

Second Regular Session  
Seventy-second General Assembly  
STATE OF COLORADO

BILL A

LLS NO. 20-0155.02 Kristen Forrestal x4217

HOUSE BILL

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HOUSE SPONSORSHIP

Kennedy and Herod,

SENATE SPONSORSHIP

Winter and Priola, Donovan, Pettersen

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House Committees

Senate Committees

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A BILL FOR AN ACT

101 CONCERNING THE PREVENTION OF SUBSTANCE USE DISORDERS.

**Bill Summary**

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

**Opioid and Other Substance Use Disorders Study Committee.**

The bill requires the commissioner of insurance (commissioner) to promulgate rules that establish diagnoses of covered conditions for which nonpharmacological alternatives to opioids are appropriate. Each health benefit plan is required to provide coverage for at least 6 physical therapy visits and 6 occupational therapy visits per year or 12 acupuncture visits per year, with a maximum of one copayment per year for 12 covered visits. The bill requires the commissioner to conduct an actuarial study to

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

determine the economic feasibility prior to including acupuncture as a covered alternative treatment. (**section 1** of the bill).

The bill prohibits an insurance carrier (carrier) from limiting or excluding coverage for an atypical opioid or a nonopioid medication that is approved by the federal food and drug administration by mandating that a covered person undergo step therapy or obtain prior authorization if the atypical opioid or nonopioid medication is prescribed by the covered person's health care provider. The carrier is required to make the atypical opioid or nonopioid medication available at the lowest cost-sharing tier applicable to a covered opioid with the same indication (**section 2**).

The bill precludes a carrier that has a contract with a physical therapist, occupational therapist, or acupuncturist from prohibiting the physical therapist, occupational therapist, or acupuncturist from, or penalizing the physical therapist, occupational therapist, or acupuncturist for, providing a covered person information on the amount of the covered person's financial responsibility for the covered person's physical therapy, occupational therapy, or acupuncture services or from requiring the physical therapist, occupational therapist, or acupuncturist to charge or collect a copayment from a covered person that exceeds the total charges submitted by the physical therapist, occupational therapist, or acupuncturist. The commissioner is required to take action against a carrier that the commissioner determines is not complying with these prohibitions (**section 3**).

Current law limits an opioid prescriber from prescribing more than a 7-day supply of an opioid to a patient who has not had an opioid prescription within the previous 12 months unless certain conditions apply, and this prescribing limitation is set to repeal on September 1, 2021. The bill continues the prescribing limitation indefinitely (**sections 4 through 10**).

The bill requires the executive director of the department of regulatory agencies (department) to consult with the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) and the state medical board to promulgate rules establishing competency-based continuing education requirements for physicians and physician assistants concerning prescribing practices for opioids (**section 11**).

The bill modifies requirements for adding prescription information to the prescription drug monitoring program (program) and allows the department of health care policy and financing and the health information organization network access to the program (**sections 12 and 13**).

The bill continues indefinitely the requirement that a health care provider query the program before prescribing a second fill for an opioid and requires each health care provider to query the program before prescribing a benzodiazepine, unless certain exceptions apply. The bill also requires the director of the division of professions and occupations

in the department to promulgate rules designating additional controlled substances and other prescription drugs to be tracked by the program. In addition to current law allowing medical examiners and coroners to query the program when conducting an autopsy, the bill allows medical examiners and coroners to query the program when conducting a death investigation (**sections 13 through 15**).

The bill appropriates money to:

- The department of public health and environment annually to address opioid and other substance use disorders through local public health agencies (**section 16**);
- The department of health care policy and financing to extend the operation of the substance use disorder screening, brief intervention, and referral to treatment grant program (**section 17**); and
- The department of human services for allocation to the center for continuing education activities for opioid prescribers, including education for prescribing benzodiazepines (**section 18**).

The bill directs the office of behavioral health in the department of human services to convene a collaborative with institutions of higher education, nonprofit agencies, and state agencies for the purpose of gathering feedback from local public health agencies, institutions of higher education, nonprofit agencies, and state agencies concerning evidence-based prevention practices (**section 19**).

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

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **add** (23)

3 as follows:

4 **10-16-104. Mandatory coverage provisions - definitions -**  
5 **rules. (23) Nonpharmacological alternative treatment to opioids -**  
6 **rules. (a)** ANY HEALTH BENEFIT PLAN, EXCEPT SUPPLEMENTAL POLICIES  
7 COVERING A SPECIFIED DISEASE OR OTHER LIMITED BENEFIT, MUST  
8 PROVIDE COVERAGE FOR NONPHARMACOLOGICAL TREATMENT AS AN  
9 ALTERNATIVE TO OPIOIDS FOR A DIAGNOSIS SPECIFIED BY RULE OF THE  
10 COMMISSIONER PURSUANT TO THIS SUBSECTION (23).

11 (b) THE COMMISSIONER, IN CONSULTATION WITH THE DEPARTMENT

1 OF PUBLIC HEALTH AND ENVIRONMENT, AND THE STATE MEDICAL BOARD  
2 SHALL PROMULGATE RULES THAT ESTABLISH:

3 (I) DIAGNOSES OF COVERED CONDITIONS FOR WHICH  
4 NONPHARMACOLOGICAL TREATMENTS AS ALTERNATIVES TO OPIOIDS ARE  
5 APPROPRIATE;

6 (II) THE TREATMENT THAT MAY BE APPROPRIATE FOR EACH  
7 DIAGNOSIS OF A COVERED CONDITION, INCLUDING PHYSICAL THERAPY,  
8 OCCUPATIONAL THERAPY, ACUPUNCTURE, AND ANY OTHER  
9 NONPHARMACOLOGICAL TREATMENTS AS ALTERNATIVES TO OPIOIDS  
10 DEEMED APPROPRIATE BY THE COMMISSIONER. PRIOR TO DETERMINING  
11 WHETHER TO INCLUDE ACUPUNCTURE AS A COVERED TREATMENT, THE  
12 COMMISSIONER SHALL CONDUCT AN ACTUARIAL STUDY TO DETERMINE THE  
13 ECONOMIC FEASIBILITY.

14 (III) THE REQUIRED COPAYMENT AMOUNT FOR COVERED PHYSICAL  
15 THERAPY, OCCUPATIONAL THERAPY, AND ACUPUNCTURE SERVICES.

16 (c) THE COVERAGE REQUIRED BY THIS SUBSECTION (23) MUST:

17 (I) INCLUDE AT LEAST SIX PHYSICAL THERAPY VISITS AND SIX  
18 OCCUPATIONAL THERAPY VISITS PER YEAR OR TWELVE ACUPUNCTURE  
19 VISITS PER YEAR, WITH A MAXIMUM OF ONE COPAYMENT PER YEAR FOR  
20 THE TWELVE COVERED VISITS; AND

21 (II) NOT REQUIRE PRIOR AUTHORIZATION, AS DEFINED IN SECTION  
22 10-16-112.5 (7)(d), FOR NONPHARMACOLOGICAL TREATMENTS AS AN  
23 ALTERNATIVE TO OPIOIDS.

24 **SECTION 2.** In Colorado Revised Statutes, **amend** 10-16-145.5  
25 as follows:

26 **10-16-145.5. Step therapy - prior authorization - prohibited -**  
27 **stage four advanced metastatic cancer - opioid prescription -**

1 **definition - rules.** (1) (a) Notwithstanding section 10-16-145, a carrier  
2 that provides coverage under a health benefit plan for the treatment of  
3 stage four advanced metastatic cancer shall not limit or exclude coverage  
4 under the health benefit plan for a drug THAT IS approved by the United  
5 States food and drug administration and that is on the carrier's  
6 prescription drug formulary by mandating that a covered person with  
7 stage four advanced metastatic cancer undergo step therapy if the use of  
8 the approved drug is consistent with:

9 (a) (I) The United States food and drug administration-approved  
10 indication or the national comprehensive cancer network drugs and  
11 biologics compendium indication for the treatment of stage four advanced  
12 metastatic cancer; or

13 (b) (II) Peer-reviewed medical literature.

14 (2) (b) For the purposes of this ~~section~~ SUBSECTION (1), "stage  
15 four advanced metastatic cancer" means cancer that has spread from the  
16 primary or original site of the cancer to nearby tissues, lymph nodes, or  
17 other parts of the body.

18 (2) (a) NOTWITHSTANDING SECTION 10-16-145, A CARRIER SHALL  
19 NOT LIMIT OR EXCLUDE COVERAGE UNDER A HEALTH BENEFIT PLAN FOR A  
20 NONOPIOID OR AN ATYPICAL OPIOID THAT HAS THE SAME INDICATION AS,  
21 AND IS PRESCRIBED BY THE COVERED PERSON'S PROVIDER AS AN  
22 ALTERNATIVE TO, AN OPIOID AND THAT HAS BEEN APPROVED BY THE  
23 UNITED STATES FOOD AND DRUG ADMINISTRATION BY:

24 (I) MANDATING THAT A COVERED PERSON UNDERGO STEP  
25 THERAPY FOR THE NONOPIOID OR ATYPICAL OPIOID; OR

26 (II) REQUIRING PRIOR AUTHORIZATION FOR THE NONOPIOID OR  
27 ATYPICAL OPIOID.

1 (b) THE CARRIER SHALL MAKE THE PRESCRIBED NONOPIOID OR  
2 ATYPICAL OPIOID AVAILABLE TO THE COVERED PERSON AT THE CARRIER'S  
3 LOWEST COST-SHARING TIER UNDER THE HEALTH BENEFIT PLAN  
4 APPLICABLE TO A COVERED OPIOID THAT HAS THE SAME INDICATION.

5 (c) THE COMMISSIONER SHALL PROMULGATE RULES TO DEFINE  
6 "ATYPICAL OPIOID" AND TO CREATE A LIST OF COVERED NONOPIOID  
7 ANALGESICS WITH FAR LOWER FATALITY RATES THAN PURE OPIOID  
8 AGONISTS.

9 **SECTION 3.** In Colorado Revised Statutes, **add** 10-16-152 as  
10 follows:

11 **10-16-152. Disclosures - physical therapists - occupational**  
12 **therapists - acupuncturists - patients - carrier prohibitions -**  
13 **enforcement.** (1) A CARRIER THAT HAS A CONTRACT WITH A PHYSICAL  
14 THERAPIST, AN OCCUPATIONAL THERAPIST, OR AN ACUPUNCTURIST SHALL  
15 NOT:

16 (a) PROHIBIT THE PHYSICAL THERAPIST, OCCUPATIONAL  
17 THERAPIST, OR ACUPUNCTURIST FROM PROVIDING A COVERED PERSON  
18 INFORMATION ON THE AMOUNT OF THE COVERED PERSON'S FINANCIAL  
19 RESPONSIBILITY FOR THE COVERED PERSON'S PHYSICAL THERAPY,  
20 OCCUPATIONAL THERAPY, OR ACUPUNCTURE SERVICES;

21 (b) PENALIZE THE PHYSICAL THERAPIST, OCCUPATIONAL  
22 THERAPIST, OR ACUPUNCTURIST FOR DISCLOSING THE INFORMATION  
23 DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION TO A COVERED PERSON  
24 OR PROVIDING A MORE AFFORDABLE ALTERNATIVE TO A COVERED PERSON;  
25 OR

26 (c) REQUIRE THE PHYSICAL THERAPIST, THE OCCUPATIONAL  
27 THERAPIST, OR THE ACUPUNCTURIST TO CHARGE OR COLLECT A

1 COPAYMENT FROM A COVERED PERSON THAT EXCEEDS THE TOTAL  
2 CHARGES SUBMITTED BY THE PHYSICAL THERAPIST, OCCUPATIONAL  
3 THERAPIST, OR ACUPUNCTURIST.

4 (2) IF THE COMMISSIONER DETERMINES THAT A CARRIER HAS NOT  
5 COMPLIED WITH THIS SECTION, THE COMMISSIONER SHALL INSTITUTE A  
6 CORRECTIVE ACTION PLAN FOR THE CARRIER TO FOLLOW OR USE ANY OF  
7 THE COMMISSIONER'S ENFORCEMENT POWERS UNDER THIS TITLE 10 TO  
8 OBTAIN THE CARRIER'S COMPLIANCE WITH THIS SECTION.

9 **SECTION 4.** In Colorado Revised Statutes, 12-30-109, **repeal** (5)  
10 as follows:

11 **12-30-109. Prescribing opioids - limitations - definition.**

12 (5) ~~This section is repealed, effective September 1, 2021.~~

13 **SECTION 5.** In Colorado Revised Statutes, 12-220-111, **repeal**

14 (2)(b) as follows:

15 **12-220-111. Dentists may prescribe drugs - surgical operations**  
16 **- anesthesia - limits on opioid prescriptions.** (2) (b) ~~This subsection (2)~~

17 ~~is repealed, effective September 1, 2021.~~

18 **SECTION 6.** In Colorado Revised Statutes, 12-240-123, **repeal**

19 (2) as follows:

20 **12-240-123. Prescribing opioids - limitations.** (2) ~~This section~~  
21 ~~is repealed, effective September 1, 2021.~~

22 **SECTION 7.** In Colorado Revised Statutes, 12-255-112, **repeal**

23 (6)(b) as follows:

24 **12-255-112. Prescriptive authority - advanced practice nurses**  
25 **- limits on opioid prescriptions - rules - financial benefit for**

26 **prescribing prohibited.** (6) (b) ~~This subsection (6) is repealed, effective~~  
27 ~~September 1, 2021.~~

1           **SECTION 8.** In Colorado Revised Statutes, 12-275-113, **repeal**  
2 (5)(b) as follows:

3           **12-275-113. Use of prescription and nonprescription drugs -**  
4 **limits on opioid prescriptions.** (5) (b) ~~This subsection (5) is repealed,~~  
5 ~~effective September 1, 2021.~~

6           **SECTION 9.** In Colorado Revised Statutes, 12-290-111, **repeal**  
7 (3)(b) as follows:

8           **12-290-111. Prescriptions - requirement to advise patients -**  
9 **limit on opioid prescriptions.** (3) (b) ~~This subsection (3) is repealed,~~  
10 ~~effective September 1, 2021.~~

11           **SECTION 10.** In Colorado Revised Statutes, 12-315-126, **repeal**  
12 (2) as follows:

13           **12-315-126. Prescription of opioids - limitations.** (2) ~~This~~  
14 ~~section is repealed, effective September 1, 2021.~~

15           **SECTION 11.** In Colorado Revised Statutes, **add** 12-240-146 as  
16 follows:

17           **12-240-146. Continuing education - competency standards for**  
18 **prescribing opioids - rules.** THE EXECUTIVE DIRECTOR, IN  
19 CONSULTATION WITH THE BOARD AND THE CENTER FOR RESEARCH INTO  
20 SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY  
21 SUPPORT STRATEGIES ESTABLISHED IN SECTION 27-80-118, SHALL  
22 PROMULGATE RULES TO ESTABLISH COMPETENCY-BASED STANDARDS FOR  
23 CONTINUING MEDICAL EDUCATION FOR PHYSICIANS AND PHYSICIAN  
24 ASSISTANTS CONCERNING THE PRESCRIBING PRACTICES FOR OPIOIDS. THE  
25 BOARD SHALL REQUIRE FULFILLMENT OF THE CONTINUING EDUCATION  
26 REQUIREMENTS AS A REQUIREMENT FOR INITIAL LICENSURE AND RENEWAL.

27           **SECTION 12.** In Colorado Revised Statutes, 12-280-403, **amend**



1 (1) introductory portion, (1)(c), (1)(e), (1)(f), (3), and (4); and **add** (1)(g)  
2 and (2)(e) as follows:

3 **12-280-403. Prescription drug use monitoring program -**  
4 **registration required.** (1) The board shall develop or procure a  
5 prescription ~~controlled substance~~ DRUG electronic program to track  
6 information regarding prescriptions for controlled substances AND OTHER  
7 DRUGS AS REQUIRED BY RULES PROMULGATED BY THE DIRECTOR  
8 dispensed in Colorado, including the following information:

9 (c) The name and amount of the controlled substance OR OTHER  
10 PRESCRIPTION DRUG AS REQUIRED BY RULES OF THE DIRECTOR;

11 (e) The name of the dispensing pharmacy; ~~and~~

12 (f) Any other data elements necessary to determine whether a  
13 patient is visiting multiple practitioners or pharmacies, or both, to receive  
14 the same or similar medication; AND

15 (g) BEGINNING JANUARY 1, 2021, THE NAME OF THE PERSON  
16 PAYING FOR THE PRESCRIPTION.

17 (2) (e) OTHER THAN AN ANNUAL FEE AUTHORIZED PURSUANT TO  
18 SECTION 12-280-405 (3), THE BOARD SHALL NOT CHARGE A FEE OR OTHER  
19 ASSESSMENT AGAINST A PRACTITIONER, PHARMACIST, OR DESIGNEE OF  
20 EITHER A PRACTITIONER OR PHARMACIST FOR REGISTERING OR  
21 MAINTAINING AN ACCOUNT WITH THE PROGRAM.

22 (3) Each practitioner and each dispensing pharmacy shall disclose  
23 to a patient receiving a controlled substance OR OTHER PRESCRIPTION  
24 DRUG AS REQUIRED BY RULES PROMULGATED BY THE DIRECTOR ~~that his or~~  
25 ~~her~~ THE PATIENT'S identifying prescription information will be entered  
26 into the program database and may be accessed for limited purposes by  
27 specified individuals.

1           (4) The board shall establish a method and format for  
2 PHARMACISTS, PHARMACISTS' DESIGNEES, AND prescription drug outlets  
3 to convey the necessary information to the board or its designee. The  
4 method must not require more than a one-time entry of data per patient  
5 per prescription by a prescription drug outlet. BY JANUARY 1, 2021, THE  
6 METHOD ESTABLISHED BY THE BOARD PURSUANT TO THIS SUBSECTION (4)  
7 SHALL REQUIRE EACH PHARMACIST, PHARMACIST'S DESIGNEE, OR  
8 PRESCRIPTION DRUG OUTLET TO ENTER EACH PRESCRIPTION DISPENSED IN  
9 THIS STATE OR TO AN ADDRESS IN THIS STATE, INCLUDING PRESCRIPTIONS  
10 NOT PAID FOR BY A THIRD-PARTY PAYER, INTO THE PROGRAM DATABASE  
11 DAILY AFTER EACH PRESCRIPTION IS DISPENSED.

12           **SECTION 13.** In Colorado Revised Statutes, 12-280-404, **amend**  
13 (3)(b), (3)(c)(I), (3)(h), (3)(l)(I), (4)(c), (4)(e), (5), and (7); and **add**  
14 (3)(m) and (4)(a.5) as follows:

15           **12-280-404. Program operation - access - rules - definitions.**

16 (3) The program is available for query only to the following persons or  
17 group of persons:

18           (b) Any practitioner with the statutory authority to prescribe  
19 controlled substances OR OTHER DRUGS THAT MAY BE SUBJECT TO A  
20 PROGRAM QUERY, or an individual designated by the practitioner to act on  
21 ~~his or her~~ THE PRACTITIONER'S behalf in accordance with section  
22 12-280-403 (2)(b), to the extent the query relates to a current patient of  
23 the practitioner. The practitioner or ~~his or her~~ THE PRACTITIONER'S  
24 designee shall identify his or her area of health care specialty or practice  
25 upon the initial query of the program.

26           (c) (I) Any veterinarian with statutory authority to prescribe  
27 controlled substances OR OTHER DRUGS THAT MAY BE SUBJECT TO A

1 PROGRAM QUERY, to the extent the query relates to a current patient or to  
2 a client and if the veterinarian, in the exercise of professional judgment,  
3 has a reasonable basis to suspect the client has committed drug abuse or  
4 has mistreated an animal.

5 (h) The individual who is the recipient of a ~~controlled substance~~  
6 prescription FOR A CONTROLLED SUBSTANCE OR OTHER DRUG THAT MAY  
7 BE SUBJECT TO A PROGRAM QUERY so long as the information released is  
8 specific to the individual;

9 (l) A medical examiner who is a physician licensed pursuant to  
10 article 240 of this title 12, whose license is in good standing, and who is  
11 located and employed in the state of Colorado, or a coroner elected  
12 pursuant to section 30-10-601, if:

13 (l) The information released is specific to an individual who is the  
14 subject of an autopsy OR A DEATH INVESTIGATION conducted by the  
15 medical examiner or coroner;

16 (m) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING,  
17 FOR THE PURPOSES OF CARE COORDINATION AND UTILIZATION REVIEW  
18 PERTAINING TO RECIPIENTS OF MEDICAL ASSISTANCE UNDER ARTICLES 4,  
19 5, AND 6 OF TITLE 25.5, AS LONG AS THE DEPARTMENT'S USE OF THE  
20 PROGRAM DATA IS CONSISTENT WITH THE FEDERAL "HEALTH INSURANCE  
21 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS  
22 AMENDED, AND ANY IMPLEMENTING REGULATIONS, INCLUDING THE  
23 REQUIREMENT TO REMOVE ANY PERSONALLY IDENTIFYING INFORMATION  
24 UNLESS EXEMPTED FROM THE REQUIREMENT.

25 (4) (a.5) EACH PRACTITIONER OR THE PRACTITIONER'S DESIGNEE  
26 SHALL QUERY THE PROGRAM BEFORE PRESCRIBING A BENZODIAZEPINE TO  
27 A PATIENT UNLESS THE BENZODIAZEPINE IS PRESCRIBED TO TREAT A

1 PATIENT IN HOSPICE OR TO TREAT A SEIZURE OR SEIZURE DISORDER,  
2 ALCOHOL WITHDRAWAL, OR A NEUROLOGICAL OR PSYCHOLOGICAL  
3 EMERGENCY EVENT INCLUDING A POST-TRAUMATIC BRAIN INJURY.

4 (c) A practitioner or ~~his or her~~ THE PRACTITIONER'S designee  
5 complies with this subsection (4) if ~~he or she~~ THE PRACTITIONER OR  
6 PRACTITIONER'S DESIGNEE attempts to access the program ~~prior to~~ BEFORE  
7 prescribing a BENZODIAZEPINE OR the second fill for an opioid and the  
8 program is not available or is inaccessible due to technical failure.

9 (e) ~~This subsection (4) is repealed, effective September 1, 2021~~  
10 THE DIRECTOR SHALL PROMULGATE RULES DESIGNATING ADDITIONAL  
11 CONTROLLED SUBSTANCES AND OTHER PRESCRIPTION DRUGS TO BE  
12 TRACKED THROUGH THE PROGRAM PURSUANT TO SECTION 12-280-403 (1)  
13 THAT HAVE POTENTIAL FOR ABUSE OR HAVE POTENTIAL FOR AN ADVERSE  
14 DRUG INTERACTION WITH A CONTROLLED SUBSTANCE.

15 (5) OTHER THAN THE FEE AUTHORIZED BY SECTION 12-280-405  
16 (3), the board shall not charge a practitioner, ~~or~~ pharmacy, PHARMACIST,  
17 OR DESIGNEE OF A PRACTITIONER OR PHARMACIST who transmits data in  
18 compliance with the operation and maintenance of the program a fee for  
19 the transmission of the data AND SHALL NOT CHARGE A PRACTITIONER,  
20 PHARMACIST, OR DESIGNEE OF A PRACTITIONER OR PHARMACIST A FEE TO  
21 ACCESS THE DATABASE.

22 (7) (a) The board shall provide a means of sharing information  
23 about individuals whose information is recorded in the program with  
24 out-of-state health care practitioners and law enforcement officials that  
25 meet the requirements of subsection (3)(b), (3)(d), or (3)(g) of this  
26 section.

27 (b) BY JANUARY 1, 2021, THE BOARD SHALL PROVIDE A MEANS OF

1 SHARING PRESCRIPTION INFORMATION WITH THE HEALTH INFORMATION  
2 ORGANIZATION NETWORK, AS DEFINED IN SECTION 25-3.5-103 (8.5), IN  
3 ORDER TO WORK COLLABORATIVELY WITH THE STATEWIDE HEALTH  
4 INFORMATION EXCHANGES DESIGNATED BY THE DEPARTMENT OF HEALTH  
5 CARE POLICY AND FINANCING. USE OF THE INFORMATION MADE  
6 AVAILABLE PURSUANT TO THIS SUBSECTION (7)(b) IS SUBJECT TO PRIVACY  
7 AND SECURITY PROTECTIONS IN STATE LAW AND THE FEDERAL "HEALTH  
8 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996",  
9 PUB.L.104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS.

10 **SECTION 14.** In Colorado Revised Statutes, 12-280-407, **amend**  
11 (2) as follows:

12 **12-280-407. Prescription drug outlets - prescribers -**  
13 **responsibilities - liability.** (2) A practitioner who has, in good faith,  
14 written a prescription for a controlled substance OR OTHER DRUG THAT  
15 MAY BE SUBJECT TO A PROGRAM QUERY to a patient is not liable for  
16 information submitted to the program. A practitioner WHO or prescription  
17 drug outlet ~~who~~ THAT has, in good faith, submitted the required  
18 information to the program is not liable for participation in the program.

19 **SECTION 15.** In Colorado Revised Statutes, 12-280-408, **amend**  
20 (2) as follows:

21 **12-280-408. Exemption - waiver.** (2) A prescription drug outlet  
22 that does not report controlled substance data OR DATA ON OTHER  
23 PRESCRIPTION DRUGS THAT MAY BE SUBJECT TO A PROGRAM QUERY to the  
24 program due to a lack of electronic automation of the outlet's business  
25 may apply to the board for a waiver from the reporting requirements.

26 **SECTION 16.** In Colorado Revised Statutes, **amend** 25-1-521 as  
27 follows:

1           **25-1-521. State department - local public health agencies -**  
2           **address substance use disorders - appropriation.** ~~(1)~~ For the 2019-20  
3           STATE fiscal year AND EACH STATE FISCAL YEAR THEREAFTER, the general  
4           assembly shall appropriate two million dollars to the state department to  
5           address opioid and substance use disorders through public health  
6           interventions and to work with community partners, including county and  
7           district public health agencies, to address opioid and other substance use  
8           priorities throughout the state. The state department may use the money  
9           for data collection, analysis, and dissemination activities related to opioid  
10          and other substance use disorders at the state and local levels, including  
11          community health assessments and improvement planning. THE STATE  
12          DEPARTMENT SHALL CONSIDER THE GOAL OF ADDRESSING THE NEEDS OF  
13          UNDERSERVED POPULATIONS AND COMMUNITIES WHEN ADDRESSING  
14          OPIOID AND SUBSTANCE USE DISORDERS. The state department may use up  
15          to five hundred thousand dollars of the money ANNUALLY APPROPRIATED  
16          PURSUANT TO THIS SUBSECTION (1) for administrative costs and other  
17          activities related to the purposes of this section.

18           ~~(2) This section is repealed, effective July 1, 2020.~~

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

21           **25.5-5-208. Additional services - training - grants - screening,**  
22          **brief intervention, and referral.** (1) ~~On or after July 1, 2018,~~ The state  
23          department shall grant, through a competitive grant program, one million  
24          five hundred thousand dollars to one or more organizations to operate a  
25          substance ~~abuse~~ USE DISORDER screening, brief intervention, and referral  
26          to treatment ~~practice~~ GRANT PROGRAM. IN REVIEWING GRANT  
27          APPLICATIONS AND SELECTING PARTICIPANTS FOR THE GRANT PROGRAM,

1 THE STATE DEPARTMENT SHALL CONSIDER THE GOAL OF ADDRESSING THE  
2 NEEDS OF UNDERSERVED POPULATIONS AND COMMUNITIES. The grant  
3 program must require:

4 (3) FOR THE 2019-20 STATE FISCAL YEAR THROUGH THE 2023-24  
5 STATE FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE FIVE  
6 HUNDRED THOUSAND DOLLARS FROM THE MARIJUANA TAX CASH FUND  
7 CREATED IN SECTION 39-28.8-501 (1) TO THE STATE DEPARTMENT FOR THE  
8 SUBSTANCE USE DISORDER SCREENING, BRIEF INTERVENTION, AND  
9 REFERRAL TO TREATMENT GRANT PROGRAM DESCRIBED IN SUBSECTION (1)  
10 OF THIS SECTION. THE STATE DEPARTMENT SHALL USE THE MONEY FOR  
11 THE PURPOSES IN SUBSECTION (1) OF THIS SECTION, FOR TECHNICAL  
12 ASSISTANCE IN ORDER TO SUSTAIN THE OPERATION OF THE PRACTICE OR  
13 PRACTICES IMPLEMENTED THROUGH THE GRANT PROGRAM, AND TO  
14 MONITOR THE GRANT RECIPIENTS THROUGH QUALITATIVE AND  
15 QUANTITATIVE DATA COLLECTION AND ANALYSIS.

16 **SECTION 18.** In Colorado Revised Statutes, 27-80-118, **amend**  
17 (4)(a) as follows:

18 **27-80-118. Center for research into substance use disorder**  
19 **prevention, treatment, and recovery support strategies - legislative**  
20 **declaration - established - repeal.** (4) (a) (I) The center shall develop  
21 and implement a series of continuing education activities designed to help  
22 a prescriber of pain medication to safely and effectively manage patients  
23 with pain and, when appropriate, prescribe opioids or medication-assisted  
24 treatment. THE EDUCATIONAL ACTIVITIES MUST ALSO INCLUDE BEST  
25 PRACTICES FOR PRESCRIBING BENZODIAZEPINES AND THE POTENTIAL HARM  
26 OF INAPPROPRIATELY LIMITING PRESCRIPTIONS TO CHRONIC PAIN  
27 PATIENTS. The educational activities must apply to physicians, physician

1 assistants, nurses, and dentists, WITH AN EMPHASIS ON PHYSICIANS,  
2 PHYSICIAN ASSISTANTS, NURSES, AND DENTISTS SERVING UNDERSERVED  
3 POPULATIONS AND COMMUNITIES.

4 (II) FOR THE STATE FISCAL YEARS 2020-21 THROUGH 2024-25, THE  
5 GENERAL ASSEMBLY SHALL APPROPRIATE TWO HUNDRED FIFTY THOUSAND  
6 DOLLARS PER YEAR FROM THE MARIJUANA TAX CASH FUND CREATED IN  
7 SECTION 39-28.8-501 (1) TO THE DEPARTMENT FOR ALLOCATION TO THE  
8 CENTER FOR THE PURPOSES OF THIS SUBSECTION (4).

9 **SECTION 19.** In Colorado Revised Statutes, **add** 27-80-124 as  
10 follows:

11 **27-80-124. Colorado substance use disorders prevention**  
12 **collaborative - created - mission - administration - repeal.** (1) THE  
13 OFFICE OF BEHAVIORAL HEALTH SHALL CONVENE AND ADMINISTER A  
14 COLORADO SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE  
15 WITH INSTITUTIONS OF HIGHER EDUCATION, NONPROFIT AGENCIES, AND  
16 STATE AGENCIES, REFERRED TO IN THIS SECTION AS THE  
17 "COLLABORATIVE", FOR THE PURPOSE OF GATHERING FEEDBACK FROM  
18 LOCAL PUBLIC HEALTH AGENCIES, INSTITUTIONS OF HIGHER EDUCATION,  
19 NONPROFIT AGENCIES, AND STATE AGENCIES CONCERNING  
20 EVIDENCE-BASED PREVENTION PRACTICES TO FULFILL THE MISSION STATED  
21 IN SUBSECTION (2) OF THIS SECTION.

22 (2) THE MISSION OF THE COLLABORATIVE IS TO:

23 (a) COORDINATE WITH AND ASSIST STATE AGENCIES AND  
24 COMMUNITIES TO STRENGTHEN COLORADO'S PREVENTION  
25 INFRASTRUCTURE AND TO IMPLEMENT A STATEWIDE STRATEGIC PLAN FOR  
26 PRIMARY PREVENTION OF SUBSTANCE USE DISORDERS FOR STATE FISCAL  
27 YEARS 2020-21 THROUGH 2023-24;



1 (b) ADVANCE THE USE OF TESTED AND EFFECTIVE PREVENTION  
2 PROGRAMS AND PRACTICES THROUGH EDUCATION, OUTREACH, ADVOCACY,  
3 AND TECHNICAL ASSISTANCE, WITH AN EMPHASIS ON ADDRESSING THE  
4 NEEDS OF UNDERSERVED POPULATIONS AND COMMUNITIES;

5 (c) DIRECT EFFORTS TO RAISE PUBLIC AWARENESS OF THE COST  
6 SAVINGS OF PREVENTION MEASURES;

7 (d) PROVIDE DIRECT TRAINING AND TECHNICAL ASSISTANCE TO  
8 COMMUNITIES REGARDING SELECTION, IMPLEMENTATION, AND  
9 SUSTAINMENT OF TESTED AND EFFECTIVE PRIMARY PREVENTION  
10 PROGRAMS;

11 (e) PURSUE LOCAL AND STATE POLICY CHANGES THAT ENHANCE  
12 THE USE OF TESTED AND EFFECTIVE PRIMARY PREVENTION PROGRAMS;

13 (f) ADVISE STATE AGENCIES AND COMMUNITIES REGARDING NEW  
14 AND INNOVATIVE PRIMARY PREVENTION PROGRAMS AND PRACTICES;

15 (g) SUPPORT FUNDING EFFORTS IN ORDER TO ALIGN FUNDING AND  
16 SERVICES AND COMMUNICATE WITH COMMUNITIES ABOUT FUNDING  
17 STRATEGIES;

18 (h) WORK WITH KEY STATE AND COMMUNITY STAKEHOLDERS TO  
19 ESTABLISH A MINIMUM STANDARD FOR PRIMARY PREVENTION PROGRAMS  
20 IN COLORADO; AND

21 (i) WORK WITH PREVENTION SPECIALISTS AND EXISTING TRAINING  
22 AGENCIES TO PROVIDE AND SUPPORT TRAINING TO STRENGTHEN  
23 COLORADO'S PREVENTION WORKFORCE.

24 (3) THE OFFICE OF BEHAVIORAL HEALTH AND THE COLLABORATIVE  
25 SHALL:

26 (a) ESTABLISH COMMUNITY-BASED PREVENTION COALITIONS AND  
27 DELIVERY SYSTEMS TO REDUCE SUBSTANCE MISUSE;

1 (b) IMPLEMENT EFFECTIVE PRIMARY PREVENTION PROGRAMS IN  
2 COLORADO COMMUNITIES WITH THE GOAL OF INCREASING THE NUMBER OF  
3 PROGRAMS TO REACH THOSE IN NEED STATEWIDE; AND

4 (c) COORDINATE WITH DESIGNATED STATE AGENCIES AND OTHER  
5 ORGANIZATIONS TO PROVIDE PREVENTION SCIENCE TRAINING TO  
6 SYSTEMIZE, UPDATE, EXPAND, AND STRENGTHEN PREVENTION  
7 CERTIFICATION TRAINING AND PROVIDE CONTINUING EDUCATION TO  
8 PREVENTION SPECIALISTS.

9 (4) IN ORDER TO IMPLEMENT AND PROVIDE SUSTAINABILITY TO THE  
10 COLLABORATIVE, FOR STATE FISCAL YEARS 2020-21 THROUGH 2023-24,  
11 THE GENERAL ASSEMBLY SHALL APPROPRIATE MONEY FROM THE  
12 MARIJUANA TAX CASH FUND CREATED IN SECTION 39-28.8-501 (1) TO THE  
13 OFFICE OF BEHAVIORAL HEALTH TO ACCOMPLISH THE MISSION OF THE  
14 COLLABORATIVE.

15 (5) THE OFFICE OF BEHAVIORAL HEALTH SHALL REPORT ITS  
16 PROGRESS TO THE GENERAL ASSEMBLY ON OR BEFORE SEPTEMBER 1, 2021,  
17 AND EACH SEPTEMBER 1 THROUGH SEPTEMBER 1, 2024.

18 (6) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 30, 2024.

19 **SECTION 20. Safety clause.** The general assembly hereby finds,  
20 determines, and declares that this act is necessary for the immediate  
21 preservation of the public peace, health, or safety.