

**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. 24-0314.01 Shelby Ross x4510

HOUSE BILL 24-1045

HOUSE SPONSORSHIP

Armagost and deGruy Kennedy, Young

SENATE SPONSORSHIP

Mullica and Will, Jaquez Lewis, Priola

House Committees

Health & Human Services
Finance

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING TREATMENT FOR 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.

Section 1 prohibits a carrier that provides coverage under a health benefit plan for a drug used to treat a substance use disorder from requiring prior authorization for the drug based solely on the dosage amount.

Section 2 requires an insurance carrier and the medical assistance program to reimburse a licensed pharmacist prescribing or administering

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.

medication-assisted treatment (MAT) pursuant to a collaborative pharmacy practice agreement (collaborative agreement) at a rate equal to the reimbursement rate for other providers. **Section 7** amends the practice of pharmacy to include exercising prescriptive authority for any FDA-approved product or medication for opioid use disorder in accordance with federal law, if authorized through a collaborative agreement. **Section 8** requires the state board of pharmacy, the Colorado medical board, and the state board of nursing to develop a protocol for pharmacists to prescribe, dispense, and administer medication-assisted treatment. **Section 23** requires the medical assistance program to reimburse a pharmacist prescribing or administering medications for opioid use disorder pursuant to a collaborative agreement at a rate equal to the reimbursement rate for other providers.

Section 3 requires the commissioner of insurance to:

- Review the network adequacy rules promulgated by the commissioner and the division of insurance to ensure that the rules are sufficient to require each carrier to maintain an adequate number of substance use disorder treatment providers in underserved areas and to maintain an adequate number of behavioral health-care providers in all communities; and
- Report the rule review findings to the opioid and other substance use disorders study committee, including any recommended rule changes.

Sections 4, 5, 6, and 25 authorize licensed clinical social workers and licensed professional counselors (professionals) within their scope of practice to provide clinical supervision to individuals seeking certification as addiction technicians and addiction specialists, and direct the state board of addiction counselors and the state board of human services, as applicable, to adopt rules relating to clinical supervision by these professionals.

Section 9 and 10 establish the behavioral health diversion pilot program (pilot program) to award grants to at least 2, but not more than 5, district attorneys to divert from the criminal justice system persons who have a behavioral health disorder, including a substance use disorder, that requires early recovery services and treatment that is reasonably expected to deter future criminal behavior.

Sections 11 through 16 expand the medication-assisted treatment expansion pilot program to include grants to provide training and ongoing support to pharmacies and pharmacists who are authorized to prescribe, dispense, and administer MAT pursuant to a collaborative agreement and protocol to assist individuals with a substance use disorder.

Section 17 requires the department of health care policy and financing (HCPF) to seek federal authorization to provide screening for physical and behavioral health needs, brief intervention, administration

of medication-assisted treatment, physical and psychiatric prescription medications provided upon release from jail, case management, and care coordination services through the medical assistance program to persons up to 90 days prior to release from jail, a juvenile institutional facility, or a department of corrections facility.

Section 18 adds substance use disorder treatment to the list of health-care or mental health-care services that are required to be reimbursed at the same rate for telemedicine as a comparable in-person service.

Section 19 requires HCPF to seek federal authorization to provide partial hospitalization for substance use disorder treatment with full federal financial participation.

Section 20 requires each managed care entity (MCE) that provides prescription drug benefits or methadone administration for the treatment of substance use disorders to:

- Set the reimbursement rate for take-home methadone treatment and office-administered methadone treatment at the same rate; and
- Not impose any prior authorization requirements on any prescription medication approved by the FDA for the treatment of substance use disorders, regardless of the dosage amount.

Section 21 requires the behavioral health administration to collect data from each withdrawal management facility on the total number of individuals who were denied admittance or treatment for withdrawal management and the reason for the denial and review and approve any admission criteria established by a withdrawal management facility.

Section 22 requires each MCE to disclose the aggregated average and lowest rates of reimbursement for a set of behavioral health services determined by HCPF.

For the 2024-25 state fiscal year and each state fiscal year thereafter, **section 24** appropriates \$150,000 from the general fund to the Colorado child abuse prevention trust fund (trust fund) for programs to reduce the occurrence of prenatal substance exposure. For the 2024-25 and 2025-26 state fiscal years, **section 24** also annually appropriates \$50,000 from the general fund to the trust fund to convene a stakeholder group to identify strategies to increase access to child care for families seeking substance use disorder treatment and recovery services.

Section 26 requires the behavioral health administration (BHA) to contract with an independent third-party entity to provide services and supports to behavioral health providers seeking to become a behavioral health safety net provider with the goal of the provider becoming self-sustaining.

Section 27 creates the contingency management grant program in the BHA to provide grants to substance use disorder treatment programs

that implement a contingency management program for individuals with a stimulant use disorder.

Section 28 requires a county jail seeking to provide services to incarcerated medicaid members to apply for a correctional services provider license from the BHA.

Section 29 requires the BHA, in collaboration with HCPF, to convene a working group to study and identify barriers to opening and operating an opioid treatment program, including satellite medication units and mobile methadone clinics.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 10-16-124.6 as
3 follows:

4 **10-16-124.6. Drugs used for substance use disorder - prior**
5 **authorization prohibited.** A CARRIER THAT PROVIDES COVERAGE UNDER
6 A HEALTH BENEFIT PLAN FOR A DRUG USED TO TREAT A SUBSTANCE USE
7 DISORDER SHALL NOT REQUIRE PRIOR AUTHORIZATION, AS DEFINED IN
8 SECTION 10-16-112.5 (7)(d), FOR THE DRUG BASED SOLELY ON THE
9 DOSAGE AMOUNT.

10 **SECTION 2.** In Colorado Revised Statutes, 10-16-144, **add** (3)
11 as follows:

12 **10-16-144. Health-care services provided by pharmacists.**
13 (3) (a) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (1) OF THIS
14 SECTION TO THE CONTRARY, A HEALTH BENEFIT PLAN DESCRIBED IN
15 SUBSECTION (1) OF THIS SECTION THAT PROVIDES TREATMENT FOR
16 SUBSTANCE USE DISORDERS SHALL REIMBURSE A LICENSED PHARMACIST
17 ACTING WITHIN THE LICENSED PHARMACIST'S SCOPE OF PRACTICE, AND IN
18 ACCORDANCE WITH THE REQUIREMENTS IN PART 6 OF ARTICLE 280 OF
19 TITLE 12, FOR THE PROVISION OF MEDICATION-ASSISTED TREATMENT
20 SERVICES IF THE HEALTH BENEFIT PLAN PROVIDES COVERAGE FOR THE

1 SAME SERVICES PROVIDED BY A LICENSED PHYSICIAN OR AN ADVANCED
2 PRACTICE REGISTERED NURSE.

3 (b) A HEALTH BENEFIT PLAN REIMBURSING A LICENSED
4 PHARMACIST PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION SHALL
5 REIMBURSE A LICENSED PHARMACIST AT THE SAME RATE THAT THE
6 HEALTH BENEFIT PLAN REIMBURSES A LICENSED PHYSICIAN OR AN
7 ADVANCED PRACTICE REGISTERED NURSE WITHIN THE HEALTH BENEFIT
8 PLAN'S NETWORK OF PARTICIPATING PROVIDERS FOR THE SAME SERVICES.

9 SECTION 3. In Colorado Revised Statutes, 10-16-704, add (1.7)
10 as follows:

11 10-16-704. Network adequacy - required disclosures - balance
12 billing - rules - legislative declaration - definitions. (1.7) (a) ON OR
13 BEFORE AUGUST 1, 2025, THE COMMISSIONER SHALL REVIEW THE
14 NETWORK ADEQUACY RULES PROMULGATED PURSUANT TO THIS SECTION
15 TO ENSURE THAT THE RULES ARE SUFFICIENT TO REQUIRE CARRIERS TO
16 MAINTAIN:

17 (I) AN ADEQUATE NUMBER OF SUBSTANCE USE DISORDER
18 TREATMENT PROVIDERS WITHIN THE CARRIER'S NETWORK TO PROVIDE
19 ACCESS TO TREATMENT IN UNDERSERVED COMMUNITIES; AND

20 (II) TO THE EXTENT PRACTICABLE, AN ADEQUATE NUMBER OF
21 COGNITIVE BEHAVIORAL HEALTH-CARE PROVIDERS WITHIN THE CARRIER'S
22 NETWORK, INCLUDING PROVIDERS THAT PROVIDE PAIN DIAGNOSES
23 SERVICES, TO ALLOW FOR ACCESS TO COGNITIVE BEHAVIORAL
24 HEALTH-CARE SERVICES IN ALL COMMUNITIES.

25 (b) ON OR BEFORE SEPTEMBER 30, 2025, THE COMMISSIONER
26 SHALL REPORT THE RULE REVIEW FINDINGS DESCRIBED IN SUBSECTION
27 (1.7)(a) OF THIS SECTION, INCLUDING ANY EXTENUATING FACTORS THAT

1 MAY RESULT IN AN INADEQUATE NUMBER OF BEHAVIORAL HEALTH-CARE
2 PROVIDERS, SUCH AS A WORKFORCE SHORTAGE, TO THE OPIOID AND OTHER
3 SUBSTANCE USE DISORDERS STUDY COMMITTEE, CREATED IN SECTION
4 10-22.3-101, INCLUDING RECOMMENDED RULE CHANGES TO ENSURE THAT
5 SUCH NETWORK ADEQUACY EXISTS.

6 **SECTION 4.** In Colorado Revised Statutes, 12-245-403, **add** (5)
7 as follows:

8 **12-245-403. Social work practice defined.** (5) SOCIAL WORK
9 PRACTICE INCLUDES THE CLINICAL SUPERVISION BY A LICENSED CLINICAL
10 SOCIAL WORKER OF A PERSON WORKING TOWARD CERTIFICATION AS A
11 CERTIFIED ADDICTION TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST
12 PURSUANT TO SECTION 12-245-804 (3.5), IF THE LICENSED CLINICAL
13 SOCIAL WORKER HAS MET THE EDUCATION REQUIREMENTS FOR A LICENSED
14 ADDICTION COUNSELOR, OR THE EQUIVALENT, AS SPECIFIED IN RULES
15 PROMULGATED BY THE STATE BOARD OF HUMAN SERVICES PURSUANT TO
16 SECTION 27-80-108 (1)(e.5) OR 27-50-107 (3)(e)(II), AS APPLICABLE.

17 **SECTION 5.** In Colorado Revised Statutes, 12-245-603, **add** (3)
18 as follows:

19 **12-245-603. Practice of licensed professional counseling**
20 **defined.** (3) THE PRACTICE OF PROFESSIONAL COUNSELING INCLUDES THE
21 CLINICAL SUPERVISION BY A LICENSED PROFESSIONAL COUNSELOR OF A
22 PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION
23 TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST PURSUANT TO SECTION
24 12-245-804 (3.5), IF THE LICENSED PROFESSIONAL COUNSELOR HAS MET
25 THE EDUCATION REQUIREMENTS FOR A LICENSED ADDICTION COUNSELOR,
26 OR THE EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE
27 BOARD OF HUMAN SERVICES PURSUANT TO SECTION 27-80-108 (1)(e.5) OR

1 27-50-107 (3)(e)(II), AS APPLICABLE.

2 **SECTION 6.** In Colorado Revised Statutes, 12-245-805, **add**
3 (2.5)(c) as follows:

4 **12-245-805. Rights and privileges of certification and licensure**
5 **- titles - clinical supervision.** (2.5) (c) NOTWITHSTANDING ANY
6 PROVISION OF THIS TITLE 12 TO THE CONTRARY, A LICENSED CLINICAL
7 SOCIAL WORKER, PURSUANT TO SECTION 12-245-403 (5), AND A LICENSED
8 PROFESSIONAL COUNSELOR, PURSUANT TO SECTION 12-245-603 (3), WHO
9 POSSESSES A VALID, UNSUSPENDED, AND UNREVOKED LICENSE MAY
10 PROVIDE CLINICAL SUPERVISION OF AN INDIVIDUAL WORKING TOWARD
11 CERTIFICATION AS A CERTIFIED ADDICTION TECHNICIAN OR CERTIFIED
12 ADDICTION SPECIALIST IF THE LICENSED CLINICAL SOCIAL WORKER OR
13 LICENSED PROFESSIONAL COUNSELOR HAS MET THE EDUCATION
14 REQUIREMENTS FOR A LICENSED ADDICTION COUNSELOR, OR THE
15 EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE BOARD
16 OF HUMAN SERVICES PURSUANT TO SECTION 27-80-108 (1)(e.5) OR
17 27-50-107 (3)(e)(II), AS APPLICABLE.

18 **SECTION 7.** In Colorado Revised Statutes, 12-280-103, **amend**
19 (39)(g)(III), (39)(g)(IV)(C), (39)(j), and (39)(k); and **add** (27.5),
20 (39)(g)(V), and (39)(l) as follows:

21 **12-280-103. Definitions - rules.** As used in this article 280, unless
22 the context otherwise requires or the term is otherwise defined in another
23 part of this article 280:

24 (27.5) "MEDICATIONS FOR OPIOID USE DISORDER" OR "MOUD"
25 MEANS TREATMENT FOR AN OPIOID USE DISORDER USING MEDICATIONS
26 APPROVED BY THE FDA FOR THAT PURPOSE AND PRESCRIBED, DISPENSED,
27 OR ADMINISTERED IN ACCORDANCE WITH NATIONAL, EVIDENCE-BASED

1 PUBLISHED GUIDANCE.

2 (39) "Practice of pharmacy" means:

3 (g) Exercising independent prescriptive authority:

4 (III) As authorized pursuant to sections 12-30-110 and
5 12-280-123 (3) regarding opiate antagonists; ~~or~~

6 (IV) For drugs that are not controlled substances, drug categories,
7 or devices that are prescribed in accordance with the product's
8 FDA-approved labeling and to patients who are at least twelve years of
9 age and that are limited to conditions that:

10 (C) Have a test that is used to guide diagnosis or clinical
11 decision-making and is waived under the federal "Clinical Laboratory
12 Improvement Amendments of 1988", Pub.L. 100-578, as amended; OR

13 (V) FOR ANY FDA-APPROVED PRODUCT INDICATED FOR OPIOID
14 USE DISORDER IN ACCORDANCE WITH FEDERAL LAW AND REGULATIONS,
15 INCLUDING MEDICATIONS FOR OPIOID USE DISORDER, IF AUTHORIZED
16 PURSUANT TO PART 6 OF THIS ARTICLE 280.

17 (j) Performing other tasks delegated by a licensed physician; ~~and~~

18 (k) Providing treatment that is based on national, evidence-based,
19 published guidance; AND

20 (l) DISPENSING OR ADMINISTERING ANY FDA-APPROVED PRODUCT
21 FOR OPIOID USE DISORDER IN ACCORDANCE WITH FEDERAL LAW AND
22 REGULATIONS, INCLUDING MEDICATIONS FOR OPIOID USE DISORDER.

23 **SECTION 8.** In Colorado Revised Statutes, **add** 12-280-604 as
24 follows:

25 **12-280-604. Collaborative pharmacy practice agreement -**
26 **statewide drug therapy protocol for medication-assisted treatment**
27 **for opioid use disorder - rules - definition.** (1) AS USED IN THIS

1 SECTION, "MEDICATION-ASSISTED TREATMENT" MEANS A COMBINATION OF
2 MEDICATIONS AND BEHAVIORAL THERAPY, SUCH AS BUPRENORPHINE AND
3 ALL OTHER MEDICATIONS AND THERAPIES APPROVED BY THE FEDERAL
4 FOOD AND DRUG ADMINISTRATION, TO TREAT OPIOID USE DISORDER.

5 (2) (a) PURSUANT TO SECTION 12-280-603, THE BOARD, IN
6 CONJUNCTION WITH THE COLORADO MEDICAL BOARD CREATED IN SECTION
7 12-240-105 AND THE STATE BOARD OF NURSING CREATED IN SECTION
8 12-255-105, SHALL PROMULGATE RULES NO LATER THAN MAY 1, 2025,
9 DEVELOPING A STATEWIDE DRUG THERAPY PROTOCOL FOR PHARMACISTS
10 TO PRESCRIBE, DISPENSE, AND ADMINISTER ONLY FEDERAL DRUG
11 ENFORCEMENT ADMINISTRATION SCHEDULE III, IV, AND V
12 FDA-APPROVED PRODUCTS AS MEDICATION-ASSISTED TREATMENT FOR
13 OPIOID USE DISORDER.

14 (b) IN DEVELOPING THE STATEWIDE DRUG THERAPY PROTOCOL,
15 THE APPLICABLE BOARDS SHALL CONSIDER REQUIREMENTS FOR TRAINING,
16 INCLUDING A PROGRAM ACCREDITED BY THE ACCREDITATION COUNCIL
17 FOR PHARMACY EDUCATION, OR ITS SUCCESSOR ENTITY; PATIENT NOTICE
18 AND CONSENT; PROVIDER REFERRAL CRITERIA; LAB SCREENING AND
19 TESTING; MONITORING; PATIENT PRIVACY; AND PATIENT FOLLOW-UP CARE
20 AND COUNSELING. THE RULES DEVELOPED PURSUANT TO SUBSECTION
21 (2)(a) OF THIS SECTION MUST SPECIFY THAT ANY COLLABORATING
22 ENTITIES UTILIZING THE PROTOCOL ARE CLEARLY IDENTIFIED.

23 (3) THIS SECTION DOES NOT REQUIRE A STATEWIDE DRUG THERAPY
24 PROTOCOL OR COLLABORATIVE PHARMACY PRACTICE AGREEMENT BEFORE
25 A PHARMACIST MAY PRESCRIBE, DISPENSE, OR ADMINISTER ONLY FEDERAL
26 DRUG ENFORCEMENT ADMINISTRATION SCHEDULE III, IV, AND V
27 FDA-APPROVED PRODUCTS AS MEDICATION-ASSISTED TREATMENT, IF THE

1 PRESCRIBING, DISPENSING, OR ADMINISTERING MEDICATION-ASSISTED
2 TREATMENT IS OTHERWISE AUTHORIZED UNDER LAW.

3 ■ ■ ■

4 **SECTION 9.** In Colorado Revised Statutes, 23-21-802, **amend**
5 (1)(h)(I) as follows:

6 **23-21-802. Legislative declaration.** (1) The general assembly
7 finds that:

8 (h) In order to increase access to addiction treatment in areas of
9 the state where opioid addiction is prevalent, it is necessary to establish
10 a pilot program to award grants to:

11 (I) Organizations, ~~or~~ practices, OR PHARMACIES with nurse
12 practitioners, ~~and~~ physician assistants, OR PHARMACISTS to enable them
13 to obtain the training and ongoing support required to prescribe
14 medications, such as buprenorphine and all other medications and
15 therapies approved by the federal food and drug administration, to treat
16 opioid use disorders; and

17 **SECTION 10.** In Colorado Revised Statutes, 23-21-803, **add**
18 (5.3) as follows:

19 **23-21-803. Definitions.** As used in this part 8, unless the context
20 otherwise requires:

21 (5.3) "PHARMACIST" MEANS AN INDIVIDUAL LICENSED IN
22 COLORADO TO ENGAGE IN THE PRACTICE OF PHARMACY WHO IS
23 PRESCRIBING MEDICATION-ASSISTED TREATMENT PURSUANT TO PART 6 OF
24 ARTICLE 280 OF TITLE 12.

25 **SECTION 11.** In Colorado Revised Statutes, 23-21-804, **amend**
26 (1) and (2) as follows:

27 **23-21-804. Medication-assisted treatment expansion pilot**

1 **program - created - pilot program location - eligible grant recipients**

2 **- rules.** (1) (a) There is hereby created the medication-assisted treatment
3 expansion pilot program to provide grants to community agencies,
4 office-based practices, behavioral health organizations, ~~and~~ substance
5 abuse treatment organizations, AND PHARMACIES to enable:

6 (I) Nurse practitioners or physician assistants working in those
7 settings to obtain training and ongoing support required under the federal
8 act in order to prescribe buprenorphine and all other medications and
9 therapies approved by the federal food and drug administration as part of
10 medication-assisted treatment provided to individuals with an opioid use
11 disorder; ~~and~~

12 (II) Those agencies, practices, and organizations to provide
13 behavioral therapies and support in conjunction with medication-assisted
14 treatment for individuals with an opioid use disorder; AND

15 (III) PHARMACISTS AUTHORIZED UNDER A STATEWIDE DRUG
16 THERAPY PROTOCOL PURSUANT TO SECTION 12-280-605, A
17 COLLABORATIVE PHARMACY PRACTICE AGREEMENT PURSUANT TO PART
18 6 OF ARTICLE 280 OF TITLE 12, OR OTHERWISE AUTHORIZED UNDER LAW TO
19 PRESCRIBE, DISPENSE, OR ADMINISTER MEDICATION-ASSISTED TREATMENT
20 FOR INDIVIDUALS WITH AN OPIOID USE DISORDER.

21 (b) The MAT expansion pilot program is available to provide
22 grants to community agencies, office-based practices, behavioral health
23 organizations, ~~and~~ substance abuse treatment organizations practicing or
24 providing treatment in Pueblo county or Routt county, and, starting in the
25 2019-20 fiscal year, the San Luis valley and ~~up to two~~ additional counties
26 selected by the center for participation based on demonstrated need. THE
27 MAT EXPANSION PILOT PROGRAM MAY ALSO PROVIDE GRANTS TO

1 PHARMACIES FOR THE PURPOSES ALLOWED UNDER THE GRANT PROGRAM
2 ONCE THE CONDITIONS DESCRIBED IN SUBSECTION (1)(a)(III) OF THIS
3 SECTION ARE MET.

4 (2) A grant recipient may use the money received through the pilot
5 program for the following purposes:

6 (a) To enable nurse practitioners or physician assistants practicing
7 or working in the grant recipient's setting in the pilot program area to
8 obtain the training required to be a qualified nurse practitioner or
9 physician assistant in order to prescribe buprenorphine and all other
10 medications and therapies approved by the federal food and drug
11 administration as part of medication-assisted treatment for individuals
12 with opioid use disorders; ~~and~~

13 (b) To increase access to medication-assisted treatment for
14 individuals with opioid use disorders in the pilot program area; AND

15 (c) TO OBTAIN TRAINING FOR PHARMACISTS TO PROVIDE
16 MEDICATION-ASSISTED TREATMENT SERVICES.

17 **SECTION 12.** In Colorado Revised Statutes, 23-21-805, **amend**
18 (2)(a)(V) and (2)(a)(VI); and **add** (2)(a)(VII) as follows:

19 **23-21-805. MAT expansion advisory board - created - duties.**

20 (2) (a) The advisory board consists of representatives of the following
21 entities or organizations who are designated by the entity or organization:

22 (V) The Colorado Academy of Physician Assistants; ~~and~~

23 (VI) The physician assistant program at the university of
24 Colorado; AND

25 (VII) THE COLORADO PHARMACISTS SOCIETY.

26 **SECTION 13.** In Colorado Revised Statutes, 23-21-806, **amend**
27 (1) introductory portion, (1)(c), (2)(b), (2)(d), and (3); and **repeal** (1)(d)

1 as follows:

2 **23-21-806. Grant application - criteria - awards.** (1) To receive
3 a grant, an eligible organization, ~~or~~ practice, OR PHARMACY must submit
4 an application to the center in accordance with pilot program guidelines
5 and procedures established by the center. At a minimum, the application
6 must include the following information:

7 (c) The number of nurse practitioners, ~~or~~ physician assistants, OR
8 PHARMACISTS willing to complete the required training;

9 ~~(d) Identification of any incentives to assist nurse practitioners or~~
10 ~~physician assistants in completing the required training and becoming~~
11 ~~certified to prescribe buprenorphine;~~

12 (2) The advisory board shall review the applications received
13 pursuant to this section and make recommendations to the center
14 regarding grant recipients and awards. In recommending grant awards and
15 in awarding grants, the advisory board and the center shall consider the
16 following criteria:

17 (b) The number of opioid-dependent patients ~~that~~ WHO could be
18 served by nurse practitioners, ~~or~~ physician assistants, OR PHARMACISTS
19 working in or with a practice or organization applying for a grant;

20 (d) The written commitment of the applicant to have nurse
21 practitioners, ~~or~~ physician assistants, OR PHARMACISTS participate in
22 periodic consultations with center staff; and

23 (3) Subject to available appropriations, ~~in the 2019-20 and~~
24 ~~2020-21 fiscal years,~~ the center shall award grants to applicants approved
25 in accordance with this section and shall distribute the grant money to
26 grant recipients within ninety days after issuing the grant awards.

27 **SECTION 14.** In Colorado Revised Statutes, 23-21-807, **amend**

1 (1) introductory portion, (1)(c), (2) introductory portion, (2)(e), and
2 (2)(g); **repeal** (2)(c); and **add** (1)(e) as follows:

3 **23-21-807. Reporting requirements.** (1) Each organization, ~~or~~
4 practice, OR PHARMACY that receives a grant through the pilot program
5 shall submit an annual report to the center by a date set by the center. At
6 a minimum, the report must include the following information:

7 (c) The number of nurse practitioners, ~~or~~ physician assistants, OR
8 PHARMACISTS who were trained; and who received certification to
9 prescribe buprenorphine and all other medications and therapies approved
10 by the federal food and drug administration to treat opioid use disorder;
11 and

12 (e) A DETAILED DESCRIPTION OF THE TRAINING RECEIVED BY
13 PHARMACISTS; WHETHER THE PHARMACISTS WHO RECEIVED TRAINING ARE
14 CURRENTLY ABLE TO PROVIDE AND ARE PROVIDING MEDICATION-ASSISTED
15 TREATMENT TO OPIOID-DEPENDENT PATIENTS; AND THE NUMBER OF
16 OPIOID-DEPENDENT PATIENTS TREATED DURING THE PILOT PROGRAM
17 PERIOD BY EACH PHARMACIST.

18 ~~(2) On or before June 30, 2018, and on or before each June 30~~
19 ~~through June 30, 2021,~~ The center shall ANNUALLY submit a summarized
20 report on the pilot program to the health and human services committee
21 of the senate and the health and insurance and the public health care and
22 human services committees of the house of representatives, or any
23 successor committees, and to the governor. At a minimum, the report
24 must include:

25 ~~(c) The total number of nurse practitioners and physician~~
26 ~~assistants who completed the required training and became certified to~~
27 ~~prescribe buprenorphine, listed by county participating in the pilot~~

1 program;

2 (e) A summary of policies and procedures instituted by grant
3 recipients related to the provision of MAT by qualified nurse
4 practitioners, and physician assistants, AND PHARMACISTS;

5 (g) A summary of lessons learned and recommendations for
6 implementing MAT as provided by nurse practitioners, and physician
7 assistants, and PHARMACISTS in other communities in the state.

8 **SECTION 15.** In Colorado Revised Statutes, 25-20.5-1101,
9 **amend** (3)(a); and **add** (4.5) as follows:

10 **25-20.5-1101. Harm reduction grant program - creation -**
11 **application - permissible uses - department duties - definitions.**

12 (3) On or before November 1, 2019, the department shall develop:

13 (a) Eligibility criteria for the entities described in ~~subsection (2)~~
14 ~~SUBSECTIONS (2) AND (4.5) of this section;~~

15 (4.5) (a) A SUBSTANCE USE DISORDER TREATMENT PROGRAM MAY
16 APPLY FOR A GRANT TO IMPLEMENT A CONTINGENCY MANAGEMENT
17 PROGRAM FOR INDIVIDUALS WITH A STIMULANT USE DISORDER.
18 NOTWITHSTANDING SUBSECTION (4) OF THIS SECTION, GRANT MONEY
19 RECEIVED PURSUANT TO THIS SUBSECTION (4.5) MAY BE USED FOR
20 STAFFING, TRAINING, SUPPLIES, ADMINISTRATIVE COSTS, THE COSTS OF
21 VOUCHERS AND PRIZES UP TO FIVE HUNDRED NINETY-NINE DOLLARS PER
22 CLIENT DURING THE TREATMENT PERIOD, AND OTHER RELATED EXPENSES
23 AS APPROVED BY THE DEPARTMENT.

24 (b) AS USED IN THIS SUBSECTION (4.5), UNLESS THE CONTEXT
25 OTHERWISE REQUIRES:

26 (I) "CONTINGENCY MANAGEMENT PROGRAM" MEANS AN
27 EVIDENCE-BASED TREATMENT PROGRAM THAT PROVIDES MOTIVATIONAL

1 INCENTIVES TO TREAT INDIVIDUALS WITH A STIMULANT USE DISORDER.

2 (II) "STIMULANT USE DISORDER" MEANS A SUBSTANCE USE
3 DISORDER, AS DEFINED IN SECTION 27-80-203, INVOLVING A CLASS OF
4 DRUGS THAT INCLUDES COCAINE, METHAMPHETAMINE, OR PRESCRIPTION
5 STIMULANTS.

6 (III) "SUBSTANCE USE DISORDER TREATMENT PROGRAM" HAS THE
7 SAME MEANING AS SET FORTH IN SECTION 27-80-203.

8 **SECTION 16.** In Colorado Revised Statutes, **add** 25.5-4-505.5
9 as follows:

10 **25.5-4-505.5. Federal authorization related to persons involved**
11 **in the criminal justice system - report - rules - legislative declaration.**

12 (1) (a) THE GENERAL ASSEMBLY FINDS THAT:

13 (I) FOR DECADES, FEDERAL MEDICAID POLICY PROHIBITED THE USE
14 OF FEDERAL FUNDING FOR INCARCERATED MEDICAID MEMBERS;

15 (II) WITH THE EMERGING OPPORTUNITY TO ALLOW FOR COVERAGE
16 OF INCARCERATED MEDICAID MEMBERS, COLORADO IS SUPPORTIVE OF
17 ENSURING THESE MEMBERS HAVE ACCESS TO NEEDED SERVICES AND
18 TREATMENT; AND

19 (III) COLORADO IS COMMITTED TO ENSURING MEDICAID MEMBERS
20 HAVE ACCESS TO A CIVIL, COMMUNITY-BASED SYSTEM THAT MEETS
21 MEMBERS' NEEDS AND ENSURES COLORADO'S COUNTY JAILS, JUVENILE
22 FACILITIES, AND PRISONS DO NOT BECOME PRIMARY ACCESS POINTS FOR
23 HEALTH-CARE SERVICES FOR PEOPLE EXPERIENCING BEHAVIORAL HEALTH
24 CONDITIONS.

25 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES IT IS IN THE
26 BEST INTEREST OF ALL COLORADANS, AND ESPECIALLY COLORADANS
27 LIVING WITH BEHAVIORAL HEALTH CONDITIONS, TO REQUIRE THE

1 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO SEEK A
2 FEDERAL WAIVER OF THE MEDICAID INMATE EXCLUSION POLICY THAT
3 INCLUDES ANNUAL DATA REPORTING REQUIREMENTS THAT:

4 (I) INFORM COLORADANS REGARDING THE UNMET HEALTH NEEDS
5 OF INDIVIDUALS INVOLVED IN THE CRIMINAL JUSTICE SYSTEM;

6 (II) PROMOTE THE ESTABLISHMENT OF CONTINUOUS CIVIL SYSTEMS
7 OF CARE WITHIN COMMUNITIES DEMONSTRABLY COMMITTED TO
8 DIVERSION OR DEFLECTION EFFORTS, INCLUDING BUT NOT LIMITED TO
9 MOBILE OUTREACH, CO-RESPONDER PROGRAMS, AND PROSECUTOR- OR
10 JUDICIAL-LED INITIATIVES; AND

11 (III) AIM TO REDUCE UNNECESSARY INVOLVEMENT WITH THE
12 CRIMINAL JUSTICE SYSTEM AND INCREASE ACCESS TO COMMUNITY-BASED
13 HOUSING, HEALTH CARE, SUPPORTS, AND SERVICES.

14 (2) (a) NO LATER THAN APRIL 1, 2024, THE STATE DEPARTMENT
15 SHALL SEEK A FEDERAL AUTHORIZATION TO PROVIDE, THROUGH THE
16 STATE MEDICAL ASSISTANCE PROGRAM, MEDICATION-ASSISTED
17 TREATMENT AND CASE MANAGEMENT TO A MEMBER PRIOR TO THE
18 MEMBER'S RELEASE AND A THIRTY-DAY SUPPLY OF PRESCRIPTION
19 MEDICATIONS TO A MEMBER UPON THE MEMBER'S RELEASE FROM A
20 JUVENILE INSTITUTIONAL FACILITY, AS DEFINED IN SECTION 25-1.5-301
21 (2)(b), OR A DEPARTMENT OF CORRECTIONS FACILITY.

22 (b) BEGINNING JULY 1, 2025, AND SUBJECT TO AVAILABLE
23 APPROPRIATIONS, THE SERVICES DESCRIBED IN SUBSECTION (2)(a) OF THIS
24 SECTION ARE AVAILABLE UPON RECEIPT OF THE NECESSARY FEDERAL
25 AUTHORIZATION.

26 (3) (a) NO LATER THAN APRIL 1, 2025, THE STATE DEPARTMENT
27 SHALL SEEK A FEDERAL AUTHORIZATION TO PROVIDE, THROUGH THE

1 STATE MEDICAL ASSISTANCE PROGRAM, MEDICATION-ASSISTED
2 TREATMENT AND CASE MANAGEMENT TO A MEMBER PRIOR TO THE
3 MEMBER'S RELEASE FROM JAIL AND A THIRTY-DAY SUPPLY OF
4 PRESCRIPTION MEDICATIONS TO A MEMBER UPON THE MEMBER'S RELEASE
5 FROM JAIL.

6 (b) BEGINNING JULY 1, 2026, AND SUBJECT TO AVAILABLE
7 APPROPRIATIONS, THE SERVICES DESCRIBED IN SUBSECTION (3)(a) OF THIS
8 SECTION ARE AVAILABLE UPON RECEIPT OF THE NECESSARY FEDERAL
9 AUTHORIZATION.

10 (4) UPON RECEIPT OF THE NECESSARY FEDERAL AUTHORIZATION,
11 THE STATE DEPARTMENT SHALL:

12 (a) CONDUCT A RIGOROUS STAKEHOLDER PROCESS THAT
13 INCLUDES, BUT IS NOT LIMITED TO, RECEIVING FEEDBACK FROM
14 INDIVIDUALS WITH LIVED EXPERIENCE IN ACCESSING, OR THE INABILITY TO
15 ACCESS, BEHAVIORAL HEALTH SERVICES IN CIVIL SETTINGS, COUNTY JAILS,
16 JUVENILE INSTITUTIONAL FACILITIES, AND THE DEPARTMENT OF
17 CORRECTIONS; AND

18 (b) REQUIRE EACH COUNTY WITH A COUNTY JAIL SEEKING TO
19 PROVIDE SERVICES PURSUANT TO THIS SECTION TO DEMONSTRATE A
20 COMMITMENT TO DIVERSION OR DEFLECTION EFFORTS, INCLUDING BUT
21 NOT LIMITED TO MOBILE OUTREACH, CO-RESPONDER PROGRAMS, AND
22 PROSECUTOR- OR JUDICIAL-LED INITIATIVES THAT AIM TO REDUCE
23 UNNECESSARY INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM AND
24 INCREASE ACCESS TO COMMUNITY-BASED HOUSING, HEALTH CARE,
25 SUPPORTS, AND SERVICES.

26 (5) (a) THE STATE DEPARTMENT SHALL ONLY REIMBURSE AN
27 OPIOID TREATMENT PROGRAM, AS DEFINED IN SECTION 27-80-203, FOR

1 ADMINISTERING MEDICATION-ASSISTED TREATMENT IN A JAIL SETTING. AT
2 A MINIMUM, AN OPIOID TREATMENT PROGRAM THAT ADMINISTERS
3 MEDICATION-ASSISTED TREATMENT SHALL:

4 (I) EMPLOY A PHYSICIAN MEDICAL DIRECTOR;

5 (II) ENSURE THE INDIVIDUAL RECEIVING MEDICATION-ASSISTED
6 TREATMENT UNDERGOES A MINIMUM OBSERVATION PERIOD AFTER
7 RECEIVING MEDICATION-ASSISTED TREATMENT, AS DETERMINED BY
8 BEHAVIORAL HEALTH ADMINISTRATION RULE PURSUANT TO SECTION
9 27-80-204; AND

10 (III) MEET ALL CRITICAL INCIDENT REPORTING REQUIREMENTS AS
11 DETERMINED BY BEHAVIORAL HEALTH ADMINISTRATION RULE PURSUANT
12 TO SECTION 27-80-204.

13 (b) THE STATE DEPARTMENT SHALL ENSURE AS PART OF THE STATE
14 DEPARTMENT'S QUALITY OVERSIGHT THAT OPIOID TREATMENT PROGRAMS
15 THAT ADMINISTER MEDICATION-ASSISTED TREATMENT IN A JAIL SETTING
16 MAINTAIN EMERGENCY POLICIES AND PROCEDURES THAT ADDRESS
17 ADVERSE OUTCOMES.

18 (6) THE STATE DEPARTMENT MAY EXPAND SERVICES AVAILABLE
19 PURSUANT TO THIS SECTION AS AUTHORIZED PURSUANT TO FEDERAL LAW
20 AND REGULATIONS. IF THE STATE DEPARTMENT SEEKS TO EXPAND
21 SERVICES, THE STATE DEPARTMENT SHALL DEMONSTRATE HOW THE STATE
22 DEPARTMENT WILL ENSURE QUALITY OF CARE AND CLIENT SAFETY, WHICH
23 MUST INCLUDE ADDRESSING QUALITY AND SAFETY IN ADMINISTERING
24 MEDICATIONS IN A JAIL SETTING.

25 (7) (a) BEGINNING JULY 1, 2025, AND EACH JULY 1 THEREAFTER,
26 THE STATE DEPARTMENT SHALL ANNUALLY REPORT TO THE HOUSE OF
27 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN

1 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
2 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, THE FOLLOWING
3 INFORMATION:

4 (I) DE-IDENTIFIED INFORMATION OF INDIVIDUALS WHO HAVE
5 ACCESSED SERVICES, INCLUDING EACH INDIVIDUAL'S DEMOGRAPHICS, THE
6 TYPE OF SERVICES THE INDIVIDUAL ACCESSED, THE DURATION OF THE
7 SERVICES OFFERED IN A CARCERAL SETTING COMPARED TO THE DURATION
8 OF THE SAME SERVICES OFFERED IN A CIVIL SETTING, AND THE
9 INDIVIDUAL'S EXPERIENCES BEFORE AND AFTER INCARCERATION,
10 INCLUDING BUT NOT LIMITED TO:

11 (A) EMERGENCY ROOM OR CRISIS SYSTEM VISITS;

12 (B) INPATIENT STAYS FOR A PRIMARY BEHAVIORAL HEALTH
13 CONDITION; AND

14 (C) SERVICES ACCESSED IN A QUALIFIED RESIDENTIAL TREATMENT
15 PROGRAM, AS DEFINED IN SECTION 19-1-103, OR A PSYCHIATRIC
16 RESIDENTIAL TREATMENT FACILITY, AS DEFINED IN SECTION 25.5-4-103;

17 (II) THE TOTAL NUMBER OF MEDICAID MEMBERS WHO WERE
18 UNHOUSED BEFORE OR AFTER INCARCERATION, IF AVAILABLE;

19 (III) THE TOTAL NUMBER OF UNIQUE INCARCERATION STAYS BY
20 MEDICAID MEMBERS, AS DEMONSTRATED BY THE SERVICES ACCESSED;

21 (IV) THE TOTAL NUMBER OF INDIVIDUALS WHO ACCESSED
22 SERVICES IN A CIVIL SETTING PRIOR TO ARREST OR DETAINMENT AND WERE
23 SUBSEQUENTLY EVALUATED FOR COMPETENCY, ORDERED TO COMPETENCY
24 RESTORATION, RESTORED TO COMPETENCY, OR FOUND INCOMPETENT TO
25 PROCEED IN A FORENSIC SETTING; AND

26 (V) PERSISTENT GAPS IN CONTINUITY OF CARE IN
27 LEAST-RESTRICTIVE CIVIL SETTINGS.

1 (b) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I) TO THE
2 CONTRARY, THE STATE DEPARTMENT'S REPORT CONTINUES INDEFINITELY.

3 (8) THE STATE DEPARTMENT MAY PROMULGATE RULES FOR THE
4 IMPLEMENTATION OF THIS SECTION.

5 **SECTION 17.** In Colorado Revised Statutes, 25.5-5-320, **amend**
6 (7) as follows:

7 **25.5-5-320. Telemedicine - reimbursement - disclosure**
8 **statement - rules - definition.** (7) As used in this section, "health-care
9 or mental health-care services" includes speech therapy, physical therapy,
10 occupational therapy, dental care, hospice care, home health care,
11 SUBSTANCE USE DISORDER TREATMENT, and pediatric behavioral health
12 care.

13 **SECTION 18.** In Colorado Revised Statutes, 25.5-5-325, **amend**
14 (1); and **add** (2.5) as follows:

15 **25.5-5-325. Partial hospitalization and residential and**
16 **inpatient substance use disorder treatment - medical detoxification**
17 **services - federal approval - performance review report.** (1) Subject
18 to available appropriations and to the extent permitted under federal law,
19 the medical assistance program pursuant to this article 5 and articles 4 and
20 6 of this title 25.5 includes PARTIAL HOSPITALIZATION AND residential and
21 inpatient substance use disorder treatment and medical detoxification
22 services. Participation in PARTIAL HOSPITALIZATION AND the residential
23 and inpatient substance use disorder treatment and medical detoxification
24 services benefit is limited to persons who meet nationally recognized,
25 evidence-based level of care criteria for PARTIAL HOSPITALIZATION OR
26 residential and inpatient substance use disorder treatment and medical
27 detoxification services. The benefit ~~shall~~ MUST serve persons with

1 substance use disorders, including those with co-occurring mental health
2 disorders. All levels of nationally recognized, evidence-based levels of
3 care for PARTIAL HOSPITALIZATION AND residential and inpatient
4 substance use disorder treatment and medical detoxification services must
5 be included in the benefit.

6 (2.5) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT
7 SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE PARTIAL
8 HOSPITALIZATION FOR SUBSTANCE USE DISORDER TREATMENT WITH FULL
9 FEDERAL FINANCIAL PARTICIPATION. PARTIAL HOSPITALIZATION FOR
10 SUBSTANCE USE DISORDER TREATMENT SHALL NOT TAKE EFFECT UNTIL
11 FEDERAL APPROVAL HAS BEEN OBTAINED.

12 **SECTION 19.** In Colorado Revised Statutes, 25.5-5-422, **amend**
13 (2) as follows:

14 **25.5-5-422. Medication-assisted treatment - limitations on**
15 **MCEs - definition.** (2) Notwithstanding any provision of law to the
16 contrary, ~~beginning January 1, 2020,~~ each MCE that provides prescription
17 drug benefits OR METHADONE ADMINISTRATION for the treatment of
18 substance use disorders shall:

19 (a) Not impose any prior authorization requirements on any
20 prescription medication approved by the FDA for the treatment of
21 substance use disorders, REGARDLESS OF THE DOSAGE AMOUNT;

22 (b) Not impose any step therapy requirements as a prerequisite to
23 authorizing coverage for a prescription medication approved by the FDA
24 for the treatment of substance use disorders; ~~and~~

25 (c) Not exclude coverage for any prescription medication
26 approved by the FDA for the treatment of substance use disorders and any
27 associated counseling or wraparound services solely on the grounds that

1 the medications and services were court ordered; AND

2 (d) SET THE REIMBURSEMENT RATE FOR TAKE-HOME METHADONE
3 TREATMENT AND OFFICE-ADMINISTERED METHADONE TREATMENT AT THE
4 SAME RATE.

5 **SECTION 20.** In Colorado Revised Statutes, **add** 27-60-116 as
6 follows:

7 **27-60-116. Withdrawal management facilities - data collection**
8 **- approval of admission criteria - definition - repeal.** (1) (a) NO LATER
9 THAN JULY 1, 2025, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
10 COLLECT DATA FROM EACH WITHDRAWAL MANAGEMENT FACILITY ON THE
11 TOTAL NUMBER OF INDIVIDUALS WHO WERE DENIED ADMITTANCE OR
12 TREATMENT FOR WITHDRAWAL MANAGEMENT DURING THE PREVIOUS
13 CALENDAR YEAR AND THE REASON FOR THE DENIAL.

14 (b) THE BHA SHALL SHARE THE DATA RECEIVED FROM
15 WITHDRAWAL MANAGEMENT FACILITIES PURSUANT TO SUBSECTION (1)(a)
16 OF THIS SECTION WITH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
17 ORGANIZATIONS.

18 (2) BEGINNING JANUARY 1, 2025, THE BHA SHALL REVIEW AND
19 APPROVE ANY ADMISSION CRITERIA ESTABLISHED BY A WITHDRAWAL
20 MANAGEMENT FACILITY, AS DEFINED IN SECTION 27-66.5-102.

21 (3) AS USED IN THIS SECTION, "WITHDRAWAL MANAGEMENT
22 FACILITY" HAS THE SAME MEANING AS SET FORTH IN SECTION 27-66.5-102.

23 **SECTION 21.** In Colorado Revised Statutes, **add** 25.5-5-427 as
24 follows:

25 **25.5-5-427. Managed care entities - behavioral health**
26 **providers - disclosure of reimbursement rates.** (1) THE STATE
27 DEPARTMENT SHALL REQUIRE EACH MCE THAT CONTRACTS WITH THE

1 STATE DEPARTMENT TO DISCLOSE THE AGGREGATED AVERAGE AND
2 LOWEST RATES OF REIMBURSEMENT FOR A SET OF BEHAVIORAL HEALTH
3 SERVICES DETERMINED BY THE STATE DEPARTMENT.

4 (2) BEHAVIORAL HEALTH PROVIDERS ARE AUTHORIZED TO
5 DISCLOSE THE REIMBURSEMENT RATES PAID BY AN MCE TO THE
6 BEHAVIORAL HEALTH PROVIDER.

7 **SECTION 22.** In Colorado Revised Statutes, **amend** 25.5-5-510
8 as follows:

9 **25.5-5-510. Pharmacy reimbursement - substance use disorder**
10 **- injections.** ~~If a pharmacy has entered into a collaborative pharmacy~~
11 ~~practice agreement with one or more physicians pursuant to section~~
12 ~~12-280-602 to administer~~ A PHARMACY ADMINISTERING injectable
13 antagonist medication for medication-assisted treatment for substance use
14 disorders ~~the pharmacy administering the drug~~ shall receive an enhanced
15 dispensing fee that aligns with the administration fee paid to a provider
16 in a clinical setting.

17 **SECTION 23.** In Colorado Revised Statutes, **add** 25.5-5-512.5
18 as follows:

19 **25.5-5-512.5. Medications for opioid use disorder -**
20 **pharmacists - reimbursement - definition.** (1) AS USED IN THIS
21 SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "MEDICATIONS FOR
22 OPIOID USE DISORDER" OR "MOUD" HAS THE MEANING AS SET FORTH IN
23 SECTION 12-280-103 (27.5).

24 (2) THE STATE DEPARTMENT SHALL REIMBURSE A LICENSED
25 PHARMACIST FOR PRESCRIBING OR ADMINISTERING MEDICATIONS FOR AN
26 OPIOID USE DISORDER, IF THE PHARMACIST IS AUTHORIZED PURSUANT TO
27 ARTICLE 280 OF TITLE 12, AT A RATE EQUAL TO THE REIMBURSEMENT

1 PROVIDED TO A PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED
2 PRACTICE REGISTERED NURSE FOR THE SAME SERVICES.

3 (3) THE STATE DEPARTMENT SHALL SEEK ANY FEDERAL
4 AUTHORIZATION NECESSARY TO IMPLEMENT THIS SECTION.

5 **SECTION 24.** In Colorado Revised Statutes, 26.5-3-206, **add** (4)
6 as follows:

7 **26.5-3-206. Colorado child abuse prevention trust fund -**
8 **creation - source of funds - repeal.** (4) (a) FOR THE 2024-25 STATE
9 FISCAL YEAR AND EACH STATE FISCAL YEAR THEREAFTER, THE GENERAL
10 ASSEMBLY SHALL APPROPRIATE ONE HUNDRED FIFTY THOUSAND DOLLARS
11 TO THE TRUST FUND. THE BOARD SHALL DISTRIBUTE THE MONEY
12 APPROPRIATED PURSUANT TO THIS SUBSECTION (4)(a) FOR PROGRAMS TO
13 REDUCE THE OCCURRENCE OF PRENATAL SUBSTANCE EXPOSURE IN
14 ACCORDANCE WITH SECTION 26.5-3-205 (1)(h)(III).

15 (b) (I) FOR THE 2024-25 AND 2025-26 STATE FISCAL YEARS, THE
16 GENERAL ASSEMBLY SHALL ANNUALLY APPROPRIATE FIFTY THOUSAND
17 DOLLARS TO THE TRUST FUND. THE BOARD SHALL DISTRIBUTE THE MONEY
18 APPROPRIATED PURSUANT TO THIS SUBSECTION (4)(b) TO CONVENE A
19 STAKEHOLDER GROUP TO IDENTIFY STRATEGIES TO INCREASE ACCESS TO
20 CHILD CARE FOR FAMILIES SEEKING SUBSTANCE USE DISORDER TREATMENT
21 **AND RECOVERY SERVICES.**

22 (II) THIS SUBSECTION (4)(b) IS REPEALED, EFFECTIVE JUNE 30,
23 2027.

24 

25 **SECTION 25.** In Colorado Revised Statutes, **add** 27-50-305 as
26 follows:

27 **27-50-305. Resources to support behavioral health safety net**

1 **providers - independent third-party contract.** (1) NO LATER THAN
2 JULY 1, 2025, THE BHA SHALL CONTRACT WITH AN INDEPENDENT
3 THIRD-PARTY ENTITY TO PROVIDE SERVICES AND SUPPORTS TO
4 BEHAVIORAL HEALTH PROVIDERS SEEKING TO BECOME A BEHAVIORAL
5 HEALTH SAFETY NET PROVIDER WITH THE GOAL OF THE PROVIDER
6 BECOMING SELF-SUSTAINING.

7 (2) THE INDEPENDENT THIRD-PARTY ENTITY SHALL ASSIST
8 BEHAVIORAL HEALTH PROVIDERS IN ACCESSING ALTERNATIVE PAYMENT
9 MODELS AND ENHANCED REIMBURSEMENT RATES THROUGH THE BHA AND
10 MEDICAID BY PROVIDING:

11 (a) SUPPORT TO PROVIDERS IN COMPLETING THE ANNUAL COST
12 REPORTING TO INFORM MEDICAID RATE-SETTING;

13 (b) ANALYSIS OF CURRENT ACCOUNTING PRACTICES AND
14 RECOMMENDATIONS ON IMPLEMENTING NEW OR MODIFIED PRACTICES TO
15 SUPPORT THE SOUNDNESS OF COST REPORTING;

16 (c) ADMINISTRATIVE SUPPORT FOR ENROLLING IN DIFFERENT
17 PAYER TYPES, INCLUDING, BUT NOT LIMITED TO, MEDICAID, MEDICARE,
18 AND COMMERCIAL INSURANCE;

19 (d) BILLING AND CODING SUPPORT;

20 (e) CLAIMS PROCESSING;

21 (f) DATA ANALYSIS;

22 (g) COMPLIANCE AND TRAINING ON POLICIES AND PROCEDURES;

23 (h) SHARED PURCHASING FOR TECHNOLOGY;

24 (i) ASSISTANCE IN BUILDING PROVIDER CAPACITY TO BECOME A
25 BEHAVIORAL HEALTH SAFETY NET PROVIDER; AND

26 (j) ANY OTHER SERVICE AND SUPPORT APPROVED BY THE BHA.

27 (3) THE INDEPENDENT THIRD-PARTY ENTITY SHALL PRIORITIZE

1 PROVIDING SERVICES AND SUPPORTS TO A BEHAVIORAL HEALTH PROVIDER
2 THAT HAS NOT PREVIOUSLY USED THE STATE COST REPORT PROCESS TO SET
3 MEDICAID RATES.

4 (4) THE INDEPENDENT THIRD-PARTY ENTITY SHALL BE
5 NONPARTISAN AND SHALL NOT LOBBY, PERSONALLY OR IN ANY OTHER
6 MANNER, DIRECTLY OR INDIRECTLY, FOR OR AGAINST ANY PENDING
7 LEGISLATION BEFORE THE GENERAL ASSEMBLY.

8 

9 **SECTION 26.** In Colorado Revised Statutes, **add** 27-60-117 as
10 follows:

11 **27-60-117. Opioid treatment program working group - report**

12 **- repeal.** (1) ON OR BEFORE OCTOBER 1, 2024, THE BEHAVIORAL HEALTH
13 ADMINISTRATION SHALL CONVENE A WORKING GROUP, IN COLLABORATION
14 WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, TO
15 STUDY AND IDENTIFY BARRIERS TO OPENING AND OPERATING AN OPIOID
16 TREATMENT PROGRAM, AS DEFINED IN SECTION 27-80-203 (16.5),
17 INCLUDING SATELLITE MEDICATION UNITS AND MOBILE METHADONE
18 CLINICS.

19 (2) AT A MINIMUM, THE WORKING GROUP SHALL INCLUDE:

20 (a) AN ADDICTION COUNSELOR;

21 (b) THE MEDICAL DIRECTOR OF AN OPIOID TREATMENT PROGRAM;

22 (c) THE DIRECTOR OR CLINIC MANAGER OF AN OPIOID TREATMENT
23 PROGRAM;

24 (d) A PHYSICIAN WHO IS BOARD CERTIFIED IN ADDICTION MEDICINE
25 OR ADDICTION PSYCHIATRY;

26 (e) AN INDIVIDUAL WHO RESIDES IN A RURAL UNDERSERVED
27 COMMUNITY AND HAS LIVED EXPERIENCE WITH A SUBSTANCE USE

1 DISORDER OR HAS A FAMILY MEMBER WITH LIVED EXPERIENCE WITH A
2 SUBSTANCE USE DISORDER; AND

3 (f) AN INDIVIDUAL WHO RESIDES IN AN URBAN UNDERSERVED
4 COMMUNITY AND HAS LIVED EXPERIENCE WITH A SUBSTANCE USE
5 DISORDER OR HAS A FAMILY MEMBER WITH LIVED EXPERIENCE WITH A
6 SUBSTANCE USE DISORDER.

7 (3) THE WORKING GROUP SHALL COMPLETE ITS WORK AND MAKE
8 RECOMMENDATIONS TO THE BEHAVIORAL HEALTH ADMINISTRATION ON OR
9 BEFORE OCTOBER 1, 2025. AT A MINIMUM, THE WORKING GROUP'S
10 RECOMMENDATIONS MUST INCLUDE AN ASSESSMENT OF EXISTING
11 COMMUNITY PROVIDERS, INCLUDING HOSPITALS AND CLINICS, THAT HAVE
12 THE CAPABILITY TO OPERATE SATELLITE MEDICATION UNITS OR MOBILE
13 METHADONE CLINICS IN COMMUNITIES WITH THE GREATEST NEED AND THE
14 TYPES OF TECHNICAL ASSISTANCE NECESSARY TO ASSIST COMMUNITY
15 PROVIDERS IN OPENING SUCH UNITS OR CLINICS.

16 (4) NO LATER THAN JANUARY 2026, THE BEHAVIORAL HEALTH
17 ADMINISTRATION SHALL REPORT THE WORKING GROUP'S FINDINGS AND
18 RECOMMENDATIONS AS PART OF ITS "SMART ACT" HEARING REQUIRED
19 PURSUANT TO SECTION 2-7-203.

20 (5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2026.

21 **SECTION 27.** In Colorado Revised Statutes, 27-80-116, **add** (5)
22 as follows:

23 **27-80-116. Fetal alcohol spectrum disorders - legislative**
24 **declaration - health warning signs - federal funding.** (5) THE
25 BEHAVIORAL HEALTH ADMINISTRATION IS AUTHORIZED TO APPLY FOR
26 FEDERAL FUNDING FOR FETAL ALCOHOL SPECTRUM DISORDER PROGRAMS
27 AND TO RECEIVE AND DISBURSE THE FEDERAL FUNDS TO PUBLIC AND

1 PRIVATE NONPROFIT ORGANIZATIONS.

2 **SECTION 28. Appropriation.** (1) For the 2024-25 state fiscal
3 year, \$500,000 is appropriated to the department of human services. This
4 appropriation is from the general fund. To implement this act, the
5 department may use this appropriation for criminal justice diversion
6 programs.

7 (2) For the 2024-25 state fiscal year, \$500,000 is appropriated to
8 the judicial department. This appropriation is from the general fund. To
9 implement this act, the department may use this appropriation for district
10 attorney adult pretrial diversion programs.

11 **SECTION 29. Act subject to petition - effective date.** Section
12 27-60-116 (1)(b), as enacted in section 20 of this act, takes effect July 1,
13 2025, and the remainder of this act takes effect at 12:01 a.m. on the day
14 following the expiration of the ninety-day period after final adjournment
15 of the general assembly; except that, if a referendum petition is filed
16 pursuant to section 1 (3) of article V of the state constitution against this
17 act or an item, section, or part of this act within such period, then the act,
18 item, section, or part will not take effect unless approved by the people
19 at the general election to be held in November 2024 and, in such case,
20 will take effect on the date of the official declaration of the vote thereon
21 by the governor; except that section 27-60-116 (1)(b), as enacted in
22 section 20 of this act, takes effect July 1, 2025.