

Second Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO

**ENGROSSED**

*This Version Includes All Amendments Adopted  
on Second Reading in the House of Introduction*

LLS NO. 22-0640.01 Brita Darling x2241

**SENATE BILL 22-098**

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**SENATE SPONSORSHIP**

**Rodriguez,**

**HOUSE SPONSORSHIP**

**(None),**

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

101 CONCERNING A TASK FORCE TO EXAMINE THE CREATION OF A  
102 PROGRAM ALLOWING FOR THE USE OF DONATED UNUSED DRUGS,  
103 AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

**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 creates the Colorado drug reuse opportunity program (program). The program allows members of the public, health-care providers, pharmacies, health-care facilities, drug manufacturers, and other entities to donate prescription drugs, excluding controlled substances, and "over-the-counter" medicine (drugs) to be distributed or

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.

SENATE  
Amended 2nd Reading  
April 19, 2022

redispensed to Colorado residents with a prescription for such a drug or symptoms treatable with such a drug (eligible patients). Donated drugs are free to eligible patients, although there may be a fee for processing and redispensing the drugs.

The bill establishes requirements for:

- Donating unused drugs, receiving and accepting drug donations, and redispensing and administering unused drugs to eligible patients;
- Storing, repackaging, and labeling donated drugs;
- Disposing of donated drugs that cannot be redispensed; and
- Record keeping relating to the donation, receipt, and reuse of the donated drugs.

In redispensing the donated drugs, to the extent possible, the program gives priority to eligible patients who are not covered by health insurance or who lack adequate health insurance coverage or whose income falls below a certain income level.

The state board of pharmacy shall promulgate rules, including rules for donating and receiving drugs, labeling and repackaging drugs, and redispensing or administering drugs by persons authorized to dispense or administer drugs.

With certain exceptions, the bill provides immunity from civil or criminal liability or professional discipline for a manufacturer, donor, or receiver of drugs for activities directly attributable to donating, receiving, redispensing, or administering a drug under the program.

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

2 **SECTION 1. In Colorado Revised Statutes, add 25-1.5-118 as**  
3 **follows:**

4 **25-1.5-118. Drug repository task force - creation - report -**  
5 **definitions - repeal. (1) THE DRUG REPOSITORY TASK FORCE IS HEREBY**  
6 **CREATED IN THE DEPARTMENT. THE PURPOSE OF THE TASK FORCE IS TO**  
7 **EXAMINE DRUG REPOSITORY PROGRAMS FOR UNUSED PRESCRIPTION DRUGS**  
8 **AND OVER-THE-COUNTER MEDICATIONS IN THE COUNTRY TO DETERMINE**  
9 **THE BEST MODEL FOR COLORADO TO IMPLEMENT A SAFE, EFFICIENT, AND**  
10 **EFFECTIVE DRUG REPOSITORY PROGRAM IN THE STATE.**

11 **(2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE**

1 REQUIRES:

2 (a) "MEDICINE" MEANS PRESCRIPTION DRUGS AND  
3 OVER-THE-COUNTER MEDICATIONS.

4 (b) "TASK FORCE" MEANS THE DRUG REPOSITORY TASK FORCE  
5 CREATED IN THIS SECTION.

6 (3) THE TASK FORCE CONSISTS OF AT LEAST THIRTEEN AND NO  
7 MORE THAN FIFTEEN VOTING MEMBERS, AS FOLLOWS:

8 (a) SIX MEMBERS APPOINTED BY THE EXECUTIVE DIRECTOR OF THE  
9 DEPARTMENT, AS FOLLOWS:

10 (I) ONE MEMBER REPRESENTING THE DEPARTMENT;

11 (II) ONE MEMBER REPRESENTING PATIENTS;

12 (III) ONE MEMBER FROM A STATEWIDE ADVOCACY GROUP  
13 REPRESENTING CHRONIC HEALTH CONDITIONS;

14 (IV) ONE MEMBER FROM A STATEWIDE ORGANIZATION OF  
15 HOSPITALS;

16 (V) ONE MEMBER FROM A SAFETY NET HOSPITAL; AND

17 (VI) ONE MEMBER FROM A STATEWIDE ASSOCIATION OF  
18 PLAINTIFF'S ATTORNEYS;

19 (b) SIX MEMBERS APPOINTED BY THE EXECUTIVE DIRECTOR OF THE  
20 DEPARTMENT OF REGULATORY AGENCIES, AS FOLLOWS:

21 (I) ONE MEMBER REPRESENTING THE DEPARTMENT OF  
22 REGULATORY AGENCIES;

23 (II) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF  
24 PHARMACISTS;

25 (III) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF  
26 COMMUNITY PHARMACIES;

27 (IV) ONE MEMBER REPRESENTING PHARMACEUTICAL

1 MANUFACTURERS;  
2 (V) ONE MEMBER REPRESENTING DRUG REPOSITORY PROGRAMS;  
3 AND  
4 (VI) ONE MEMBER WHO IS A PHYSICIAN WITH PRESCRIBING  
5 AUTHORITY;  
6 (c) ONE MEMBER APPOINTED BY THE EXECUTIVE DIRECTOR OF THE  
7 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING REPRESENTING THE  
8 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; AND  
9 (d) UP TO TWO ADDITIONAL MEMBERS APPOINTED BY THE  
10 EXECUTIVE DIRECTOR OF THE DEPARTMENT, AS THE EXECUTIVE DIRECTOR  
11 DEEMS APPROPRIATE TO CARRY OUT THE TASK FORCE'S DUTIES.  
12 (4) THE APPOINTING AUTHORITIES SPECIFIED IN SUBSECTION (3) OF  
13 THIS SECTION SHALL APPOINT MEMBERS OF THE TASK FORCE NO LATER  
14 THAN AUGUST 1, 2022. EACH TASK FORCE MEMBER SERVES AT THE  
15 PLEASURE OF THE APPOINTING AUTHORITY.  
16 (5) EACH TASK FORCE MEMBER SERVES WITHOUT COMPENSATION  
17 AND IS NOT ENTITLED TO REIMBURSEMENT FOR ANY EXPENSES  
18 ASSOCIATED WITH SERVING ON THE TASK FORCE.  
19 (6) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT, OR THE  
20 EXECUTIVE DIRECTOR'S DESIGNEE, SHALL CONVENE THE FIRST MEETING OF  
21 THE TASK FORCE NO LATER THAN SEPTEMBER 15, 2022. THE TASK FORCE  
22 SHALL MEET AS NECESSARY TO COMPLETE ITS WORK, AS DETERMINED BY  
23 THE EXECUTIVE DIRECTOR OF THE DEPARTMENT, OR THE EXECUTIVE  
24 DIRECTOR'S DESIGNEE.  
25 (7) THE TASK FORCE SHALL CONSIDER, AT A MINIMUM, THE  
26 FOLLOWING ISSUES:  
27 (a) DRUG REPOSITORIES IN OTHER STATES, INCLUDING ILLINOIS

1 AND IOWA, AS POSSIBLE MODELS FOR A COLORADO DRUG REPOSITORY  
2 PROGRAM;

3 (b) THE DRUG REPOSITORY MODEL THAT WILL BE THE SAFEST,  
4 MOST EFFICIENT, AND MOST EFFECTIVE FOR COLORADO;

5 (c) THE MEDICATIONS THAT WILL BE INCLUDED IN THE DRUG  
6 REPOSITORY PROGRAM;

7 (d) THE NECESSARY REQUIREMENTS FOR DONATING, RECEIVING,  
8 PACKAGING, AND REDISPENSING MEDICINE;

9 (e) ANY LEGAL OR REGULATORY BARRIERS TO IMPLEMENTING THE  
10 DRUG REPOSITORY PROGRAM AND HOW TO ELIMINATE THE BARRIERS;

11 (f) THE FEES OR OTHER COSTS ASSOCIATED WITH THE DRUG  
12 REPOSITORY PROGRAM;

13 (g) WHETHER AND HOW TO PRIORITIZE PATIENT ACCESS TO THE  
14 DRUG REPOSITORY PROGRAM;

15 (h) THE NECESSARY CHANGES TO EXISTING STATUTE OR RULES IN  
16 ORDER TO IMPLEMENT THE DRUG REPOSITORY PROGRAM;

17 (i) HOW THE DRUG REPOSITORY PROGRAM WILL INTERACT WITH  
18 EXISTING DRUG TAKE-BACK PROGRAMS AND DRUG DEPOSITORY PROGRAMS  
19 IN COLORADO; AND

20 (j) HOW TO MARKET THE DRUG REPOSITORY PROGRAM TO DONORS,  
21 CONSUMERS, MANUFACTURERS, AND PERSONS REDISPENSING MEDICINE.

22 (8) THE TASK FORCE MAY SOLICIT INFORMATION FROM AND  
23 CONSULT WITH ADDITIONAL STAKEHOLDERS AS NECESSARY TO DESIGN THE  
24 DRUG REPOSITORY PROGRAM.

25 (9) THE DEPARTMENT SHALL PROVIDE STAFF SUPPORT TO THE TASK  
26 FORCE TO ASSIST THE TASK FORCE IN CARRYING OUT ITS DUTIES.

27 (10) NO LATER THAN DECEMBER 15, 2022, THE TASK FORCE SHALL

1 SUBMIT ITS REPORT, INCLUDING ITS FINDINGS AND RECOMMENDATIONS ON  
2 ISSUES IDENTIFIED IN SUBSECTION (7) OF THIS SECTION, TO THE GOVERNOR  
3 AND THE PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES  
4 COMMITTEE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE  
5 OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE  
6 OF THE SENATE, OR ANY SUCCESSOR COMMITTEES.

7 (11) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2023.

8 **SECTION 2. Appropriation.** For the 2022-23 state fiscal year,  
9 \$47,423 is appropriated to the department of public health and  
10 environment for use by the center for health and environmental  
11 information. This appropriation is from the general fund and is based on  
12 an assumption that the center will require an additional 0.1 FTE. To  
13 implement this act, the center may use this appropriation for program  
14 costs.

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