 FISCAL YEARS, THE GENERAL ASSEMBLY SHALL
12 APPROPRIATE MONEY EACH FISCAL YEAR FROM THE GENERAL FUND TO THE
13 DEPARTMENT, FOR ALLOCATION TO THE OFFICE OF BEHAVIORAL HEALTH
14 TO IMPLEMENT THE PILOT PROGRAM. THE OFFICE OF BEHAVIORAL HEALTH
15 MAY USE A PORTION OF THE MONEY ANNUALLY APPROPRIATED FOR THE
16 PILOT PROGRAM TO PAY THE DIRECT AND INDIRECT COSTS INCURRED TO
17 ADMINISTER THE PILOT PROGRAM.

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

25 (2) THE DEPARTMENT MAY SOLICIT, ACCEPT, AND EXPEND ANY
26 GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES TO
27 IMPLEMENT OR ADMINISTER THE PILOT PROGRAM.

1 **27-82-205. Repeal of part.** THIS PART 2 IS REPEALED, EFFECTIVE
2 DECEMBER 31, 2022.

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

5 **12-290-119. Renewal of license - continuing education -**
6 **professional development program - rules - renewal questionnaire.**

7 (1) (a) The board shall set reasonable continuing education requirements
8 for THE renewal of A license, but in no event shall the board require more
9 than fourteen hours' credit of continuing education per year. AS A
10 CONDITION OF RENEWING A LICENSE ON OR AFTER JULY 1, 2019, THE
11 CONTINUING EDUCATION REQUIREMENTS MUST INCLUDE TRAINING
12 REGARDING SUBSTANCE USE DISORDERS; THE USE OF FEDERAL FOOD AND
13 DRUG ADMINISTRATION-APPROVED MEDICATIONS, IN COMBINATION WITH
14 COUNSELING AND BEHAVIORAL THERAPIES, TO PROVIDE A WHOLE-PATIENT
15 APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDERS; AND THE
16 USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM
17 CREATED IN PART 4 OF ARTICLE 280 OF THIS TITLE 12. A podiatrist desiring
18 to renew his or her license to practice podiatry shall submit to the board
19 the information the board believes necessary to show that the podiatrist
20 has fulfilled the board's continuing education requirements and a fee to
21 be determined and collected pursuant to section 12-20-105.

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

24 **12-220-145. Continuing education requirements - rules.**

25 (2) The board may adopt rules establishing the basic requirements for
26 continuing education, including the types of programs that qualify,
27 exemptions for persons holding an inactive or retired license,

1 requirements for courses designed to enhance clinical skills for certain
2 licenses, and the manner by which dentists and dental hygienists are to
3 report compliance with the continuing education requirements. AS A
4 CONDITION OF RENEWING, REACTIVATING, OR REINSTATING A LICENSE ON
5 OR AFTER JULY 1, 2019, THE CONTINUING EDUCATION MUST INCLUDE
6 TRAINING REGARDING SUBSTANCE USE DISORDERS; THE USE OF FEDERAL
7 FOOD AND DRUG ADMINISTRATION-APPROVED MEDICATIONS, IN
8 COMBINATION WITH COUNSELING AND BEHAVIORAL THERAPIES, TO
9 PROVIDE A WHOLE-PATIENT APPROACH TO THE TREATMENT OF SUBSTANCE
10 USE DISORDERS; AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG
11 MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF THIS TITLE
12 12.

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

15 **12-255-129. Continuing education - rules.** (1) In addition to any
16 other authority conferred upon the board by this article 255, the board is
17 authorized to require no more than twenty hours of continuing education
18 every two years as a condition of renewal of licenses and to establish
19 procedures and standards for the educational requirements. The board
20 shall, to assure that the continuing education requirements imposed do not
21 have the effect of restraining competition among providers of the
22 education, recognize a variety of alternative means of compliance with
23 ~~such~~ THE requirements.

24 (2) AS A CONDITION OF RENEWING A LICENSE ON OR AFTER JULY
25 1, 2019, FOR ADVANCED PRACTICE NURSES WHO HAVE PRESCRIPTIVE
26 AUTHORITY PURSUANT TO SECTION 12-255-112, THE CONTINUING
27 EDUCATION REQUIREMENT MUST INCLUDE TRAINING REGARDING

1 SUBSTANCE USE DISORDERS; THE USE OF FEDERAL FOOD AND DRUG
2 ADMINISTRATION-APPROVED MEDICATIONS, IN COMBINATION WITH
3 COUNSELING AND BEHAVIORAL THERAPIES, TO PROVIDE A WHOLE-PATIENT
4 APPROACH TO THE TREATMENT OF SUBSTANCE USE DISORDERS; AND THE
5 USE OF THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM
6 CREATED IN PART 4 OF ARTICLE 280 OF THIS TITLE 12.

7 (3) The board shall adopt rules that are necessary to carry out the
8 provisions of this section, ~~the~~ WHICH rules ~~to~~ MUST be promulgated in
9 accordance with ~~the provisions of~~ article 4 of title 24.

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

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

22 (b) AS A CONDITION OF RENEWING A LICENSE ON OR AFTER JULY
23 1, 2019, THE BOARD-APPROVED CONTINUING EDUCATION MUST INCLUDE
24 TRAINING REGARDING SUBSTANCE USE DISORDERS; THE USE OF FEDERAL
25 FOOD AND DRUG ADMINISTRATION-APPROVED MEDICATIONS, IN
26 COMBINATION WITH COUNSELING AND BEHAVIORAL THERAPIES, TO
27 PROVIDE A WHOLE-PATIENT APPROACH TO THE TREATMENT OF SUBSTANCE

1 USE DISORDERS; AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG
2 MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF THIS TITLE
3 12.

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

6 **12-315-110. License renewal.** (3) (a) (I) In order to obtain
7 license renewal, each licensee, except as otherwise provided, must
8 complete a board-approved veterinary continuing ~~educational~~ EDUCATION
9 program of at least thirty-two hours biennially. AS A CONDITION OF
10 RENEWING A LICENSE ON OR AFTER JULY 1, 2019, THE BOARD-APPROVED
11 CONTINUING EDUCATION PROGRAM MUST INCLUDE TRAINING REGARDING
12 SUBSTANCE USE DISORDERS AND THE USE OF THE ELECTRONIC
13 PRESCRIPTION DRUG MONITORING PROGRAM CREATED IN PART 4 OF
14 ARTICLE 280 OF THIS TITLE 12.

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

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

24 **12-240-145. Prescription medications - financial benefit for**
25 **prescribing prohibited.** A PHYSICIAN OR PHYSICIAN ASSISTANT SHALL
26 NOT ACCEPT ANY DIRECT OR INDIRECT BENEFIT FROM A PHARMACEUTICAL
27 MANUFACTURER OR PHARMACEUTICAL REPRESENTATIVE FOR PRESCRIBING

1 A SPECIFIC MEDICATION TO A PATIENT. FOR THE PURPOSES OF THIS
2 SECTION, A DIRECT OR INDIRECT BENEFIT DOES NOT INCLUDE A BENEFIT
3 OFFERED TO A PHYSICIAN OR PHYSICIAN ASSISTANT REGARDLESS OF
4 WHETHER THE SPECIFIC MEDICATION IS BEING PRESCRIBED.

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

7 **12-280-124. Labeling.** (1) A prescription drug dispensed
8 pursuant to an order must be labeled as follows:

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

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

15 **12-280-404. Program operation - access - rules - definitions -**
16 **repeal.** (3) The program is available for query only to the following
17 persons or groups of persons:

18 (l) A MEDICAL EXAMINER WHO IS A PHYSICIAN LICENSED
19 PURSUANT TO ARTICLE 240 OF THIS TITLE 12, WHOSE LICENSE IS IN GOOD
20 STANDING, AND WHO IS LOCATED AND EMPLOYED IN THE STATE OF
21 COLORADO, OR A CORONER ELECTED PURSUANT TO SECTION 30-10-601,
22 IF:

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

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

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

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

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

9 **SECTION 25. Safety clause.** The general assembly hereby finds,
10 determines, and declares that this act is necessary for the immediate
11 preservation of the public peace, health, and safety.