

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

DRAFT
10/9/23

BILL 2

LLS NO. 24-0314.01 Shelby Ross x4510

INTERIM COMMITTEE BILL

Opioid and Other Substance Use Disorders Study Committee

BILL TOPIC: Treatment For Substance Use Disorders

DEADLINES: File by: 9/25/2023

A BILL FOR AN ACT

101 **CONCERNING TREATMENT FOR 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.

Section 1 requires the division of insurance to:

- Study the use of utilization management practices for behavioral health services and determine whether existing utilization management practices limit access to higher levels of care; and
- Review insurer policies that prohibit reimbursing multiple providers who see a patient in an integrated care setting in

*Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words indicate deletions from existing law.*

which one or more providers deliver a combination of mental health services, substance use disorder services, or physical health care services during one patient visit or on the same day.

Section 2 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 3 requires an insurance carrier and the medical assistance program to reimburse a licensed pharmacist prescribing, dispensing, or administering 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 8** 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 9** 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 24** requires the medical assistance program to reimburse a pharmacist prescribing, dispensing, or administering medications for opioid use disorder pursuant to a collaborative agreement at a rate equal to the reimbursement rate for other providers.

Section 4 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 5, 6, 7, and 27 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 10 establishes the behavioral health diversion pilot program (pilot program) to establish pilot programs in at least 2 but not more than 5 judicial districts to provide diversion from the criminal

justice system for persons charged with offenses arising from a behavioral health disorder that requires early recovery services and treatment that is reasonably expected to deter participants' 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 prohibits a skilled nursing facility from refusing to admit an individual to the facility because the individual is receiving methadone treatment for an opioid use disorder. If an individual is receiving methadone treatment for an opioid use disorder at the time of admittance to a skilled nursing facility, the bill requires the skilled nursing facility to facilitate the individual's access to the methadone treatment and allow the individual to self-administer methadone.

Section 18 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, medication-assisted treatment, any additional prescription medications, case management, and care coordination services through the medical assistance program to persons immediately prior to release from jail, a juvenile institutional facility, or a department of corrections facility.

Section 19 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 20 requires HCPF to seek federal authorization to provide partial hospitalization for substance use disorder treatment with full federal financial participation.

Section 21 requires each managed care entity (MCE) that provides prescription drug benefits 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 22 requires each MCE to:

- Collect data from each withdrawal management facility on the total number of medicaid members 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 23 requires each MCE to disclose the aggregate rates of reimbursement for each service paid by the MCE to behavioral health providers and authorizes behavioral health providers to disclose the reimbursement rates paid by an MCE to the behavioral health provider.

For the 2024-25 state fiscal year and each state fiscal year thereafter, **section 25** 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 18** 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 authorizes a parent who is enrolled in a state-licensed behavioral health treatment program for at least 9 hours per week to be eligible for the Colorado child care assistance program (CCCAP) for at least any 2 years of the treatment program, provided all other CCCAP eligibility requirements are met during those 2 years.

Section 28 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 29 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 30 requires a county jail seeking to provide services to incarcerated medicaid members to apply for a correctional services provider license from the BHA.

Section 31 requires the BHA 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.

Section 32 authorizes an eligible health-care provider who completes or obtains qualifying credentials to provide substance use disorder treatment to obtain a credit against the income taxes imposed by Colorado in an amount equal to the amount the eligible provider paid to complete or obtain the qualifying credential not to exceed \$2,500 for the income tax year in which the qualifying credentials are completed or obtained.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 10-1-145 as

1 follows:

2 **10-1-145. Division utilization management study - report.**

3 (1) THE DIVISION SHALL STUDY THE USE OF UTILIZATION MANAGEMENT
4 PRACTICES FOR BEHAVIORAL HEALTH SERVICES. IN PERFORMING THE
5 STUDY, THE DIVISION SHALL DETERMINE WHETHER EXISTING UTILIZATION
6 MANAGEMENT PRACTICES LIMIT ACCESS TO HIGHER LEVELS OF CARE,
7 INCLUDING BUT NOT LIMITED TO, RESIDENTIAL CARE, ACUTE TREATMENT
8 UNIT CARE, CRISIS STABILIZATION, URGENT CARE OR CARE PROVIDED IN A
9 CRISIS WALK-IN LOCATION, MOBILE CRISIS RESPONSE, EMERGENCY RESPITE
10 CARE, WITHDRAWAL MANAGEMENT, INTENSIVE WRAP-AROUND SERVICES,
11 INTENSIVE OUTPATIENT CARE, INTENSIVE CASE MANAGEMENT, AND GROUP
12 THERAPY.

13 (2) (a) NO LATER THAN AUGUST 1, 2024, THE DIVISION SHALL
14 PREPARE A REPORT ON THE RESULTS OF THE STUDY CONDUCTED PURSUANT
15 TO SUBSECTION (1) OF THIS SECTION AND PRESENT THE REPORT TO THE
16 HOUSE OF REPRESENTATIVES HEALTH AND INSURANCE COMMITTEE, THE
17 HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND
18 HUMAN SERVICES COMMITTEE, AND THE SENATE HEALTH AND HUMAN
19 SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.

20 (b) THE DIVISION SHALL PROVIDE THE REPORT PREPARED
21 PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION WITH THE BEHAVIORAL
22 HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES.

23 (3) THE DIVISION SHALL REVIEW INSURER POLICIES THAT PROHIBIT
24 REIMBURSING MULTIPLE PROVIDERS WHO SEE A PATIENT IN AN
25 INTEGRATED CARE SETTING IN WHICH ONE OR MORE PROVIDERS DELIVER
26 A COMBINATION OF MENTAL HEALTH SERVICES, SUBSTANCE USE DISORDER
27 SERVICES, OR PHYSICAL HEALTH CARE SERVICES DURING ONE PATIENT

1 VISIT OR ON THE SAME DAY.

2 **SECTION 2.** 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 3.** In Colorado Revised Statutes, 10-16-148, **add** (1.3)
11 as follows:

12 **10-16-148. Medication-assisted treatment - limitations on**
13 **carriers - rules. (1.3)** A CARRIER THAT PROVIDES PRESCRIPTION DRUG
14 BENEFITS FOR THE TREATMENT OF A SUBSTANCE USE DISORDER SHALL
15 REIMBURSE A PARTICIPATING PROVIDER WHO IS A LICENSED PHARMACIST
16 AUTHORIZED PURSUANT TO PART 6 OF ARTICLE 280 OF TITLE 12 TO
17 PRESCRIBE, DISPENSE, OR ADMINISTER MEDICATION-ASSISTED TREATMENT
18 AT A RATE EQUAL TO THE REIMBURSEMENT PROVIDED TO A PHYSICIAN,
19 PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE FOR
20 THE SAME SERVICES.

21 **SECTION 4.** In Colorado Revised Statutes, 10-16-704, **add** (1.7)
22 as follows:

23 **10-16-704. Network adequacy - required disclosures - balance**
24 **billing - rules - legislative declaration - definitions. (1.7)** (a) ON OR
25 BEFORE AUGUST 1, 2025, THE COMMISSIONER SHALL REVIEW THE
26 NETWORK ADEQUACY RULES PROMULGATED PURSUANT TO THIS SECTION
27 TO ENSURE THAT THE RULES ARE SUFFICIENT TO REQUIRE CARRIERS TO

1 MAINTAIN:

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

5 (II) AN ADEQUATE NUMBER OF COGNITIVE BEHAVIORAL
6 HEALTH-CARE PROVIDERS WITHIN THE CARRIER'S NETWORK, INCLUDING
7 PROVIDERS THAT PROVIDE PAIN DIAGNOSES SERVICES, TO ALLOW FOR
8 ACCESS TO COGNITIVE BEHAVIORAL HEALTH-CARE SERVICES IN ALL
9 COMMUNITIES.

10 (b) ON OR BEFORE SEPTEMBER 30, 2025, THE COMMISSIONER
11 SHALL REPORT THE RULE REVIEW FINDINGS DESCRIBED IN SUBSECTION
12 (1.7)(a) OF THIS SECTION TO THE OPIOID AND OTHER SUBSTANCE USE
13 DISORDERS STUDY COMMITTEE, CREATED IN SECTION 10-22.3-101,
14 INCLUDING RECOMMENDED RULE CHANGES TO ENSURE THAT SUCH
15 NETWORK ADEQUACY EXISTS.

16 **SECTION 5.** In Colorado Revised Statutes, 12-245-403, **add** (5)
17 as follows:

18 **12-245-403. Social work practice defined.** (5) SOCIAL WORK
19 PRACTICE INCLUDES THE CLINICAL SUPERVISION BY A LICENSED CLINICAL
20 SOCIAL WORKER OF A PERSON WORKING TOWARD CERTIFICATION AS A
21 CERTIFIED ADDICTION TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST,
22 DESCRIBED IN PART 8 OF THIS ARTICLE 245, IF THE LICENSED CLINICAL
23 SOCIAL WORKER HAS THE NECESSARY EDUCATION OR EXPERIENCE
24 WORKING WITH ADDICTIVE OR OTHER BEHAVIORAL HEALTH DISORDERS TO
25 SUPERVISE THE CLINICAL WORK, AS DETERMINED BY THE STATE BOARD OF
26 ADDICTION COUNSELOR EXAMINERS PURSUANT TO SECTION 12-245-805
27 (2.5)(c).

1 **SECTION 6.** In Colorado Revised Statutes, 12-245-603, **add** (3)
2 as follows:

3 **12-245-603. Practice of licensed professional counseling**
4 **defined.** (3) THE PRACTICE OF PROFESSIONAL COUNSELING INCLUDES THE
5 CLINICAL SUPERVISION BY A LICENSED PROFESSIONAL COUNSELOR OF A
6 PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION
7 TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST, DESCRIBED IN PART
8 8 OF THIS ARTICLE 245, IF THE LICENSED PROFESSIONAL COUNSELOR HAS
9 THE NECESSARY EDUCATION OR EXPERIENCE WORKING WITH ADDICTIVE
10 OR OTHER BEHAVIORAL HEALTH DISORDERS TO SUPERVISE THE CLINICAL
11 WORK, AS DETERMINED BY THE STATE BOARD OF ADDICTION COUNSELOR
12 EXAMINERS PURSUANT TO SECTION 12-245-805 (2.5)(c).

13 **SECTION 7.** In Colorado Revised Statutes, 12-245-805, **add**
14 (2.5)(c) as follows:

15 **12-245-805. Rights and privileges of certification and licensure**
16 **- titles - rules.** (2.5) (c) UNLESS PROHIBITED BY RULES PROMULGATED BY
17 THE STATE BOARD OF HUMAN SERVICES UNDER ITS AUTHORITY PURSUANT
18 TO SECTION 27-50-107 (3)(e) OR OTHER PROVISIONS OF TITLE 27, AND
19 PURSUANT TO SECTIONS 12-245-403 (5), 12-245-603 (3), 12-245-803, AND
20 12-245-804 (3) AND (3.5), THE BOARD SHALL PROMULGATE RULES:

21 (I) AUTHORIZING A PERSON HOLDING A VALID, UNSUSPENDED, AND
22 UNREVOKED LICENSE AS A LICENSED CLINICAL SOCIAL WORKER IN
23 COLORADO OR A LICENSED PROFESSIONAL COUNSELOR IN COLORADO TO
24 PROVIDE CLINICAL SUPERVISION FOR CERTIFICATION PURPOSES TO A
25 PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION
26 TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST, IF THE LICENSED
27 CLINICAL SOCIAL WORKER OR LICENSED PROFESSIONAL COUNSELOR IS

1 ACTING WITHIN THE SCOPE OF PRACTICE FOR THE RELEVANT LICENSE AND
2 IS QUALIFIED BASED ON EDUCATION OR EXPERIENCE, AS DETERMINED BY
3 THE BOARD, TO PROVIDE CLINICAL SUPERVISION FOR THE CLINIC WORK
4 HOURS; AND

5 (II) FOR CLINICAL SUPERVISION OF INDIVIDUALS SEEKING
6 CERTIFICATION AS A CERTIFIED ADDICTION TECHNICIAN OR A CERTIFIED
7 ADDICTION SPECIALIST, INCLUDING THE NUMBER OF TRAINEE ADDICTION
8 TECHNICIANS OR ADDICTION SPECIALISTS WHO MAY BE SUPERVISED BY A
9 PERSON AUTHORIZED TO PROVIDE CLINICAL SUPERVISION, THAT ALLOW A
10 CLINICAL SUPERVISOR TO SUPERVISE MORE THAN EIGHT TRAINEE
11 ADDICTION TECHNICIANS OR ADDICTION SPECIALISTS BASED ON THE
12 TRAINEES' BACKGROUND, EDUCATION, OR EXPERIENCE RELEVANT TO THE
13 COMPETENCIES NECESSARY FOR THE PRACTICE OF ADDICTION
14 COUNSELING, THE TIME IN TRAINING OF EACH TRAINEE, OR THE
15 DEMONSTRATED COMPETENCY OF EACH TRAINEE OVER THE COURSE OF
16 CLINICAL SUPERVISION TO CARRY OUT SPECIFIC DUTIES WITH LESS
17 SUPERVISION BY THE CLINICAL SUPERVISOR.

18 **SECTION 8.** In Colorado Revised Statutes, 12-280-103, **amend**
19 (39)(g)(III), (39)(g)(IV)(B), (39)(g)(IV)(C), (39)(j), and (39)(k); and **add**
20 (27.5), (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 (B) Are minor and generally self-limiting; ~~or~~

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 9.** 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, ON OR BEFORE SIX
7 MONTHS AFTER THE EFFECTIVE DATE OF THIS SECTION, THE BOARD, IN
8 CONJUNCTION WITH THE COLORADO MEDICAL BOARD CREATED IN SECTION
9 12-240-105 AND THE STATE BOARD OF NURSING CREATED IN SECTION
10 12-255-105, SHALL PROMULGATE RULES DEVELOPING A STATEWIDE DRUG
11 THERAPY PROTOCOL FOR PHARMACISTS TO PRESCRIBE, DISPENSE, AND
12 ADMINISTER MEDICATION-ASSISTED TREATMENT FOR OPIOID USE
13 DISORDER.

14 (b) IF THE BOARD, THE COLORADO MEDICAL BOARD, AND THE
15 BOARD OF NURSING ARE NOT ABLE TO AGREE IN THE TIME PERIOD
16 REQUIRED UNDER SUBSECTION (2)(a) OF THIS SECTION, THE BOARD SHALL
17 COLLABORATE WITH THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND
18 ENVIRONMENT TO DEVELOP A STATEWIDE DRUG THERAPY PROTOCOL NO
19 LATER THAN MAY 1, 2025.

20 (3) THIS SECTION DOES NOT REQUIRE A STATEWIDE DRUG THERAPY
21 PROTOCOL OR COLLABORATIVE PHARMACY PRACTICE AGREEMENT BEFORE
22 A PHARMACIST MAY PRESCRIBE, DISPENSE, OR ADMINISTER
23 MEDICATION-ASSISTED TREATMENT, IF THE PRESCRIBING, DISPENSING, OR
24 ADMINISTERING MEDICATION-ASSISTED TREATMENT IS OTHERWISE
25 AUTHORIZED UNDER LAW.

26 **SECTION 10.** In Colorado Revised Statutes, **add** part 15 to
27 article 1.3 of title 18 as follows:

PART 15

BEHAVIORAL HEALTH DIVERSION PILOT PROGRAM

18-1.3-1501. Definitions. AS USED IN THIS PART 15, UNLESS THE
CONTEXT OTHERWISE REQUIRES:

(1) "APPROVED ASSESSOR" MEANS A MENTAL HEALTH
PROFESSIONAL INCLUDED ON A LIST OF APPROVED ASSESSORS AS
DESCRIBED IN SECTION 18-1.3- 1503.

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

(3) "BEHAVIORAL HEALTH TREATMENT PROGRAM" OR
"TREATMENT PROGRAM" MEANS A PLAN OR RECOVERY PROGRAM, BASED
UPON A CLINICAL ASSESSMENT, THAT IDENTIFIES AND INCORPORATES
RECOVERY SERVICES TO MEET THE SPECIFIC TREATMENT AND RECOVERY
GOALS AND NEEDS OF THE PROGRAM PARTICIPANT; ADDRESSES THE SOCIAL
DETERMINANTS OF HEALTH TO INCLUDE HOUSING, TRANSPORTATION,
ACCESS TO MEDICAL CARE, AND MEANINGFUL EMPLOYMENT; AND
CONSIDERS A FULL CONTINUUM OF CARE. A TREATMENT PROGRAM MAY
INCLUDE ANY OF THE COMPONENTS DESCRIBED IN SECTION 18-1.3-1505
(2), INCLUDING A TREATMENT PLAN.

(4) "DIVISION OF EMPLOYMENT AND TRAINING" MEANS THE
DIVISION OF EMPLOYMENT AND TRAINING, CREATED IN SECTION 8-83-102
IN THE DEPARTMENT OF LABOR AND EMPLOYMENT.

(5) "ELIGIBLE PERSON" MEANS A PERSON WHO MEETS THE
CRITERIA SET FORTH IN SECTION 18-1.3-1502 (2), HAS COMPLETED THE
CLINICAL ASSESSMENT REQUIRED IN SECTION 18-1.3-1503, AND HAS BEEN
REFERRED TO TREATMENT FOLLOWING THE CLINICAL ASSESSMENT.

(6) "PARTICIPANT" MEANS A PERSON WHO HAS ENTERED INTO AN

1 AGREEMENT TO PARTICIPATE IN THE PILOT PROGRAM AND IS
2 PARTICIPATING IN THE PILOT PROGRAM.

3 (7) "PARTICIPATION AGREEMENT" MEANS THE AGREEMENT TO
4 PARTICIPATE IN THE PILOT PROGRAM ENTERED INTO PURSUANT TO SECTION
5 18-1.3-1504 (4).

6 (8) "PILOT PROGRAM" MEANS THE BEHAVIORAL HEALTH DIVERSION
7 PILOT PROGRAM CREATED IN SECTION 18-1.3-1502.

8 (9) "PROGRAM COORDINATOR" MEANS A PROGRAM COORDINATOR
9 DESIGNATED BY A COUNTY OR COUNTY PRETRIAL SERVICES PROGRAM, AS
10 DESCRIBED IN SECTION 18-1.3-1502 (1)(d).

11 (10) "QUALIFYING OFFENSE" MEANS A MISDEMEANOR OR CLASS 6
12 FELONY THAT IS NOT:

13 (a) A CRIME OF VIOLENCE PURSUANT TO SECTION 18-1.3-406;

14 (b) UNLAWFUL SEXUAL BEHAVIOR AS DEFINED IN SECTION
15 16-22-102;

16 (c) DUI PER SE, AS DESCRIBED IN SECTION 42-4-1301 (2);

17 (d) AN OFFENSE AGAINST A VICTIM WHO HAS A CIVIL PROTECTION
18 ORDER AGAINST THE PERPETRATOR AT THE TIME THE OFFENSE IS
19 COMMITTED; OR

20 (e) AN OFFENSE, THE UNDERLYING FACTUAL BASIS OF WHICH
21 INVOLVES DOMESTIC VIOLENCE AS DEFINED IN SECTION 18-6-800.3.

22 (11) "STATE COURT ADMINISTRATOR" MEANS THE STATE COURT
23 ADMINISTRATOR ESTABLISHED PURSUANT TO SECTION 13-3-101.

24 **18-1.3-1502. Behavioral health diversion pilot program -**
25 **program coordinator - eligibility.** (1) (a) THERE IS ESTABLISHED IN THE
26 OFFICE OF THE STATE COURT ADMINISTRATOR THE BEHAVIORAL HEALTH
27 DIVERSION PILOT PROGRAM TO ESTABLISH PILOT PROGRAMS IN AT LEAST

1 TWO, BUT NO MORE THAN FIVE, JUDICIAL DISTRICTS. THE PILOT PROGRAM
2 PROVIDES DIVERSION FROM THE CRIMINAL JUSTICE SYSTEM FOR PERSONS
3 CHARGED WITH A QUALIFYING OFFENSE ARISING FROM A BEHAVIORAL
4 HEALTH DISORDER THAT REQUIRES EARLY RECOVERY SERVICES AND
5 TREATMENT THAT IS REASONABLY EXPECTED TO DETER FUTURE CRIMINAL
6 BEHAVIOR. THE STATE COURT ADMINISTRATOR SHALL ADMINISTER THE
7 PILOT PROGRAM.

8 (b) A DISTRICT ATTORNEY OF ANY JUDICIAL DISTRICT MAY APPLY
9 TO PARTICIPATE IN THE PILOT PROGRAM. THE DISTRICT ATTORNEY SHALL
10 SHOW IN THE APPLICATION THE DISTRICT ATTORNEY HAS ENTERED INTO AN
11 AGREEMENT WITH THE PRETRIAL SERVICES PROGRAM IN EACH COUNTY IN
12 THE JUDICIAL DISTRICT TO IMPLEMENT THE PILOT PROGRAM IN THE
13 JUDICIAL DISTRICT, AND THAT THE PRETRIAL SERVICES PROGRAM WILL
14 DESIGNATE A PROGRAM COORDINATOR AS DESCRIBED IN SUBSECTION
15 (1)(d) OF THIS SECTION. IF A COUNTY DOES NOT HAVE A PRETRIAL
16 SERVICES PROGRAM, THE DISTRICT ATTORNEY SHALL ENTER INTO THE
17 AGREEMENT WITH THE COUNTY.

18 (c) THE STATE COURT ADMINISTRATOR SHALL SELECT JUDICIAL
19 DISTRICTS TO PARTICIPATE IN THE PILOT PROGRAM, AT LEAST ONE OF
20 WHICH MUST BE A RURAL JUDICIAL DISTRICT.

21 (d) A COUNTY PRETRIAL SERVICES PROGRAM OR, IF THE COUNTY
22 DOES NOT HAVE A PRETRIAL SERVICES PROGRAM, THE COUNTY, THAT IS IN
23 A JUDICIAL DISTRICT THAT PARTICIPATES IN THE PILOT PROGRAM SHALL
24 DESIGNATE A PERSON TO SERVE AS THE COUNTY'S PROGRAM
25 COORDINATOR. THE PRETRIAL SERVICES PROGRAM OR COUNTY MAY
26 DESIGNATE A PROGRAM OR COUNTY EMPLOYEE OR ENTER INTO AN
27 AGREEMENT WITH A PERSON TO SERVE AS THE PROGRAM COORDINATOR.

1 THE PROGRAM COORDINATOR IN THE COUNTY IN WHICH THE OFFENSE
2 OCCURRED SHALL DEVELOP THE TREATMENT PROGRAM FOR EACH
3 PARTICIPANT WHO COMMITTED AN OFFENSE IN THE COUNTY AND CARRY
4 OUT ANY OTHER DUTIES DESCRIBED IN THIS PART 15.

5 (2) (a) A DEFENDANT IS ELIGIBLE TO PARTICIPATE IN THE PILOT
6 PROGRAM IF THE DEFENDANT:

7 (I) IS A RESIDENT OF COLORADO;

8 (II) IS REFERRED FOR TREATMENT FOR A BEHAVIORAL HEALTH
9 DISORDER FOLLOWING THE CLINICAL ASSESSMENT CONDUCTED PURSUANT
10 TO SECTION 18-1.3-1503;

11 (III) IS CHARGED WITH A QUALIFYING OFFENSE; AND

12 (IV) DOES NOT HAVE A PRIOR CONVICTION FOR A FELONY OR
13 OTHER MISDEMEANOR THAT IS NOT A QUALIFYING OFFENSE.

14 (b) A DEFENDANT WITH AN INTELLECTUAL AND DEVELOPMENTAL
15 DISABILITY AS DEFINED IN SECTION 25.5-10-202 IS ELIGIBLE FOR THE PILOT
16 PROGRAM IF THE DEFENDANT SATISFIES THE OTHER CRITERIA DESCRIBED
17 IN SUBSECTION (2)(a) OF THIS SECTION.

18 (c) PRIOR TO PARTICIPATION IN THE PILOT PROGRAM, A DEFENDANT
19 MUST UNDERGO A CLINICAL ASSESSMENT, AS DESCRIBED IN SECTION
20 18-1.3-1503 (2). A DEFENDANT MAY ONLY PARTICIPATE IN THE PROGRAM
21 AFTER THE DISTRICT ATTORNEY HAS AGREED TO THE DEFENDANT'S
22 PARTICIPATION PURSUANT TO SECTION 18-1.3-1504.

23 **18-1.3-1503. Assessment prior to participation in the pilot**
24 **program.** (1) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
25 PROVIDE TO EACH COUNTY IN A DISTRICT PARTICIPATING IN THE PILOT
26 PROGRAM A LIST OF APPROVED ASSESSORS AVAILABLE TO PERFORM
27 CLINICAL ASSESSMENTS IN THE COUNTY. AN APPROVED ASSESSOR MUST

1 BE A MENTAL HEALTH PROFESSIONAL LICENSED, CERTIFIED, OR
2 REGISTERED PURSUANT TO ARTICLE 245 OF TITLE 12.

3 (2) (a) (I) FOLLOWING ARREST, AND WITHIN SEVENTY-TWO HOURS
4 AFTER BEING BOOKED INTO A JAIL, A DEFENDANT WHO HAS BEEN CHARGED
5 WITH A QUALIFYING OFFENSE MUST UNDERGO A CLINICAL ASSESSMENT TO
6 DETERMINE IF THE DEFENDANT HAS A BEHAVIORAL HEALTH DISORDER.
7 THE KEEPER OF THE JAIL SHALL CONTACT AN APPROVED ASSESSOR TO
8 PERFORM THE ASSESSMENT.

9 (II) IF A DEFENDANT HAS BEEN CHARGED WITH A QUALIFYING
10 OFFENSE AND HAS BEEN RELEASED PRIOR TO RECEIVING A CLINICAL
11 ASSESSMENT, THE DEFENDANT MAY REQUEST A CLINICAL ASSESSMENT BY
12 AN APPROVED ASSESSOR AT ANY TIME DURING THE CRIMINAL
13 PROCEEDINGS.

14 (b) A CLINICAL ASSESSMENT CONDUCTED PURSUANT TO THIS
15 SUBSECTION (2) MAY BE CONDUCTED IN PERSON OR THROUGH
16 TELEHEALTH, REGARDLESS OF WHETHER THE DEFENDANT IS IN CUSTODY
17 OR HAS BEEN RELEASED.

18 (c) IF THE ASSESSOR DETERMINES THAT THE DEFENDANT BEING
19 ASSESSED IS PHYSICALLY OR PSYCHOLOGICALLY IMPAIRED TO THE EXTENT
20 THAT THE DEFENDANT CANNOT PROVIDE SUFFICIENT INFORMATION OR
21 RESPONSES TO CONDUCT OR COMPLETE THE ASSESSMENT, THE
22 ASSESSMENT MAY BE DELAYED, BUT ONLY FOR THE TIME REQUIRED FOR
23 THE DEFENDANT TO ADEQUATELY REGAIN THE CAPACITY TO PROVIDE
24 INFORMATION OR RESPOND.

25 (3) THE ASSESSOR SHALL DETERMINE WHETHER THE DEFENDANT
26 SHOULD BE REFERRED FOR TREATMENT FOR A BEHAVIORAL HEALTH
27 DISORDER. THE ASSESSOR SHALL BASE A REFERRAL FOR TREATMENT ON

1 THE RESULTS OF THE CLINICAL ASSESSMENT AND A FINDING THAT
2 TREATMENT IS MEDICALLY NECESSARY. IF THE ASSESSOR DETERMINES
3 THAT THE DEFENDANT SHOULD BE REFERRED FOR TREATMENT, THE
4 ASSESSOR SHALL SUBMIT A TREATMENT REFERRAL TO THE DISTRICT
5 ATTORNEY, THE DEFENDANT, AND ATTORNEY FOR THE DEFENDANT, IF
6 ANY, WITHIN FORTY-EIGHT HOURS AFTER THE ASSESSMENT. THE FAILURE
7 OF THE ASSESSOR TO FORWARD THE REFERRAL TO THE DISTRICT ATTORNEY
8 OR THE DEFENDANT OR THE ATTORNEY FOR THE DEFENDANT, IF ANY,
9 WITHIN FORTY-EIGHT HOURS DOES NOT RESULT IN AUTOMATIC RELEASE OF
10 THE DEFENDANT.

11 (4) ANY STATEMENTS MADE BY THE DEFENDANT IN THE COURSE
12 OF THE CLINICAL ASSESSMENT MUST NOT BE USED AS A BASIS FOR
13 CHARGING OR PROSECUTING THE DEFENDANT UNLESS THE DEFENDANT
14 COMMITS A CHARGEABLE OFFENSE DURING THE ASSESSMENT. THIS
15 SUBSECTION (4) DOES NOT PROHIBIT ANY REPORTING REQUIRED BY LAW
16 AND IS NOT AN IMPLIED WAIVER OF APPLICABLE PRIVACY LAWS OR
17 PROFESSIONAL STANDARDS REGARDING CONFIDENTIALITY.

18 (5) THIS SECTION DOES NOT CREATE A DUTY OF THE KEEPER OF A
19 JAIL TO PAY FOR ANY COSTS ASSOCIATED WITH THE CLINICAL ASSESSMENT.

20 **18-1.3-1504. Participation in the pilot program - agreement**
21 **with district attorney required.** (1) IF THE ASSESSOR REFERS A
22 DEFENDANT FOR TREATMENT FOR A BEHAVIORAL HEALTH DISORDER AS
23 DESCRIBED IN SECTION 18-1.3-1503 (3), AND THE DEFENDANT SATISFIES
24 THE OTHER CRITERIA TO BE ELIGIBLE TO PARTICIPATE IN THE PILOT
25 PROGRAM, THE DISTRICT ATTORNEY AND ELIGIBLE PERSON MAY AGREE TO
26 THE ELIGIBLE PERSON'S PARTICIPATION IN THE PILOT PROGRAM.

27 (2) IN DETERMINING WHETHER TO AGREE TO AN ELIGIBLE PERSON'S

1 PARTICIPATION IN THE PILOT PROGRAM, THE DISTRICT ATTORNEY SHALL:

2 (a) CONDUCT A CRIMINAL RECORD CHECK FOR DISQUALIFYING
3 PRIOR CONVICTIONS;

4 (b) IF THERE IS AN IDENTIFIED VICTIM OF THE CRIME, CONSULT
5 WITH THE VICTIM AND EXPLAIN THE PILOT PROGRAM, INCLUDING
6 POTENTIAL TERMS AND CONDITIONS, AND ANY OTHER MATTER THE
7 DISTRICT ATTORNEY DEEMS TO BE APPROPRIATE, INCLUDING THE RIGHT OF
8 THE VICTIM TO SUBMIT A WRITTEN STATEMENT THAT MUST BE INCLUDED
9 IN THE RECORD PLACED UNDER SEAL PURSUANT TO SECTION 18-1.3-1508;

10 (c) CONDUCT ANY OTHER INVESTIGATION THAT THE DISTRICT
11 ATTORNEY DETERMINES IS NECESSARY TO AGREE TO THE REFERRAL FOR
12 TREATMENT BY THE APPROVED ASSESSOR AND TO THE ELIGIBLE PERSON'S
13 PARTICIPATION IN THE PILOT PROGRAM; AND

14 (d) CONSIDER ANY OTHER FACTORS, INCLUDING, BUT NOT LIMITED
15 TO:

16 (I) THE LIKELIHOOD THAT THE ELIGIBLE PERSON'S OFFENSE IS
17 RELATED TO A BEHAVIORAL HEALTH DISORDER THAT WOULD RESPOND TO
18 TREATMENT AND IMPROVE THROUGH PARTICIPATION IN A BEHAVIORAL
19 HEALTH TREATMENT PROGRAM;

20 (II) THE AVAILABILITY OF BEHAVIORAL HEALTH TREATMENT
21 PROGRAMS IN THE ELIGIBLE PERSON'S COUNTY OF RESIDENCE, IF
22 DIFFERENT FROM THE COUNTY OF ARREST;

23 (III) THE HISTORY OF ANY PHYSICAL VIOLENCE BY THE ELIGIBLE
24 PERSON TOWARD OTHERS AS DOCUMENTED THROUGH JUDICIAL OR LAW
25 ENFORCEMENT RECORDS;

26 (IV) ANY INVOLVEMENT OF THE ELIGIBLE PERSON WITH
27 ORGANIZED CRIME AS DESCRIBED IN THE "COLORADO ORGANIZED CRIME

1 CONTROL ACT", ARTICLE 17 OF THIS TITLE 18; AND

2 (V) WHETHER OR NOT THE ELIGIBLE PERSON'S PARTICIPATION IN
3 A BEHAVIORAL HEALTH TREATMENT PROGRAM WOULD ADVERSELY AFFECT
4 THE PROSECUTION OF CODEFENDANTS.

5 (3) A DISTRICT ATTORNEY MAY ONLY DECLINE TO AGREE TO AN
6 ELIGIBLE PERSON'S PARTICIPATION IN THE PILOT PROGRAM IF THE DISTRICT
7 ATTORNEY HAS SUBSTANTIAL AND COMPELLING REASONS, BASED UPON
8 DELINEATED FACTS SPECIFIC TO THE ELIGIBLE PERSON, THAT THE PERSON
9 SHOULD NOT PARTICIPATE IN THE PILOT PROGRAM.

10 (4)(a) IF THE DISTRICT ATTORNEY AND ELIGIBLE PERSON AGREE TO
11 THE ELIGIBLE PERSON'S PARTICIPATION IN THE PILOT PROGRAM, THE
12 DISTRICT ATTORNEY AND ELIGIBLE PERSON SHALL SIGN AN AGREEMENT
13 SPECIFYING THE TERMS AND CONDITIONS OF THE ELIGIBLE PERSON'S
14 PARTICIPATION. IF THE ELIGIBLE PERSON IS REPRESENTED BY COUNSEL,
15 THE ELIGIBLE PERSON'S COUNSEL SHALL ALSO SIGN THE AGREEMENT.

16 (b) THE TERMS AND CONDITIONS INCLUDED IN AN ELIGIBLE
17 PERSON'S PARTICIPATION AGREEMENT MUST REQUIRE COMPLETION OF AN
18 INDIVIDUALIZED TREATMENT PROGRAM DEVELOPED AS DESCRIBED IN
19 SECTION 18-1.3-1505 AND, IF APPROPRIATE, REQUIRE PAYING
20 RESTITUTION. THE PARTICIPATION AGREEMENT MUST NOT REQUIRE THE
21 ELIGIBLE PERSON TO PLEAD GUILTY OR ENTER AN ALFORD PLEA AS A
22 CONDITION FOR PARTICIPATION IN THE PILOT PROGRAM OR MAKE ANY
23 STATEMENT OR STIPULATE TO ANY STATEMENT RELATING TO EVIDENCE IN
24 THE UNDERLYING CASE AS A CONDITION FOR PARTICIPATION IN THE PILOT
25 PROGRAM.

26 (c) UPON ALL PARTIES SIGNING THE PARTICIPATION AGREEMENT,
27 THE DISTRICT ATTORNEY SHALL:

1 (I) NOTIFY THE PROGRAM COORDINATOR OF THE AGREEMENT AND
2 THE EFFECTIVE DATE; AND

3 (II) PROVIDE THE VICTIM, IF THERE IS AN IDENTIFIED VICTIM, WITH
4 NOTICE THAT AN AGREEMENT HAS BEEN REACHED FOR THE PARTICIPANT'S
5 PARTICIPATION IN THE PILOT PROGRAM AND THE TERMS OF THE
6 AGREEMENT THAT ARE APPLICABLE TO THE VICTIM.

7 (d) IF THE PARTICIPANT REMAINS IN CUSTODY AT THE TIME OF THE
8 AGREEMENT, THE COURT SHALL ORDER RELEASE OF THE PARTICIPANT,
9 WITHOUT A REQUIREMENT OF CASH BAIL.

10 (e) (I) EXECUTION OF THE AGREEMENT BY THE PARTICIPANT TOLLS
11 ALL FURTHER PROCEEDINGS AGAINST THE PARTICIPANT RELATING TO THE
12 AGREEMENT; EXCEPT THAT THE MATTER MAY BE SET FOR A STATUS
13 REVIEW AT THE DISCRETION OF THE COURT.

14 (II) IF THE PARTICIPANT IS DISMISSED FROM THE PILOT PROGRAM
15 FOR NONCOMPLIANCE, THE DISTRICT ATTORNEY MAY PROCEED WITH THE
16 PROSECUTION OF THE DISMISSED PARTICIPANT.

17 **18-1.3-1505. Participant's behavioral health treatment**
18 **program - components - provider standards.** (1) (a) A PARTICIPANT IN
19 THE PILOT PROGRAM SHALL COMPLETE A BEHAVIORAL HEALTH
20 TREATMENT PROGRAM. A TREATMENT PROGRAM MUST BE DESIGNED TO
21 PROVIDE THE PARTICIPANT WITH THE SKILLS, TRAINING, AND RESOURCES
22 NEEDED TO MAINTAIN RECOVERY AND PREVENT THE PARTICIPANT FROM
23 ENGAGING IN CRIMINAL ACTIVITY ARISING FROM A BEHAVIORAL HEALTH
24 DISORDER UPON RELEASE FROM TREATMENT.

25 (b) THE PROGRAM COORDINATOR SHALL ESTABLISH A TREATMENT
26 PROGRAM THAT SATISFIES THE REQUIREMENTS OF SUBSECTION (2) OF THIS
27 SECTION FOR EACH PARTICIPANT IN THE PILOT PROGRAM IN THE PROGRAM

1 COORDINATOR'S COUNTY. THE TREATMENT PROGRAM MUST DESIGNATE
2 BEHAVIORAL HEALTH TREATMENT AND RECOVERY HOUSING PROVIDERS TO
3 PROVIDE THE TREATMENT AND SERVICES REQUIRED AS PART OF THE
4 TREATMENT PROGRAM; EXCEPT THAT, PURSUANT TO SUBSECTION (1)(c) OF
5 THIS SECTION, THE ASSESSOR WHO CONDUCTS THE CLINICAL ASSESSMENT
6 OF THE PARTICIPANT SHALL DETERMINE THE LENGTH OF TIME THE
7 PARTICIPANT IS REQUIRED TO PARTICIPATE IN THE TREATMENT PROGRAM.
8 IN ESTABLISHING A TREATMENT PROGRAM FOR A SPECIFIC PARTICIPANT,
9 THE PROGRAM COORDINATOR SHALL CONSIDER THE FOLLOWING:

10 (I) THE EXISTENCE OF PROGRAMS AND RESOURCES WITHIN THE
11 PARTICIPANT'S COMMUNITY;

12 (II) AVAILABLE TREATMENT PROVIDERS;

13 (III) AVAILABLE RECOVERY HOUSING;

14 (IV) ACCESSIBLE PUBLIC AND PRIVATE AGENCIES;

15 (V) THE BENEFIT OF KEEPING THE PARTICIPANT IN THE
16 COMMUNITY VERSUS RELOCATION OF THE PARTICIPANT FOR PURPOSES OF
17 TREATMENT, HOUSING, AND OTHER SUPPORTIVE SERVICES;

18 (VI) THE SAFETY OF THE VICTIM OF THE OFFENSE, IF THERE IS AN
19 IDENTIFIED VICTIM; AND

20 (VII) THE SPECIFIC AND PERSONALIZED NEEDS OF THE
21 PARTICIPANT.

22 (c) THE ASSESSOR WHO CONDUCTS THE CLINICAL ASSESSMENT OF
23 THE PARTICIPANT, AS REQUIRED IN SECTION 18-1.3-1503 (2), SHALL
24 DETERMINE THE LENGTH OF TIME THE PARTICIPANT IS REQUIRED TO
25 PARTICIPATE IN THE TREATMENT PROGRAM. IN MAKING THE
26 DETERMINATION, THE ASSESSOR SHALL CONSIDER THE TYPE OF
27 TREATMENT PROGRAM THAT THE PARTICIPANT IS REQUIRED TO COMPLETE

1 AND SHALL CONSULT WITH THE PROGRAM COORDINATOR. THE ASSESSOR
2 SHALL REPORT THE REQUIRED LENGTH OF TIME TO THE PROGRAM
3 COORDINATOR DEVELOPING THE PARTICIPANT'S TREATMENT PROGRAM
4 PURSUANT TO THIS SECTION. THE LENGTH OF TIME MUST NOT EXCEED THE
5 LENGTH OF THE PARTICIPANT'S MAXIMUM POTENTIAL PERIOD OF
6 INCARCERATION IF FOUND GUILTY OF THE OFFENSES CHARGED; EXCEPT
7 THAT THE PARTICIPANT MAY AGREE IN WRITING TO AN EXTENSION OF THE
8 TREATMENT PERIOD.

9 (2) A TREATMENT PROGRAM MUST BE EVIDENCE-BASED, AND MAY
10 BE A BEHAVIORAL TREATMENT PLAN OR A MEDICALLY ASSISTED
11 TREATMENT PLAN, OR BOTH, WITH RECOVERY SERVICES OR AN
12 EVIDENCE-BASED RECOVERY HOUSING PROGRAM. THE TREATMENT
13 PROGRAM MUST PROVIDE AT A MINIMUM ACCESS, AS NEEDED, TO:

14 (a) INPATIENT DETOXIFICATION AND TREATMENT, WHICH MAY
15 INCLUDE A FAITH-BASED RESIDENTIAL TREATMENT PROGRAM;

16 (b) OUTPATIENT TREATMENT;

17 (c) DRUG TESTING;

18 (d) ADDICTION COUNSELING;

19 (e) COGNITIVE AND BEHAVIORAL THERAPIES;

20 (f) MEDICATION-ASSISTED TREATMENT, INCLUDING AT LEAST ONE
21 OPIATE AGONIST, AS DEFINED AS SECTION 12-30-110; MEDICATION FOR
22 THE TREATMENT OF OPIOID OR ALCOHOL DEPENDENCE; PARTIAL AGONIST
23 MEDICATION; ANTAGONIST MEDICATION; AND ANY OTHER APPROVED
24 MEDICATION FOR THE MITIGATION OF OPIOID WITHDRAWAL SYMPTOMS;

25 (g) EDUCATIONAL SERVICES;

26 (h) VOCATIONAL SERVICES;

27 (i) HOUSING ASSISTANCE;

- 1 (j) PEER SUPPORT SERVICES; AND
2 (k) COMMUNITY SUPPORT SERVICES, WHICH MAY INCLUDE
3 FAITH-BASED SERVICES.

4 (3) EXCEPT FOR RECOVERY HOUSING PROVIDERS, ALL TREATMENT
5 PROVIDERS MUST, AS APPLICABLE, BE LICENSED, CERTIFIED, OR
6 REGISTERED PURSUANT TO TITLE 12.

7 (4) ALL RECOVERY HOUSING SERVICE PROVIDERS MUST:

- 8 (a) PROVIDE EVIDENCE-BASED SERVICES;
9 (b) PROVIDE A RECORD OF OUTCOMES;
10 (c) PROVIDE PEER SUPPORT SERVICES; AND
11 (d) ADDRESS THE SOCIAL DETERMINANTS OF HEALTH.

12 **18-1.3-1506. Participant's behavioral health treatment**
13 **program - participation - provider requirements.** (1) THE
14 PARTICIPANT SHALL BEGIN THE PARTICIPANT'S BEHAVIORAL HEALTH
15 TREATMENT PROGRAM NO LATER THAN THIRTY DAYS AFTER THE
16 PARTICIPATION AGREEMENT IS SIGNED.

17 (2) UPON INITIATION OF TREATMENT, THE PROGRAM COORDINATOR
18 SHALL NOTIFY THE DIVISION OF EMPLOYMENT AND TRAINING IN THE
19 DEPARTMENT OF LABOR AND EMPLOYMENT OF THE PARTICIPANT'S
20 PARTICIPATION IN THE PILOT PROGRAM.

21 (3) THE PROGRAM COORDINATOR SHALL:

22 (a) OBTAIN ALL RELEASES FROM THE PARTICIPANT THAT ARE
23 REQUIRED FOR COMPLIANCE WITH PILOT PROGRAM REQUIREMENTS;

24 (b) COORDINATE ALL SERVICES AND TESTING REQUIRED PURSUANT
25 TO THE PILOT PROGRAM OR PARTICIPATION AGREEMENT, INCLUDING
26 TRANSPORTATION, IF NEEDED AND AVAILABLE;

27 (c) RECEIVE AND MAINTAIN COPIES OF ALL NECESSARY

1 DOCUMENTATION TO ENSURE COMPLIANCE WITH TREATMENT PROGRAM
2 REQUIREMENTS, INCLUDING TREATMENT RECORDS; DRUG TESTS;
3 EDUCATIONAL ASSESSMENTS AND ADVANCEMENTS, IF APPLICABLE;
4 EMPLOYMENT STATUS AND EMPLOYMENT TRAINING; COMMUNITY SERVICE,
5 IF APPLICABLE; AND HOUSING STATUS;

6 (d) MEET OR CONFER WITH PROVIDERS OF ANY REQUIRED
7 COMPONENTS OF A PARTICIPANT'S TREATMENT PROGRAM ON A REGULAR
8 BASIS TO ADDRESS THE PARTICIPANT'S PROGRESS, INCLUDING
9 RESTITUTION, AND ANY REQUIRED ADJUSTMENT THAT MAY BE NEEDED TO
10 THE PARTICIPANT'S TREATMENT PROGRAM; AND

11 (e) PROVIDE PERIODIC PROGRESS REPORTS TO THE DISTRICT
12 ATTORNEY AND PARTICIPANT'S ATTORNEY ACCORDING TO THE FOLLOWING
13 SCHEDULE:

14 (I) AN INITIAL REPORT WITHIN FOURTEEN DAYS AFTER THE
15 INITIATION OF TREATMENT;

16 (II) A FOLLOW-UP REPORT WITHIN TWENTY-EIGHT DAYS AFTER
17 SUBMISSION OF THE INITIAL REPORT;

18 (III) SUBSEQUENT REPORTS ON A QUARTERLY BASIS THROUGHOUT
19 THE COURSE OF THE PARTICIPANT'S TREATMENT PROGRAM; AND

20 (IV) A FINAL REPORT WITHIN THIRTY DAYS AFTER THE
21 PARTICIPANT'S SUCCESSFUL COMPLETION OF THE PARTICIPANT'S
22 TREATMENT PROGRAM.

23 (4) (a) THE GENERAL ASSEMBLY ENCOURAGES EACH PROGRAM
24 COORDINATOR, TREATMENT PROVIDER, AND MEMBER OF THE
25 PARTICIPANT'S TREATMENT TEAM TO UTILIZE ELECTRONIC NOTIFICATION
26 OR REMINDER SERVICES FOR PARTICIPANTS THROUGHOUT THE TREATMENT
27 PLAN PERIOD.

1 (b) IF ELECTRONIC SERVICES ARE UTILIZED, THE PROGRAM
2 COORDINATOR SHALL INCLUDE IN EACH QUARTERLY REPORT REQUIRED IN
3 SECTION 18-1.3-1509 (1)(d) THE FOLLOWING INFORMATION:

4 (I) THE NUMBER OF PARTICIPANTS WHO RECEIVED ELECTRONIC
5 SERVICES;

6 (II) THE TYPES OF ELECTRONIC SERVICES PROVIDED;

7 (III) THE COSTS OF PROVIDING THE ELECTRONIC SERVICES;

8 (IV) HEALTH AND SOCIAL OUTCOMES FROM THE USE OF THE
9 ELECTRONIC SERVICES; AND

10 (V) ANY OTHER INFORMATION PERTAINING TO OUTCOMES
11 RELATED TO THE USE OF THE ELECTRONIC SERVICES.

12 (5) THE PROGRAM COORDINATOR SHALL:

13 (a) RECOMMEND MODIFICATIONS TO THE PARTICIPANT'S
14 TREATMENT PROGRAM TO THE DISTRICT ATTORNEY AND THE
15 PARTICIPANT'S ATTORNEY, IF APPLICABLE;

16 (b) REVIEW THE PARTICIPANT'S PROGRESS AND DISMISS A
17 PARTICIPANT FROM THE PILOT PROGRAM IF THE PARTICIPANT FAILS TO
18 MEET THE TERMS AND CONDITIONS OF THE TREATMENT PROGRAM OR
19 PARTICIPANT AGREEMENT;

20 (c) IMMEDIATELY REPORT DISMISSAL FROM THE TREATMENT
21 PROGRAM BASED UPON LACK OF COMPLIANCE WITH THE TERMS AND
22 CONDITIONS OF THE PLAN TO THE DISTRICT ATTORNEY, THE COURT, AND
23 THE PARTICIPANT'S ATTORNEY, IF APPLICABLE; AND

24 (d) ADVISE THE DISTRICT ATTORNEY, THE COURT, THE
25 PARTICIPANT'S ATTORNEY, IF APPLICABLE, AND THE VICTIM, IF THERE IS AN
26 IDENTIFIED VICTIM, OF THE PARTICIPANT'S SUCCESSFUL COMPLETION OF
27 THE TREATMENT PROGRAM REQUIREMENTS.

1 **18-1.3-1507. Vocational services - assessment - individualized**

2 **plan.** (1) (a) THE DIVISION OF EMPLOYMENT AND TRAINING, IN
3 CONJUNCTION WITH THE PROGRAM COORDINATOR, SHALL CONDUCT AN
4 IN-PERSON INITIAL SCREENING OF ANY INDIVIDUAL PARTICIPATING IN THE
5 PILOT PROGRAM WITHIN THIRTY DAYS AFTER A PARTICIPANT BEGINS THE
6 PILOT PROGRAM.

7 (b) NOTHING IN THIS SECTION PROHIBITS ANY DEPARTMENT,
8 OFFICE, OR DIVISION OF THE DEPARTMENT OF LABOR AND EMPLOYMENT
9 FROM ENTERING INTO AN AGREEMENT WITH A THIRD PARTY IN EACH
10 DISTRICT PARTICIPATING IN THE PILOT PROGRAM TO PROVIDE THE
11 SERVICES REQUIRED PURSUANT TO THIS SECTION.

12 (2) THE INITIAL SCREENING MUST INCLUDE:

13 (a) AN ASSESSMENT OF THE PARTICIPANT'S:

14 (I) EDUCATIONAL HISTORY, INCLUDING HIGHEST LEVEL OF
15 EDUCATION COMPLETED AND WHEN THE PARTICIPANT LAST ATTENDED
16 SCHOOL;

17 (II) EMPLOYMENT HISTORY, INCLUDING TYPES AND LENGTHS OF
18 EMPLOYMENTS;

19 (III) MILITARY HISTORY, IF ANY;

20 (IV) PHYSICAL, MENTAL, AND EMOTIONAL ABILITIES AND
21 LIMITATIONS;

22 (V) APTITUDE, SKILL LEVEL, AND INTEREST TESTING; AND

23 (VI) LANGUAGE SKILLS; AND

24 (b) A DETERMINATION OF WHETHER FURTHER ASSESSMENT IS
25 NEEDED TO DEVELOP THE VOCATIONAL COMPONENT OF THE PILOT
26 PROGRAM. IF FURTHER ASSESSMENT IS REQUIRED, THE DIVISION OF
27 EMPLOYMENT AND TRAINING SHALL COMPLETE THE FURTHER ASSESSMENT

1 WITHIN NINETY DAYS AFTER THE PARTICIPANT'S ENTRY INTO THE PILOT
2 PROGRAM, UNLESS ADDITIONAL TIME IS NEEDED TO PROVIDE FOR PHYSICAL
3 RECOVERY FROM THE EFFECTS OF A SEVERE BEHAVIORAL HEALTH
4 DISORDER.

5 (3) WITHIN TEN DAYS AFTER COMPLETION OF THE INITIAL
6 SCREENING, THE DIVISION OF EMPLOYMENT AND TRAINING, IN
7 CONSULTATION WITH THE PROGRAM COORDINATOR, SHALL ESTABLISH AN
8 INDIVIDUALIZED PLAN DESIGNED FOR THE PARTICIPANT TO ATTAIN A
9 SPECIFIC EMPLOYMENT OUTCOME. THE PLAN MUST INCLUDE:

10 (a) SPECIFIC EDUCATIONAL GOALS WITH IDENTIFICATION OF
11 INSTITUTIONS FROM WHICH THE PARTICIPANT WILL RECEIVE EDUCATIONAL
12 CREDITS OR TRAINING;

13 (b) SPECIFIC JOB SKILLS TRAINING AND THE FACILITY OR
14 INSTITUTION FROM WHICH THE PARTICIPANT WILL RECEIVE THE JOB SKILLS
15 TRAINING. THE TRAINING MUST INCLUDE A HOLISTIC EDUCATION
16 CURRICULUM THAT INCLUDES BUT IS NOT LIMITED TO PROBLEM-SOLVING,
17 COMMUNICATION SKILLS, AND INTERPERSONAL SKILLS.

18 (c) THE REQUIRED NUMBER OF HOURS PER WEEK THE PARTICIPANT
19 WILL BE ENGAGED IN EDUCATIONAL OR VOCATIONAL TRAINING,
20 INCLUDING ANTICIPATED STUDY TIME OR ASSIGNED PROJECTS'
21 COMPLETION TIME OUTSIDE OF THE CLASSROOM OR TRAINING FACILITY;

22 (d) THE SPECIFIC SERVICES THAT THE DIVISION OF EMPLOYMENT
23 AND TRAINING WILL PROVIDE TO ACHIEVE THE EMPLOYMENT OUTCOME
24 AND TO OVERCOME OR MINIMIZE ANY IDENTIFIED OBSTACLES TO
25 EMPLOYMENT AND THE FREQUENCY WITH WHICH THOSE SERVICES WILL BE
26 PROVIDED, INCLUDING BUT NOT LIMITED TO ACCESS TO SUPPORT AND
27 SERVICES DURING NON-TRADITIONAL BUSINESS HOURS;

1 (e) THE BEGINNING AND PROJECTED COMPLETION DATE OF EACH
2 SERVICE;

3 (f) IF SUPPORTED EMPLOYMENT TRAINING OR SERVICES ARE
4 PROVIDED OUTSIDE OF THE DIVISION OF EMPLOYMENT AND TRAINING, THE
5 IDENTIFICATION OF THE PROVIDER OF THE EXTENDED SERVICES AND THE
6 REPORTING AND ACCOUNTABILITY REQUIREMENTS ESTABLISHED WITH THE
7 PROGRAM COORDINATOR;

8 (g) THE CRITERIA ESTABLISHED FOR EVALUATING THE
9 PARTICIPANT'S PROGRESS AND SUCCESS;

10 (h) THE ATTENDANCE AND REPORTING REQUIREMENTS
11 ESTABLISHED FOR THE PARTICIPANT AND FOR THE INSTITUTION OR
12 FACILITY PROVIDING THE SERVICE, INCLUDING TO WHOM AND WITH WHAT
13 FREQUENCY REPORTS ARE MADE;

14 (i) THE DATE THE INDIVIDUALIZED PLAN IS ESTIMATED TO BE
15 COMPLETED;

16 (j) THE NEED FOR ONGOING OR FUTURE TRAINING FOLLOWING
17 COMPLETION OF THE INDIVIDUALIZED PLAN AND THE AVAILABILITY OF
18 THAT TRAINING TO THE PARTICIPANT; AND

19 (k) THE CONTINUUM OF CARE TO BE PROVIDED BY A COMMUNITY
20 REHABILITATION PROVIDER.

21 (4) THE DIVISION OF EMPLOYMENT AND TRAINING, IN
22 CONSULTATION WITH THE COLORADO DEPARTMENT OF HIGHER
23 EDUCATION, SHALL PROVIDE THE PARTICIPANT WITH ASSISTANCE IN
24 SECURING ALL SCHOLARSHIPS, GRANTS, OR OTHER AVAILABLE FINANCIAL
25 ASSISTANCE TO ENSURE ACCESS TO THE EDUCATIONAL OR TRAINING
26 REQUIREMENTS NEEDED TO ACHIEVE A SPECIFIC EMPLOYMENT OUTCOME
27 IDENTIFIED IN THE INDIVIDUALIZED PLAN.

1 (5) THE DIVISION OF EMPLOYMENT AND TRAINING MAY ESTABLISH
2 AN ELECTRONIC REGISTRY TO BE USED BY PARTICIPANTS IN THE PILOT
3 PROGRAM, PROGRAM COORDINATORS, AND PROSPECTIVE EMPLOYERS TO
4 ASSIST IN MATCHING PARTICIPANTS WITH EMPLOYMENT OPPORTUNITIES.

5 **18-1.3-1508. Completion of pilot program - dismissal for**
6 **failure to comply with pilot program terms - confidentiality upon**
7 **dismissal from treatment program - victim notification.** (1) (a) UPON
8 A PARTICIPANT SUCCESSFULLY COMPLETING THE PILOT PROGRAM, THE
9 COURT SHALL:

10 (I) DISMISS THE CHARGED OFFENSE OR OFFENSES WITH PREJUDICE
11 AND DISCHARGE THE DEFENDANT; AND

12 (II) SEAL ALL RECORDS RELATING TO THE CASE AS DESCRIBED IN
13 SECTION 24-72-705 FOR A PERSON WHO HAS COMPLETED A DIVERSION
14 AGREEMENT.

15 (b) THE EFFECTS OF A SEALING ORDER AS SET FORTH IN SECTION
16 24-72-703 (2) APPLY TO A RECORD SEALED PURSUANT TO THIS SECTION.

17 (2) (a) IF A PARTICIPANT IN THE PILOT PROGRAM IS CONVICTED OF
18 OR PLEADS GUILTY TO A FELONY OFFENSE OTHER THAN A QUALIFYING
19 OFFENSE UNDER ANY LAW OF THE UNITED STATES, THIS STATE, OR
20 ANOTHER STATE, THAT WAS COMMITTED WHILE PARTICIPATING IN THE
21 PILOT PROGRAM, THE PARTICIPANT IS DISMISSED FROM THE PILOT
22 PROGRAM FOR FAILURE TO COMPLY WITH THE PILOT PROGRAM'S TERMS
23 AND CONDITIONS.

24 (b) THE DISTRICT ATTORNEY OR COURT MAY DISMISS A PERSON
25 FROM THE PILOT PROGRAM FOR FAILING TO COMPLY WITH THE TERMS OF
26 THE PARTICIPATION AGREEMENT. PURSUANT TO SECTION 18-1.3-1506(5),
27 THE PROGRAM COORDINATOR SHALL DISMISS A PERSON FROM THE PILOT

1 PROGRAM IF THE PERSON FAILS TO MEET THE TERMS AND CONDITIONS OF
2 THE TREATMENT PROGRAM OR PARTICIPANT AGREEMENT.

3 (3) IF A PARTICIPANT IS DISMISSED FROM THE TREATMENT
4 PROGRAM BY THE PROGRAM COORDINATOR PURSUANT TO SECTION
5 18-1.3-1506 (5), ALL STATEMENTS OR OTHER DISCLOSURES MADE BY THE
6 PARTICIPANT TO THE PROGRAM COORDINATOR OR ANY PROVIDER WHILE
7 PARTICIPATING IN THE TREATMENT PROGRAM ARE PROTECTED BY ALL
8 APPLICABLE PRIVACY LAWS AND PROFESSIONAL STANDARDS REGARDING
9 CONFIDENTIALITY AND ARE NOT ADMISSIBLE IN A CRIMINAL TRIAL
10 RELATING TO THE OFFENSES COVERED BY THE DISMISSED PARTICIPANT'S
11 PARTICIPATION AGREEMENT.

12 (4) THE DISTRICT ATTORNEY SHALL NOTIFY THE VICTIM, IF THERE
13 IS AN IDENTIFIED VICTIM, OF THE PARTICIPANT'S DISMISSAL FROM THE
14 PILOT PROGRAM FOR NONCOMPLIANCE OR SUCCESSFUL COMPLETION OF
15 THE PILOT PROGRAM.

16 **18-1.3-1509. Reporting requirements.** (1) (a) EACH PROGRAM
17 COORDINATOR SHALL COLLECT AND MAINTAIN DATA AS REQUIRED IN THIS
18 SUBSECTION (1) RELATING TO PARTICIPANTS IN THE PROGRAM
19 COORDINATOR'S COUNTY DESIGNED TO ILLUSTRATE THE OUTCOMES AND
20 EFFECTIVENESS OF THE PILOT PROGRAM. A PROGRAM COORDINATOR SHALL
21 COLLECT DATA AND INFORMATION FROM EACH TREATMENT PROVIDER,
22 WORKFORCE TRAINING PROVIDER, AND THE DIVISION OF EMPLOYMENT AND
23 TRAINING, AS NECESSARY TO COMPLETE THE REPORTS REQUIRED IN THIS
24 SECTION. A PROGRAM COORDINATOR SHALL SUBMIT EACH REPORT TO THE
25 STATE COURT ADMINISTRATOR.

26 (b) A PROGRAM COORDINATOR SHALL SUBMIT A REPORT FOR EACH
27 PARTICIPANT NO LATER THAN FOURTEEN DAYS AFTER THE PARTICIPANT

1 BEGINS TREATMENT. THE PROGRAM COORDINATOR SHALL COLLECT AND
2 INCLUDE THE FOLLOWING DATA IN THE REPORT:

- 3 (I) AGE, GENDER, AND RACE OR ETHNICITY;
- 4 (II) HOUSING HISTORY;
- 5 (III) EDUCATIONAL HISTORY;
- 6 (IV) EMPLOYMENT HISTORY;
- 7 (V) PAST INVOLVEMENT IN ADDICTION RECOVERY AND
8 TREATMENT FOR A SUBSTANCE USE DISORDER;
- 9 (VI) PAST TREATMENT FOR A MENTAL HEALTH OR BEHAVIORAL
10 HEALTH DISORDER; AND
- 11 (VII) CRIMINAL HISTORY.

12 (c) A PROGRAM COORDINATOR SHALL SUBMIT A SECOND REPORT
13 FOR EACH PARTICIPANT NO LATER THAN TWENTY-EIGHT DAYS AFTER
14 FILING THE INITIAL REPORT THAT INCLUDES THE PROGRESSION OF THE
15 PARTICIPANT, INCLUDING THE FOLLOWING:

- 16 (I) WHETHER THE PARTICIPANT HAS CONTINUED PARTICIPATION IN
17 THE PILOT PROGRAM AND, IF THE PARTICIPANT HAS BEEN DISMISSED FROM
18 THE TREATMENT PROGRAM BECAUSE THE PARTICIPANT FAILED TO MEET
19 THE TERMS AND CONDITIONS OF THE TREATMENT PROGRAM, THE SPECIFIC
20 REASON FOR THE DISMISSAL;
- 21 (II) THE TYPE OF RECOMMENDED TREATMENT AND PROGRESS
22 TOWARD COMPLETION OF THE TREATMENT;
- 23 (III) EMPLOYMENT OR JOB TRAINING;
- 24 (IV) THE TYPE OF EDUCATIONAL TRAINING AND PROGRESS
25 TOWARD COMPLETION OF THE TRAINING;
- 26 (V) HOUSING STATUS; AND
- 27 (VI) ANY OTHER INFORMATION THE PROGRAM COORDINATOR

1 DETERMINES MAY ASSIST IN EVALUATION OF THE PILOT PROGRAM.

2 (d) A PROGRAM COORDINATOR SHALL SUBMIT QUARTERLY
3 REPORTS NO LATER THAN JANUARY 15, APRIL 15, JULY 15, AND OCTOBER
4 15 OF EACH YEAR. THE QUARTERLY REPORTS MUST INCLUDE THE
5 FOLLOWING INFORMATION ABOUT THE PILOT PROGRAM IN THE PROGRAM
6 COORDINATOR'S COUNTY, FOR THE REPORTING PERIOD:

7 (I) THE INFORMATION REQUIRED PURSUANT TO SUBSECTION (1)(c)
8 OF THIS SECTION AS IT RELATES TO EACH PARTICIPANT, INCLUDING THE
9 LENGTH OF TIME THE INDIVIDUAL HAS BEEN A PARTICIPANT;

10 (II) THE NUMBER OF CLINICAL ASSESSMENTS PERFORMED IN THE
11 COUNTY PURSUANT TO SECTION 18-1.3-1503;

12 (III) THE TOTAL NUMBER OF PARTICIPANTS IN THE PILOT PROGRAM;

13 (IV) THE NUMBER OF PARTICIPANTS WHO REMAIN IN COMPLIANCE
14 WITH THE TERMS AND CONDITIONS OF THE TREATMENT PROGRAM;

15 (V) THE NUMBER OF PARTICIPANTS WHO HAVE BEEN DISMISSED
16 FROM THE PILOT PROGRAM BECAUSE THE PARTICIPANT FAILED TO MEET
17 THE TERMS AND CONDITIONS OF THE TREATMENT PROGRAM, INCLUDING
18 THE SPECIFIC REASONS FOR DISMISSAL;

19 (VI) FOR ANY PARTICIPANT DISMISSED BECAUSE THE PARTICIPANT
20 FAILED TO MEET THE TERMS AND CONDITIONS OF THE TREATMENT
21 PROGRAM, THE LENGTH OF TIME THE PERSON PARTICIPATED IN THE
22 TREATMENT PROGRAM;

23 (VII) THE NUMBER OF PARTICIPANTS WHO HAVE BEEN
24 DISCHARGED FROM THE TREATMENT PROGRAM UPON SUCCESSFUL
25 COMPLETION OF THE TREATMENT PROGRAM REQUIREMENTS;

26 (VIII) THE NUMBER OF PARTICIPANTS WHO HAVE RECEIVED
27 MEDICATION-ASSISTED TREATMENT AS PART OF THE PARTICIPANTS'

1 TREATMENT PROGRAM;

2 (IX) THE NUMBER OF PARTICIPANTS WHO HAVE FAILED TO
3 COMPLETE A JOB SKILLS OR JOB TRAINING PROGRAM; AND

4 (X) THE NUMBER OF PARTICIPANTS WHO HAVE FAILED TO
5 COMPLETE AN EDUCATIONAL COMPONENT OF THE PILOT PROGRAM.

6 (e) A PROGRAM COORDINATOR SHALL SUBMIT A FINAL REPORT FOR
7 EACH PARTICIPANT NO LATER THAN THIRTY DAYS AFTER THE PARTICIPANT
8 IS DISCHARGED OR DISMISSED FROM THE TREATMENT PROGRAM. A FINAL
9 REPORT MUST INCLUDE, AT A MINIMUM, THE FOLLOWING INFORMATION:

10 (I) IF THE PARTICIPANT WAS DISMISSED FROM THE PILOT PROGRAM
11 BECAUSE THE PARTICIPANT FAILED TO MEET THE TERMS AND CONDITIONS
12 OF THE PILOT PROGRAM, THE FOLLOWING:

13 (A) THE SPECIFIC REASON FOR THE DISMISSAL;

14 (B) THE LENGTH OF TIME THE DEFENDANT PARTICIPATED IN THE
15 PILOT PROGRAM;

16 (C) GOALS MET BY THE DEFENDANT DURING PARTICIPATION IN THE
17 PILOT PROGRAM;

18 (D) IDENTIFIED BARRIERS TO COMPLETION OF THE PILOT PROGRAM,
19 IF KNOWN; AND

20 (E) RECOMMENDED ADJUSTMENTS TO THE PILOT PROGRAM THAT
21 COULD PROVIDE A GREATER PROBABILITY OF SUCCESSFUL COMPLETION
22 FOR SIMILAR PARTICIPANTS; OR

23 (II) IF THE PARTICIPANT SUCCESSFULLY COMPLETED THE PILOT
24 PROGRAM REQUIREMENTS:

25 (A) THE LENGTH OF TIME THE PARTICIPANT PARTICIPATED IN THE
26 PILOT PROGRAM;

27 (B) A SUMMARY OF THE SPECIFIC PROGRAMS COMPLETED AND

1 GOALS ATTAINED BY THE PARTICIPANT;

2 (C) ANY CONTINUED TREATMENT FOR THE PARTICIPANT
3 RECOMMENDED BY ANY TREATMENT PROVIDER IN THE PILOT PROGRAM;
4 AND

5 (D) RECOMMENDED ADJUSTMENTS TO THE PILOT PROGRAM THAT
6 COULD PROVIDE GREATER BENEFIT TO SIMILAR PARTICIPANTS.

7 (2) (a) EACH DISTRICT ATTORNEY PARTICIPATING IN THE PILOT
8 PROGRAM SHALL SUBMIT QUARTERLY REPORTS TO THE STATE COURT
9 ADMINISTRATOR NO LATER THAN JANUARY 15, APRIL 15, JULY 15, AND
10 OCTOBER 15 OF EACH YEAR OF THE PILOT PROGRAM. A QUARTERLY
11 REPORT MUST INCLUDE THE FOLLOWING INFORMATION FOR THE REPORTING
12 PERIOD:

13 (I) THE NUMBER OF ELIGIBLE PERSONS WHO WERE OFFERED
14 PARTICIPATION IN THE PILOT PROGRAM BUT DECLINED TO PARTICIPATE,
15 AND THE RACE, ETHNICITY, AND GENDER OF EACH ELIGIBLE PERSON WHO
16 DECLINED;

17 (II) THE NUMBER OF ELIGIBLE PERSONS WHO SOUGHT TO
18 PARTICIPATE IN THE PILOT PROGRAM BUT WHOSE PARTICIPATION WAS NOT
19 AGREED TO BY THE DISTRICT ATTORNEY, AND EACH DENIED ELIGIBLE
20 PERSON'S RACE, ETHNICITY, AND GENDER;

21 (III) THE NUMBER OF VICTIMS WHO DID NOT PARTICIPATE IN THE
22 PROCESS; AND

23 (IV) THE NUMBER OF VICTIMS WHO DID NOT AGREE TO THE
24 ELIGIBLE PERSON'S PARTICIPATION IN THE PILOT PROGRAM.

25 (b) IF A DISTRICT ATTORNEY DID NOT AGREE TO AN ELIGIBLE
26 PERSON'S PARTICIPATION IN THE PILOT PROGRAM, THE DISTRICT ATTORNEY
27 SHALL INCLUDE IN THE QUARTERLY REPORT THE SPECIFIC OFFENSES

1 CHARGED FOR THAT ELIGIBLE PERSON AND THE SUBSTANTIAL AND
2 COMPELLING REASONS, BASED UPON DELINEATED FACTS SPECIFIC TO THE
3 ELIGIBLE PERSON, WHY THE DISTRICT ATTORNEY DENIED THE PERSON
4 PARTICIPATION IN THE PILOT PROGRAM.

5 (3) ON OR BEFORE JANUARY 31 OF EACH YEAR, THE STATE COURT
6 ADMINISTRATOR SHALL SUBMIT AN ANNUAL PILOT PROGRAM REPORT TO
7 THE HOUSE OF REPRESENTATIVES JUDICIARY COMMITTEE AND THE HOUSE
8 OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
9 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
10 COMMITTEE AND THE SENATE JUDICIARY COMMITTEE, OR THEIR
11 SUCCESSOR COMMITTEES, AND THE GOVERNOR. THE ANNUAL REPORT
12 MUST INCLUDE THE INFORMATION RECEIVED FROM THE DISTRICT
13 ATTORNEYS AND THE PROGRAM COORDINATORS PURSUANT TO THIS
14 SECTION AND THE FOLLOWING INFORMATION:

15 (a) THE NUMBER OF DEFENDANTS ASSESSED WHO DID NOT MEET
16 THE ELIGIBILITY REQUIREMENTS FOR THE PILOT PROGRAM FOLLOWING THE
17 CLINICAL ASSESSMENT;

18 (b) THE SPECIFIC OFFENSES CHARGED FOR EACH PARTICIPANT AND
19 THE CLASSIFICATION OF OFFENSES CHARGED;

20 (c) THE PERCENTAGE OF PARTICIPANTS IN THE PILOT PROGRAM
21 WHO SUCCESSFULLY COMPLETED THE PILOT PROGRAM;

22 (d) THE NUMBER PARTICIPANTS WHO WERE DISMISSED FROM THE
23 PARTICIPANTS' TREATMENT PROGRAMS FOR NONCOMPLIANCE, AS A
24 PERCENTAGE OF ALL PILOT PROGRAM PARTICIPANTS; AND

25 (e) THE PERCENTAGE OF PARTICIPANTS WHO HAVE SUCCESSFULLY
26 COMPLETED THE PROGRAM AND HAVE NOT BEEN ARRESTED OR CONVICTED
27 OF AN OFFENSE AFTER COMPLETION AND THE PERCENTAGE OF

1 PARTICIPANTS WHO HAVE BEEN ARRESTED, CONVICTED, AND
2 INCARCERATED WITHIN SIX MONTHS, ONE YEAR, AND TWO YEARS AFTER
3 SUCCESSFUL COMPLETION OF THE PILOT PROGRAM.

4 **18-1.3-1510. Repeal of part.** THIS PART 15 IS REPEALED,
5 EFFECTIVE JUNE 30, 2028.

6 **SECTION 11.** In Colorado Revised Statutes, 23-21-802, **amend**
7 (1)(h)(I) as follows:

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

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

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

19 **SECTION 12.** In Colorado Revised Statutes, 23-21-803, **add**
20 (5.3) as follows:

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

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

27 **SECTION 13.** In Colorado Revised Statutes, 23-21-804, **amend**

1 (1) and (2) as follows:

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

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

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

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

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

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

1 selected by the center for participation based on demonstrated need. THE
2 MAT EXPANSION PILOT PROGRAM MAY ALSO PROVIDE GRANTS TO
3 PHARMACIES FOR THE PURPOSES ALLOWED UNDER THE GRANT PROGRAM
4 ONCE THE CONDITIONS DESCRIBED IN SUBSECTION (1)(a)(III) OF THIS
5 SECTION ARE MET.

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

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

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

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

19 **SECTION 14.** In Colorado Revised Statutes, 23-21-805, **amend**
20 (2)(a)(V) and (2)(a)(VI); and **add** (2)(a)(VII) as follows:

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

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

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

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

27 (VII) THE COLORADO PHARMACISTS SOCIETY.

1 **SECTION 15.** In Colorado Revised Statutes, 23-21-806, **amend**
2 (1) introductory portion, (1)(c), (2)(b), (2)(d), and (3); and **repeal** (1)(d)
3 as follows:

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

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

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

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

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

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

25 (3) Subject to available appropriations, ~~in the 2019-20 and~~
26 ~~2020-21 fiscal years,~~ the center shall award grants to applicants approved
27 in accordance with this section and shall distribute the grant money to

1 grant recipients within ninety days after issuing the grant awards.

2 **SECTION 16.** In Colorado Revised Statutes, 23-21-807, **amend**
3 (1) introductory portion, (1)(c), (2) introductory portion, (2)(e), and
4 (2)(g); **repeal** (2)(c); and **add** (1)(e) as follows:

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

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

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

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

27 (c) ~~The total number of nurse practitioners and physician~~

1 ~~assistants who completed the required training and became certified to~~
2 ~~prescribe buprenorphine, listed by county participating in the pilot~~
3 ~~program;~~

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

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

10 **SECTION 17.** In Colorado Revised Statutes, **add** 25-3-131 as
11 follows:

12 **25-3-131. Skilled nursing facilities - methadone treatment for**
13 **residents with opioid use disorder - screening for admission to opioid**
14 **treatment program - definitions.** (1) A SKILLED NURSING FACILITY
15 SHALL NOT REFUSE TO ADMIT AN INDIVIDUAL TO THE FACILITY BECAUSE
16 THE INDIVIDUAL IS RECEIVING METHADONE TREATMENT FOR AN OPIOID
17 USE DISORDER.

18 (2) (a) IF AN INDIVIDUAL IS RECEIVING METHADONE TREATMENT
19 FOR AN OPIOID USE DISORDER AT THE TIME OF ADMITTANCE TO A SKILLED
20 NURSING FACILITY, THE SKILLED NURSING FACILITY MUST:

21 (I) FACILITATE THE INDIVIDUAL'S ACCESS TO THE METHADONE
22 TREATMENT BY ACCEPTING DELIVERY OF THE METHADONE FOR THE
23 INDIVIDUAL OR OTHERWISE ENABLING THE INDIVIDUAL TO OBTAIN THE
24 TREATMENT; AND

25 (II) ALLOW THE INDIVIDUAL TO SELF-ADMINISTER METHADONE
26 FOR THE DURATION OF THE INDIVIDUAL'S STAY AT THE FACILITY, AS LONG
27 AS THE TREATMENT IS MEDICALLY NECESSARY.

1 (b) IF, AFTER ADMITTANCE TO A SKILLED NURSING FACILITY, A
2 RESIDENT IS DETERMINED TO BE ELIGIBLE FOR ADMISSION TO AN OPIOID
3 TREATMENT PROGRAM BASED ON A PHYSICAL EXAMINATION PERFORMED
4 BY THE SKILLED NURSING FACILITY IN ACCORDANCE WITH SUBSECTION (3)
5 OF THIS SECTION OR BY AN OPIOID TREATMENT PROGRAM, EITHER IN
6 PERSON OR VIA TELEHEALTH, AND METHADONE TREATMENT IS THE
7 RECOMMENDED TREATMENT FOR THE RESIDENT, THE SKILLED NURSING
8 FACILITY MUST:

9 (I) FACILITATE THE RESIDENT'S ACCESS TO THE METHADONE
10 TREATMENT BY ACCEPTING DELIVERY OF THE METHADONE FOR THE
11 RESIDENT OR OTHERWISE ENABLING THE RESIDENT TO OBTAIN THE
12 TREATMENT; AND

13 (II) ALLOW THE RESIDENT TO SELF-ADMINISTER METHADONE FOR
14 THE DURATION OF THE RESIDENT'S STAY AT THE FACILITY, AS LONG AS THE
15 TREATMENT IS MEDICALLY NECESSARY.

16 (3) A SKILLED NURSING FACILITY MAY SEEK APPROVAL FROM THE
17 SAMSHA TO PERFORM PHYSICAL EXAMINATIONS OF RESIDENTS FOR
18 PURPOSES OF DETERMINING ELIGIBILITY FOR ADMISSION TO AN OPIOID
19 TREATMENT PROGRAM.

20 (4) AS USED IN THIS SECTION:

21 (a) "OPIOID TREATMENT PROGRAM" MEANS A TREATMENT
22 PROGRAM LICENSED BY THE BEHAVIORAL HEALTH ADMINISTRATION
23 PURSUANT TO PART 2 OF ARTICLE 80 OF TITLE 27 AND CERTIFIED AS AN
24 OPIOID TREATMENT PROGRAM BY THE SAMSHA PURSUANT TO THE RULES
25 OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
26 AND THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION TO PROVIDE
27 MEDICATION-ASSISTED TREATMENT FOR INDIVIDUALS DIAGNOSED WITH AN

1 OPIOID USE DISORDER.

2 (b) "SAMSHA" MEANS THE SUBSTANCE ABUSE AND MENTAL
3 HEALTH SERVICES ADMINISTRATION IN THE UNITED STATES DEPARTMENT
4 OF HEALTH AND HUMAN SERVICES.

5 (c) "SKILLED NURSING FACILITY" MEANS A FACILITY, OR A
6 DISTINCT PART OF A FACILITY, THAT:

7 (I) MEETS THE STATE NURSING HOME LICENSURE STANDARDS
8 DESCRIBED IN SECTION 25-1.5-103 (1)(a)(I);

9 (II) IS PRIMARILY ENGAGED IN PROVIDING TO RESIDENTS:

10 (A) SKILLED NURSING CARE AND RELATED SERVICES FOR
11 RESIDENTS WHO REQUIRE MEDICAL OR NURSING CARE; OR

12 (B) REHABILITATION SERVICES FOR THE REHABILITATION OF
13 INJURED, DISABLED, OR SICK INDIVIDUALS; AND

14 (III) IS NOT PRIMARILY FOR THE CARE AND TREATMENT OF MENTAL
15 DISEASES.

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

18 **25.5-4-505.5. Federal authorization related to persons involved**
19 **in the criminal justice system - report - rules - legislative declaration.**

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

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

23 (II) WITH THE EMERGING OPPORTUNITY TO ALLOW FOR COVERAGE
24 OF INCARCERATED MEDICAID MEMBERS, COLORADO IS SUPPORTIVE OF
25 ENSURING THESE MEMBERS HAVE ACCESS TO NEEDED SERVICES AND
26 TREATMENT; AND

27 (III) COLORADO IS COMMITTED TO ENSURING MEDICAID MEMBERS

1 HAVE ACCESS TO A CIVIL, COMMUNITY-BASED SYSTEM THAT MEETS
2 MEMBERS' NEEDS AND ENSURES COLORADO'S COUNTY JAILS, JUVENILE
3 FACILITIES, AND PRISONS DO NOT BECOME PRIMARY ACCESS POINTS FOR
4 HEALTH-CARE SERVICES FOR PEOPLE EXPERIENCING BEHAVIORAL HEALTH
5 CONDITIONS.

6 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES IT IS IN THE
7 BEST INTEREST OF ALL COLORADANS, AND ESPECIALLY COLORADANS
8 LIVING WITH BEHAVIORAL HEALTH CONDITIONS, TO REQUIRE THE
9 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO SEEK A
10 FEDERAL WAIVER OF THE MEDICAID INMATE EXCLUSION POLICY THAT
11 INCLUDES ANNUAL DATA REPORTING REQUIREMENTS THAT:

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

14 (II) PROMOTE THE ESTABLISHMENT OF CONTINUOUS CIVIL SYSTEMS
15 OF CARE WITHIN COMMUNITIES DEMONSTRABLY COMMITTED TO
16 DIVERSION OR DEFLECTION EFFORTS, INCLUDING BUT NOT LIMITED TO
17 MOBILE OUTREACH, CO-RESPONDER PROGRAMS, AND PROSECUTOR- OR
18 JUDICIAL-LED INITIATIVES; AND

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

22 (2) (a) NO LATER THAN APRIL 1, 2024, THE STATE DEPARTMENT
23 SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE SCREENING FOR
24 PHYSICAL AND BEHAVIORAL HEALTH NEEDS, BRIEF INTERVENTION,
25 MEDICATION-ASSISTED TREATMENT, ANY ADDITIONAL PRESCRIPTION
26 MEDICATIONS, CASE MANAGEMENT, AND CARE COORDINATION SERVICES
27 THROUGH THE MEDICAL ASSISTANCE PROGRAM TO PERSONS IMMEDIATELY

1 PRIOR TO RELEASE FROM A JUVENILE INSTITUTIONAL FACILITY, AS DEFINED
2 IN SECTION 25-1.5-301 (2)(b), OR A DEPARTMENT OF CORRECTIONS
3 FACILITY.

4 (b) BEGINNING JANUARY 1, 2025, AND SUBJECT TO AVAILABLE
5 APPROPRIATIONS, THE SERVICES DESCRIBED IN SUBSECTION (2)(a) OF THIS
6 SECTION ARE AVAILABLE UPON RECEIPT OF THE NECESSARY FEDERAL
7 AUTHORIZATION.

8 (3) (a) NO LATER THAN APRIL 1, 2025, THE STATE DEPARTMENT
9 SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE SCREENING FOR
10 PHYSICAL AND BEHAVIORAL HEALTH NEEDS, BRIEF INTERVENTION,
11 MEDICATION-ASSISTED TREATMENT, ANY ADDITIONAL PRESCRIPTION
12 MEDICATIONS, CASE MANAGEMENT, AND CARE COORDINATION SERVICES
13 THROUGH THE MEDICAL ASSISTANCE PROGRAM TO PERSONS IMMEDIATELY
14 PRIOR TO RELEASE FROM A COUNTY JAIL.

15 (b) BEGINNING JULY 1, 2026, AND SUBJECT TO AVAILABLE
16 APPROPRIATIONS, THE SERVICES DESCRIBED IN SUBSECTION (3)(a) OF THIS
17 SECTION ARE AVAILABLE UPON RECEIPT OF THE NECESSARY FEDERAL
18 AUTHORIZATION.

19 (4) UPON RECEIPT OF THE NECESSARY FEDERAL AUTHORIZATION,
20 THE STATE DEPARTMENT SHALL:

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

27 (b) REQUIRE ALL COUNTY JAILS THAT SEEK TO PROVIDE SERVICES

1 PURSUANT TO THIS SECTION BE APPROVED BY THE BEHAVIORAL HEALTH
2 ADMINISTRATION AS A CORRECTIONAL SERVICES PROVIDER PURSUANT TO
3 SECTION 27-50-805; AND

4 (c) REQUIRE EACH COUNTY WITH A COUNTY JAIL SEEKING TO
5 PROVIDE SERVICES PURSUANT TO THIS SECTION TO DEMONSTRATE A
6 COMMITMENT TO DIVERSION OR DEFLECTION EFFORTS, INCLUDING BUT
7 NOT LIMITED TO MOBILE OUTREACH, CO-RESPONDER PROGRAMS, AND
8 PROSECUTOR- OR JUDICIAL-LED INITIATIVES THAT AIM TO REDUCE
9 UNNECESSARY INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM AND
10 INCREASE ACCESS TO COMMUNITY-BASED HOUSING, HEALTH CARE,
11 SUPPORTS, AND SERVICES;

12 (5) (a) BEGINNING JULY 1, 2025, AND EACH JULY 1 THEREAFTER,
13 THE STATE DEPARTMENT SHALL ANNUALLY REPORT TO THE HOUSE OF
14 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
15 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
16 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, THE FOLLOWING
17 INFORMATION:

18 (I) DE-IDENTIFIED INFORMATION OF INDIVIDUALS WHO HAVE
19 ACCESSED SERVICES, INCLUDING EACH INDIVIDUAL'S DEMOGRAPHICS, THE
20 TYPE OF SERVICES THE INDIVIDUAL ACCESSED, THE DURATION OF THE
21 SERVICES OFFERED IN A CARCERAL SETTING COMPARED TO THE DURATION
22 OF THE SAME SERVICES OFFERED IN A CIVIL SETTING, AND THE
23 INDIVIDUAL'S EXPERIENCES BEFORE AND AFTER INCARCERATION,
24 INCLUDING BUT NOT LIMITED TO:

25 (A) EMERGENCY ROOM OR CRISIS SYSTEM VISITS;

26 (B) INPATIENT STAYS FOR A PRIMARY BEHAVIORAL HEALTH
27 CONDITION; AND

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

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

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

8 (IV) THE TOTAL NUMBER OF INDIVIDUALS WHO ACCESSED
9 SERVICES IN A CIVIL SETTING PRIOR TO ARREST OR DETAINMENT AND WERE
10 SUBSEQUENTLY EVALUATED FOR COMPETENCY, ORDERED TO COMPETENCY
11 RESTORATION, RESTORED TO COMPETENCY, OR FOUND INCOMPETENT TO
12 PROCEED IN A FORENSIC SETTING; AND

13 (V) PERSISTENT GAPS IN CONTINUITY OF CARE IN
14 LEAST-RESTRICTIVE CIVIL SETTINGS.

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

17 (6) THE STATE DEPARTMENT MAY PROMULGATE RULES FOR THE
18 IMPLEMENTATION OF THIS SECTION.

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

21 **25.5-5-320. Telemedicine - reimbursement - disclosure**
22 **statement - rules - definition.** (7) As used in this section, "health-care
23 or mental health-care services" includes speech therapy, physical therapy,
24 occupational therapy, dental care, hospice care, home health care,
25 SUBSTANCE USE DISORDER TREATMENT, and pediatric behavioral health
26 care.

27 **SECTION 20.** In Colorado Revised Statutes, 25.5-5-325, **amend**

1 (1); and **add** (2.5) as follows:

2 **25.5-5-325. Residential and inpatient substance use disorder**
3 **treatment - medical detoxification services - federal approval -**
4 **performance review report.** (1) Subject to available appropriations and
5 to the extent permitted under federal law, the medical assistance program
6 pursuant to this article 5 and articles 4 and 6 of this title 25.5 includes
7 PARTIAL HOSPITALIZATION AND residential and inpatient substance use
8 disorder treatment and medical detoxification services. Participation in
9 PARTIAL HOSPITALIZATION AND the residential and inpatient substance use
10 disorder treatment and medical detoxification services benefit is limited
11 to persons who meet nationally recognized, evidence-based level of care
12 criteria for PARTIAL HOSPITALIZATION OR residential and inpatient
13 substance use disorder treatment and medical detoxification services. The
14 benefit ~~shall~~ MUST serve persons with substance use disorders, including
15 those with co-occurring mental health disorders. All levels of nationally
16 recognized, evidence-based levels of care for PARTIAL HOSPITALIZATION
17 AND residential and inpatient substance use disorder treatment and
18 medical detoxification services must be included in the benefit.

19 (2.5) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT
20 SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE PARTIAL
21 HOSPITALIZATION FOR SUBSTANCE USE DISORDER TREATMENT WITH FULL
22 FEDERAL FINANCIAL PARTICIPATION. PARTIAL HOSPITALIZATION FOR
23 SUBSTANCE USE DISORDER TREATMENT SHALL NOT TAKE EFFECT UNTIL
24 FEDERAL APPROVAL HAS BEEN OBTAINED.

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

27 **25.5-5-422. Medication-assisted treatment - limitations on**

1 **MCEs - definition.** (2) Notwithstanding any provision of law to the
2 contrary, ~~beginning January 1, 2020~~, each MCE that provides prescription
3 drug benefits for the treatment of substance use disorders shall:

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

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

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

14 (d) SET THE REIMBURSEMENT RATE FOR TAKE-HOME METHADONE
15 TREATMENT AND OFFICE-ADMINISTERED METHADONE TREATMENT AT THE
16 SAME RATE.

17 **SECTION 22.** In Colorado Revised Statutes, **add** 25.5-5-426 as
18 follows:

19 **25.5-5-426. Managed care entities - withdrawal management**
20 **facilities - data collection - approval of admission criteria - repeal.**

21 (1) (a) NO LATER THAN JANUARY 1, 2025, THE STATE DEPARTMENT
22 SHALL REQUIRE EACH MCE THAT CONTRACTS WITH THE STATE
23 DEPARTMENT TO COLLECT DATA FROM EACH WITHDRAWAL MANAGEMENT
24 FACILITY, AS DEFINED IN SECTION 27-66.5-102 (6), THAT THE MCE
25 CONTRACTS WITH, ON THE TOTAL NUMBER OF MEDICAID MEMBERS WHO
26 WERE DENIED ADMITTANCE OR TREATMENT FOR WITHDRAWAL
27 MANAGEMENT DURING THE PREVIOUS CALENDAR YEAR AND THE REASON

1 FOR THE DENIAL. THE STATE DEPARTMENT SHALL SHARE THE DATA
2 COLLECTED PURSUANT TO THIS SUBSECTION (1) WITH THE BEHAVIORAL
3 HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES.

4 (b) (I) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL SHARE
5 THE DATA RECEIVED FROM THE STATE DEPARTMENT PURSUANT TO
6 SUBSECTION (1)(a) OF THIS SECTION WITH MANAGED SERVICE
7 ORGANIZATIONS.

8 (II) THIS SUBSECTION (1)(b) IS REPEALED, EFFECTIVE JULY 1, 2025.

9 (c) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL SHARE THE
10 DATA RECEIVED FROM THE STATE DEPARTMENT PURSUANT TO SUBSECTION
11 (1)(a) OF THIS SECTION WITH BEHAVIORAL HEALTH ADMINISTRATIVE
12 SERVICES ORGANIZATIONS.

13 (2) BEGINNING JANUARY 1, 2025, THE STATE DEPARTMENT SHALL
14 REQUIRE EACH MCE THAT CONTRACTS WITH THE STATE DEPARTMENT TO
15 REVIEW AND APPROVE ANY ADMISSION CRITERIA ESTABLISHED BY A
16 WITHDRAWAL MANAGEMENT FACILITY, AS DEFINED IN SECTION
17 27-66.5-102 (6).

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

20 **25.5-5-427. Managed care entities - behavioral health**
21 **providers - disclosure of reimbursement rates.** (1) THE STATE
22 DEPARTMENT SHALL REQUIRE EACH MCE THAT CONTRACTS WITH THE
23 STATE DEPARTMENT TO DISCLOSE THE AGGREGATE RATES OF
24 REIMBURSEMENT FOR EACH SERVICE PAID BY THE MCE TO BEHAVIORAL
25 HEALTH PROVIDERS.

26 (2) BEHAVIORAL HEALTH PROVIDERS ARE AUTHORIZED TO
27 DISCLOSE THE REIMBURSEMENT RATES PAID BY AN MCE TO THE

1 BEHAVIORAL HEALTH PROVIDER.

2 **SECTION 24.** In Colorado Revised Statutes, **add** 25.5-5-512.5
3 as follows:

4 **25.5-5-512.5. Medications for opioid use disorder -**
5 **pharmacists - reimbursement - definition.** (1) AS USED IN THIS
6 SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "MEDICATIONS FOR
7 OPIOID USE DISORDER" OR "MOUD" HAS THE MEANING AS SET FORTH IN
8 SECTION 12-280-103 (27.5).

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

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

17 **SECTION 25.** In Colorado Revised Statutes, 26.5-3-206, **add** (4)
18 as follows:

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

27 (b) (I) FOR THE 2024-25 AND 2025-26 STATE FISCAL YEARS, THE

1 GENERAL ASSEMBLY SHALL ANNUALLY APPROPRIATE FIFTY THOUSAND
2 DOLLARS TO THE TRUST FUND. THE BOARD SHALL DISTRIBUTE THE MONEY
3 APPROPRIATED PURSUANT TO THIS SUBSECTION (4)(b) TO CONVENE A
4 STAKEHOLDER GROUP TO IDENTIFY STRATEGIES TO INCREASE ACCESS TO
5 CHILD CARE FOR FAMILIES SEEKING SUBSTANCE USE DISORDER TREATMENT
6 AND RECOVERY SERVICES.

7 (II) THIS SUBSECTION (4)(b) IS REPEALED, EFFECTIVE JUNE 30,
8 2027.

9 **SECTION 26.** In Colorado Revised Statutes, 26.5-4-111, **amend**
10 (7)(e); and **add** (7)(d.5) as follows:

11 **26.5-4-111. Services - eligibility - assistance provided - waiting**
12 **lists - rules - exceptions from cooperating with child support**
13 **establishment.** (7) (d.5) SUBJECT TO AVAILABLE APPROPRIATIONS, AND
14 PURSUANT TO DEPARTMENT RULES, AND UPON NOTIFICATION TO COUNTIES
15 BY THE DEPARTMENT THAT THE RELEVANT CASE MANAGEMENT SYSTEMS,
16 INCLUDING THE COLORADO CHILD CARE AUTOMATED TRACKING SYSTEM,
17 ARE CAPABLE OF ACCOMMODATING THIS SUBSECTION (7)(d.5), A PARENT
18 WHO IS ENROLLED IN A STATE-LICENSED BEHAVIORAL HEALTH TREATMENT
19 PROGRAM FOR AT LEAST NINE HOURS PER WEEK IS ELIGIBLE FOR CCCAP
20 FOR AT LEAST ANY TWO YEARS OF THE TREATMENT PROGRAM, PROVIDED
21 ALL OTHER CCCAP ELIGIBILITY REQUIREMENTS ARE MET DURING THOSE
22 TWO YEARS. A COUNTY MAY GIVE PRIORITY FOR SERVICES TO A WORKING
23 FAMILY OVER A FAMILY ENROLLED IN A TREATMENT PROGRAM.

24 (e) To provide continuous child care with the least disruption to
25 the child, authorized child care through CCCAP must promote
26 continuous, consistent, and regular care and must not be linked directly
27 to a parent's employment, education, TREATMENT, or workforce training

1 schedule. Pursuant to department rules, the amount of child care
2 authorized should be based on the parent's and child's needs for child
3 care.

4 **SECTION 27.** In Colorado Revised Statutes, 27-50-107, **add**
5 (3)(e)(III) as follows:

6 **27-50-107. State board of human services - rules.** (3) The state
7 board of human services may promulgate rules that include, but are not
8 limited to:

9 (e) (III) UNLESS PROHIBITED BY RULES PROMULGATED BY THE
10 STATE BOARD OF ADDICTION COUNSELOR EXAMINERS PURSUANT TO PART
11 8 OF ARTICLE 245 OF TITLE 12, THE RULES PROMULGATED PURSUANT TO
12 THIS SUBSECTION (3)(e) RELATING TO STANDARDS FOR CERTIFICATION
13 ANDEDUCATION REQUIREMENTS FOR CERTIFIED ADDICTION TECHNICIANS,
14 CERTIFIED ADDICTION SPECIALISTS, AND LICENSED ADDICTION
15 COUNSELORS MUST:

16 (A) AUTHORIZE A PERSON HOLDING A VALID, UNSUSPENDED, AND
17 UNREVOKED LICENSE AS A LICENSED CLINICAL SOCIAL WORKER IN
18 COLORADO OR A LICENSED PROFESSIONAL COUNSELOR IN COLORADO TO
19 PROVIDE CLINICAL SUPERVISION FOR CERTIFICATION PURPOSES TO A
20 PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION
21 TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST, IF THE LICENSED
22 CLINICAL SOCIAL WORKER OR LICENSED PROFESSIONAL COUNSELOR IS
23 ACTING WITHIN THE SCOPE OF PRACTICE FOR THE RELEVANT LICENSE AND
24 IS QUALIFIED BASED ON EDUCATION OR EXPERIENCE TO PROVIDE CLINICAL
25 SUPERVISION FOR THE CLINIC WORK HOURS; AND

26 (B) ALLOW A CLINICAL SUPERVISOR TO SUPERVISE MORE THAN
27 EIGHT TRAINEE ADDICTION TECHNICIANS OR ADDICTION SPECIALISTS

1 BASED ON THE TRAINEES' BACKGROUND, EDUCATION, OR EXPERIENCE
2 RELEVANT TO COMPETENCIES NECESSARY FOR THE PRACTICE OF
3 ADDICTION COUNSELING, THE TIME IN TRAINING OF EACH TRAINEE, OR THE
4 DEMONSTRATED COMPETENCY OF EACH TRAINEE OVER THE COURSE OF
5 CLINICAL SUPERVISION TO CARRY OUT SPECIFIC DUTIES WITH LESS
6 SUPERVISION BY THE CLINICAL SUPERVISOR.

7 **SECTION 28.** In Colorado Revised Statutes, **add** 27-50-305 as
8 follows:

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

16 (2) THE INDEPENDENT THIRD-PARTY ENTITY SHALL ASSIST
17 BEHAVIORAL HEALTH PROVIDERS IN ACCESSING ALTERNATIVE PAYMENT
18 MODELS AND ENHANCED REIMBURSEMENT RATES THROUGH THE BHA AND
19 MEDICAID BY PROVIDING:

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

22 (b) ANALYSIS OF CURRENT ACCOUNTING PRACTICES AND
23 RECOMMENDATIONS ON IMPLEMENTING NEW OR MODIFIED PRACTICES TO
24 SUPPORT THE SOUNDNESS OF COST REPORTING;

25 (c) ADMINISTRATIVE SUPPORT FOR ENROLLING IN DIFFERENT
26 PAYER TYPES, INCLUDING, BUT NOT LIMITED TO, MEDICAID, MEDICARE,
27 AND COMMERCIAL INSURANCE;

- 1 (d) BILLING AND CODING SUPPORT;
2 (e) CLAIMS PROCESSING;
3 (f) DATA ANALYSIS;
4 (g) COMPLIANCE AND TRAINING ON POLICIES AND PROCEDURES;
5 (h) SHARED PURCHASING FOR TECHNOLOGY;
6 (i) ASSISTANCE IN BUILDING PROVIDER CAPACITY TO BECOME A
7 BEHAVIORAL HEALTH SAFETY NET PROVIDER; AND
8 (j) ANY OTHER SERVICE AND SUPPORT APPROVED BY THE BHA.

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

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

17 **SECTION 29.** In Colorado Revised Statutes, **add** 27-50-804 as
18 follows:

19 **27-50-804. Contingency management grant program -**
20 **creation - definitions - repeal.** (1) AS USED IN THIS SECTION, UNLESS
21 THE CONTEXT OTHERWISE REQUIRES:

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

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

27 (c) "STIMULANT USE DISORDER" MEANS A SUBSTANCE USE

1 DISORDER, AS DEFINED IN SECTION 27-80-203 (23.3), INVOLVING A CLASS
2 OF DRUGS THAT INCLUDES COCAINE, METHAMPHETAMINE, OR
3 PRESCRIPTION STIMULANTS.

4 (d) "SUBSTANCE USE DISORDER TREATMENT PROGRAM" HAS THE
5 SAME MEANING AS SET FORTH IN SECTION 27-80-203 (23.5).

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

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

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

22 (4) THE BHA SHALL ADMINISTER THE GRANT PROGRAM AND,
23 SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD GRANTS AS
24 PROVIDED IN THIS SECTION.

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

1 (6) THE BHA MAY CONTRACT WITH A GRANT APPLICATION AND
2 SUPPORT TEAM TO ASSIST THE BHA WITH DRAFTING THE GRANT
3 APPLICATION, REVIEWING APPLICATIONS, AND ADMINISTERING AND
4 PROCESSING GRANT AWARDS.

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

6 **SECTION 30.** In Colorado Revised Statutes, **add** 27-50-805 as
7 follows:

8 **27-50-805. Correctional services provider - license required -**
9 **reports of abuse, neglect, and violations of health and safety -**
10 **definition.** (1) AS USED IN THIS SECTION, "CORRECTIONAL SERVICES
11 PROVIDER" MEANS A COUNTY JAIL LICENSED BY THE BEHAVIORAL HEALTH
12 ADMINISTRATION TO PROVIDE SERVICES TO INCARCERATED MEDICAID
13 MEMBERS PURSUANT TO SECTION 25.5-4-505.5.

14 (2) (a) BEGINNING JULY 1, 2026, A COUNTY JAIL SHALL NOT
15 PROVIDE SERVICES TO INCARCERATED MEDICAID MEMBERS PURSUANT TO
16 SECTION 25.5-4-505.5 WITHOUT A CORRECTIONAL SERVICES PROVIDER
17 LICENSE FROM THE BHA.

18 (b) BEGINNING JULY 1, 2026, A COUNTY JAIL SEEKING INITIAL
19 LICENSURE AS A CORRECTIONAL SERVICES PROVIDER SHALL APPLY FOR A
20 CORRECTIONAL SERVICES PROVIDER LICENSE FROM THE BHA. THE BHA
21 SHALL TAKE ACTION ON AN APPLICATION FOR LICENSURE WITHIN THIRTY
22 DAYS AFTER THE DATE THE BHA RECEIVES ALL OF THE NECESSARY
23 INFORMATION AND DOCUMENTATION REQUIRED FOR LICENSURE FROM THE
24 APPLICANT.

25 (3) NO LATER THAN JANUARY 1, 2026, THE BHA SHALL
26 PROMULGATE RULES PROVIDING MINIMUM HEALTH, SAFETY, AND QUALITY
27 STANDARDS FOR CORRECTIONAL SERVICES PROVIDERS THAT PROVIDE

1 SERVICES TO INCARCERATED MEDICAID MEMBERS PURSUANT TO SECTION
2 25.5-4-505.5.

3 (4) THIS SECTION DOES NOT AUTHORIZE THE BHA TO CLOSE A
4 COUNTY JAIL FOR VIOLATING THE PROVISIONS OF THIS SECTION; HOWEVER,
5 THE BHA MAY REPORT ANY INCIDENCES OF ABUSE, NEGLECT, OR ANY
6 OTHER VIOLATIONS OF HEALTH AND SAFETY TO THE APPROPRIATE STATE
7 AND FEDERAL REGULATORY ENTITIES.

8 **SECTION 31.** In Colorado Revised Statutes, **add** 27-60-116 as
9 follows:

10 **27-60-116. Opioid treatment program working group - report**
11 **- repeal.** (1) ON OR BEFORE OCTOBER 1, 2024, THE BEHAVIORAL HEALTH
12 ADMINISTRATION SHALL CONVENE A WORKING GROUP TO STUDY AND
13 IDENTIFY BARRIERS TO OPENING AND OPERATING AN OPIOID TREATMENT
14 PROGRAM, AS DEFINED IN SECTION 27-80-203 (16.5), INCLUDING
15 SATELLITE MEDICATION UNITS AND MOBILE METHADONE CLINICS.

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

17 (a) AN ADDICTION COUNSELOR;

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

19 (c) THE DIRECTOR OR CLINIC MANAGER OF AN OPIOID TREATMENT
20 PROGRAM;

21 (d) A PHYSICIAN WHO IS BOARD CERTIFIED IN ADDICTION MEDICINE
22 OR ADDICTION PSYCHIATRY;

23 (e) AN INDIVIDUAL WHO RESIDES IN A RURAL UNDERSERVED
24 COMMUNITY AND HAS LIVED EXPERIENCE WITH A SUBSTANCE USE
25 DISORDER OR HAS A FAMILY MEMBER WITH LIVED EXPERIENCE WITH A
26 SUBSTANCE USE DISORDER; AND

27 (f) AN INDIVIDUAL WHO RESIDES IN AN URBAN UNDERSERVED

1 COMMUNITY AND HAS LIVED EXPERIENCE WITH A SUBSTANCE USE
2 DISORDER OR HAS A FAMILY MEMBER WITH LIVED EXPERIENCE WITH A
3 SUBSTANCE USE DISORDER.

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

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

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

18 **SECTION 32.** In Colorado Revised Statutes, **add** 39-22-560 as
19 follows:

20 **39-22-560. Credit for additional credentials obtained by**
21 **health-care providers related to substance use disorder treatment -**
22 **tax preference performance statement - legislative declaration -**
23 **definitions - repeal.** (1) IN ACCORDANCE WITH SECTION 39-21-304 (1),
24 THE GENERAL ASSEMBLY FINDS AND DECLARES THAT THE PURPOSE OF THIS
25 TAX EXPENDITURE IS TO INDUCE CERTAIN DESIGNATED BEHAVIOR BY
26 TAXPAYERS BY ENCOURAGING HEALTH-CARE PROVIDERS WHOSE PRIMARY
27 WORK MAY NOT INVOLVE SUBSTANCE USE DISORDER TREATMENT TO SEEK

1 ADDITIONAL CREDENTIALS THAT WOULD ALLOW PROVIDERS TO DIAGNOSE
2 SUBSTANCE USE DISORDERS, INITIATE TREATMENT, AND REFER
3 INDIVIDUALS TO LONGER-TERM TREATMENT OR RECOVERY SERVICES AND
4 TO PROVIDE TAX RELIEF FOR CERTAIN TAXPAYERS, SPECIFICALLY THE
5 HEALTH-CARE PROVIDERS WHO SEEK SUCH ADDITIONAL CREDENTIALS.
6 THE GENERAL ASSEMBLY AND THE STATE AUDITOR SHALL MEASURE THE
7 EFFECTIVENESS OF THE CREDIT IN ACHIEVING THIS PURPOSE BASED ON THE
8 NUMBER OF CREDITS CLAIMED.

9 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
10 REQUIRES:

11 (a) "DEPARTMENT" MEANS THE DEPARTMENT OF REVENUE.

12 (b) "ELIGIBLE PROVIDER" MEANS A RESIDENT INDIVIDUAL WHO IS
13 LICENSED, CERTIFIED, OR REGISTERED BY THIS STATE TO PROVIDE
14 HEALTH-CARE SERVICES.

15 (c) "QUALIFYING CREDENTIALS" MEANS CREDENTIALS TO PROVIDE
16 SUBSTANCE USE DISORDER TREATMENT.

17 (d) "SUBSTANCE USE DISORDER" HAS THE SAME MEANING AS SET
18 FORTH IN SECTION 27-80-203 (23.3).

19 (3) FOR INCOME TAX YEARS COMMENCING ON OR AFTER JANUARY
20 1, 2025, BUT BEFORE JANUARY 1, 2030, AN ELIGIBLE PROVIDER WHO
21 COMPLETES OR OBTAINS QUALIFYING CREDENTIALS IS ALLOWED A CREDIT
22 AGAINST THE INCOME TAXES IMPOSED BY THIS ARTICLE 22 IN AN AMOUNT
23 EQUAL TO THE AMOUNT THE ELIGIBLE PROVIDER PAID TO COMPLETE OR
24 OBTAIN THE QUALIFYING CREDENTIAL FOR THE INCOME TAX YEAR IN
25 WHICH QUALIFYING CREDENTIALS ARE COMPLETED OR OBTAINED; EXCEPT
26 THAT THE MAXIMUM TOTAL CREDIT AN ELIGIBLE PROVIDER CAN CLAIM IN
27 THE INCOME TAX YEAR FOR ALL QUALIFYING CREDENTIALS IS TWO

1 THOUSAND FIVE HUNDRED DOLLARS.

2 (4) TO CLAIM THE CREDIT ALLOWED BY THIS SECTION, AN ELIGIBLE
3 PROVIDER MUST KEEP RECORDS RELATED TO THE CREDIT AS REQUIRED BY
4 THE DEPARTMENT. THE EXECUTIVE DIRECTOR MAY PROMULGATE RULES
5 TO IMPLEMENT THIS SECTION. NOTWITHSTANDING ANY OTHER
6 REQUIREMENTS OF THE DEPARTMENT, RECORDS MAINTAINED BY AN
7 ELIGIBLE PROVIDER MUST DEMONSTRATE THAT THE ELIGIBLE PROVIDER
8 HAS COMPLETED OR OBTAINED QUALIFYING CREDENTIALS AND THE COST
9 INCURRED BY THE ELIGIBLE PROVIDER IN COMPLETING OR OBTAINING THE
10 QUALIFYING CREDENTIALS.

11 (5) IF THE CREDIT ALLOWED BY THIS SECTION EXCEEDS THE
12 INCOME TAXES DUE ON THE ELIGIBLE PROVIDER'S INCOME, THE AMOUNT
13 OF THE CREDIT NOT USED TO OFFSET INCOME TAXES IS NOT CARRIED
14 FORWARD AS TAX CREDITS AGAINST THE ELIGIBLE PROVIDER'S
15 SUBSEQUENT YEARS' INCOME TAX LIABILITY AND SHALL NOT BE REFUNDED
16 TO THE INDIVIDUAL.

17 (6) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 31, 2035.

18 **SECTION 33. Act subject to petition - effective date.** Section
19 25.5-5-426 (1)(c), as enacted in section 22 of this act, takes effect July 1,
20 2025, and the remainder of this act takes effect at 12:01 a.m. on the day
21 following the expiration of the ninety-day period after final adjournment
22 of the general assembly; except that, if a referendum petition is filed
23 pursuant to section 1 (3) of article V of the state constitution against this
24 act or an item, section, or part of this act within such period, then the act,
25 item, section, or part will not take effect unless approved by the people

1 at the general election to be held in November 2024 and, in such case,
2 will take effect on the date of the official declaration of the vote thereon
3 by the governor.