

**Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

PREAMENDED

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

LLS NO. 24-0313.01 Brita Darling x2241

SENATE BILL 24-047

SENATE SPONSORSHIP

Jaquez Lewis and Priola, Cutter, Michaelson Jenet

HOUSE SPONSORSHIP

Young and Epps, Kipp

Senate Committees

Health & Human Services
Finance
Appropriations

House Committees

Health & Human Services
Appropriations

A BILL FOR AN ACT

101 **CONCERNING THE PREVENTION OF SUBSTANCE USE DISORDERS, AND, IN**
102 **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/>.)

Opioid and Other Substance Use Disorders Study Committee.
Sections 1 through 8 of the bill:

- Exempt veterinarians from complying with specific aspects of the prescription drug monitoring program (program) that are specific to prescriptions for human patients;
- Add reporting requirements for gabapentin, in addition to

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

SENATE
3rd Reading Unamended
April 24, 2024

SENATE
Amended 2nd Reading
April 23, 2024

prescriptions for controlled substances in this state, to the program;

- Allow the medical director of a medical practice or hospital to appoint designees to query the program on behalf of a practitioner in the medical practice or hospital setting;
- Allow the department of health care policy and financing to access the program, consistent with federal data privacy requirements, for purposes of care coordination, utilization review, and federally required reporting relating to recipients of certain benefits; and
- Update current language in the laws relating to the program by using more modern terminology.

Sections 9 and 11 create the substance use disorder prevention gap grant program (grant program) in the department of public health and environment (department). The grant program provides grants to community-based organizations to fill gaps in funding for substance use disorder prevention services in areas of highest need, including community-oriented, children-oriented, youth-oriented, and family-oriented prevention services.

The department, in conjunction with the Colorado substance use disorders prevention collaborative (prevention collaborative), shall create a publicly available prevention services gap assessment tool to direct grant program awards to areas of highest need. After review of applications, the prevention collaborative shall make recommendations to the department, and, subject to available appropriations, the department shall award 2-year grants based on those recommendations.

The bill requires the department to administer the grant program and application process and authorizes the executive director of the department to promulgate rules as necessary to implement the grant program. The department shall begin accepting grant applications no later than December 31, 2024.

The bill requires the general assembly to appropriate to the department \$1,500,000 from the general fund to implement the grant program. The grant program repeals in 2028.

Section 10 permits a multidisciplinary and multiagency drug overdose fatality review team established for a county, a city and county, a group of counties or cities and counties, or an Indian tribe (local team) to request and receive information from certain specified persons and entities as necessary to carry out the purpose and duties of the local team. Upon written request of the chair of a local team, a person or entity shall provide the local team with information and records regarding the person whose death or near death is being reviewed by the local team.

A person or entity that receives a records request from a local team may charge the local team a reasonable fee for the service of duplicating any records requested by the local team.

A person or entity, including a local or state agency, that provides information or records to a local team is not subject to civil or criminal liability or any professional disciplinary action pursuant to state law as a result of providing the information or record.

Upon request of a local team, a person who is not a member of a local team may attend and participate in a meeting at which a local team reviews confidential information and considers a plan, an intervention, or other course of conduct based on that review. The bill requires each person at a local team meeting to sign a confidentiality form before reviewing information and records received by the local team. Local team meetings in which confidential information is discussed are exempt from the open meetings provisions of the "Colorado Sunshine Act of 1972".

A local team shall maintain the confidentiality of information provided to the local team as required by state and federal law, and information and records acquired or created by a local team are not subject to inspection pursuant to the "Colorado Open Records Act". Local team members and a person who presents or provides information to a local team may not be questioned in any civil or criminal proceeding or disciplinary action regarding the information presented or provided.

Section 12 requires the department of health care policy and financing to publish guidance for providers concerning reimbursement for all variations of screening, brief intervention, and referral to treatment interventions.

Section 13 requires the substance use screening, brief intervention, and referral to treatment grant program to implement:

- A statewide adolescent substance use screening, brief intervention, and referral practice that includes training and technical assistance for appropriate professionals in Colorado schools, with the purpose of identifying students who would benefit from screening, brief intervention, and potential referral to resources, including treatment; and
- A statewide substance use screening, brief intervention, and referral practice for pediatricians and professionals in pediatric settings, with the purpose of identifying adolescent patients who would benefit from screening, brief intervention, and potential referral to resources, including treatment.

Current law authorizes the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to conduct a statewide perinatal substance use data linkage project (data linkage project) that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy. **Section 14:**

- Requires the center to conduct the data linkage project;

- Requires the data linkage project to utilize data from additional state and federal programs; and
- Expands the data linkage project to examine the education of pregnant and postpartum women with substance use disorders.

Section 15 authorizes the university of Colorado school of medicine (school of medicine) to conduct a statewide opioid use disorder prevalence data linkage project (data linkage project) that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for individuals with opioid misuse or use disorders. The bill includes sources of data to be used in the data linkage project. The governor's office of information technology shall perform secure linkage and anonymization of the data. The school of medicine will report annually to certain committees of the general assembly on the data linkage project and its outcomes.

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

2 **SECTION 1.** In Colorado Revised Statutes, 12-30-109, **amend**
 3 (4)(e); and **repeal** (4)(f) as follows:

4 **12-30-109. Prescriptions - limitations - definition - rules.**

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

6 (e) A podiatrist licensed pursuant to article 290 of this title 12; OR

7 (f) ~~A veterinarian licensed pursuant to part 1 of article 315 of this~~
 8 ~~title 12; or~~

9 **SECTION 2.** In Colorado Revised Statutes, 12-280-401, **amend**
 10 (1)(b), (1)(c), and (1)(d) as follows:

11 **12-280-401. Legislative declaration.** (1) The general assembly
 12 finds, determines, and declares that:

13 (b) Prescription drug misuse occurs at times due to the deception
 14 of ~~the~~ authorized practitioners, where patients seek controlled substances
 15 for treatment and the practitioner is unaware of the patient's other medical
 16 providers and treatments;

1 (c) Electronic monitoring of prescriptions for controlled
2 substances AND GABAPENTINOIDS provides a mechanism whereby
3 practitioners can discover the extent of each patient's requests for drugs
4 and whether other providers have prescribed similar substances during a
5 similar period of time; AND

6 (d) Electronic monitoring of prescriptions for controlled
7 substances AND GABAPENTINOIDS provides a mechanism for law
8 enforcement officials and regulatory boards to efficiently investigate
9 practitioner behavior that is potentially harmful to the public.

10 **SECTION 3.** In Colorado Revised Statutes, 12-280-402, **add**
11 (2.3) and (2.5) as follows:

12 **12-280-402. Definitions.** As used in this part 4, unless the context
13 otherwise requires:

14 (2.3) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED
15 PURSUANT TO SECTION 25-1.5-103.

16 (2.5) "MEDICAL DIRECTOR" MEANS A MEDICAL DIRECTOR OR
17 NURSE MEDICAL DIRECTOR OF A MEDICAL PRACTICE OR HOSPITAL IN THIS
18 STATE WHO IS A "PRESCRIBER" AS DEFINED IN SECTION 12-30-111 (4).

19 **SECTION 4.** In Colorado Revised Statutes, 12-280-403, **amend**
20 (1) introductory portion, (1)(c), (2)(a), (2)(b), (2)(c), and (3) as follows:

21 **12-280-403. Prescription drug use monitoring program -**
22 **registration required - applications - rules - appropriation - repeal.**

23 (1) The board shall develop or procure a ~~prescription controlled~~
24 ~~substance~~ PRESCRIPTION DRUG electronic program to track information
25 regarding prescriptions for controlled substances AND GABAPENTINOIDS
26 dispensed in Colorado, including the following information:

27 (c) The name and amount of the controlled substance AND THE

1 AMOUNT OF THE GABAPENTINOIDS;

2 (2) (a) Each practitioner licensed in this state who holds a current
3 registration issued by the federal drug enforcement administration, ~~and~~
4 each pharmacist licensed in this state, ~~AND EACH MEDICAL DIRECTOR~~ shall
5 register and maintain a user account with the program.

6 (b) When registering with the program or at any time ~~thereafter~~
7 ~~AFTER REGISTRATION~~, a practitioner may authorize designees to access the
8 program under section 12-280-404 (3)(b) or (3)(d) on behalf of the
9 practitioner, ~~and~~ a pharmacist may authorize designees to access the
10 program under section 12-280-404 (3)(f), ~~AND A MEDICAL DIRECTOR MAY~~
11 ~~AUTHORIZE DESIGNEES TO ACCESS THE PROGRAM UNDER SECTION~~
12 12-280-404 (3)(m) if:

13 (I) (A) The authorized designee ~~of the practitioner~~ is employed by,
14 or is under contract with, the same professional practice as the
15 practitioner ~~OR MEDICAL DIRECTOR~~; or

16 (B) The authorized designee of the pharmacist is employed by, or
17 is under contract with, the same prescription drug outlet as the
18 pharmacist; and

19 (II) The practitioner, ~~or~~ pharmacist, ~~OR MEDICAL DIRECTOR~~ takes
20 reasonable steps to ensure that the designee is sufficiently competent in
21 the use of the program; and

22 (III) The practitioner, ~~or~~ pharmacist, ~~OR MEDICAL DIRECTOR~~
23 remains responsible for:

24 (A) Ensuring that access to the program by the practitioner's ~~OR~~
25 ~~MEDICAL DIRECTOR'S~~ designee is limited to the purposes authorized in
26 section 12-280-404 ~~(3)(b) or (3)(d)~~ (3)(b), (3)(d), ~~OR (3)(m)~~, or that
27 access to the program by the pharmacist's designee is limited to the

1 purposes authorized in section 12-280-404 (3)(f), as the case may be, and
2 that access to the program occurs in a manner that protects the
3 confidentiality of the information obtained from the program; and

4 (B) Any negligent breach of confidentiality of information
5 obtained from the program by the ~~practitioner's or pharmacist's~~ designee
6 when the designee accessed the program on behalf of ~~the~~ A supervising
7 practitioner, ~~or~~ pharmacist, OR MEDICAL DIRECTOR.

8 (c) A practitioner, ~~or~~ pharmacist, OR MEDICAL DIRECTOR is subject
9 to penalties pursuant to section 12-280-406 for violating the requirements
10 of subsection (2)(b) of this section.

11 (3) Each practitioner and each dispensing pharmacy shall disclose
12 to a patient receiving a controlled substance OR GABAPENTINOID that ~~his~~
13 ~~or her~~ THE PATIENT'S identifying prescription information will be entered
14 into the program database and may be accessed for limited purposes by
15 specified individuals.

16 **SECTION 5.** In Colorado Revised Statutes, 12-280-404, **amend**
17 (2)(c), (3)(b), (3)(c)(I), (3)(d), (3)(f), (4)(a) introductory portion, (4)(a.5),
18 and (4)(c); **repeal** (2)(b)(I); and **add** (3)(m), (3)(n), and (3)(o) as follows:

19 **12-280-404. Program operation - access - rules - definitions.**

20 (2) (b) The rules adopted pursuant to subsection (2)(a) of this section
21 may:

22 (I) ~~Identify prescription drugs and substances by using~~
23 ~~evidence-based practices, in addition to controlled substances, that have~~
24 ~~a substantial potential for abuse and must require pharmacists and~~
25 ~~prescription drug outlets to report those prescription drugs and substances~~
26 ~~to the program when they are dispensed to a patient; and~~

27 (c) ~~The board shall determine if the program should track all~~

1 ~~prescription drugs prescribed in this state. If the board makes such~~
2 ~~determination, the board shall promulgate rules on or before June 1, 2022,~~
3 ~~to include all prescription drugs in the program. If the board determines~~
4 ~~that one or more prescription drugs should not be tracked through the~~
5 ~~program, the board shall publicly note the justification for such exclusion~~
6 ~~during the rule-making process~~ THE PROGRAM SHALL TRACK ALL
7 CONTROLLED SUBSTANCES AND GABAPENTINOIDS DISPENSED IN THIS
8 STATE. EACH PHARMACY SHALL UPLOAD ALL CONTROLLED SUBSTANCES
9 AND GABAPENTINOIDS DISPENSED IN EACH PHARMACY IN ACCORDANCE
10 WITH ALL APPLICABLE REPORTING REQUIREMENTS.

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

13 (b) ~~Any~~ A practitioner with ~~the statutory authority to prescribe~~
14 ~~controlled substances~~ PRESCRIPTIVE AUTHORITY, or an individual
15 designated by the practitioner OR A MEDICAL DIRECTOR to act on ~~his or her~~
16 THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with
17 section 12-280-403 (2)(b), to the extent the query relates to a current
18 patient of the practitioner. The practitioner or ~~his or her~~ THE
19 PRACTITIONER'S designee shall identify ~~his or her~~ THE PERSON'S area of
20 health-care specialty or practice upon the initial query of the program.

21 (c) (I) ~~Any~~ A veterinarian with statutory authority to prescribe
22 controlled substances, to the extent the query relates to a current patient
23 or to a client and if the veterinarian, in the exercise of professional
24 judgment, has a reasonable basis to suspect the client has ~~committed drug~~
25 ~~abuse~~ A SUBSTANCE USE DISORDER or has mistreated an animal.

26 (d) A practitioner OR MEDICAL DIRECTOR, or an individual
27 designated by the practitioner OR MEDICAL DIRECTOR to act on ~~his or her~~

1 THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with
2 section 12-280-403 (2)(b), engaged in a legitimate program to monitor a
3 patient's ~~drug abuse~~ SUBSTANCE USE DISORDER;

4 (f) A pharmacist, an individual designated by a pharmacist in
5 accordance with section 12-280-403 (2)(b) to act on ~~his or her~~ THE
6 PHARMACIST'S behalf, or a pharmacist licensed in another state, to the
7 extent the information requested relates specifically to a current patient
8 to whom the pharmacist is dispensing or considering dispensing a
9 controlled substance or prescription drug or a patient to whom the
10 pharmacist is currently providing clinical patient care services;

11 (m) THE MEDICAL DIRECTOR IN EACH DIRECTOR'S ROLE AT A
12 MEDICAL PRACTICE OR HOSPITAL WITH RESPECT TO ANY CURRENT PATIENT
13 OF THE MEDICAL PRACTICE OR HOSPITAL UNDER THE DIRECTOR'S
14 SUPERVISION; AND

15 ==
16 (n) (I) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
17 CARE POLICY AND FINANCING OR THE EXECUTIVE DIRECTOR'S DESIGNEE,
18 FOR THE PURPOSES OF CARE COORDINATION, UTILIZATION REVIEW, AND
19 FEDERALLY REQUIRED REPORTING PERTAINING TO RECIPIENTS OF BENEFITS
20 UNDER THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND
21 6 OF TITLE 25.5, AND ENROLLEES UNDER THE "CHILDREN'S BASIC HEALTH
22 PLAN ACT", ARTICLE 8 OF TITLE 25.5, AS LONG AS THE DEPARTMENT'S USE
23 OF THE PROGRAM DATA IS CONSISTENT WITH THE FEDERAL "HEALTH
24 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L.
25 104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS,
26 INCLUDING THE REQUIREMENT TO REMOVE ANY PERSONALLY IDENTIFYING
27 INFORMATION UNLESS EXEMPTED FROM THE REQUIREMENT.

1 (II) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
2 SHALL USE THE DATA COLLECTED PURSUANT TO SUBSECTION (3)(n)(I) OF
3 THIS SECTION TO REVIEW AND ANALYZE CURRENT RULES AND OTHER
4 POLICIES, APPROPRIATE UTILIZATION, AND SAFE PRESCRIBING PRACTICES.

5 (4) (a) ~~Each~~ A practitioner, EXCEPT FOR A VETERINARIAN
6 LICENSED PURSUANT TO PART 1 OF ARTICLE 315 OF THIS TITLE 12, or the
7 ~~practitioner's~~ designee OF A PRACTITIONER OR MEDICAL DIRECTOR shall
8 query the program prior to prescribing an opioid unless the patient
9 receiving the prescription:

10 (a.5) ~~Each~~ A practitioner, EXCEPT A VETERINARIAN LICENSED
11 PURSUANT TO PART 1 OF ARTICLE 315 OF THIS TITLE 12, or the
12 ~~practitioner's~~ designee OF A PRACTITIONER OR MEDICAL DIRECTOR shall
13 query the program before prescribing a benzodiazepine to a patient unless
14 the benzodiazepine is prescribed to treat a patient in hospice or to treat
15 epilepsy, a seizure or seizure disorder, a suspected seizure disorder,
16 spasticity, alcohol withdrawal, or a neurological condition, including a
17 posttraumatic brain injury or catatonia.

18 (c) A practitioner or the ~~practitioner's~~ designee OF A PRACTITIONER
19 OR OF A MEDICAL DIRECTOR complies with this subsection (4) if the
20 practitioner or THE ~~practitioner's~~ OR MEDICAL DIRECTOR'S designee
21 attempts to access the program before prescribing an opioid or a
22 benzodiazepine and the program is not available or is inaccessible due to
23 technical failure.

24 **SECTION 6.** In Colorado Revised Statutes, 12-280-407, **amend**
25 (2) as follows:

26 **12-280-407. Prescription drug outlets - prescribers -**
27 **responsibilities - liability.** (2) A practitioner who has, in good faith,

1 written a prescription for a controlled substance OR GABAPENTINOID to a
2 patient is not liable for information submitted to the program. A
3 practitioner, THE DESIGNEE OF A PRACTITIONER OR MEDICAL DIRECTOR, or
4 prescription drug outlet ~~who~~ THAT has, in good faith, submitted the
5 required information to the program is not liable for participation in the
6 program.

7 **SECTION 7.** In Colorado Revised Statutes, 12-280-408, **amend**
8 (2) as follows:

9 **12-280-408. Exemption - waiver.** (2) A prescription drug outlet
10 that does not report controlled substance AND GABAPENTINOID data to the
11 program due to a lack of electronic automation of the outlet's business
12 may apply to the board for a waiver from the reporting requirements.

13 **SECTION 8.** In Colorado Revised Statutes, **repeal** 12-315-126
14 as follows:

15 **12-315-126. Prescriptions - limitations.** ~~A veterinarian is subject~~
16 ~~to the limitations on prescriptions specified in section 12-30-109.~~

17 ==

18 **SECTION 9.** In Colorado Revised Statutes, **add** part 22 to article
19 20.5 of title 25 as follows:

20 PART 22

21 LOCAL OVERDOSE FATALITY REVIEW

22 **25-20.5-2201. Definitions.** AS USED IN THIS PART 22, UNLESS THE
23 CONTEXT OTHERWISE REQUIRES:

24 (1) "BEHAVIORAL HEALTH ENTITY" HAS THE SAME MEANING AS
25 SET FORTH IN SECTION 27-50-101 (4).

26 (2) "HEALTH-CARE FACILITY" MEANS A FACILITY LICENSED OR
27 CERTIFIED BY THE DEPARTMENT PURSUANT TO SECTION 25-1.5-103.

1 (3) "LOCAL TEAM" MEANS A MULTIDISCIPLINARY AND
2 MULTIAGENCY DRUG OVERDOSE FATALITY REVIEW TEAM ESTABLISHED BY
3 A LOCAL OR DISTRICT PUBLIC HEALTH AGENCY.

4 (4) "OVERDOSE FATALITY REVIEW" MEANS A PROCESS IN WHICH A
5 MULTIDISCIPLINARY TEAM PERFORMS A SERIES OF INDIVIDUAL OVERDOSE
6 FATALITY REVIEWS TO EFFECTIVELY IDENTIFY SYSTEM GAPS AND
7 INNOVATIVE COMMUNITY-SPECIFIC OVERDOSE PREVENTION AND
8 INTERVENTION STRATEGIES.

9 **25-20.5-2202. Establishment of overdose fatality review**
10 **teams.** (1) COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES WITHIN THE
11 STATE MAY ESTABLISH A MULTIDISCIPLINARY AND MULTIAGENCY
12 OVERDOSE FATALITY REVIEW LOCAL TEAM. A LOCAL TEAM MUST BE
13 CREATED PURSUANT TO THIS ARTICLE 20.5.

14 (2) TWO OR MORE COUNTIES MAY AGREE TO JOINTLY ESTABLISH
15 A SINGLE MULTICOUNTY TEAM.

16 (3) MULTICOUNTY OR MULTIDISTRICT TEAM MEMBERS SHALL
17 ENTER INTO A MEMORANDUM OF UNDERSTANDING AMONG THE COUNTIES
18 OR DISTRICTS REGARDING TEAM MEMBERSHIP, STAFFING, AND
19 OPERATIONS.

20 **25-20.5-2203. Composition of overdose fatality review teams**
21 **- required members - additional members - responsibilities of the**
22 **chair.** (1) EACH LOCAL TEAM MUST CONSIST OF AT LEAST FIVE OF THE
23 FOLLOWING INDIVIDUALS, ORGANIZATIONS, AGENCIES, AND AREAS OF
24 EXPERTISE, IF AVAILABLE; EXCEPT THAT THERE SHALL NOT BE MORE THAN
25 ONE REPRESENTATIVE FROM LAW ENFORCEMENT:

26 (a) THE COUNTY OR DISTRICT HEALTH OFFICER, OR THE OFFICER'S
27 DESIGNEE;

1 (b) THE DIRECTOR OF THE LOCAL DEPARTMENT OF HUMAN
2 SERVICES, OR THE DIRECTOR'S DESIGNEE;

3 (c) THE LOCAL DISTRICT ATTORNEY, OR THE DISTRICT ATTORNEY'S
4 DESIGNEE;

5 (d) THE DIRECTOR OF BEHAVIORAL HEALTH SERVICES IN THE
6 COUNTY, OR THE DIRECTOR'S DESIGNEE;

7 (e) A STATE, COUNTY, OR MUNICIPAL LAW ENFORCEMENT OFFICER;

8 (f) A REPRESENTATIVE OF A LOCAL JAIL OR DETENTION CENTER;

9 (g) THE LOCAL MEDICAL EXAMINER OR CORONER, OR ITS
10 DESIGNEE;

11 (h) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN THE
12 PREVENTION, DIAGNOSIS, AND TREATMENT OF SUBSTANCE USE DISORDERS;

13 (i) A MENTAL HEALTH PROVIDER WHO SPECIALIZES IN SUBSTANCE
14 USE DISORDERS;

15 (j) A REPRESENTATIVE OF AN EMERGENCY MEDICAL SERVICES
16 PROVIDER IN THE COUNTY;

17 (k) A REPRESENTATIVE FROM PAROLE, PROBATION, AND
18 COMMUNITY CORRECTIONS;

19 (l) A REPRESENTATIVE FROM A HARM REDUCTION PROVIDER; AND

20 (m) A RECOVERY COACH, PEER SUPPORT WORKER, OR OTHER
21 REPRESENTATIVE OF THE RECOVERY COMMUNITY.

22 (2) A LOCAL TEAM MAY INCLUDE THE FOLLOWING ADDITIONAL
23 INDIVIDUALS, ORGANIZATIONS, AGENCIES, AND AREAS OF EXPERTISE, IF
24 AVAILABLE, AS EITHER PERMANENT OR AUXILIARY MEMBERS:

25 (a) THE LOCAL SUPERINTENDENT OF SCHOOLS, OR THE
26 SUPERINTENDENT'S DESIGNEE;

27 (b) A REPRESENTATIVE OF A LOCAL HOSPITAL;

1 (c) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN EMERGENCY
2 MEDICINE;

3 (d) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN PAIN
4 MANAGEMENT;

5 (e) A PHARMACIST WITH A BACKGROUND IN PRESCRIPTION DRUG
6 MISUSE AND DIVERSION;

7 (f) A SUBSTANCE USE DISORDER TREATMENT PROVIDER FROM A
8 LICENSED SUBSTANCE USE DISORDER TREATMENT PROGRAM;

9 (g) A POISON CONTROL CENTER REPRESENTATIVE;

10 (h) A MENTAL HEALTH PROVIDER WHO IS A GENERALIST;

11 (i) A PRESCRIPTION DRUG MONITORING PROGRAM ADMINISTRATOR;

12 (j) A REPRESENTATIVE FROM A LOCAL DRUG COURT; AND

13 (k) ANY OTHER INDIVIDUAL NECESSARY FOR THE WORK OF THE
14 LOCAL TEAM, RECOMMENDED BY THE LOCAL TEAM AND APPOINTED BY
15 THE CHAIR.

16 (3) (a) (I) THE CHAIR OF THE LOCAL TEAM MUST BE THE COUNTY
17 OR DISTRICT PUBLIC HEALTH DIRECTOR. IF THE COUNTY OR DISTRICT
18 PUBLIC HEALTH DIRECTOR IS UNABLE TO PARTICIPATE, THE DIRECTOR MAY
19 DESIGNATE A PERSON EMPLOYED BY THE COUNTY OR DISTRICT HEALTH
20 AGENCY THAT HOUSES THE LOCAL TEAM TO SERVE AS THE CHAIR OF THE
21 LOCAL TEAM.

22 (II) IF A LOCAL TEAM IS A MULTICOUNTY OR MULTIDISTRICT TEAM,
23 THE MEMBERS OF THE TEAM MAY VOTE TO APPOINT ONE OF THE COUNTY
24 OR DISTRICT PUBLIC HEALTH DIRECTORS TO SERVE AS CHAIR, OR APPOINT
25 THE DIRECTOR'S DESIGNEE, OR THE COUNTY OR DISTRICT PUBLIC HEALTH
26 DIRECTORS OR DESIGNEES MAY SERVE AS CO-CHAIRS.

27 (b) THE CHAIR OF THE LOCAL TEAM IS RESPONSIBLE FOR THE

1 FOLLOWING:

2 (I) SOLICITING AND RECRUITING THE NECESSARY AND
3 APPROPRIATE MEMBERS TO SERVE ON THE LOCAL TEAM PURSUANT TO
4 SUBSECTIONS (1) AND (2) OF THIS SECTION;

5 (II) FACILITATING EACH LOCAL TEAM MEETING AND
6 IMPLEMENTING THE PROTOCOLS AND PROCEDURES OF THE LOCAL TEAM;

7 (III) ENSURING THAT ALL MEMBERS OF THE LOCAL TEAM AND ALL
8 GUEST OBSERVERS SIGN CONFIDENTIALITY FORMS;

9 (IV) REQUESTING AND COLLECTING THE INFORMATION NEEDED
10 FOR THE LOCAL TEAM'S CASE REVIEW;

11 (V) FILLING VACANCIES ON THE LOCAL TEAM WHEN A MEMBER IS
12 NO LONGER ABLE TO FULFILL THE MEMBER'S DUTIES AND OBLIGATIONS TO
13 THE LOCAL TEAM. WHEN A MEMBER LEAVES, THE MEMBER SHOULD BE
14 REPLACED WITH AN INDIVIDUAL FROM THE SAME OR EQUIVALENT POSITION
15 OR DISCIPLINE; AND

16 (VI) SERVING AS A LIAISON FOR THE LOCAL TEAM WHEN
17 NECESSARY.

18 **25-20.5-2204. Purposes and duties of overdose fatality review**
19 **teams.** (1) (a) THE PURPOSE OF EACH LOCAL TEAM IS TO:

20 (I) PROMOTE COOPERATION AND COORDINATION AMONG AGENCIES
21 INVOLVED IN THE INVESTIGATION OF DRUG OVERDOSE FATALITIES;

22 (II) DEVELOP AN UNDERSTANDING OF THE CAUSES AND INCIDENCE
23 OF DRUG OVERDOSE FATALITIES IN THE JURISDICTION WHERE THE LOCAL
24 TEAM OPERATES;

25 (III) PLAN FOR AND RECOMMEND CHANGES WITHIN THE AGENCIES
26 REPRESENTED ON THE LOCAL TEAM TO PREVENT DRUG OVERDOSE
27 FATALITIES; AND

1 (IV) ADVISE LOCAL, REGIONAL, AND STATE POLICYMAKERS ABOUT
2 POTENTIAL CHANGES TO LAW, POLICY, FUNDING, OR PRACTICE TO PREVENT
3 DRUG OVERDOSES.

4 (b) TO ACHIEVE ITS PURPOSE, EACH LOCAL TEAM SHALL:

5 (I) ESTABLISH AND IMPLEMENT PROTOCOLS AND PROCEDURES;

6 (II) CONDUCT A MULTIDISCIPLINARY REVIEW OF INFORMATION
7 RECEIVED PURSUANT TO 25-20.5-2205 REGARDING A DECEDENT, WHICH
8 SHALL INCLUDE, BUT NOT BE LIMITED TO:

9 (A) CONSIDERATION OF THE DECEDENT'S POINTS OF CONTACT WITH
10 HEALTH-CARE SYSTEMS, SOCIAL SERVICES, EDUCATIONAL INSTITUTIONS,
11 CHILD AND FAMILY SERVICES, THE CRIMINAL JUSTICE SYSTEM, INCLUDING
12 LAW ENFORCEMENT, AND ANY OTHER SYSTEMS WITH WHICH THE
13 DECEDENT HAD CONTACT PRIOR TO THE DECEDENT'S DEATH; AND

14 (B) IDENTIFICATION OF THE SPECIFIC FACTORS AND SOCIAL
15 DETERMINANTS OF HEALTH THAT PUT THE DECEDENT AT RISK FOR AN
16 OVERDOSE;

17 (III) RECOMMEND PREVENTION AND INTERVENTION STRATEGIES
18 TO IMPROVE COORDINATION OF SERVICES AND INVESTIGATIONS AMONG
19 MEMBER AGENCIES TO REDUCE OVERDOSE DEATHS; AND

20 (IV) COLLECT, ANALYZE, INTERPRET, AND MAINTAIN LOCAL DATA
21 ON OVERDOSE DEATHS.

22 (c) THE LOCAL TEAM SHALL AGGREGATE ALL INFORMATION AND
23 MAY NOT SHARE OR OTHERWISE DISSEMINATE PERSONALLY IDENTIFIABLE
24 INFORMATION WITHOUT A SIGNED CONSENT FORM FROM THE DECEDENT'S
25 NEXT OF KIN.

26 (2) EACH LOCAL TEAM SHALL SUBMIT AN ANNUAL REPORT TO THE
27 COUNTY OR DISTRICT PUBLIC HEALTH AGENCY OR AGENCIES SERVED BY

1 THE LOCAL TEAM CONTAINING DE-IDENTIFIED INFORMATION SPECIFIED IN
2 SUBSECTION (4) OF THIS SECTION.

3 **25-20.5-2205. Overdose fatality review access to information**
4 **- fees - disclosure - no liability for sharing records.** (1) THE CHAIR OF
5 A LOCAL TEAM MAY REQUEST INFORMATION FROM A PERSON, AGENCY, OR
6 ENTITY DESCRIBED IN SUBSECTION (2) OF THIS SECTION AS NECESSARY TO
7 CARRY OUT THE PURPOSES AND DUTIES OF THE LOCAL TEAM THAT ARE SET
8 FORTH IN THE ORDER, AGREEMENT, OR OTHER DOCUMENT ESTABLISHING
9 THE LOCAL TEAM. SUBJECT TO SUBSECTION (4) OF THIS SECTION, BUT
10 NOTWITHSTANDING ANY OTHER PROVISION OF STATE OR LOCAL LAW TO
11 THE CONTRARY, UPON WRITTEN REQUEST OF THE CHAIR OF A LOCAL TEAM,
12 A PERSON, AGENCY, OR ENTITY SHALL PROVIDE THE LOCAL TEAM WITH THE
13 FOLLOWING:

14 (a) IF THE PERSON, AGENCY, OR ENTITY IS A HEALTH-CARE
15 PROVIDER, SUBSTANCE USE DISORDER TREATMENT PROVIDER, HOSPITAL,
16 OR OTHER HEALTH-CARE FACILITY OR BEHAVIORAL HEALTH ENTITY,
17 INFORMATION AND RECORDS MAINTAINED BY THE PERSON, AGENCY, OR
18 ENTITY REGARDING THE PHYSICAL HEALTH, MENTAL HEALTH, AND
19 SUBSTANCE USE DISORDER TREATMENT FOR A PERSON WHOSE DEATH OR
20 NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM; AND

21 (b) IF THE AGENCY OR ENTITY IS A STATE OR LOCAL GOVERNMENT
22 AGENCY OR ENTITY THAT PROVIDED SERVICES TO A PERSON WHOSE DEATH
23 OR NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM OR PROVIDED
24 SERVICES TO THE FAMILY OF THE PERSON, INFORMATION AND RECORDS
25 MAINTAINED BY THE AGENCY OR ENTITY ABOUT THE PERSON, INCLUDING
26 DEATH INVESTIGATIVE INFORMATION, MEDICAL EXAMINER INVESTIGATIVE
27 INFORMATION, LAW ENFORCEMENT INVESTIGATIVE INFORMATION,

1 EMERGENCY MEDICAL SERVICES REPORTS, FIRE DEPARTMENT RECORDS,
2 PROSECUTORIAL RECORDS, PAROLE AND PROBATION INFORMATION AND
3 RECORDS, COURT RECORDS, SCHOOL RECORDS, AND INFORMATION AND
4 RECORDS OF A DEPARTMENT OF HUMAN OR SOCIAL SERVICES, INCLUDING
5 THE LOCAL HUMAN SERVICES AND PUBLIC HEALTH AGENCIES.

6 (2) THE FOLLOWING PERSONS, AGENCIES, OR ENTITIES SHALL
7 COMPLY WITH A RECORDS REQUEST BY THE CHAIR OF A LOCAL TEAM MADE
8 PURSUANT TO SUBSECTION (1) OF THIS SECTION:

9 (a) A CORONER OR MEDICAL EXAMINER;

10 (b) A FIRE DEPARTMENT;

11 (c) A HEALTH-CARE FACILITY;

12 (d) A HOSPITAL;

13 (e) A STATE OR LOCAL LAW ENFORCEMENT AGENCY;

14 (f) A STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING THE
15 DEPARTMENT OF HUMAN SERVICES, INCLUDING THE BEHAVIORAL HEALTH
16 ADMINISTRATION; THE DEPARTMENT OF PUBLIC HEALTH AND
17 ENVIRONMENT, SO LONG AS THE DEPARTMENT OF PUBLIC HEALTH AND
18 ENVIRONMENT CREATED OR HOLDS THE RECORDS AND THE RELEASE DOES
19 NOT VIOLATE ANY AGREEMENT NOT TO RELEASE THE RECORDS; THE
20 DEPARTMENT OF LAW; THE OFFICE OF STATE PUBLIC DEFENDER; THE
21 DEPARTMENT OF CORRECTIONS; AND THE STATE BOARD OF PAROLE;

22 (g) A BEHAVIORAL HEALTH ENTITY;

23 (h) A HEALTH-CARE PROVIDER;

24 (i) A SUBSTANCE USE DISORDER TREATMENT PROVIDER;

25 (j) A SCHOOL, INCLUDING A PUBLIC OR PRIVATE ELEMENTARY,
26 MIDDLE, JUNIOR HIGH, OR HIGH SCHOOL, OR A PUBLIC OR PRIVATE
27 INSTITUTION OF POSTSECONDARY EDUCATION DESCRIBED IN TITLE 23,

1 INCLUDING THE AURARIA HIGHER EDUCATION CENTER CREATED IN
2 ARTICLE 70 OF TITLE 23;

3 (k) A SOCIAL SERVICES PROVIDER;

4 ==

5 (l) GROUND OR AIR AMBULANCE SERVICE AGENCIES; AND

6 (m) ANY OTHER PERSON OR ENTITY THAT IS IN POSSESSION OF
7 RECORDS THAT ARE, AS DETERMINED BY THE LOCAL TEAM, PERTINENT TO
8 THE LOCAL TEAM'S INVESTIGATION OF AN OVERDOSE FATALITY.

9 (3) (a) A PERSON, AGENCY, OR ENTITY SHALL PROVIDE REQUESTED
10 INFORMATION TO THE LOCAL TEAM WITHIN ~~TEN~~ BUSINESS DAYS AFTER
11 RECEIPT OF THE WRITTEN REQUEST, EXCLUDING WEEKENDS AND
12 HOLIDAYS, UNLESS AN EXTENSION IS GRANTED BY THE CHAIR OF THE
13 LOCAL TEAM. WRITTEN REQUESTS MAY INCLUDE A REQUEST SUBMITTED
14 VIA E-MAIL OR FACSIMILE TRANSMISSION.

15 (b) A PERSON, AGENCY, OR ENTITY THAT RECEIVES A RECORDS
16 REQUEST FROM A LOCAL TEAM PURSUANT TO THIS SECTION MAY CHARGE
17 THE LOCAL TEAM A REASONABLE FEE FOR THE SERVICE OF DUPLICATING
18 ANY RECORDS REQUESTED BY THE LOCAL TEAM.

19 (4) THE DISCLOSURE OR REDISCLOSURE, IN ACCORDANCE WITH
20 THIS SECTION, OF A MEDICAL RECORD DEVELOPED IN CONNECTION WITH
21 THE PROVISION OF SUBSTANCE USE TREATMENT SERVICES, WITHOUT THE
22 AUTHORIZATION OF A PERSON IN INTEREST, IS SUBJECT TO ANY
23 LIMITATIONS THAT EXIST PURSUANT TO APPLICABLE STATE OR FEDERAL
24 LAW, INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C.
25 SEC. 290dd-2, AND 42 CFR 2.

26 (5) NOTWITHSTANDING ANY LAW TO THE CONTRARY, THE LOCAL
27 TEAM DOES NOT NEED AN ADMINISTRATIVE SUBPOENA OR OTHER FORM OF

1 LEGAL COMPULSION TO RECEIVE REQUESTED RECORDS.

2 (6) THE CHAIR OF A LOCAL TEAM, OR THE CHAIR'S DESIGNEE, MAY
3 REQUEST A PERSON WHOSE OVERDOSE IS UNDER REVIEW OR, IF DECEASED,
4 THE PERSON'S NEXT OF KIN TO SIGN A CONSENT FORM FOR THE RELEASE OF
5 CONFIDENTIAL INFORMATION.

6 (7) SO LONG AS EACH INDIVIDUAL PRESENT AT A LOCAL TEAM
7 MEETING HAS SIGNED THE CONFIDENTIALITY FORM DESCRIBED IN SECTION
8 25-20.5-2206, ANY INFORMATION RECEIVED BY THE CHAIR OF THE LOCAL
9 TEAM IN RESPONSE TO A REQUEST UNDER THIS SECTION MAY BE SHARED
10 AT A LOCAL TEAM MEETING WITH LOCAL TEAM MEMBERS AND ANY
11 NONMEMBER ATTENDEES.

12 (8) A PERSON, AGENCY, OR ENTITY THAT PROVIDES INFORMATION
13 OR RECORDS TO A LOCAL TEAM PURSUANT TO THIS PART 22 IS NOT SUBJECT
14 TO CIVIL OR CRIMINAL LIABILITY OR ANY PROFESSIONAL DISCIPLINARY
15 ACTION PURSUANT TO STATE LAW AS A RESULT OF PROVIDING THE
16 INFORMATION OR RECORD.

17 (9) A MEMBER OF THE LOCAL TEAM MAY CONTACT, INTERVIEW, OR
18 OBTAIN INFORMATION BY REQUEST FROM A FAMILY MEMBER OR FRIEND OF
19 A PERSON WHOSE DEATH IS BEING REVIEWED BY THE LOCAL TEAM.

20 **25-20.5-2206. Confidentiality - closed meetings - records not**
21 **open to inspection - civil liability.** (1) LOCAL TEAM MEETINGS IN WHICH
22 CONFIDENTIAL INFORMATION IS DISCUSSED ARE EXEMPT FROM THE OPEN
23 MEETINGS PROVISIONS OF THE "COLORADO SUNSHINE ACT OF 1972", PART
24 4 OF ARTICLE 6 OF TITLE 24, AND MUST BE CLOSED TO THE PUBLIC.

25 (2) (a) UPON REQUEST OF A LOCAL TEAM, A PERSON WHO IS NOT A
26 MEMBER OF A LOCAL TEAM MAY ATTEND AND PARTICIPATE IN A MEETING
27 AT WHICH A LOCAL TEAM REVIEWS CONFIDENTIAL INFORMATION AND

1 CONSIDERS A PLAN, AN INTERVENTION, OR OTHER COURSE OF CONDUCT
2 BASED ON THAT REVIEW.

3 (b) A LOCAL TEAM MEMBER AND ANY NONMEMBER IN
4 ATTENDANCE AT A LOCAL TEAM MEETING SHALL SIGN A CONFIDENTIALITY
5 FORM AND REVIEW THE PURPOSE AND GOAL OF THE LOCAL TEAM BEFORE
6 THE PERSON MAY PARTICIPATE IN THE REVIEW OF CONFIDENTIAL
7 INFORMATION. THE CONFIDENTIALITY FORM MUST SET OUT THE
8 REQUIREMENTS FOR MAINTAINING THE CONFIDENTIALITY OF ANY
9 INFORMATION DISCLOSED DURING THE MEETING AND ANY PENALTIES
10 ASSOCIATED WITH FAILURE TO MAINTAIN CONFIDENTIALITY.

11 (3) INFORMATION AND RECORDS ACQUIRED BY A LOCAL TEAM ARE
12 CONFIDENTIAL AND ARE NOT SUBJECT TO SUBPOENA, DISCOVERY, OR
13 INTRODUCTION INTO EVIDENCE IN A CIVIL OR CRIMINAL PROCEEDING OR
14 DISCIPLINARY ACTION. INFORMATION AND RECORDS THAT ARE OTHERWISE
15 AVAILABLE FROM OTHER SOURCES ARE NOT IMMUNE FROM SUBPOENA,
16 DISCOVERY, OR INTRODUCTION INTO EVIDENCE THROUGH THOSE SOURCES
17 SOLELY BECAUSE THE INFORMATION OR RECORD WAS PRESENTED TO OR
18 REVIEWED BY A LOCAL TEAM.

19 (4) INFORMATION AND RECORDS ACQUIRED OR CREATED BY A
20 LOCAL TEAM ARE NOT SUBJECT TO INSPECTION PURSUANT TO THE
21 "COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE 24.

22 (5) SUBSTANCE USE DISORDER TREATMENT RECORDS REQUESTED
23 OR PROVIDED TO THE LOCAL TEAM ARE SUBJECT TO ANY ADDITIONAL
24 LIMITATIONS ON REDISCLOSURE OF A MEDICAL RECORD DEVELOPED IN
25 CONNECTION WITH THE PROVISIONS OF SUBSTANCE USE DISORDER
26 TREATMENT SERVICES PURSUANT TO APPLICABLE STATE OR FEDERAL LAW,
27 INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C. SEC.

1 290dd-2, AND 42 CFR 2.

2 (6) LOCAL TEAM MEMBERS AND A PERSON WHO PRESENTS OR
3 PROVIDES INFORMATION TO A LOCAL TEAM MAY NOT BE QUESTIONED IN
4 ANY CIVIL OR CRIMINAL PROCEEDING OR DISCIPLINARY ACTION
5 REGARDING THE INFORMATION PRESENTED OR PROVIDED. THIS
6 SUBSECTION (6) DOES NOT PREVENT A PERSON FROM TESTIFYING
7 REGARDING INFORMATION OBTAINED INDEPENDENTLY OF THE LOCAL
8 TEAM OR TESTIFYING AS TO PUBLIC INFORMATION.

9 (7) A LOCAL TEAM AND ANY NONMEMBER PARTICIPATING IN AN
10 OVERDOSE FATALITY REVIEW SHALL MAINTAIN THE CONFIDENTIALITY OF
11 INFORMATION PROVIDED TO THE LOCAL TEAM AS REQUIRED BY STATE AND
12 FEDERAL LAW. A MEMBER OF A LOCAL TEAM OR A PARTICIPATING
13 NONMEMBER WHO SHARES CONFIDENTIAL INFORMATION IN VIOLATION OF
14 THIS SECTION IS IMMUNE FROM CIVIL AND CRIMINAL LIABILITY IF THE
15 PERSON ACTED IN GOOD FAITH COMPLIANCE WITH THE PROVISIONS OF THIS
16 PART 22.

17 (8) A PERSON WHO KNOWINGLY VIOLATES THE CONFIDENTIALITY
18 PROVISIONS OF THIS PART 22 IS SUBJECT TO A CIVIL PENALTY OF UP TO ONE
19 THOUSAND DOLLARS.

20 (9) THIS SECTION DOES NOT PROHIBIT A LOCAL TEAM FROM
21 REQUESTING THE ATTENDANCE AT A TEAM MEETING OF A PERSON WHO
22 HAS INFORMATION RELEVANT TO THE TEAM'S EXERCISE OF ITS PURPOSE
23 AND DUTIES.

24 **25-20.5-2207. Prohibition against any law enforcement use.**
25 NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, LAW
26 ENFORCEMENT SHALL NOT USE INFORMATION FROM ANY OVERDOSE
27 FATALITY REVIEW FOR ANY LAW ENFORCEMENT PURPOSE, INCLUDING

1 SURVEILLANCE, INCREASED LAW ENFORCEMENT PRESENCE, WELFARE
2 CHECKS, WARRANT CHECKS, OR CRIMINAL INVESTIGATIONS.

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4 **SECTION 10.** In Colorado Revised Statutes, **add** 25.5-4-431 as
5 follows:

6 **25.5-4-431. Reimbursement guidance for screening, brief**
7 **intervention, and referral to treatment.** THE STATE DEPARTMENT SHALL
8 PUBLISH GUIDANCE FOR PROVIDERS CONCERNING REIMBURSEMENT FOR
9 ALL VARIATIONS OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO
10 TREATMENT INTERVENTIONS.

11 **SECTION 11.** In Colorado Revised Statutes, 25.5-5-208, **amend**
12 (1) introductory portion; and **add** (1)(a.3) and (1)(a.5) as follows:

13 **25.5-5-208. Additional services - training - grants - screening,**
14 **brief intervention, and referral.** (1) On or after July 1, 2018, the state
15 department shall grant, through a competitive grant program, one million
16 five hundred thousand dollars to one or more organizations to operate a
17 substance ~~abuse~~ USE screening, brief intervention, and referral to
18 treatment practice. The grant program must require:

19 (a.3) IMPLEMENTATION OF A STATEWIDE ADOLESCENT SUBSTANCE
20 USE SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT
21 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR APPROPRIATE
22 PROFESSIONALS IN COLORADO SCHOOLS, WITH THE PURPOSE OF
23 IDENTIFYING STUDENTS WHO WOULD BENEFIT FROM SCREENING, BRIEF
24 INTERVENTION, AND POTENTIAL REFERRAL TO RESOURCES, INCLUDING
25 TREATMENT;

26 (a.5) IMPLEMENTATION OF A STATEWIDE SUBSTANCE USE
27 SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT

1 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR PEDIATRICIANS AND
2 PROFESSIONALS IN PEDIATRIC SETTINGS, WITH THE PURPOSE OF
3 IDENTIFYING ADOLESCENT PATIENTS WHO WOULD BENEFIT FROM
4 SCREENING, BRIEF INTERVENTION, AND POTENTIAL REFERRAL TO
5 RESOURCES, INCLUDING TREATMENT;

6 **SECTION 12.** In Colorado Revised Statutes, 27-80-121, **amend**
7 (1) and (3) as follows:

8 **27-80-121. Perinatal substance use data linkage project -**
9 **center for research into substance use disorder prevention,**
10 **treatment, and recovery support strategies - report.** (1) The center for
11 research into substance use disorder prevention, treatment, and recovery
12 support strategies established in section 27-80-118, referred to in this
13 section as the "center", in partnership with an institution of higher
14 education and the state substance abuse trend and response task force
15 established in section 18-18.5-103, ~~may~~ SHALL conduct a statewide
16 perinatal substance use data linkage project that uses ongoing collection,
17 analysis, interpretation, and dissemination of data for the planning,
18 implementation, and evaluation of public health actions to improve
19 outcomes for families impacted by substance use during pregnancy. The
20 data linkage project shall utilize data from the medical assistance program
21 ESTABLISHED IN articles 4 to 6 of title 25.5; the electronic prescription
22 drug monitoring program created in part 4 of article 280 of title 12; the
23 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the
24 Colorado immunization information system created pursuant to ~~section~~
25 ~~25-4-2401, et seq.~~ PART 24 OF ARTICLE 4 OF TITLE 25; the Colorado child
26 care assistance program created in part 1 of article 4 of title 26.5; the
27 BHA; THE EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS

1 UNDER PART C OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES
2 EDUCATION ACT", 20 U.S.C. SEC. 1400 ET SEQ.; THE COLORADO
3 DEPARTMENT OF EDUCATION; OTHER DATA SOURCES RELATED TO
4 MATERNAL HEALTH, AS COLLECTED BY THE COLORADO DEPARTMENT OF
5 PUBLIC HEALTH AND ENVIRONMENT; THE COLORADO ALL-PAYER HEALTH
6 CLAIMS DATABASE DESCRIBED IN SECTION 25.5-1-204; FAMILY
7 EXPERIENCES AND PROVIDER PERSPECTIVES, WHEN NECESSARY; and birth
8 and death records to examine the following:

9 (a) Health-care ~~mortality~~ utilization by pregnant and postpartum
10 women with substance use disorders and their infants compared to the
11 general population;

12 (b) Human service, EDUCATION, public health program utilization,
13 and substance use treatment by pregnant and postpartum women with
14 substance use disorders and their infants COMPARED TO THE GENERAL
15 POPULATION;

16 (c) Health-care, human service, EDUCATION, and public health
17 program outcomes, INCLUDING MORBIDITY AND MORTALITY OUTCOMES,
18 among pregnant and postpartum women with substance use disorders and
19 their infants COMPARED TO THE GENERAL POPULATION; and

20 (d) Costs associated with health-care, human service, EDUCATION,
21 and public health program provisions for pregnant and postpartum
22 women with substance use disorders and their infants COMPARED TO THE
23 GENERAL POPULATION.

24 (3) The data linkage project may conduct ongoing research related
25 to the incidence of perinatal substance exposure or related infant and
26 family health, EDUCATION, and human service outcomes based on the
27 standards specified in sections 19-1-103 (1)(a)(VII) and 19-3-102 (1)(g)

1 for determining child abuse or neglect or whether a child is neglected or
2 dependent.

3

4 SECTION 13. Appropriation. (1) For the 2024-25 state fiscal
5 year, \$75,000 is appropriated to the department of health care policy and
6 financing for use by the executive director's office. This appropriation is
7 from the general fund. To implement this act, the office may use this
8 appropriation for general professional services and special projects.

9 (2) For the 2024-25 state fiscal year, the general assembly
10 anticipates that the department of health care policy and financing will
11 receive \$75,000 in federal funds to implement this act, which amount is
12 subject to the "(I)" notation as defined in the annual general appropriation
13 act for the same fiscal year. The appropriation in subsection (1) of this
14 section is based on the assumption that the department will receive this
15 amount of federal funds to be used for general professional services and
16 special projects.

17 (3) For the 2024-25 state fiscal year, \$250,000 is appropriated to
18 the department of higher education for use by the Colorado commission
19 on higher education and higher education special purpose programs. This
20 appropriation is from the general fund. To implement this act, the division
21 may use this appropriation for the center for substance use disorder,
22 prevention, treatment, and recovery support strategies at the university of
23 Colorado health sciences center.

24 SECTION 14. Safety clause. The general assembly finds,
25 determines, and declares that this act is necessary for the immediate
26 preservation of the public peace, health, or safety or for appropriations for

- 1 the support and maintenance of the departments of the state and state
- 2 institutions.