

**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,

HOUSE SPONSORSHIP

Young and Epps, Kipp

Senate Committees

Health & Human Services
Finance
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING THE PREVENTION OF SUBSTANCE USE DISORDERS.**

Bill Summary

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

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

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.

- 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;

17 (c) Electronic monitoring of prescriptions for controlled

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

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

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

11 **12-280-402. Definitions.** As used in this part 4, unless the context
12 otherwise requires:

13 (2.3) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED
14 PURSUANT TO SECTION 25-1.5-103.

15 (2.5) "MEDICAL DIRECTOR" MEANS A MEDICAL DIRECTOR OR
16 NURSE MEDICAL DIRECTOR OF A MEDICAL PRACTICE OR HOSPITAL IN THIS
17 STATE WHO IS A "PRESCRIBER" AS DEFINED IN SECTION 12-30-111 (4).

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

20 **12-280-403. Prescription drug use monitoring program -**
21 **registration required - applications - rules - appropriation - repeal.**

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

26 (c) The name and amount of the controlled substance AND THE
27 AMOUNT OF THE GABAPENTINOIDS;

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

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

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

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

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

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

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

1 that access to the program occurs in a manner that protects the
2 confidentiality of the information obtained from the program; and

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

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

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

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

18 **12-280-404. Program operation - access - rules - definitions.**

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

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

26 (c) ~~The board shall determine if the program should track all~~
27 ~~prescription drugs prescribed in this state. If the board makes such~~

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

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

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

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

25 (d) A practitioner OR MEDICAL DIRECTOR, or an individual
26 designated by the practitioner OR MEDICAL DIRECTOR to act on ~~his or her~~
27 THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with

1 section 12-280-403 (2)(b), engaged in a legitimate program to monitor a
2 patient's ~~drug abuse~~ SUBSTANCE USE DISORDER;

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

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

14 ==
15 (n) (I) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
16 CARE POLICY AND FINANCING OR THE EXECUTIVE DIRECTOR'S DESIGNEE,
17 FOR THE PURPOSES OF CARE COORDINATION, UTILIZATION REVIEW, AND
18 FEDERALLY REQUIRED REPORTING PERTAINING TO RECIPIENTS OF BENEFITS
19 UNDER THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND
20 6 OF TITLE 25.5, AND ENROLLEES UNDER THE "CHILDREN'S BASIC HEALTH
21 PLAN ACT", ARTICLE 8 OF TITLE 25.5, AS LONG AS THE DEPARTMENT'S USE
22 OF THE PROGRAM DATA IS CONSISTENT WITH THE FEDERAL "HEALTH
23 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L.
24 104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS,
25 INCLUDING THE REQUIREMENT TO REMOVE ANY PERSONALLY IDENTIFYING
26 INFORMATION UNLESS EXEMPTED FROM THE REQUIREMENT.

27 (II) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

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

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

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

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

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

25 **12-280-407. Prescription drug outlets - prescribers -**
26 **responsibilities - liability.** (2) A practitioner who has, in good faith,
27 written a prescription for a controlled substance OR GABAPENTINOID to a

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

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

8 **12-280-408. Exemption - waiver.** (2) A prescription drug outlet
9 that does not report controlled substance AND GABAPENTINOID data to the
10 program due to a lack of electronic automation of the outlet's business
11 may apply to the board for a waiver from the reporting requirements.

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

14 **12-315-126. Prescriptions - limitations.** ~~A veterinarian is subject~~
15 ~~to the limitations on prescriptions specified in section 12-30-109.~~

16 **SECTION 9.** In Colorado Revised Statutes, 25-20.5-103, **add** (3)
17 as follows:

18 **25-20.5-103. Prevention services division - creation.** (3) THE
19 DIVISION SHALL LEVERAGE EXISTING ASSESSMENT TOOLS, WITH INPUT AND
20 FEEDBACK FROM THE COLORADO SUBSTANCE USE DISORDERS PREVENTION
21 COLLABORATIVE CREATED IN SECTION 25-20.5-1802, TO IDENTIFY
22 SUBSTANCE USE DISORDER PREVENTION SERVICES GAPS IN AREAS OF
23 HIGHEST LOCAL NEEDS, INCLUDING COMMUNITY-ORIENTED,
24 CHILDREN-ORIENTED, YOUTH-ORIENTED, AND FAMILY-ORIENTED
25 PREVENTION SERVICES FOR PURPOSES OF THE SUBSTANCE USE DISORDER
26 PREVENTION GAP GRANT PROGRAM PURSUANT TO ARTICLE 59 OF THIS
27 TITLE 25.

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

6 **25-20.5-2202. Overdose fatality review access to information**
7 **- fees - disclosure - no liability for sharing records.** (1) THE CHAIR OF
8 A LOCAL TEAM MAY REQUEST INFORMATION FROM A PERSON, AGENCY, OR
9 ENTITY DESCRIBED IN SUBSECTION (2) OF THIS SECTION AS NECESSARY TO
10 CARRY OUT THE PURPOSES AND DUTIES OF THE LOCAL TEAM THAT ARE SET
11 FORTH IN THE ORDER, AGREEMENT, OR OTHER DOCUMENT ESTABLISHING
12 THE LOCAL TEAM. SUBJECT TO SUBSECTION (4) OF THIS SECTION, BUT
13 NOTWITHSTANDING ANY OTHER PROVISION OF STATE OR LOCAL LAW TO
14 THE CONTRARY, UPON WRITTEN REQUEST OF THE CHAIR OF A LOCAL TEAM,
15 A PERSON, AGENCY, OR ENTITY SHALL PROVIDE THE LOCAL TEAM WITH THE
16 FOLLOWING:

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

24 (b) IF THE AGENCY OR ENTITY IS A STATE OR LOCAL GOVERNMENT
25 AGENCY OR ENTITY THAT PROVIDED SERVICES TO A PERSON WHOSE DEATH
26 OR NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM OR PROVIDED
27 SERVICES TO THE FAMILY OF THE PERSON, INFORMATION AND RECORDS

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

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

12 (a) A CORONER OR MEDICAL EXAMINER;

13 (b) A FIRE DEPARTMENT;

14 (c) A HEALTH-CARE FACILITY;

15 (d) A HOSPITAL;

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

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

25 (g) A BEHAVIORAL HEALTH ENTITY;

26 (h) A HEALTH-CARE PROVIDER;

27 (i) A SUBSTANCE USE DISORDER TREATMENT PROVIDER;

1 (j) A SCHOOL, INCLUDING A PUBLIC OR PRIVATE ELEMENTARY,
2 MIDDLE, JUNIOR HIGH, OR HIGH SCHOOL, OR A PUBLIC OR PRIVATE
3 INSTITUTION OF POSTSECONDARY EDUCATION DESCRIBED IN TITLE 23,
4 INCLUDING THE AURARIA HIGHER EDUCATION CENTER CREATED IN
5 ARTICLE 70 OF TITLE 23;

6 (k) A SOCIAL SERVICES PROVIDER;

7

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

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

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

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

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

1 SEC. 290dd-2, AND 42 CFR 2.

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

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

9 (7) SO LONG AS EACH INDIVIDUAL PRESENT AT A LOCAL TEAM
10 MEETING HAS SIGNED THE CONFIDENTIALITY FORM DESCRIBED IN SECTION
11 25-20.5-2203, ANY INFORMATION RECEIVED BY THE CHAIR OF THE LOCAL
12 TEAM IN RESPONSE TO A REQUEST UNDER THIS SECTION MAY BE SHARED
13 AT A LOCAL TEAM MEETING WITH LOCAL TEAM MEMBERS AND ANY
14 NONMEMBER ATTENDEES.

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

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

23 **25-20.5-2203. Confidentiality - closed meetings - records not**
24 **open to inspection - civil liability.** (1) LOCAL TEAM MEETINGS IN WHICH
25 CONFIDENTIAL INFORMATION IS DISCUSSED ARE EXEMPT FROM THE OPEN
26 MEETINGS PROVISIONS OF THE "COLORADO SUNSHINE ACT OF 1972", PART
27 4 OF ARTICLE 6 OF TITLE 24, AND MUST BE CLOSED TO THE PUBLIC.

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

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

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

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

25 (5) SUBSTANCE USE DISORDER TREATMENT RECORDS REQUESTED
26 OR PROVIDED TO THE LOCAL TEAM ARE SUBJECT TO ANY ADDITIONAL
27 LIMITATIONS ON REDISCLOSURE OF A MEDICAL RECORD DEVELOPED IN

1 CONNECTION WITH THE PROVISIONS OF SUBSTANCE USE DISORDER
2 TREATMENT SERVICES PURSUANT TO APPLICABLE STATE OR FEDERAL LAW,
3 INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C. SEC.
4 290dd-2, AND 42 CFR 2.

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

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

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

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

27 **SECTION 12.** In Colorado Revised Statutes, **add** article 59 to

1 title 25 as follows:

2

ARTICLE 59

3

Substance Use Disorder Prevention Gap Grant Program

4

25-59-101. Legislative declaration. (1) THE GENERAL ASSEMBLY

5

FINDS AND DECLARES THAT:

6

(a) OPIOID USE DISORDER PREVENTION INITIATIVES IN RECENT

7

YEARS HAVE HAD A POSITIVE EFFECT ON REDUCING SUBSTANCE USE

8

DISORDERS;

9

(b) PREVENTION SERVICES PROVIDERS REQUIRE ADDITIONAL,

10

FLEXIBLE FUNDING TO ADDRESS GAPS IN PREVENTION SERVICES AT THE

11

LOCAL LEVEL IN AREAS OF HIGHEST NEED, INCLUDING

12

COMMUNITY-ORIENTED, CHILDREN-ORIENTED, YOUTH-ORIENTED, AND

13

FAMILY-ORIENTED PREVENTION SERVICES; AND

14

(c) BY DIRECTING THE DIVISION TO LEVERAGE EXISTING

15

ASSESSMENT TOOLS WITH INPUT AND FEEDBACK FROM THE PREVENTION

16

COLLABORATIVE FOR USE IN DIRECTING GRANT MONEY TO NEEDED

17

PREVENTION SERVICES, THE STATE WILL FURTHER THE GOAL OF

18

EXPANDING PREVENTION INITIATIVES THAT HAVE EVIDENCE OF BEING

19

SUCCESSFUL IN REDUCING SUBSTANCE USE DISORDERS IN INDIVIDUALS,

20

FAMILIES, AND COLORADO COMMUNITIES.

21

25-59-102. Definitions. AS USED IN THIS ARTICLE 59, UNLESS THE

22

CONTEXT OTHERWISE REQUIRES:

23

(1) "ASSESSMENT TOOL" MEANS THE SUBSTANCE USE DISORDER

24

PREVENTION SERVICES ASSESSMENT TOOL DESCRIBED IN SECTION

25

25-20.5-103 (3).

26

(2) "COMMUNITY-BASED ORGANIZATION" MEANS A NONPROFIT OR

27

FOR-PROFIT ORGANIZATION THAT PROVIDES SUBSTANCE USE DISORDER

1 THE PREVENTION COLLABORATIVE CONCERNING THE AWARDING OF
2 GRANTS.

3 (b) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT
4 SHALL AWARD SUBSTANCE USE DISORDER PREVENTION GAP GRANTS TO
5 APPLICANTS BASED ON INPUT AND FEEDBACK FROM THE PREVENTION
6 COLLABORATIVE MADE PURSUANT TO SUBSECTION (4)(a) OF THIS SECTION.

7 (4) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT MAY
8 PROMULGATE ANY RULES NECESSARY FOR THE IMPLEMENTATION OF THE
9 GRANT PROGRAM.

10 (5) EACH COMMUNITY-BASED ORGANIZATION THAT RECEIVES A
11 GRANT PROGRAM GRANT SHALL REPORT TO THE DEPARTMENT, AS
12 DETERMINED BY THE DEPARTMENT, ON THE USE OF AND OUTCOMES
13 ASSOCIATED WITH THE USE OF THE GRANT PROGRAM MONEY.

14 (6) THE GENERAL ASSEMBLY SHALL APPROPRIATE TO THE
15 DEPARTMENT ONE MILLION FIVE HUNDRED THOUSAND DOLLARS FROM THE
16 GENERAL FUND TO IMPLEMENT THE GRANT PROGRAM, WHICH
17 APPROPRIATION INCLUDES THE AMOUNT OF THE GRANTS AND THE
18 ADMINISTRATIVE COSTS OF THE DEPARTMENT TO IMPLEMENT THE GRANT
19 PROGRAM. THE ADMINISTRATIVE COSTS MUST NOT EXCEED TEN PERCENT
20 OF THE TOTAL APPROPRIATION.

21 **25-59-104. Repeal of article.** THIS ARTICLE 59 IS REPEALED,
22 EFFECTIVE JULY 1, 2028.

23 **SECTION 13.** In Colorado Revised Statutes, **add** 25.5-4-431 as
24 follows:

25 **25.5-4-431. Reimbursement guidance for screening, brief**
26 **intervention, and referral to treatment.** THE STATE DEPARTMENT SHALL
27 PUBLISH GUIDANCE FOR PROVIDERS CONCERNING REIMBURSEMENT FOR

1 ALL VARIATIONS OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO
2 TREATMENT INTERVENTIONS.

3 **SECTION 14**. In Colorado Revised Statutes, 25.5-5-208, **amend**
4 (1) introductory portion; and **add** (1)(a.3) and (1)(a.5) as follows:

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

11 (a.3) IMPLEMENTATION OF A STATEWIDE ADOLESCENT SUBSTANCE
12 USE SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT
13 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR APPROPRIATE
14 PROFESSIONALS IN COLORADO SCHOOLS, WITH THE PURPOSE OF
15 IDENTIFYING STUDENTS WHO WOULD BENEFIT FROM SCREENING, BRIEF
16 INTERVENTION, AND POTENTIAL REFERRAL TO RESOURCES, INCLUDING
17 TREATMENT;

18 (a.5) IMPLEMENTATION OF A STATEWIDE SUBSTANCE USE
19 SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT
20 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR PEDIATRICIANS AND
21 PROFESSIONALS IN PEDIATRIC SETTINGS, WITH THE PURPOSE OF
22 IDENTIFYING ADOLESCENT PATIENTS WHO WOULD BENEFIT FROM
23 SCREENING, BRIEF INTERVENTION, AND POTENTIAL REFERRAL TO
24 RESOURCES, INCLUDING TREATMENT;

25 **SECTION 15**. In Colorado Revised Statutes, 27-80-121, **amend**
26 (1) and (3) as follows:

27 **27-80-121. Perinatal substance use data linkage project -**

1 **center for research into substance use disorder prevention,**
2 **treatment, and recovery support strategies - report.** (1) The center for
3 research into substance use disorder prevention, treatment, and recovery
4 support strategies established in section 27-80-118, referred to in this
5 section as the "center", in partnership with an institution of higher
6 education and the state substance abuse trend and response task force
7 established in section 18-18.5-103, ~~may~~ SHALL conduct a statewide
8 perinatal substance use data linkage project that uses ongoing collection,
9 analysis, interpretation, and dissemination of data for the planning,
10 implementation, and evaluation of public health actions to improve
11 outcomes for families impacted by substance use during pregnancy. The
12 data linkage project shall utilize data from the medical assistance program
13 ESTABLISHED IN articles 4 to 6 of title 25.5; the electronic prescription
14 drug monitoring program created in part 4 of article 280 of title 12; the
15 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the
16 Colorado immunization information system created pursuant to ~~section~~
17 ~~25-4-2401, et seq.~~ PART 24 OF ARTICLE 4 OF TITLE 25; the Colorado child
18 care assistance program created in part 1 of article 4 of title 26.5; the
19 BHA; THE EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS
20 UNDER PART C OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES
21 EDUCATION ACT", 20 U.S.C. SEC. 1400 ET SEQ.; ===== THE COLORADO
22 DEPARTMENT OF EDUCATION; THE FEDERAL SPECIAL SUPPLEMENTAL
23 NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN, AS PROVIDED
24 FOR IN 42 U.S.C. SEC. 1786; OTHER DATA SOURCES RELATED TO
25 MATERNAL HEALTH, AS COLLECTED BY THE COLORADO DEPARTMENT OF
26 PUBLIC HEALTH AND ENVIRONMENT; THE COLORADO ALL-PAYER HEALTH
27 CLAIMS DATABASE DESCRIBED IN SECTION 25.5-1-204; FAMILY

1 EXPERIENCES AND PROVIDER PERSPECTIVES, WHEN NECESSARY; and birth
2 and death records to examine the following:

3 (a) Health-care mortality utilization by pregnant and postpartum
4 women with substance use disorders and their infants compared to the
5 general population;

6 (b) Human service, EDUCATION, public health program utilization,
7 and substance use treatment by pregnant and postpartum women with
8 substance use disorders and their infants COMPARED TO THE GENERAL
9 POPULATION;

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

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

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

24 **SECTION 16.** In Colorado Revised Statutes, **add** 27-80-121.2 as
25 follows:

26 **27-80-121.2. Opioid use disorder prevalence data linkage**
27 **project - reporting - legislative declaration - definition.** (1) (a) THE

1 GENERAL ASSEMBLY FINDS AND DECLARES THAT:

2 (I) COLORADO IS EXPERIENCING AN OVERDOSE CRISIS;

3 (II) NATIONALLY AND LOCALLY, OVERDOSE DEATHS HAVE
4 CONTINUED TO INCREASE, WITH MORE THAN SEVENTY-FIVE PERCENT OF
5 OVERDOSE DEATHS IN 2021 INVOLVING ILLICITLY MANUFACTURED
6 FENTANYL;

7 (III) AMONG THE RISK FACTORS FOR OVERDOSE IS HAVING AN
8 OPIOID USE DISORDER, PARTICULARLY AMONG PEOPLE NOT TAKING
9 MEDICATIONS FOR OPIOID USE DISORDERS;

10 (IV) HOWEVER, UNRELIABLE METHODS OF ESTIMATING PEOPLE IN
11 COLORADO WITH OPIOID USE DISORDERS, AS WELL AS SYSTEMIC BARRIERS
12 THAT PREVENT PEOPLE WITH OPIOID USE DISORDERS FROM
13 SELF-REPORTING AND ACCESSING HEALTH CARE, LIKELY LEADS TO
14 UNDERESTIMATION OF THE NUMBER OF PEOPLE WITH OPIOID USE
15 DISORDERS IN COLORADO; AND

16 (V) WITHOUT AN ACCURATE UNDERSTANDING OF THE SCOPE OF
17 OPIOID MISUSE OR USE DISORDERS IN COLORADO, SERVICES AND OTHER
18 RESOURCES CANNOT BE PROPERLY ALLOCATED TO RESPOND TO THE CRISIS,
19 LEADING TO A POOR PUBLIC HEALTH RESPONSE AND HEALTH DISPARITIES.

20 (b) THEREFORE, THE GENERAL ASSEMBLY FINDS AND DECLARES
21 THAT ESTABLISHING A DATA LINKAGE PROJECT TO ACCURATELY ESTIMATE
22 THE SCOPE OF OPIOID MISUSE AND USE DISORDERS IN COLORADO WILL
23 ADVANCE THE STATE'S RESPONSE TO THE CRISIS AND IMPROVE HEALTH
24 OUTCOMES FOR INDIVIDUALS WITH OPIOID MISUSE AND USE DISORDERS.

25 (2) AS USED IN THIS SECTION, "DATA LINKAGE PROJECT" MEANS
26 THE OPIOID USE DISORDER PREVALENCE DATA LINKAGE PROJECT CREATED
27 IN SUBSECTION (3) OF THIS SECTION.

1 (3) THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE SHALL
2 CONDUCT A STATEWIDE DATA LINKAGE PROJECT THAT USES ONGOING
3 COLLECTION, ANALYSIS, INTERPRETATION, AND DISSEMINATION OF DATA
4 FOR THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PUBLIC
5 HEALTH ACTIONS TO IMPROVE OUTCOMES FOR INDIVIDUALS WITH OPIOID
6 MISUSE OR USE DISORDERS.

7 (4) THE DATA LINKAGE PROJECT MUST UTILIZE DATA FROM:

8 (a) THE MEDICAL ASSISTANCE PROGRAM ESTABLISHED IN ARTICLES
9 4 TO 6 OF TITLE 25.5;

10 (b) THE ELECTRONIC PRESCRIPTION DRUG USE MONITORING
11 PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF TITLE 12;

12 (c) THE BHA;

13 (d) THE JUDICIAL DEPARTMENTS FOR DENVER COUNTY AND OTHER
14 COLORADO COUNTIES;

15 (e) THE DEPARTMENT OF CORRECTIONS;

16 (f) THE COLORADO DEPARTMENT OF HEALTH CARE POLICY AND
17 FINANCING, RELATING TO OPIOID MISUSE, OVERDOSES, AND OPIOID USE
18 DISORDERS AND RELATED TREATMENT;

19 (g) OTHER DATA SOURCES RELATING TO OPIOID MISUSE OR USE
20 DISORDERS COLLECTED BY THE COLORADO DEPARTMENT OF PUBLIC
21 HEALTH AND ENVIRONMENT; AND

22 (h) BIRTH AND DEATH RECORDS TO EXAMINE THE FOLLOWING:

23 (I) YEARLY PREVALENCE OF OPIOID MISUSE OR USE DISORDERS IN
24 COLORADO FROM 2015 THROUGH 2024; AND

25 (II) YEARLY PREVALENCE OF OPIOID MISUSE OR USE DISORDERS IN
26 COLORADO FROM 2015 THROUGH 2024 BY AGE GROUP, GENDER, RACE,
27 AND GEOGRAPHIC AREA.

1 (5) IN ADDITION TO THE DATA COLLECTED PURSUANT TO
2 SUBSECTION (4) OF THIS SECTION, THE DATA LINKAGE PROJECT MAY
3 CONNECT ADDITIONAL STATE AND OTHER DATA SOURCES, INCLUDING THE
4 COLORADO ALL-PAYER HEALTH CLAIMS DATABASE, DESCRIBED IN SECTION
5 25.5-1-204, TO IMPROVE POPULATION-LEVEL ESTIMATES OF THE
6 PREVALENCE OF OPIOID MISUSE OR USE DISORDERS IN COLORADO.

7 ==
8 (6) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), ON OR
9 BEFORE JANUARY 31, 2025, AND ANNUALLY THEREAFTER THROUGHOUT
10 THE DURATION OF THE DATA LINKAGE PROJECT, THE UNIVERSITY OF
11 COLORADO SCHOOL OF MEDICINE SHALL REPORT PROGRESS ON THE DATA
12 LINKAGE PROJECT AND THE RESULTS, IF AVAILABLE, TO THE HEALTH AND
13 HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND
14 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR
15 SUCCESSOR COMMITTEES.

16 **SECTION 17. Safety clause.** The general assembly finds,
17 determines, and declares that this act is necessary for the immediate
18 preservation of the public peace, health, or safety or for appropriations for
19 the support and maintenance of the departments of the state and state
20 institutions.