

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

REVISED

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

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.

HOUSE
Amended 2nd Reading
May 5, 2024

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 

10 **SECTION 2.** 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

1 NURSE MEDICAL DIRECTOR OF A MEDICAL PRACTICE OR HOSPITAL IN THIS
2 STATE WHO IS A "PRESCRIBER" AS DEFINED IN SECTION 12-30-111 (4).

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

5 **12-280-403. Prescription drug use monitoring program -**
6 **registration required - applications - rules - appropriation - repeal.**

7 (1) The board shall develop or procure a ~~prescription controlled~~
8 ~~substance~~ PRESCRIPTION DRUG electronic program to track information
9 regarding prescriptions for controlled substances dispensed in
10 Colorado, including the following information:

11 [REDACTED]

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

16 (b) When registering with the program or at any time ~~thereafter~~
17 ~~AFTER REGISTRATION~~, a practitioner may authorize designees to access the
18 program under section 12-280-404 (3)(b) or (3)(d) on behalf of the
19 practitioner, ~~and~~ a pharmacist may authorize designees to access the
20 program under section 12-280-404 (3)(f), ~~AND A MEDICAL DIRECTOR MAY~~
21 ~~AUTHORIZE DESIGNEES TO ACCESS THE PROGRAM UNDER SECTION~~
22 12-280-404 (3)(m) if:

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

26 (B) The authorized designee of the pharmacist is employed by, or
27 is under contract with, the same prescription drug outlet as the

1 pharmacist; and

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

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

7 (A) Ensuring that access to the program by the practitioner's OR
8 MEDICAL DIRECTOR'S designee is limited to the purposes authorized in
9 section 12-280-404 ~~(3)(b) or (3)(d)~~ (3)(b), (3)(d), OR (3)(m), or that
10 access to the program by the pharmacist's designee is limited to the
11 purposes authorized in section 12-280-404 (3)(f), as the case may be, and
12 that access to the program occurs in a manner that protects the
13 confidentiality of the information obtained from the program; and

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

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

21 (3) Each practitioner and each dispensing pharmacy shall disclose
22 to a patient receiving a controlled substance [REDACTED] that ~~his or her~~ THE
23 PATIENT'S identifying prescription information will be entered into the
24 program database and may be accessed for limited purposes by specified
25 individuals.

26 **SECTION 4.** In Colorado Revised Statutes, 12-280-404, **amend**
27 (2)(c), (3)(b), (3)(c)(I), (3)(d), (3)(f), (4)(a) introductory portion, (4)(a.5),

1 and (4)(c); **repeal** (2)(b)(I); and **add** (3)(m) and (3)(n) as follows:

2 **12-280-404. Program operation - access - rules - definitions.**

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

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

10 (c) ~~The board shall determine if the program should track all~~
11 ~~prescription drugs prescribed in this state. If the board makes such~~
12 ~~determination, the board shall promulgate rules on or before June 1, 2022,~~
13 ~~to include all prescription drugs in the program. If the board determines~~
14 ~~that one or more prescription drugs should not be tracked through the~~
15 ~~program, the board shall publicly note the justification for such exclusion~~
16 ~~during the rule-making process~~ THE PROGRAM SHALL TRACK ALL
17 CONTROLLED SUBSTANCES █ DISPENSED IN THIS STATE. EACH PHARMACY
18 SHALL UPLOAD ALL CONTROLLED SUBSTANCES █ DISPENSED IN EACH
19 PHARMACY IN ACCORDANCE WITH ALL APPLICABLE REPORTING
20 REQUIREMENTS.

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

23 (b) ~~Any~~ A practitioner with ~~the statutory authority to prescribe~~
24 ~~controlled substances~~ PRESCRIPTIVE AUTHORITY, or an individual
25 designated by the practitioner OR A MEDICAL DIRECTOR to act on ~~his or her~~
26 THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with
27 section 12-280-403 (2)(b), to the extent the query relates to a current

1 patient of the practitioner. The practitioner or ~~his or her~~ THE
2 PRACTITIONER'S designee shall identify ~~his or her~~ THE PERSON'S area of
3 health-care specialty or practice upon the initial query of the program.

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

9 (d) A practitioner OR MEDICAL DIRECTOR, or an individual
10 designated by the practitioner OR MEDICAL DIRECTOR to act on ~~his or her~~
11 THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with
12 section 12-280-403 (2)(b), engaged in a legitimate program to monitor a
13 patient's ~~drug abuse~~ SUBSTANCE USE DISORDER;

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

21 (m) THE MEDICAL DIRECTOR IN EACH DIRECTOR'S ROLE AT A
22 MEDICAL PRACTICE OR HOSPITAL WITH RESPECT TO ANY CURRENT PATIENT
23 OF THE MEDICAL PRACTICE OR HOSPITAL UNDER THE DIRECTOR'S
24 SUPERVISION; AND

25 =====
26 (n) (I) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
27 CARE POLICY AND FINANCING OR THE EXECUTIVE DIRECTOR'S DESIGNEE,

1 FOR THE PURPOSES OF CARE COORDINATION, UTILIZATION REVIEW, AND
2 FEDERALLY REQUIRED REPORTING PERTAINING TO RECIPIENTS OF BENEFITS
3 UNDER THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND
4 6 OF TITLE 25.5, AND ENROLLEES UNDER THE "CHILDREN'S BASIC HEALTH
5 PLAN ACT", ARTICLE 8 OF TITLE 25.5, AS LONG AS THE DEPARTMENT'S USE
6 OF THE PROGRAM DATA IS CONSISTENT WITH THE FEDERAL "HEALTH
7 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L.
8 104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS,
9 INCLUDING THE REQUIREMENT TO REMOVE ANY PERSONALLY IDENTIFYING
10 INFORMATION UNLESS EXEMPTED FROM THE REQUIREMENT.

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

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

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

1 (c) A practitioner or the practitioner's designee OF A PRACTITIONER
2 OR OF A MEDICAL DIRECTOR complies with this subsection (4) if the
3 practitioner or THE practitioner's OR MEDICAL DIRECTOR'S designee
4 attempts to access the program before prescribing an opioid or a
5 benzodiazepine and the program is not available or is inaccessible due to
6 technical failure.

7 **SECTION 5.** In Colorado Revised Statutes, 12-280-407, **amend**
8 (2) as follows:

9 **12-280-407. Prescription drug outlets - prescribers -**
10 **responsibilities - liability.** (2) A practitioner who has, in good faith,
11 written a prescription for a controlled substance █ to a patient is not
12 liable for information submitted to the program. A practitioner, THE
13 DESIGNEE OF A PRACTITIONER OR MEDICAL DIRECTOR, or prescription drug
14 outlet ~~who~~ THAT has, in good faith, submitted the required information to
15 the program is not liable for participation in the program.

16 █
17 **SECTION 6.** In Colorado Revised Statutes, **repeal** 12-315-126
18 as follows:

19 **12-315-126. Prescriptions - limitations.** ~~A veterinarian is subject~~
20 ~~to the limitations on prescriptions specified in section 12-30-109.~~

21 == ==

22 **SECTION 7.** In Colorado Revised Statutes, **add** part 22 to article
23 20.5 of title 25 as follows:

24 PART 22

25 LOCAL OVERDOSE FATALITY REVIEW

26 **25-20.5-2201. Definitions.** AS USED IN THIS PART 22, UNLESS THE
27 CONTEXT OTHERWISE REQUIRES:

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

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

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

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

13 **25-20.5-2202. Establishment of overdose fatality review**
14 **teams.** (1) COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES WITHIN THE
15 STATE MAY ESTABLISH A MULTIDISCIPLINARY AND MULTIAGENCY
16 OVERDOSE FATALITY REVIEW LOCAL TEAM. A LOCAL TEAM MUST BE
17 CREATED PURSUANT TO THIS PART 22.

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

20 (3) MULTICOUNTY OR MULTIDISTRICT TEAM MEMBERS SHALL
21 ENTER INTO A MEMORANDUM OF UNDERSTANDING AMONG THE COUNTIES
22 OR DISTRICTS REGARDING TEAM MEMBERSHIP, STAFFING, AND
23 OPERATIONS.

24 **25-20.5-2203. Composition of overdose fatality review teams**
25 **- required members - additional members - responsibilities of the**
26 **chair.** (1) EACH LOCAL TEAM MUST CONSIST OF AT LEAST FIVE OF THE
27 FOLLOWING INDIVIDUALS, ORGANIZATIONS, AGENCIES, AND AREAS OF

1 EXPERTISE, IF AVAILABLE; EXCEPT THAT THERE SHALL NOT BE MORE THAN
2 ONE REPRESENTATIVE FROM LAW ENFORCEMENT:

3 (a) THE COUNTY OR DISTRICT HEALTH OFFICER, OR THE OFFICER'S
4 DESIGNEE;

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

7 (c) THE LOCAL DISTRICT ATTORNEY, OR THE DISTRICT ATTORNEY'S
8 DESIGNEE;

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

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

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

13 (g) THE LOCAL MEDICAL EXAMINER OR CORONER, OR THEIR
14 DESIGNEE;

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

17 (i) A MENTAL HEALTH PROVIDER WHO SPECIALIZES IN SUBSTANCE
18 USE DISORDERS;

19 (j) A REPRESENTATIVE OF AN EMERGENCY MEDICAL SERVICES
20 PROVIDER IN THE COUNTY;

21 (k) A REPRESENTATIVE FROM PAROLE, PROBATION, AND
22 COMMUNITY CORRECTIONS;

23 (l) A REPRESENTATIVE FROM A HARM REDUCTION PROVIDER;

24 (m) A REPRESENTATIVE WITH LIVED OR LIVING EXPERIENCE; AND

25 (n) A RECOVERY COACH, PEER SUPPORT WORKER, OR OTHER
26 REPRESENTATIVE OF THE RECOVERY COMMUNITY.

27 (2) A LOCAL TEAM MAY INCLUDE THE FOLLOWING ADDITIONAL

1 INDIVIDUALS, ORGANIZATIONS, AGENCIES, AND AREAS OF EXPERTISE, IF
2 AVAILABLE, AS EITHER PERMANENT OR AUXILIARY MEMBERS:

3 (a) THE LOCAL SUPERINTENDENT OF SCHOOLS, OR THE
4 SUPERINTENDENT'S DESIGNEE;

5 (b) A REPRESENTATIVE OF A LOCAL HOSPITAL;

6 (c) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN EMERGENCY
7 MEDICINE;

8 (d) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN PAIN
9 MANAGEMENT;

10 (e) A PHARMACIST WITH A BACKGROUND IN PRESCRIPTION DRUG
11 MISUSE AND DIVERSION;

12 (f) A SUBSTANCE USE DISORDER TREATMENT PROVIDER FROM A
13 LICENSED SUBSTANCE USE DISORDER TREATMENT PROGRAM;

14 (g) A POISON CONTROL CENTER REPRESENTATIVE;

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

16 (i) A PRESCRIPTION DRUG MONITORING PROGRAM ADMINISTRATOR;

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

18 (k) ANY OTHER INDIVIDUAL NECESSARY FOR THE WORK OF THE
19 LOCAL TEAM, RECOMMENDED BY THE LOCAL TEAM AND APPOINTED BY
20 THE CHAIR.

21 (3) (a) (I) THE CHAIR OF THE LOCAL TEAM MUST BE THE COUNTY
22 OR DISTRICT PUBLIC HEALTH DIRECTOR. IF THE COUNTY OR DISTRICT
23 PUBLIC HEALTH DIRECTOR IS UNABLE TO PARTICIPATE, THE DIRECTOR MAY
24 DESIGNATE A PERSON EMPLOYED BY THE COUNTY OR DISTRICT HEALTH
25 AGENCY THAT HOUSES THE LOCAL TEAM TO SERVE AS THE CHAIR OF THE
26 LOCAL TEAM.

27 (II) IF A LOCAL TEAM IS A MULTICOUNTY OR MULTIDISTRICT TEAM,

1 THE MEMBERS OF THE TEAM MAY VOTE TO APPOINT ONE OF THE COUNTY
2 OR DISTRICT PUBLIC HEALTH DIRECTORS TO SERVE AS CHAIR, OR APPOINT
3 THE DIRECTOR'S DESIGNEE, OR THE COUNTY OR DISTRICT PUBLIC HEALTH
4 DIRECTORS OR DESIGNEES MAY SERVE AS CO-CHAIRS.

5 (b) THE CHAIR OF THE LOCAL TEAM IS RESPONSIBLE FOR THE
6 FOLLOWING:

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

10 (II) FACILITATING EACH LOCAL TEAM MEETING AND
11 IMPLEMENTING THE PROTOCOLS AND PROCEDURES OF THE LOCAL TEAM;

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

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

16 (V) FILLING VACANCIES ON THE LOCAL TEAM WHEN A MEMBER IS
17 NO LONGER ABLE TO FULFILL THE MEMBER'S DUTIES AND OBLIGATIONS TO
18 THE LOCAL TEAM. WHEN A MEMBER LEAVES, THE MEMBER SHOULD BE
19 REPLACED WITH AN INDIVIDUAL FROM THE SAME OR EQUIVALENT POSITION
20 OR DISCIPLINE; AND

21 (VI) SERVING AS A LIAISON FOR THE LOCAL TEAM WHEN
22 NECESSARY.

23 **25-20.5-2204. Purposes and duties of overdose fatality review**

24 **teams.** (1) (a) THE PURPOSE OF EACH LOCAL TEAM IS TO:

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

27 (II) DEVELOP AN UNDERSTANDING OF THE CAUSES AND INCIDENCE

1 OF DRUG OVERDOSE FATALITIES IN THE JURISDICTION WHERE THE LOCAL
2 TEAM OPERATES;

3 (III) PLAN FOR AND RECOMMEND CHANGES WITHIN THE AGENCIES
4 REPRESENTED ON THE LOCAL TEAM TO PREVENT DRUG OVERDOSE
5 FATALITIES; AND

6 (IV) ADVISE LOCAL, REGIONAL, AND STATE POLICYMAKERS ABOUT
7 POTENTIAL CHANGES TO LAW, POLICY, FUNDING, OR PRACTICE TO PREVENT
8 DRUG OVERDOSES.

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

10 (I) ESTABLISH AND IMPLEMENT PROTOCOLS AND PROCEDURES;

11 (II) CONDUCT A MULTIDISCIPLINARY REVIEW OF INFORMATION
12 RECEIVED PURSUANT TO SECTION 25-20.5-2205 REGARDING A DECEDENT,
13 WHICH SHALL INCLUDE, BUT NOT BE LIMITED TO:

14 (A) CONSIDERATION OF THE DECEDENT'S POINTS OF CONTACT WITH
15 HEALTH-CARE SYSTEMS, SOCIAL SERVICES, EDUCATIONAL INSTITUTIONS,
16 CHILD AND FAMILY SERVICES, THE CRIMINAL JUSTICE SYSTEM, INCLUDING
17 LAW ENFORCEMENT, AND ANY OTHER SYSTEMS WITH WHICH THE
18 DECEDENT HAD CONTACT PRIOR TO THE DECEDENT'S DEATH; AND

19 (B) IDENTIFICATION OF THE SPECIFIC FACTORS AND SOCIAL
20 DETERMINANTS OF HEALTH THAT PUT THE DECEDENT AT RISK FOR AN
21 OVERDOSE;

22 (III) RECOMMEND PREVENTION AND INTERVENTION STRATEGIES
23 TO IMPROVE COORDINATION OF SERVICES AND INVESTIGATIONS AMONG
24 MEMBER AGENCIES TO REDUCE OVERDOSE DEATHS; AND

25 (IV) COLLECT, ANALYZE, INTERPRET, AND MAINTAIN LOCAL DATA
26 ON OVERDOSE DEATHS.

27 (c) THE LOCAL TEAM SHALL AGGREGATE ALL INFORMATION AND

1 MAY NOT SHARE OR OTHERWISE DISSEMINATE PERSONALLY IDENTIFIABLE
2 INFORMATION WITHOUT A SIGNED CONSENT FORM FROM THE DECEDENT'S
3 NEXT OF KIN.

4 (2) EACH LOCAL TEAM SHALL SUBMIT AN ANNUAL REPORT TO THE
5 COUNTY OR DISTRICT PUBLIC HEALTH AGENCY OR AGENCIES SERVED BY
6 THE LOCAL TEAM CONTAINING DE-IDENTIFIED INFORMATION SPECIFIED IN
7 SUBSECTION (1) OF THIS SECTION.

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

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

26 (b) IF THE AGENCY OR ENTITY IS A STATE OR LOCAL GOVERNMENT
27 AGENCY OR ENTITY THAT PROVIDED SERVICES TO A PERSON WHOSE DEATH

1 OR NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM OR PROVIDED
2 SERVICES TO THE FAMILY OF THE PERSON, INFORMATION AND RECORDS
3 MAINTAINED BY THE AGENCY OR ENTITY ABOUT THE PERSON, INCLUDING
4 DEATH INVESTIGATIVE INFORMATION, MEDICAL EXAMINER INVESTIGATIVE
5 INFORMATION, LAW ENFORCEMENT INVESTIGATIVE INFORMATION,
6 EMERGENCY MEDICAL SERVICES REPORTS, FIRE DEPARTMENT RECORDS,
7 PROSECUTORIAL RECORDS, PAROLE AND PROBATION INFORMATION AND
8 RECORDS, COURT RECORDS, SCHOOL RECORDS, AND INFORMATION AND
9 RECORDS OF A DEPARTMENT OF HUMAN OR SOCIAL SERVICES, INCLUDING
10 THE LOCAL HUMAN SERVICES AND PUBLIC HEALTH AGENCIES.

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

14 (a) A CORONER OR MEDICAL EXAMINER;

15 (b) A FIRE DEPARTMENT;

16 (c) A HEALTH-CARE FACILITY;

17 (d) A HOSPITAL;

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

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

27 (g) A BEHAVIORAL HEALTH ENTITY;

- 1 (h) A HEALTH-CARE PROVIDER;
- 2 (i) A SUBSTANCE USE DISORDER TREATMENT PROVIDER;
- 3 (j) A SCHOOL, INCLUDING A PUBLIC OR PRIVATE ELEMENTARY,
- 4 MIDDLE, JUNIOR HIGH, OR HIGH SCHOOL, OR A PUBLIC OR PRIVATE
- 5 INSTITUTION OF POSTSECONDARY EDUCATION DESCRIBED IN TITLE 23,
- 6 INCLUDING THE AURARIA HIGHER EDUCATION CENTER CREATED IN
- 7 ARTICLE 70 OF TITLE 23;
- 8 (k) A SOCIAL SERVICES PROVIDER;

- 9 ==
- 10 (l) GROUND OR AIR AMBULANCE SERVICE AGENCIES; AND
- 11 (m) ANY OTHER PERSON OR ENTITY THAT IS IN POSSESSION OF
- 12 RECORDS THAT ARE, AS DETERMINED BY THE LOCAL TEAM, PERTINENT TO
- 13 THE LOCAL TEAM'S INVESTIGATION OF AN OVERDOSE FATALITY.

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

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

24 (4) THE DISCLOSURE OR REDISCLOSURE, IN ACCORDANCE WITH
25 THIS SECTION, OF A MEDICAL RECORD DEVELOPED IN CONNECTION WITH
26 THE PROVISION OF SUBSTANCE USE TREATMENT SERVICES, WITHOUT THE
27 AUTHORIZATION OF A PERSON IN INTEREST, IS SUBJECT TO ANY

1 LIMITATIONS THAT EXIST PURSUANT TO APPLICABLE STATE OR FEDERAL
2 LAW, INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C.
3 SEC. 290dd-2, AND 42 CFR 2.

4 (5) NOTWITHSTANDING ANY LAW TO THE CONTRARY, THE LOCAL
5 TEAM DOES NOT NEED AN ADMINISTRATIVE SUBPOENA OR OTHER FORM OF
6 LEGAL COMPULSION TO RECEIVE REQUESTED RECORDS.

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

11 (7) SO LONG AS EACH INDIVIDUAL PRESENT AT A LOCAL TEAM
12 MEETING HAS SIGNED THE CONFIDENTIALITY FORM DESCRIBED IN SECTION
13 25-20.5-2206, ANY INFORMATION RECEIVED BY THE CHAIR OF THE LOCAL
14 TEAM IN RESPONSE TO A REQUEST UNDER THIS SECTION MAY BE SHARED
15 AT A LOCAL TEAM MEETING WITH LOCAL TEAM MEMBERS AND ANY
16 NONMEMBER ATTENDEES.

17 (8) A PERSON, AGENCY, OR ENTITY THAT PROVIDES INFORMATION
18 OR RECORDS TO A LOCAL TEAM PURSUANT TO THIS PART 22 IS NOT SUBJECT
19 TO CIVIL OR CRIMINAL LIABILITY OR ANY PROFESSIONAL DISCIPLINARY
20 ACTION PURSUANT TO STATE LAW AS A RESULT OF PROVIDING THE
21 INFORMATION OR RECORD.

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

25 **25-20.5-2206. Confidentiality - closed meetings - records not**
26 **open to inspection - civil liability.** (1) LOCAL TEAM MEETINGS IN WHICH
27 CONFIDENTIAL INFORMATION IS DISCUSSED ARE EXEMPT FROM THE OPEN

1 MEETINGS PROVISIONS OF THE "COLORADO SUNSHINE ACT OF 1972", PART
2 4 OF ARTICLE 6 OF TITLE 24, AND MUST BE CLOSED TO THE PUBLIC.

3 (2) (a) UPON REQUEST OF A LOCAL TEAM, A PERSON WHO IS NOT A
4 MEMBER OF A LOCAL TEAM MAY ATTEND AND PARTICIPATE IN A MEETING
5 AT WHICH A LOCAL TEAM REVIEWS CONFIDENTIAL INFORMATION AND
6 CONSIDERS A PLAN, AN INTERVENTION, OR OTHER COURSE OF CONDUCT
7 BASED ON THAT REVIEW.

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

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

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

27 (5) SUBSTANCE USE DISORDER TREATMENT RECORDS REQUESTED

1 OR PROVIDED TO THE LOCAL TEAM ARE SUBJECT TO ANY ADDITIONAL
2 LIMITATIONS ON REDISCLOSURE OF A MEDICAL RECORD DEVELOPED IN
3 CONNECTION WITH THE PROVISIONS OF SUBSTANCE USE DISORDER
4 TREATMENT SERVICES PURSUANT TO APPLICABLE STATE OR FEDERAL LAW,
5 INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C. SEC.
6 290dd-2, AND 42 CFR 2.

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

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

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

25 (9) THIS SECTION DOES NOT PROHIBIT A LOCAL TEAM FROM
26 REQUESTING THE ATTENDANCE AT A TEAM MEETING OF A PERSON WHO
27 HAS INFORMATION RELEVANT TO THE TEAM'S EXERCISE OF ITS PURPOSE

1 AND DUTIES.

2 **25-20.5-2207. Prohibition against any law enforcement use.**

3 NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, LAW
4 ENFORCEMENT SHALL NOT USE INFORMATION FROM ANY OVERDOSE
5 FATALITY REVIEW FOR ANY LAW ENFORCEMENT PURPOSE, INCLUDING
6 SURVEILLANCE, INCREASED LAW ENFORCEMENT PRESENCE, WELFARE
7 CHECKS, WARRANT CHECKS, OR CRIMINAL INVESTIGATIONS.

8

9 **SECTION 8.** In Colorado Revised Statutes, **add** 25.5-4-431 as
10 follows:

11 **25.5-4-431. Reimbursement guidance for screening, brief**
12 **intervention, and referral to treatment.** THE STATE DEPARTMENT SHALL
13 PUBLISH GUIDANCE FOR PROVIDERS CONCERNING REIMBURSEMENT FOR
14 ALL VARIATIONS OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO
15 TREATMENT INTERVENTIONS.

16 **SECTION 9.** In Colorado Revised Statutes, 25.5-5-208, **amend**
17 (1) introductory portion; and **add** (1)(a.3) and (1)(a.5) as follows:

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

24 (a.3) IMPLEMENTATION OF A STATEWIDE ADOLESCENT SUBSTANCE
25 USE SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT
26 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR APPROPRIATE
27 PROFESSIONALS IN COLORADO SCHOOLS, WITH THE PURPOSE OF

1 IDENTIFYING STUDENTS WHO WOULD BENEFIT FROM SCREENING, BRIEF
2 INTERVENTION, AND POTENTIAL REFERRAL TO RESOURCES, INCLUDING
3 TREATMENT;

4 (a.5) IMPLEMENTATION OF A STATEWIDE SUBSTANCE USE
5 SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT
6 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR PEDIATRICIANS AND
7 PROFESSIONALS IN PEDIATRIC SETTINGS, WITH THE PURPOSE OF
8 IDENTIFYING ADOLESCENT PATIENTS WHO WOULD BENEFIT FROM
9 SCREENING, BRIEF INTERVENTION, AND POTENTIAL REFERRAL TO
10 RESOURCES, INCLUDING TREATMENT;

11 **SECTION 10.** In Colorado Revised Statutes, 27-80-121, **amend**
12 (1) and (3) as follows:

13 **27-80-121. Perinatal substance use data linkage project -**
14 **center for research into substance use disorder prevention,**
15 **treatment, and recovery support strategies - report.** (1) The center for
16 research into substance use disorder prevention, treatment, and recovery
17 support strategies established in section 27-80-118, referred to in this
18 section as the "center", in partnership with an institution of higher
19 education and the state substance abuse trend and response task force
20 established in section 18-18.5-103, ~~may~~ SHALL conduct a statewide
21 perinatal substance use data linkage project that uses ongoing collection,
22 analysis, interpretation, and dissemination of data for the planning,
23 implementation, and evaluation of public health actions to improve
24 outcomes for families impacted by substance use during pregnancy. The
25 data linkage project shall utilize data from the medical assistance program
26 ESTABLISHED IN articles 4 to 6 of title 25.5; the electronic prescription
27 drug monitoring program created in part 4 of article 280 of title 12; the

1 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the
2 Colorado immunization information system created pursuant to ~~section~~
3 ~~25-4-2401, et seq.~~ PART 24 OF ARTICLE 4 OF TITLE 25; the Colorado child
4 care assistance program created in part 1 of article 4 of title 26.5; the
5 BHA; THE EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS
6 UNDER PART C OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES
7 EDUCATION ACT", 20 U.S.C. SEC. 1400 ET SEQ.; THE COLORADO
8 DEPARTMENT OF EDUCATION; OTHER DATA SOURCES RELATED TO
9 MATERNAL HEALTH, AS COLLECTED BY THE COLORADO DEPARTMENT OF
10 PUBLIC HEALTH AND ENVIRONMENT; THE COLORADO ALL-PAYER HEALTH
11 CLAIMS DATABASE DESCRIBED IN SECTION 25.5-1-204; FAMILY
12 EXPERIENCES AND PROVIDER PERSPECTIVES, WHEN NECESSARY; and birth
13 and death records to examine the following:

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

17 (b) Human service, EDUCATION, public health program utilization,
18 and substance use treatment by pregnant and postpartum women with
19 substance use disorders and their infants COMPARED TO THE GENERAL
20 POPULATION;

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

25 (d) Costs associated with health-care, human service, EDUCATION,
26 and public health program provisions for pregnant and postpartum
27 women with substance use disorders and their infants COMPARED TO THE

1 GENERAL POPULATION.

2 (3) The data linkage project may conduct ongoing research related
3 to the incidence of perinatal substance exposure or related infant and
4 family health, EDUCATION, and human service outcomes based on the
5 standards specified in sections 19-1-103 (1)(a)(VII) and 19-3-102 (1)(g)
6 for determining child abuse or neglect or whether a child is neglected or
7 dependent.

8

9 SECTION 11. Appropriation. (1) For the 2024-25 state fiscal
10 year, \$75,000 is appropriated to the department of health care policy and
11 financing for use by the executive director's office. This appropriation is
12 from the general fund. To implement this act, the office may use this
13 appropriation for general professional services and special projects.

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

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

1 Colorado health sciences center.

2 **SECTION 12. Safety clause.** The general assembly finds,
3 determines, and declares that this act is necessary for the immediate
4 preservation of the public peace, health, or safety or for appropriations for
5 the support and maintenance of the departments of the state and state
6 institutions.