

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

REREVISED

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

LLS NO. 24-0314.01 Shelby Ross x4510

HOUSE BILL 24-1045

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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.*

SENATE
3rd Reading Unamended
May 6, 2024

SENATE
2nd Reading Unamended
May 4, 2024

HOUSE
Amended 3rd Reading
April 29, 2024

HOUSE
Amended 2nd Reading
April 26, 2024

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
10 **SECTION 3.** In Colorado Revised Statutes, 12-245-403, **add** (5)
11 as follows:

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

21 **SECTION 4.** In Colorado Revised Statutes, 12-245-503, **add** (5)
22 as follows:

23 **12-245-503. Marriage and family therapy practice defined.**
24 (5) MARRIAGE AND FAMILY THERAPY PRACTICE INCLUDES THE CLINICAL
25 SUPERVISION BY A LICENSED MARRIAGE AND FAMILY THERAPIST OF A
26 PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION
27 TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST PURSUANT TO SECTION

1 12-245-804 (3.5), IF THE LICENSED MARRIAGE AND FAMILY THERAPIST HAS
2 MET THE EDUCATION REQUIREMENTS FOR A LICENSED ADDICTION
3 COUNSELOR, OR THE EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED
4 BY THE STATE BOARD OF HUMAN SERVICES PURSUANT TO SECTION
5 27-80-108 (1)(e.5) OR 27-50-107 (3)(e)(II), AS APPLICABLE.

6 **SECTION 5.** In Colorado Revised Statutes, 12-245-504, **add**
7 (1.5) as follows:

8 **12-245-504. Qualifications - examination - licensure and**
9 **registration.** (1.5) A LICENSED ADDICTION COUNSELOR WHO POSSESSES
10 A VALID, UNSUSPENDED, AND UNREVOKED LICENSE MAY PROVIDE
11 CLINICAL SUPERVISION OF AN INDIVIDUAL WORKING TOWARD LICENSURE
12 AS A MARRIAGE AND FAMILY THERAPIST IF THE LICENSED ADDICTION
13 COUNSELOR HAS MET THE EDUCATION REQUIREMENTS FOR A LICENSED
14 MARRIAGE AND FAMILY THERAPIST, OR THE EQUIVALENT, AS SPECIFIED IN
15 RULES PROMULGATED BY THE STATE BOARD OF MARRIAGE AND FAMILY
16 THERAPIST EXAMINERS CREATED IN SECTION 12-245-502.

17 **SECTION 6.** 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 7.** In Colorado Revised Statutes, 12-245-604, **add**
3 (1.5) as follows:

4 **12-245-604. Licensure - examination - licensed professional**
5 **counselors.** (1.5) A LICENSED ADDICTION COUNSELOR WHO POSSESSES A
6 VALID, UNSUSPENDED, AND UNREVOKED LICENSE MAY PROVIDE CLINICAL
7 SUPERVISION OF AN INDIVIDUAL WORKING TOWARD LICENSURE AS A
8 LICENSED PROFESSIONAL COUNSELOR IF THE LICENSED ADDICTION
9 COUNSELOR HAS MET THE EDUCATION REQUIREMENTS FOR A LICENSED
10 PROFESSIONAL COUNSELOR, OR THE EQUIVALENT, AS SPECIFIED IN RULES
11 PROMULGATED BY THE STATE BOARD OF LICENSED PROFESSIONAL
12 COUNSELOR EXAMINERS CREATED IN SECTION.

13 **SECTION 8.** In Colorado Revised Statutes, 12-285-803, **add** (5)
14 as follows:

15 **12-245-803. Practice of addiction counseling defined - scope of**
16 **practice.** (5) THE PRACTICE OF ADDICTION COUNSELING INCLUDES
17 CLINICAL SUPERVISION BY A LICENSED ADDICTION COUNSELOR OF A
18 PERSON WORKING TOWARD LICENSURE AS A MARRIAGE AND FAMILY
19 THERAPIST, PURSUANT TO SECTION 12-245-504 (1), OR A LICENSED
20 PROFESSIONAL COUNSELOR, PURSUANT TO SECTION 12-245-604(1), IF THE
21 LICENSED ADDICTION COUNSELOR HAS MET THE EDUCATION
22 REQUIREMENTS FOR A LICENSED MARRIAGE AND FAMILY THERAPIST OR
23 LICENSED PROFESSIONAL COUNSELOR, OR THE EQUIVALENT, AS SPECIFIED
24 IN RULES PROMULGATED BY THE STATE BOARD OF MARRIAGE AND FAMILY
25 THERAPIST EXAMINERS CREATED IN SECTION 12-245-502 OR THE STATE
26 BOARD OF LICENSED PROFESSIONAL COUNSELOR EXAMINERS CREATED IN
27 SECTION 12-245-602, AS APPLICABLE.

1 **SECTION 9.** In Colorado Revised Statutes, 12-245-805, **add**
2 (2.5)(c) as follows:

3 **12-245-805. Rights and privileges of certification and licensure**
4 **- titles - clinical supervision.** (2.5) (c) NOTWITHSTANDING ANY
5 PROVISION OF THIS TITLE 12 TO THE CONTRARY, A LICENSED CLINICAL
6 SOCIAL WORKER, PURSUANT TO SECTION 12-245-403 (5), A LICENSED
7 MARRIAGE AND FAMILY THERAPIST, PURSUANT TO SECTION 12-245-503
8 (5), OR A LICENSED PROFESSIONAL COUNSELOR, PURSUANT TO SECTION
9 12-245-603 (3), WHO POSSESSES A VALID, UNSUSPENDED, AND
10 UNREVOKED LICENSE MAY PROVIDE CLINICAL SUPERVISION OF AN
11 INDIVIDUAL WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION
12 TECHNICIAN OR CERTIFIED ADDICTION SPECIALIST IF THE LICENSED
13 CLINICAL SOCIAL WORKER, LICENSED MARRIAGE AND FAMILY THERAPIST,
14 OR LICENSED PROFESSIONAL COUNSELOR HAS MET THE EDUCATION
15 REQUIREMENTS FOR A LICENSED ADDICTION COUNSELOR, OR THE
16 EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE BOARD
17 OF HUMAN SERVICES PURSUANT TO SECTION 27-80-108 (1)(e.5) OR
18 27-50-107 (3)(e)(II), AS APPLICABLE.

19 **SECTION 10.** In Colorado Revised Statutes, 12-280-103, **amend**
20 (39)(g)(III), (39)(g)(IV)(C), (39)(j), and (39)(k); and **add** (27.5),
21 (39)(g)(V), and (39)(l) as follows:

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

25 (27.5) "MEDICATIONS FOR OPIOID USE DISORDER" OR "MOUD"
26 MEANS TREATMENT FOR AN OPIOID USE DISORDER USING MEDICATIONS
27 APPROVED BY THE FDA FOR THAT PURPOSE AND PRESCRIBED, DISPENSED,

1 OR ADMINISTERED IN ACCORDANCE WITH NATIONAL, EVIDENCE-BASED
2 PUBLISHED GUIDANCE.

3 (39) "Practice of pharmacy" means:

4 (g) Exercising independent prescriptive authority:

5 (III) As authorized pursuant to sections 12-30-110 and
6 12-280-123 (3) regarding opiate antagonists; ~~or~~

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

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

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

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

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

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

24 **SECTION 11.** In Colorado Revised Statutes, **add** 12-280-604 as
25 follows:

26 **12-280-604. Collaborative pharmacy practice agreement -**
27 **statewide drug therapy protocol for medication-assisted treatment**

1 **for opioid use disorder - rules - definition.** (1) AS USED IN THIS
2 SECTION, "MEDICATION-ASSISTED TREATMENT" MEANS A COMBINATION OF
3 MEDICATIONS AND BEHAVIORAL THERAPY, SUCH AS BUPRENORPHINE AND
4 ALL OTHER MEDICATIONS AND THERAPIES APPROVED BY THE FEDERAL
5 FOOD AND DRUG ADMINISTRATION, TO TREAT OPIOID USE DISORDER.

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

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

24 (3) THIS SECTION DOES NOT REQUIRE A STATEWIDE DRUG THERAPY
25 PROTOCOL OR COLLABORATIVE PHARMACY PRACTICE AGREEMENT BEFORE
26 A PHARMACIST MAY PRESCRIBE, DISPENSE, OR ADMINISTER ONLY FEDERAL
27 DRUG ENFORCEMENT ADMINISTRATION SCHEDULE III, IV, AND V

1 FDA-APPROVED PRODUCTS AS MEDICATION-ASSISTED TREATMENT, IF THE
2 PRESCRIBING, DISPENSING, OR ADMINISTERING MEDICATION-ASSISTED
3 TREATMENT IS OTHERWISE AUTHORIZED UNDER LAW.

4 [REDACTED]

5 **SECTION 12.** In Colorado Revised Statutes, 23-21-802, **amend**
6 (1)(h)(I) as follows:

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

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

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

18 **SECTION 13.** In Colorado Revised Statutes, 23-21-803, **add**
19 (5.3) as follows:

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

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

26 **SECTION 14.** In Colorado Revised Statutes, 23-21-804, **amend**
27 (1) and (2) as follows:

1 **23-21-804. Medication-assisted treatment expansion pilot**
2 **program - created - pilot program location - eligible grant recipients**

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

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

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

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

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

1 MAT EXPANSION PILOT PROGRAM MAY ALSO PROVIDE GRANTS TO
2 PHARMACIES FOR THE PURPOSES ALLOWED UNDER THE GRANT PROGRAM
3 ONCE THE CONDITIONS DESCRIBED IN SUBSECTION (1)(a)(III) OF THIS
4 SECTION ARE MET.

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

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

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

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

18 **SECTION 15.** In Colorado Revised Statutes, 23-21-805, **amend**
19 (2)(a)(V) and (2)(a)(VI); and **add** (2)(a)(VII) as follows:

20 **23-21-805. MAT expansion advisory board - created - duties.**

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

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

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

26 (VII) THE COLORADO PHARMACISTS SOCIETY.

27 **SECTION 16.** In Colorado Revised Statutes, 23-21-806, **amend**

1 (1) introductory portion, (1)(c), (2)(b), (2)(d), and (3); and **repeal** (1)(d)
2 as follows:

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

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

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

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

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

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

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

1 **SECTION 17.** In Colorado Revised Statutes, 23-21-807, **amend**
2 (1) introductory portion, (1)(c), (2) introductory portion, (2)(e), and
3 (2)(g); **repeal** (2)(c); and **add** (1)(e) as follows:

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

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

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

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

26 (c) ~~The total number of nurse practitioners and physician~~
27 ~~assistants who completed the required training and became certified to~~

1 ~~prescribe buprenorphine, listed by county participating in the pilot~~
2 ~~program;~~

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

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

9 **SECTION 18.** In Colorado Revised Statutes, **add** 25.5-4-505.5
10 as follows:

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

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

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

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

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

26 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES IT IS IN THE
27 BEST INTEREST OF ALL COLORADANS, AND ESPECIALLY COLORADANS

1 LIVING WITH BEHAVIORAL HEALTH CONDITIONS, TO REQUIRE THE
2 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO SEEK A
3 FEDERAL WAIVER OF THE MEDICAID INMATE EXCLUSION POLICY THAT
4 INCLUDES ANNUAL DATA REPORTING REQUIREMENTS THAT:

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

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

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

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

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

27 (3) (a) (I) NO LATER THAN APRIL 1, 2025, THE STATE DEPARTMENT

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

7 (II) THE STATE DEPARTMENT SHALL IMPLEMENT SUBSECTION
8 (3)(a)(I) OF THIS SECTION ONLY IF THE STATE DEPARTMENT DETERMINES
9 THAT PROVIDING THE SERVICES DESCRIBED IN SUBSECTION (3)(a)(I) OF
10 THIS SECTION IS BUDGET NEUTRAL.

11 (b) BEGINNING JULY 1, 2026, AND SUBJECT TO AVAILABLE
12 APPROPRIATIONS, THE SERVICES DESCRIBED IN SUBSECTION (3)(a) OF THIS
13 SECTION ARE AVAILABLE UPON RECEIPT OF THE NECESSARY FEDERAL
14 AUTHORIZATION.

15 (4) UPON RECEIPT OF THE NECESSARY FEDERAL AUTHORIZATION,
16 THE STATE DEPARTMENT SHALL:

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

23 (b) REQUIRE EACH COUNTY WITH A COUNTY JAIL SEEKING TO
24 PROVIDE SERVICES PURSUANT TO THIS SECTION TO DEMONSTRATE A
25 COMMITMENT TO DIVERSION OR DEFLECTION EFFORTS, INCLUDING BUT
26 NOT LIMITED TO MOBILE OUTREACH, CO-RESPONDER PROGRAMS, AND
27 PROSECUTOR- OR JUDICIAL-LED INITIATIVES THAT AIM TO REDUCE

1 UNNECESSARY INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM AND
2 INCREASE ACCESS TO COMMUNITY-BASED HOUSING, HEALTH CARE,
3 SUPPORTS, AND SERVICES.

4 (5) (a) THE STATE DEPARTMENT SHALL ONLY REIMBURSE AN
5 OPIOID TREATMENT PROGRAM, AS DEFINED IN SECTION 27-80-203, FOR
6 ADMINISTERING MEDICATION-ASSISTED TREATMENT IN A JAIL SETTING. AT
7 A MINIMUM, AN OPIOID TREATMENT PROGRAM THAT ADMINISTERS
8 MEDICATION-ASSISTED TREATMENT SHALL:

9 (I) EMPLOY A PHYSICIAN MEDICAL DIRECTOR;

10 (II) ENSURE THE INDIVIDUAL RECEIVING MEDICATION-ASSISTED
11 TREATMENT UNDERGOES A MINIMUM OBSERVATION PERIOD AFTER
12 RECEIVING MEDICATION-ASSISTED TREATMENT, AS DETERMINED BY
13 BEHAVIORAL HEALTH ADMINISTRATION RULE PURSUANT TO SECTION
14 27-80-204; AND

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

18 (b) THE STATE DEPARTMENT SHALL ENSURE AS PART OF THE STATE
19 DEPARTMENT'S QUALITY OVERSIGHT THAT OPIOID TREATMENT PROGRAMS
20 THAT ADMINISTER MEDICATION-ASSISTED TREATMENT IN A JAIL SETTING
21 MAINTAIN EMERGENCY POLICIES AND PROCEDURES THAT ADDRESS
22 ADVERSE OUTCOMES.

23 (6) THE STATE DEPARTMENT MAY EXPAND SERVICES AVAILABLE
24 PURSUANT TO THIS SECTION AS AUTHORIZED PURSUANT TO FEDERAL LAW
25 AND REGULATIONS. IF THE STATE DEPARTMENT SEEKS TO EXPAND
26 SERVICES, THE STATE DEPARTMENT SHALL DEMONSTRATE HOW THE STATE
27 DEPARTMENT WILL ENSURE QUALITY OF CARE AND CLIENT SAFETY, WHICH

1 MUST INCLUDE ADDRESSING QUALITY AND SAFETY IN ADMINISTERING
2 MEDICATIONS IN A JAIL SETTING.

3 (7) (a) BEGINNING JULY 1, 2025, AND EACH JULY 1 THEREAFTER,
4 THE STATE DEPARTMENT SHALL ANNUALLY REPORT TO THE HOUSE OF
5 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
6 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
7 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, THE FOLLOWING
8 INFORMATION:

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

16 (A) EMERGENCY ROOM OR CRISIS SYSTEM VISITS;

17 (B) INPATIENT STAYS FOR A PRIMARY BEHAVIORAL HEALTH
18 CONDITION; AND

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

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

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

26 (IV) THE TOTAL NUMBER OF INDIVIDUALS WHO ACCESSED
27 SERVICES IN A CIVIL SETTING PRIOR TO ARREST OR DETAINMENT AND WERE

1 SUBSEQUENTLY EVALUATED FOR COMPETENCY, ORDERED TO COMPETENCY
2 RESTORATION, RESTORED TO COMPETENCY, OR FOUND INCOMPETENT TO
3 PROCEED IN A FORENSIC SETTING; AND

4 (V) PERSISTENT GAPS IN CONTINUITY OF CARE IN
5 LEAST-RESTRICTIVE CIVIL SETTINGS.

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

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

10 **SECTION 19.** In Colorado Revised Statutes, 25.5-5-320, **amend**
11 (7) as follows:

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

18 **SECTION 20.** In Colorado Revised Statutes, 25.5-5-325, **amend**
19 (1); and **add** (2.5) as follows:

20 **25.5-5-325. Partial hospitalization and residential and**
21 **inpatient substance use disorder treatment - medical detoxification**
22 **services - federal approval - performance review report.** (1) Subject
23 to available appropriations and to the extent permitted under federal law,
24 the medical assistance program pursuant to this article 5 and articles 4 and
25 6 of this title 25.5 includes PARTIAL HOSPITALIZATION AND residential and
26 inpatient substance use disorder treatment and medical detoxification
27 services. Participation in PARTIAL HOSPITALIZATION AND the residential

1 and inpatient substance use disorder treatment and medical detoxification
2 services benefit is limited to persons who meet nationally recognized,
3 evidence-based level of care criteria for PARTIAL HOSPITALIZATION OR
4 residential and inpatient substance use disorder treatment and medical
5 detoxification services. The benefit ~~shall~~ MUST serve persons with
6 substance use disorders, including those with co-occurring mental health
7 disorders. All levels of nationally recognized, evidence-based levels of
8 care for PARTIAL HOSPITALIZATION AND residential and inpatient
9 substance use disorder treatment and medical detoxification services must
10 be included in the benefit.

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

17 **SECTION 21.** In Colorado Revised Statutes, 25.5-5-422, **amend**
18 (2) as follows:

19 **25.5-5-422. Medication-assisted treatment - limitations on**
20 **MCEs - definition.** (2) Notwithstanding any provision of law to the
21 contrary, ~~beginning January 1, 2020~~, each MCE that provides prescription
22 drug benefits OR METHADONE ADMINISTRATION for the treatment of
23 substance use disorders shall:

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

27 (b) Not impose any step therapy requirements as a prerequisite to

1 authorizing coverage for a prescription medication approved by the FDA
2 for the treatment of substance use disorders; ~~and~~

3 (c) Not exclude coverage for any prescription medication
4 approved by the FDA for the treatment of substance use disorders and any
5 associated counseling or wraparound services solely on the grounds that
6 the medications and services were court ordered; AND

7 (d) SET THE REIMBURSEMENT RATE FOR TAKE-HOME METHADONE
8 TREATMENT AND OFFICE-ADMINISTERED METHADONE TREATMENT AT THE
9 SAME RATE.

10 **SECTION 22.** In Colorado Revised Statutes, **add** 27-60-116 as
11 follows:

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

19 (b) THE BHA SHALL SHARE THE DATA RECEIVED FROM
20 WITHDRAWAL MANAGEMENT FACILITIES PURSUANT TO SUBSECTION (1)(a)
21 OF THIS SECTION WITH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
22 ORGANIZATIONS.

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

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

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

3 **25.5-5-427. Managed care entities - behavioral health**
4 **providers - disclosure of reimbursement rates.** (1) THE STATE
5 DEPARTMENT SHALL REQUIRE EACH MCE THAT CONTRACTS WITH THE
6 STATE DEPARTMENT TO DISCLOSE THE AGGREGATED AVERAGE AND
7 LOWEST RATES OF REIMBURSEMENT FOR A SET OF BEHAVIORAL HEALTH
8 SERVICES DETERMINED BY THE STATE DEPARTMENT.

9 (2) BEHAVIORAL HEALTH PROVIDERS ARE AUTHORIZED TO
10 DISCLOSE THE REIMBURSEMENT RATES PAID BY AN MCE TO THE
11 BEHAVIORAL HEALTH PROVIDER.

12 **SECTION 24.** In Colorado Revised Statutes, **amend** 25.5-5-510
13 as follows:

14 **25.5-5-510. Pharmacy reimbursement - substance use disorder**
15 **- injections.** ~~If a pharmacy has entered into a collaborative pharmacy~~
16 ~~practice agreement with one or more physicians pursuant to section~~
17 ~~12-280-602 to administer~~ A PHARMACY ADMINISTERING injectable
18 antagonist medication for medication-assisted treatment for substance use
19 disorders ~~the pharmacy administering the drug~~ shall receive an enhanced
20 dispensing fee that aligns with the administration fee paid to a provider
21 in a clinical setting.

22 **SECTION 25.** In Colorado Revised Statutes, **add** 25.5-5-512.5
23 as follows:

24 **25.5-5-512.5. Medications for opioid use disorder -**
25 **pharmacists - reimbursement - definition.** (1) AS USED IN THIS
26 SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "MEDICATIONS FOR
27 OPIOID USE DISORDER" OR "MOUD" HAS THE MEANING AS SET FORTH IN

1 SECTION 12-280-103 (27.5).

2 (2) THE STATE DEPARTMENT SHALL REIMBURSE A LICENSED
3 PHARMACIST FOR PRESCRIBING OR ADMINISTERING MEDICATIONS FOR AN
4 OPIOID USE DISORDER, IF THE PHARMACIST IS AUTHORIZED PURSUANT TO
5 ARTICLE 280 OF TITLE 12, AT A RATE EQUAL TO THE REIMBURSEMENT
6 PROVIDED TO A PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED
7 PRACTICE REGISTERED NURSE FOR THE SAME SERVICES.

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

10 **SECTION 26.** In Colorado Revised Statutes, 26.5-3-206, **add** (4)
11 as follows:

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

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

27 (II) THIS SUBSECTION (4)(b) IS REPEALED, EFFECTIVE JUNE 30,

1 2027.

2

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

5 **27-50-305. Resources to support behavioral health safety net**
6 **providers - independent third-party contract.** (1) NO LATER THAN
7 JULY 1, 2025, THE BHA SHALL CONTRACT WITH AN INDEPENDENT
8 THIRD-PARTY ENTITY TO PROVIDE SERVICES AND SUPPORTS TO
9 BEHAVIORAL HEALTH PROVIDERS SEEKING TO BECOME A BEHAVIORAL
10 HEALTH SAFETY NET PROVIDER WITH THE GOAL OF THE PROVIDER
11 BECOMING SELF-SUSTAINING.

12 (2) THE INDEPENDENT THIRD-PARTY ENTITY SHALL ASSIST
13 BEHAVIORAL HEALTH PROVIDERS IN ACCESSING ALTERNATIVE PAYMENT
14 MODELS AND ENHANCED REIMBURSEMENT RATES THROUGH THE BHA AND
15 MEDICAID BY PROVIDING:

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

18 (b) ANALYSIS OF CURRENT ACCOUNTING PRACTICES AND
19 RECOMMENDATIONS ON IMPLEMENTING NEW OR MODIFIED PRACTICES TO
20 SUPPORT THE SOUNDNESS OF COST REPORTING;

21 (c) ADMINISTRATIVE SUPPORT FOR ENROLLING IN DIFFERENT
22 PAYER TYPES, INCLUDING, BUT NOT LIMITED TO, MEDICAID, MEDICARE,
23 AND COMMERCIAL INSURANCE;

24 (d) BILLING AND CODING SUPPORT;

25 (e) CLAIMS PROCESSING;

26 (f) DATA ANALYSIS;

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

1 (h) SHARED PURCHASING FOR TECHNOLOGY;

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

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

5 (3) THE INDEPENDENT THIRD-PARTY ENTITY SHALL PRIORITIZE
6 PROVIDING SERVICES AND SUPPORTS TO A BEHAVIORAL HEALTH PROVIDER
7 THAT HAS NOT PREVIOUSLY USED THE STATE COST REPORT PROCESS TO SET
8 MEDICAID RATES.

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

13 **SECTION 28.** In Colorado Revised Statutes, **add** 27-50-804 as
14 follows:

15 **27-50-804. Contingency management grant program -**
16 **creation - definitions - repeal.** (1) AS USED IN THIS SECTION, UNLESS
17 THE CONTEXT OTHERWISE REQUIRES:

18 (a) "CONTINGENCY MANAGEMENT PROGRAM" MEANS AN
19 EVIDENCE-BASED TREATMENT PROGRAM THAT PROVIDES MOTIVATIONAL
20 INCENTIVES TO TREAT INDIVIDUALS WITH A STIMULANT USE DISORDER.

21 (b) "GRANT PROGRAM" MEANS THE CONTINGENCY MANAGEMENT
22 GRANT PROGRAM CREATED IN SUBSECTION (2) OF THIS SECTION.

23 (c) "STIMULANT USE DISORDER" MEANS A SUBSTANCE USE
24 DISORDER, AS DEFINED IN SECTION 27-80-203 (23.3), INVOLVING A CLASS
25 OF DRUGS THAT INCLUDES COCAINE, METHAMPHETAMINE, OR
26 PRESCRIPTION STIMULANTS.

27 (d) "SUBSTANCE USE DISORDER TREATMENT PROGRAM" HAS THE

1 SAME MEANING AS SET FORTH IN SECTION 27-80-203 (23.5).

2 (2) THERE IS CREATED IN THE BEHAVIORAL HEALTH
3 ADMINISTRATION THE CONTINGENCY MANAGEMENT GRANT PROGRAM TO
4 PROVIDE GRANTS TO SUBSTANCE USE DISORDER TREATMENT PROGRAMS
5 THAT IMPLEMENT A CONTINGENCY MANAGEMENT PROGRAM FOR
6 INDIVIDUALS WITH A STIMULANT USE DISORDER.

7 (3) (a) GRANT RECIPIENTS MAY USE THE MONEY RECEIVED
8 THROUGH THE GRANT PROGRAM FOR STAFFING, TRAINING, SUPPLIES,
9 ADMINISTRATIVE COSTS, THE COSTS OF VOUCHERS AND PRIZES UP TO FIVE
10 HUNDRED NINETY-NINE DOLLARS PER CLIENT DURING THE TREATMENT
11 PERIOD, AND OTHER RELATED EXPENSES AS APPROVED BY THE BHA.

12 (b) ANY MONEY RECEIVED THROUGH THE GRANT PROGRAM MUST
13 SUPPLEMENT AND NOT SUPPLANT EXISTING SUBSTANCE USE DISORDER
14 TREATMENT AND OTHER HEALTH-CARE SERVICES. GRANT RECIPIENTS
15 SHALL NOT USE MONEY RECEIVED THROUGH THE GRANT PROGRAM FOR
16 ONGOING OR EXISTING EXECUTIVE AND SENIOR STAFF SALARIES OR
17 SERVICES ALREADY COVERED BY MEDICAID OR A CLIENT'S INSURANCE.

18 (4) THE BHA SHALL ADMINISTER THE GRANT PROGRAM AND,
19 SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD GRANTS AS
20 PROVIDED IN THIS SECTION.

21 (5) IN SELECTING GRANT RECIPIENTS, THE BHA SHALL PRIORITIZE
22 APPLICANTS THAT RESIDE IN A JURISDICTION WITH DEMONSTRATED NEED
23 TO HELP MITIGATE OVERDOSE INCIDENTS AND OVERDOSE DEATHS.

24 (6) THE BHA MAY CONTRACT WITH A GRANT APPLICATION AND
25 SUPPORT TEAM TO ASSIST THE BHA WITH DRAFTING THE GRANT
26 APPLICATION, REVIEWING APPLICATIONS, AND ADMINISTERING AND
27 PROCESSING GRANT AWARDS.

1 (7) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.

2 ■ ■ ■

3 **SECTION 29.** In Colorado Revised Statutes, 27-80-116, **add** (5)
4 as follows:

5 **27-80-116. Fetal alcohol spectrum disorders - legislative**
6 **declaration - health warning signs - federal funding.** (5) THE
7 BEHAVIORAL HEALTH ADMINISTRATION IS AUTHORIZED TO APPLY FOR
8 FEDERAL FUNDING FOR FETAL ALCOHOL SPECTRUM DISORDER PROGRAMS
9 AND TO RECEIVE AND DISBURSE THE FEDERAL FUNDS TO PUBLIC AND
10 PRIVATE NONPROFIT ORGANIZATIONS.

11 **SECTION 30.** In Colorado Revised Statutes, **amend** 10-22.3-102
12 as follows:

13 **10-22.3-102. Repeal of article.** This article 22.3 is repealed,
14 effective ~~September 1, 2024~~ SEPTEMBER 1, 2026.

15 **SECTION 31. Appropriation.** (1) For the 2024-25 state fiscal
16 year, \$250,000 is appropriated to the department of human services. This
17 appropriation is from the general fund. To implement this act, the
18 department may use this appropriation for criminal justice diversion
19 programs.

20 (2) For the 2024-25 state fiscal year, \$250,000 is appropriated to
21 the judicial department. This appropriation is from the general fund. To
22 implement this act, the department may use this appropriation for district
23 attorney adult pretrial diversion programs.

24 (3) For the 2024-25 state fiscal year, \$1,325,647 is appropriated
25 to the department of human services for use by the behavioral health
26 administration. This appropriation is from the general fund. To implement
27 this act, the administration may use this appropriation as follows:

1 (a) \$30,152 for program administration related the community
2 behavioral health administration, which amount is based on an
3 assumption that the administration will require an additional 0.3 FTE;

4 (b) \$545,495 for contract and data management related to
5 substance use treatment and prevention services; and

6 (c) \$750,000 for the contingency management grant related to
7 substance use treatment and prevention services, which amount is based
8 on an assumption that the administration will require an additional 1.0
9 FTE.

10 (4) For the 2024-25 state fiscal year, \$176,831 is appropriated to
11 the department of health care policy and financing for use by the
12 executive director's office. This appropriation consists of \$155,946 from
13 the general fund and \$20,885 from the healthcare affordability and
14 sustainability cash fund created in section 25.5-4-402.4 (5)(a), C.R.S. To
15 implement this act, the office may use this appropriation as follows:

16 (a) \$117,563 general fund for personal services, which amount is
17 based on an assumption that the office will require an additional 2.7 FTE;

18 (b) \$11,733 general fund for operating expenses; and

19 (c) \$47,535, which consists of \$26,650 general fund and \$20,885
20 from the healthcare affordability and sustainability cash fund, for
21 medicaid management information system maintenance and projects.

22 (5) For the 2024-25 state fiscal year, the general assembly
23 anticipates that the department of health care policy and financing will
24 receive \$525,189 in federal funds for use by the executive director's
25 office to implement this act, which amount is subject to the "(I)" notation
26 as defined in the annual general appropriation act for the same fiscal year.
27 The appropriation in subsection (4) of this section is based on the

1 assumption that the department will receive this amount of federal funds
2 to be used as follows:

- 3 (a) \$117,562 for personal services;
- 4 (b) \$11,733 for operating expenses; and
- 5 (c) \$395,894 for medicaid management information system
6 maintenance and projects.

7 (6) For the 2024-25 state fiscal year, \$25,060 is appropriated to
8 the department of health care policy and financing for use by the
9 executive director's office. This appropriation consists of \$14,049 from
10 the general fund, and is subject to the "(M)" notation as defined in the
11 annual general appropriation act for the same fiscal year, and \$11,011
12 from the healthcare affordability and sustainability cash fund created in
13 section 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the office may
14 use this appropriation for the Colorado benefits management systems,
15 operating and contract expenses.

16 (7) For the 2024-25 state fiscal year, the general assembly
17 anticipates that the department of health care policy and financing will
18 receive \$208,705 in federal funds for use by the executive director's
19 office to implement this act. The appropriation in subsection (6) of this
20 section is based on the assumption that the department will receive this
21 amount of federal funds to be used for the Colorado benefits management
22 systems, operating and contract expenses.

23 (8) For the 2024-25 state fiscal year, \$200,000 is appropriated to
24 the Colorado child abuse prevention trust fund created in section
25 26.5-3-206 (1), C.R.S. This appropriation is from the general fund. The
26 department of early childhood is responsible for the accounting related to
27 this appropriation.

1 (9) For the 2024-25 state fiscal year, \$200,000 is appropriated to
2 the department of early childhood for use by the community and family
3 support division. This appropriation is from reappropriated funds in the
4 Colorado child abuse prevention trust fund under subsection (8) of this
5 section. To implement this act, the division may use this appropriation for
6 the child maltreatment prevention.

7 (10) For the 2024-25 state fiscal year, \$36,514 is appropriated to
8 the department of regulatory agencies for use by the division of insurance.
9 This appropriation is from the division of insurance cash fund created in
10 section 10-1-103 (3)(a)(I), C.R.S. To implement this act, the division may
11 use this appropriation as follows:

12 (a) \$29,332 for personal services, which amount is based on an
13 assumption that the division will require an additional 0.4 FTE; and

14 (b) \$7,182 for operating expenses.

15 **SECTION 32. Act subject to petition - effective date.** Section
16 27-60-116 (1)(b), as enacted in section 22 of this act, takes effect July 1,
17 2025, and the remainder of this act takes effect at 12:01 a.m. on the day
18 following the expiration of the ninety-day period after final adjournment
19 of the general assembly; except that, if a referendum petition is filed
20 pursuant to section 1 (3) of article V of the state constitution against this
21 act or an item, section, or part of this act within such period, then the act,
22 item, section, or part will not take effect unless approved by the people
23 at the general election to be held in November 2024 and, in such case,
24 will take effect on the date of the official declaration of the vote thereon
25 by the governor; except that section 27-60-116 (1)(b), as enacted in
26 section 22 of this act, takes effect July 1, 2025.