

First Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 21-0135.02 Kristen Forrestal x4217

HOUSE BILL 21-1276

HOUSE SPONSORSHIP

Kennedy and Herod,

SENATE SPONSORSHIP

Pettersen and Priola,

House Committees
Health & Insurance

Senate Committees

A BILL FOR AN ACT

101 CONCERNING THE PREVENTION OF SUBSTANCE USE DISORDERS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

Section 2 of the bill requires a health benefit plan issued or renewed on or after January 1, 2023, to provide coverage for nonpharmacological treatment as an alternative to opioids. The required coverage must include, at a cost-sharing amount not to exceed the cost-sharing amount for a primary care visit for nonpreventive services and without a prior authorization requirement, at least 6 physical therapy visits, 6 occupational therapy visits, 6 chiropractic visits, and 6 acupuncture visits per year.

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.

Section 3 requires an insurance carrier (carrier) that provides prescription drug benefits to provide coverage, beginning January 1, 2023, for at least one atypical opioid that is approved by the federal food and drug administration (FDA) for the treatment of acute or chronic pain, which coverage must be at the lowest cost-sharing tier of the carrier's formulary with no requirement for step therapy or prior authorization. Additionally, a carrier cannot require step therapy for any additional FDA-approved atypical opioids.

Section 4 precludes a carrier that has a contract with a physical therapist, occupational therapist, chiropractor, or acupuncturist from:

- Prohibiting the physical therapist, occupational therapist, chiropractor, or acupuncturist from, or penalizing the physical therapist, occupational therapist, chiropractor, or acupuncturist for, providing a covered person information on the amount of the covered person's financial responsibility for the covered person's physical therapy, occupational therapy, chiropractic services, or acupuncture services; or
- Requiring the physical therapist, occupational therapist, chiropractor, or acupuncturist to charge a covered person an amount or collect a copayment from a covered person that exceeds the total charges submitted to the carrier by the physical therapist, occupational therapist, chiropractor, or acupuncturist.

The commissioner is required to take action against a carrier that the commissioner determines is not complying with these prohibitions.

Current law limits specified prescribers from prescribing more than a 7-day supply of an opioid to a patient who has not obtained an opioid prescription from that prescriber within the previous 12 months unless certain conditions apply. This prescribing limitation is set to repeal on September 1, 2021. **Sections 5 through 13** continue the prescribing limitation indefinitely.

Section 5 also requires the executive director of the department of regulatory agencies to promulgate rules that limit the supply of a benzodiazepine, which is a sedative commonly prescribed for anxiety and as a sleep aid, that a prescriber may prescribe to a patient who has not had a prescription for a benzodiazepine in the last 12 months.

Section 14 requires a licensed physician and licensed physician assistant to demonstrate compliance with continuing medical education concerning prescribing practices for opioids as a condition of license renewal.

Section 15 requires the Colorado medical board (board) to consult with the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to promulgate rules establishing competency-based continuing education requirements for

physicians and physician assistants concerning prescribing practices for opioids.

Section 16 continues indefinitely the requirement that a health-care provider query the prescription drug monitoring program (program) before prescribing an opioid, including a benzodiazepine, and changes current law to require the query on every prescription fill, not just the second fill.

In addition to current law allowing medical examiners and coroners to query the program when conducting an autopsy, section 16 allows medical examiners and coroners to query the program when conducting a death investigation.

Section 16 also authorizes the board to provide a means of sharing prescription information from the program with the health information organization network in order to work collaboratively with statewide health information exchanges designated by the department of health care policy and financing.

Section 17 requires the center to include in its continuing education activities the best practices for prescribing benzodiazepines and the potential harm of inappropriately limiting prescriptions to chronic pain patients and makes an appropriation for this purpose.

Section 18 directs the office of behavioral health in the department of human services to convene a collaborative with institutions of higher education, nonprofit agencies, and state agencies for the purpose of gathering feedback from local public health agencies, institutions of higher education, nonprofit agencies, and state agencies concerning evidence-based prevention practices.

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

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

4 (a) The opioid epidemic continues to be a tragic and preventable
5 cause of death and harm in Colorado and nationwide;

6 (b) Vulnerable populations prone to opioid and substance use
7 disorders are in particular need of help during and after the COVID-19
8 pandemic;

9 (c) Atypical opioids, such as buprenorphine, tramadol, and
10 tapentadol, exist on the market as safer alternatives to conventional

- 1 opioids;
- 2 (d) According to *Medicine Today*, a peer-reviewed journal of
3 clinical practice, buprenorphine, tramadol, and tapentadol exhibit superior
4 efficacy in treating chronic pain when compared to conventional opioids
5 by demonstrating in users:
- 6 (I) Improved function and quality of life;
- 7 (II) Less serious adverse effects on immune function and the
8 endocrine system;
- 9 (III) Lower rates of other adverse effects, such as gastrointestinal
10 effects;
- 11 (IV) A reduced risk of opioid-induced ventilatory impairment, and
12 thereby death, in high doses; and
- 13 (V) Lower abuse potential than conventional opioids and,
14 therefore, a lower risk of misuse, abuse, and diversion into black markets;
- 15 (e) Insurance coverage for alternatives to opioids for treating
16 chronic pain, such as safer drugs, occupational and physical therapy, and
17 chiropractic and acupuncture services, often includes barriers to safer
18 treatment, like prior authorization and step therapy;
- 19 (f) Chances of overdose increase when opioids are taken with
20 benzodiazepines, which are sedatives commonly prescribed for anxiety
21 and as sleep aids;
- 22 (g) More than 30% of overdoses involving opioids also involved
23 benzodiazepines, according to the National Institute on Drug Abuse;
- 24 (h) Since 2016, the federal centers for disease control and
25 prevention has recommended that clinicians avoid prescribing
26 benzodiazepines concurrently with opioids whenever possible;
- 27 (i) Both prescription opioids and benzodiazepines carry warnings

1 on their labels highlighting the dangers of using these drugs together; and

2 (j) Medical education standards are in need of continuous
3 development.

4 (2) In order to enhance collaboration with health-care providers,
5 promote alternatives to opioids, and prevent more tragic deaths from
6 opioid use and abuse, it is the intent of the general assembly to:

7 (a) Mandate that health benefit plans provide coverage for a
8 minimum amount of physical therapy, occupational therapy, chiropractic
9 services, and acupuncture services;

10 (b) Expand health benefit plan coverage to include atypical
11 opioids, such as buprenorphine, tramadol, and tapentadol, at a low cost;

12 (c) Extend the seven-day limit on opioid prescriptions indefinitely;

13 (d) Establish competency-based continuing medical education
14 requirements that concern opioid prescription practices for physicians and
15 physician assistants;

16 (e) Extend the requirement that providers check the prescription
17 drug monitoring program before prescribing opioids and benzodiazepines,
18 with certain exceptions;

19 (f) Allow medical examiners and coroners to query the
20 prescription drug monitoring program during death investigations; and

21 (g) Direct the office of behavioral health in the department of
22 human services to convene a collaborative with institutions of higher
23 education, nonprofit agencies, and state agencies for the purpose of
24 gathering feedback from local public health agencies, institutions of
25 higher education, nonprofit agencies, and state agencies concerning
26 evidence-based prevention practices.

27 **SECTION 2.** In Colorado Revised Statutes, 10-16-104, **add** (24)

1 as follows:

2 **10-16-104. Mandatory coverage provisions - definitions -**
3 **rules. (24) Nonpharmacological alternative treatment to opioids.**

4 (a) A HEALTH BENEFIT PLAN, EXCEPT SUPPLEMENTAL POLICIES COVERING
5 A SPECIFIED DISEASE OR OTHER LIMITED BENEFIT, ISSUED OR RENEWED ON
6 OR AFTER JANUARY 1, 2023, MUST PROVIDE COVERAGE FOR
7 NONPHARMACOLOGICAL TREATMENT AS AN ALTERNATIVE TO OPIOIDS.

8 (b) THE COVERAGE REQUIRED BY THIS SUBSECTION (24) MUST:

9 (I) INCLUDE, AT A COST-SHARING AMOUNT NOT TO EXCEED THE
10 COST-SHARING AMOUNT FOR A PRIMARY CARE VISIT FOR NONPREVENTIVE
11 SERVICES, A MINIMUM OF SIX PHYSICAL THERAPY VISITS, SIX
12 OCCUPATIONAL THERAPY VISITS, SIX CHIROPRACTIC VISITS, AND SIX
13 ACUPUNCTURE VISITS; AND

14 (II) NOT REQUIRE PRIOR AUTHORIZATION, AS DEFINED IN SECTION
15 10-16-112.5 (7)(d), FOR NONPHARMACOLOGICAL TREATMENTS AS AN
16 ALTERNATIVE TO OPIOIDS.

17 (c) AT THE TIME OF A COVERED PERSON'S INITIAL VISIT FOR
18 TREATMENT, A PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST,
19 CHIROPRACTOR, OR ACUPUNCTURIST SHALL NOTIFY THE COVERED
20 PERSON'S CARRIER THAT THE COVERED PERSON HAS STARTED TREATMENT
21 WITH THE PROVIDER.

22 **SECTION 3.** In Colorado Revised Statutes, **amend** 10-16-145.5
23 as follows:

24 **10-16-145.5. Step therapy - prior authorization - prohibited -**
25 **stage four advanced metastatic cancer - opioid prescription -**
26 **definitions.** (1) (a) Notwithstanding section 10-16-145, a carrier that
27 provides coverage under a health benefit plan for the treatment of stage

1 four advanced metastatic cancer shall not limit or exclude coverage under
2 the health benefit plan for a drug THAT IS approved by the ~~United States~~
3 ~~food and drug administration~~ FDA and that is on the carrier's prescription
4 drug formulary by mandating that a covered person with stage four
5 advanced metastatic cancer undergo step therapy if the use of the
6 approved drug is consistent with:

7 (a) (I) ~~The United States food and drug administration-approved~~
8 FDA-APPROVED indication or the National Comprehensive Cancer
9 Network drugs and biologics compendium indication for the treatment of
10 stage four advanced metastatic cancer; or

11 ~~(b)~~ (II) Peer-reviewed medical literature.

12 ~~(2)~~ (b) ~~For the purposes of this section~~ AS USED IN THIS
13 SUBSECTION (1), "stage four advanced metastatic cancer" means cancer
14 that has spread from the primary or original site of the cancer to nearby
15 tissues, lymph nodes, or other parts of the body.

16 (2) (a) NOTWITHSTANDING SECTION 10-16-145, A CARRIER THAT
17 PROVIDES PRESCRIPTION DRUG BENEFITS SHALL:

18 (I) PROVIDE COVERAGE FOR AT LEAST ONE ATYPICAL OPIOID THAT
19 HAS BEEN APPROVED BY THE FDA FOR THE TREATMENT OF ACUTE OR
20 CHRONIC PAIN AT THE LOWEST TIER OF THE CARRIER'S DRUG FORMULARY
21 AND NOT REQUIRE STEP THERAPY OR PRIOR AUTHORIZATION, AS DEFINED
22 IN SECTION 10-16-112.5 (7)(d), FOR THAT ATYPICAL OPIOID; AND

23 (II) NOT REQUIRE STEP THERAPY FOR THE PRESCRIPTION AND USE
24 OF ANY ADDITIONAL ATYPICAL OPIOID MEDICATIONS THAT HAVE BEEN
25 APPROVED BY THE FDA FOR THE TREATMENT OF ACUTE OR CHRONIC PAIN.

26 (b) AS USED IN THIS SUBSECTION (2), "ATYPICAL OPIOID" MEANS
27 A NONOPIOID ANALGESIC WITH FAR LOWER FATALITY RATES THAN PURE

1 OPIOID AGONISTS.

2 **SECTION 4.** In Colorado Revised Statutes, **add** 10-16-154 as
3 follows:

4 **10-16-154. Disclosures - physical therapists - occupational**
5 **therapists - chiropractors - acupuncturists - patients - carrier**
6 **prohibitions - enforcement.** (1) A CARRIER THAT HAS A CONTRACT WITH

7 A PHYSICAL THERAPIST, AN OCCUPATIONAL THERAPIST, A CHIROPRACTOR,
8 OR AN ACUPUNCTURIST SHALL NOT:

9 (a) PROHIBIT THE PHYSICAL THERAPIST, OCCUPATIONAL
10 THERAPIST, CHIROPRACTOR, OR ACUPUNCTURIST FROM PROVIDING A
11 COVERED PERSON INFORMATION ON THE AMOUNT OF THE COVERED
12 PERSON'S FINANCIAL RESPONSIBILITY FOR THE PHYSICAL THERAPY,
13 OCCUPATIONAL THERAPY, CHIROPRACTIC SERVICES, OR ACUPUNCTURE
14 SERVICES PROVIDED TO THE COVERED PERSON;

15 (b) PENALIZE THE PHYSICAL THERAPIST, OCCUPATIONAL
16 THERAPIST, CHIROPRACTOR, OR ACUPUNCTURIST FOR DISCLOSING THE
17 INFORMATION DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION TO A
18 COVERED PERSON OR PROVIDING A MORE AFFORDABLE ALTERNATIVE TO
19 A COVERED PERSON; OR

20 (c) REQUIRE THE PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST,
21 CHIROPRACTOR, OR ACUPUNCTURIST TO CHARGE AN AMOUNT TO A
22 COVERED PERSON OR COLLECT A COPAYMENT FROM A COVERED PERSON
23 THAT EXCEEDS THE TOTAL CHARGES SUBMITTED TO THE CARRIER BY THE
24 PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, CHIROPRACTOR, OR
25 ACUPUNCTURIST.

26 (2) IF THE COMMISSIONER DETERMINES THAT A CARRIER HAS NOT
27 COMPLIED WITH THIS SECTION, THE COMMISSIONER SHALL INSTITUTE A

1 CORRECTIVE ACTION PLAN FOR THE CARRIER TO FOLLOW OR USE ANY OF
2 THE COMMISSIONER'S ENFORCEMENT POWERS UNDER THIS TITLE 10 TO
3 OBTAIN THE CARRIER'S COMPLIANCE WITH THIS SECTION.

4 **SECTION 5.** In Colorado Revised Statutes, 12-30-109, **amend**
5 (1)(a) introductory portion, (1)(a)(I), (1)(a)(IV), (1)(b), and (4)
6 introductory portion; **repeal** (5); and **add** (6) as follows:

7 **12-30-109. Prescriptions - limitations - definition - rules.**

8 (1) (a) ~~An opioid~~ A prescriber shall not prescribe more than a seven-day
9 supply of an opioid to a patient who has not ~~had~~ OBTAINED an opioid
10 prescription ~~in~~ FROM THAT PRESCRIBER WITHIN the last twelve months ~~by~~
11 ~~that opioid prescriber~~, and may exercise discretion to include a second fill
12 for a seven-day supply. The limits on initial prescribing do not apply if,
13 in the judgment of the ~~opioid~~ prescriber, the patient:

14 (I) Has chronic pain that typically lasts longer than ninety days or
15 past the time of normal healing, as determined by the ~~opioid~~ prescriber,
16 or following transfer of care from another ~~opioid~~ prescriber who practices
17 the same profession and who prescribed an opioid to the patient;

18 (IV) Is undergoing palliative care or hospice care focused on
19 providing the patient with relief from symptoms, pain, and stress resulting
20 from a serious illness in order to improve quality of life; except that this
21 subsection (1)(a)(IV) applies only if the ~~opioid~~ prescriber is a physician,
22 a physician assistant, or an advanced practice registered nurse.

23 (b) Prior to prescribing the second fill of any opioid OR
24 BENZODIAZEPINE prescription pursuant to this section, ~~an opioid~~ A
25 prescriber must comply with the requirements of section 12-280-404 (4).
26 Failure to comply with section 12-280-404 (4) constitutes unprofessional
27 conduct or grounds for discipline, as applicable, under section

1 12-220-201, 12-240-121, 12-255-120, 12-275-120, 12-290-108, or
2 12-315-112, as applicable to the particular ~~opioid~~ prescriber, only if the
3 ~~opioid~~ prescriber repeatedly fails to comply.

4 (4) As used in this section, "~~opioid prescriber~~" "PRESCRIBER"
5 means:

6 (5) ~~This section is repealed, effective September 1, 2021.~~

7 (6) THE EXECUTIVE DIRECTOR SHALL, BY RULE, LIMIT THE SUPPLY
8 OF A BENZODIAZEPINE THAT A PRESCRIBER MAY PRESCRIBE TO A PATIENT
9 WHO HAS NOT OBTAINED A BENZODIAZEPINE PRESCRIPTION FROM THAT
10 PRESCRIBER WITHIN THE LAST TWELVE MONTHS.

11 **SECTION 6.** In Colorado Revised Statutes, 12-30-109, **amend**
12 **as it exists from July 1, 2021, until July 1, 2023,** (2) as follows:

13 **12-30-109. Prescriptions - limitations - definition - rules.**

14 (2) ~~An opioid~~ A prescriber licensed pursuant to article 220 or 315 of this
15 title 12 may prescribe opioids AND BENZODIAZEPINES electronically.

16 **SECTION 7.** In Colorado Revised Statutes, 12-30-109, **amend**
17 **as it will become effective July 1, 2023,** (2) as follows:

18 **12-30-109. Prescriptions - limitations - definition - rules.**

19 (2) ~~An opioid~~ A prescriber licensed pursuant to article 315 of this title 12
20 may prescribe opioids AND BENZODIAZEPINES electronically.

21 **SECTION 8.** In Colorado Revised Statutes, 12-220-306, **amend**
22 (2) as follows:

23 **12-220-306. Dentists may prescribe drugs - surgical operations**
24 **- anesthesia - limits on prescriptions.** (2) (a) A dentist is subject to the

25 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section
26 12-30-109.

27 (b) ~~This subsection (2) is repealed, effective September 1, 2021.~~

1 **SECTION 9.** In Colorado Revised Statutes, **amend** 12-240-123
2 as follows:

3 **12-240-123. Prescriptions - limitations.** ~~(1)~~ A physician or
4 physician assistant is subject to the limitations on ~~prescribing opioids~~
5 PRESCRIPTIONS specified in section 12-30-109.

6 ~~(2) This section is repealed, effective September 1, 2021.~~

7 **SECTION 10.** In Colorado Revised Statutes, 12-255-112, **amend**
8 (6) as follows:

9 **12-255-112. Prescriptive authority - advanced practice**
10 **registered nurses - limits on prescriptions - rules - financial benefit**
11 **for prescribing prohibited.** (6) ~~(a)~~ An advanced practice registered
12 nurse with prescriptive authority pursuant to this section is subject to the
13 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section
14 12-30-109.

15 ~~(b) This subsection (6) is repealed, effective September 1, 2021.~~

16 **SECTION 11.** In Colorado Revised Statutes, 12-275-113, **amend**
17 (5) as follows:

18 **12-275-113. Use of prescription and nonprescription drugs -**
19 **limits on prescriptions.** (5) ~~(a)~~ An optometrist is subject to the
20 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section
21 12-30-109.

22 ~~(b) This subsection (5) is repealed, effective September 1, 2021.~~

23 **SECTION 12.** In Colorado Revised Statutes, 12-290-111, **amend**
24 (3) as follows:

25 **12-290-111. Prescriptions - requirement to advise patients -**
26 **limits on prescriptions.** (3) ~~(a)~~ A podiatrist is subject to the limitations
27 on ~~prescribing opioids~~ PRESCRIPTIONS specified in section 12-30-109.

1 ~~(b) This subsection (3) is repealed, effective September 1, 2021.~~

2 **SECTION 13.** In Colorado Revised Statutes, **amend** 12-315-126
3 as follows:

4 **12-315-126. Prescriptions - limitations.** ~~(1)~~ A veterinarian is
5 subject to the limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified
6 in section 12-30-109.

7 ~~(2) This section is repealed, effective September 1, 2021.~~

8 **SECTION 14.** In Colorado Revised Statutes, 12-240-130, **amend**
9 (3) as follows:

10 **12-240-130. Renewal, reinstatement, delinquency - fees -**
11 **questionnaire.** ~~(3) Applicants for relicensure shall not be required to~~
12 ~~attend and complete continuing medical education programs, except as~~
13 ~~directed by the board to correct deficiencies of training or education as~~
14 ~~directed under section 12-240-125 (5)(c)(HH)(B)~~ A LICENSEE SHALL
15 DEMONSTRATE COMPLIANCE WITH CONTINUING MEDICAL EDUCATION
16 REQUIRED PURSUANT TO SECTION 12-240-146 AS A REQUIREMENT FOR
17 RENEWAL PURSUANT TO THIS SECTION.

18 **SECTION 15.** In Colorado Revised Statutes, **add** 12-240-146 as
19 follows:

20 **12-240-146. Continuing education - competency standards for**
21 **prescribing opioids - rules.** THE BOARD, IN CONSULTATION WITH THE
22 CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION,
23 TREATMENT, AND RECOVERY SUPPORT STRATEGIES CREATED IN SECTION
24 27-80-118, SHALL PROMULGATE RULES TO ESTABLISH
25 COMPETENCY-BASED STANDARDS FOR CONTINUING MEDICAL EDUCATION
26 FOR PHYSICIANS AND PHYSICIAN ASSISTANTS CONCERNING THE
27 PRESCRIBING PRACTICES FOR OPIOIDS. THE BOARD SHALL REQUIRE

1 FULFILLMENT OF THE CONTINUING EDUCATION REQUIREMENTS AS A
2 REQUIREMENT FOR LICENSURE RENEWAL.

3 **SECTION 16.** In Colorado Revised Statutes, 12-280-404, **amend**
4 (3)(1)(I), (4)(a) introductory portion, (4)(c), and (7); **repeal** (4)(e); and
5 **add** (4)(a.5) as follows:

6 **12-280-404. Program operation - access - rules - definitions.**

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

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

13 (I) The information released is specific to an individual who is the
14 subject of an autopsy OR A DEATH INVESTIGATION conducted by the
15 medical examiner or coroner;

16 (4) (a) Each practitioner or ~~his or her~~ THE PRACTITIONER'S
17 designee shall query the program prior to prescribing ~~the second fill for~~
18 an opioid unless the patient receiving the prescription:

19 (a.5) EACH PRACTITIONER OR THE PRACTITIONER'S DESIGNEE
20 SHALL QUERY THE PROGRAM BEFORE PRESCRIBING A BENZODIAZEPINE TO
21 A PATIENT UNLESS THE BENZODIAZEPINE IS PRESCRIBED TO TREAT A
22 PATIENT IN HOSPICE OR TO TREAT A SEIZURE OR SEIZURE DISORDER,
23 ALCOHOL WITHDRAWAL, OR A NEUROLOGICAL EMERGENCY EVENT
24 INCLUDING A POSTTRAUMATIC BRAIN INJURY.

25 (c) A practitioner or ~~his or her~~ THE PRACTITIONER'S designee
26 complies with this subsection (4) if ~~he or she~~ THE PRACTITIONER OR
27 PRACTITIONER'S DESIGNEE attempts to access the program ~~prior to~~ BEFORE

1 prescribing ~~the second fill~~ for an opioid OR A BENZODIAZEPINE and the
2 program is not available or is inaccessible due to technical failure.

3 (e) ~~This subsection (4) is repealed, effective September 1, 2021.~~

4 (7) (a) The board shall provide a means of sharing information
5 about individuals whose information is recorded in the program with
6 out-of-state health-care practitioners and law enforcement officials that
7 meet the requirements of subsection (3)(b), (3)(d), or (3)(g) of this
8 section.

9 (b) THE BOARD MAY, WITHIN EXISTING FUNDS AVAILABLE FOR
10 OPERATION OF THE PROGRAM, PROVIDE A MEANS OF SHARING
11 PRESCRIPTION INFORMATION WITH THE HEALTH INFORMATION
12 ORGANIZATION NETWORK, AS DEFINED IN SECTION 25-3.5-103 (8.5), IN
13 ORDER TO WORK COLLABORATIVELY WITH THE STATEWIDE HEALTH
14 INFORMATION EXCHANGES DESIGNATED BY THE DEPARTMENT OF HEALTH
15 CARE POLICY AND FINANCING. USE OF THE INFORMATION MADE
16 AVAILABLE PURSUANT TO THIS SUBSECTION (7)(b) IS SUBJECT TO PRIVACY
17 AND SECURITY PROTECTIONS IN STATE LAW AND THE FEDERAL "HEALTH
18 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996",
19 PUB.L.104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS.

20 **SECTION 17.** In Colorado Revised Statutes, 27-80-118, **amend**
21 (4)(a) as follows:

22 **27-80-118. Center for research into substance use disorder**
23 **prevention, treatment, and recovery support strategies - legislative**
24 **declaration - established - repeal.** (4) (a) (I) The center shall develop
25 and implement a series of continuing education activities designed to help
26 a prescriber of pain medication to safely and effectively manage patients
27 with pain and, when appropriate, prescribe opioids or medication-assisted

1 treatment. THE EDUCATIONAL ACTIVITIES MUST ALSO INCLUDE BEST
2 PRACTICES FOR PRESCRIBING BENZODIAZEPINES AND THE POTENTIAL HARM
3 OF INAPPROPRIATELY LIMITING PRESCRIPTIONS TO CHRONIC PAIN
4 PATIENTS. The educational activities must apply to physicians, physician
5 assistants, nurses, and dentists, WITH AN EMPHASIS ON PHYSICIANS,
6 PHYSICIAN ASSISTANTS, NURSES, AND DENTISTS SERVING UNDERSERVED
7 POPULATIONS AND COMMUNITIES.

8 (II) FOR THE STATE FISCAL YEARS 2021-22 THROUGH 2025-26, THE
9 GENERAL ASSEMBLY SHALL APPROPRIATE TWO HUNDRED FIFTY THOUSAND
10 DOLLARS PER YEAR FROM THE MARIJUANA TAX CASH FUND CREATED IN
11 SECTION 39-28.8-501 (1) TO THE DEPARTMENT FOR ALLOCATION TO THE
12 CENTER FOR THE PURPOSES OF THIS SUBSECTION (4).

13 **SECTION 18.** In Colorado Revised Statutes, **add** 27-80-124 as
14 follows:

15 **27-80-124. Colorado substance use disorders prevention**
16 **collaborative - created - mission - administration - repeal.** (1) THE
17 OFFICE OF BEHAVIORAL HEALTH SHALL CONVENE AND ADMINISTER A
18 COLORADO SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE
19 WITH INSTITUTIONS OF HIGHER EDUCATION, NONPROFIT AGENCIES, AND
20 STATE AGENCIES, REFERRED TO IN THIS SECTION AS THE
21 "COLLABORATIVE", FOR THE PURPOSE OF GATHERING FEEDBACK FROM
22 LOCAL PUBLIC HEALTH AGENCIES, INSTITUTIONS OF HIGHER EDUCATION,
23 NONPROFIT AGENCIES, AND STATE AGENCIES CONCERNING
24 EVIDENCE-BASED PREVENTION PRACTICES TO FULFILL THE MISSION STATED
25 IN SUBSECTION (2) OF THIS SECTION.

26 (2) THE MISSION OF THE COLLABORATIVE IS TO:

27 (a) COORDINATE WITH AND ASSIST STATE AGENCIES AND

1 COMMUNITIES TO STRENGTHEN COLORADO'S PREVENTION
2 INFRASTRUCTURE AND TO IMPLEMENT A STATEWIDE STRATEGIC PLAN FOR
3 PRIMARY PREVENTION OF SUBSTANCE USE DISORDERS FOR STATE FISCAL
4 YEARS 2021-22 THROUGH 2024-25;

5 (b) ADVANCE THE USE OF TESTED AND EFFECTIVE PREVENTION
6 PROGRAMS AND PRACTICES THROUGH EDUCATION, OUTREACH, ADVOCACY,
7 AND TECHNICAL ASSISTANCE, WITH AN EMPHASIS ON ADDRESSING THE
8 NEEDS OF UNDERSERVED POPULATIONS AND COMMUNITIES;

9 (c) DIRECT EFFORTS TO RAISE PUBLIC AWARENESS OF THE COST
10 SAVINGS OF PREVENTION MEASURES;

11 (d) PROVIDE DIRECT TRAINING AND TECHNICAL ASSISTANCE TO
12 COMMUNITIES REGARDING SELECTION, IMPLEMENTATION, AND
13 SUSTAINMENT OF TESTED AND EFFECTIVE PRIMARY PREVENTION
14 PROGRAMS;

15 (e) PURSUE LOCAL AND STATE POLICY CHANGES THAT ENHANCE
16 THE USE OF TESTED AND EFFECTIVE PRIMARY PREVENTION PROGRAMS;

17 (f) ADVISE STATE AGENCIES AND COMMUNITIES REGARDING NEW
18 AND INNOVATIVE PRIMARY PREVENTION PROGRAMS AND PRACTICES;

19 (g) SUPPORT FUNDING EFFORTS IN ORDER TO ALIGN FUNDING AND
20 SERVICES AND COMMUNICATE WITH COMMUNITIES ABOUT FUNDING
21 STRATEGIES;

22 (h) WORK WITH KEY STATE AND COMMUNITY STAKEHOLDERS TO
23 ESTABLISH A MINIMUM STANDARD FOR PRIMARY PREVENTION PROGRAMS
24 IN COLORADO; AND

25 (i) WORK WITH PREVENTION SPECIALISTS AND EXISTING TRAINING
26 AGENCIES TO PROVIDE AND SUPPORT TRAINING TO STRENGTHEN
27 COLORADO'S PREVENTION WORKFORCE.

1 (3) THE OFFICE OF BEHAVIORAL HEALTH AND THE COLLABORATIVE
2 SHALL:

3 (a) ESTABLISH COMMUNITY-BASED PREVENTION COALITIONS AND
4 DELIVERY SYSTEMS TO REDUCE SUBSTANCE MISUSE;

5 (b) IMPLEMENT EFFECTIVE PRIMARY PREVENTION PROGRAMS IN
6 COLORADO COMMUNITIES WITH THE GOAL OF INCREASING THE NUMBER OF
7 PROGRAMS TO REACH THOSE IN NEED STATEWIDE; AND

8 (c) COORDINATE WITH DESIGNATED STATE AGENCIES AND OTHER
9 ORGANIZATIONS TO PROVIDE PREVENTION SCIENCE TRAINING TO
10 SYSTEMIZE, UPDATE, EXPAND, AND STRENGTHEN PREVENTION
11 CERTIFICATION TRAINING AND PROVIDE CONTINUING EDUCATION TO
12 PREVENTION SPECIALISTS.

13 (4) IN ORDER TO IMPLEMENT AND PROVIDE SUSTAINABILITY TO THE
14 COLLABORATIVE, FOR STATE FISCAL YEARS 2021-22 THROUGH 2024-25,
15 THE GENERAL ASSEMBLY SHALL APPROPRIATE MONEY FROM THE
16 MARIJUANA TAX CASH FUND CREATED IN SECTION 39-28.8-501 (1) TO THE
17 OFFICE OF BEHAVIORAL HEALTH TO ACCOMPLISH THE MISSION OF THE
18 COLLABORATIVE.

19 (5) THE OFFICE OF BEHAVIORAL HEALTH SHALL REPORT ITS
20 PROGRESS TO THE GENERAL ASSEMBLY ON OR BEFORE SEPTEMBER 1, 2022,
21 AND EACH SEPTEMBER 1 THROUGH SEPTEMBER 1, 2025.

22 (6) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 30, 2025.

23 **SECTION 19. Effective date.** (1) Except as provided in
24 subsections (2) and (3) of this section, this act takes effect July 1, 2021.

25 (2) Sections 2 and 3 of this act take effect January 1, 2023.

26 (3) Section 16 of this act takes effect only if Senate Bill 21-098
27 becomes law and takes effect either upon the effective date of this act or

1 Senate Bill 21-098, whichever is later.

2 **SECTION 20. Safety clause.** The general assembly hereby finds,
3 determines, and declares that this act is necessary for the immediate
4 preservation of the public peace, health, or safety.