

**Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

BILL B

LLS NO. 24-0314.01 Shelby Ross x4510

HOUSE BILL

HOUSE SPONSORSHIP

Armagost and deGruy Kennedy, Young

SENATE SPONSORSHIP

Mullica and Will, Jaquez Lewis, Priola

House Committees

Senate Committees

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

Section 2 requires an insurance carrier and the medical assistance program to reimburse a licensed pharmacist prescribing or administering medication-assisted treatment (MAT) pursuant to a collaborative pharmacy practice agreement (collaborative agreement) at a rate equal to

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

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

Section 3 requires the commissioner of insurance to:

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

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

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

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

Section 17 requires the department of health care policy and financing (HCPF) to seek federal authorization to provide screening for physical and behavioral health needs, brief intervention, administration of medication-assisted treatment, physical and psychiatric prescription medications provided upon release from jail, case management, and care

coordination services through the medical assistance program to persons up to 90 days prior to release from jail, a juvenile institutional facility, or a department of corrections facility.

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

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

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

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

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

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

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

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

Section 27 creates the contingency management grant program in the BHA to provide grants to substance use disorder treatment programs that implement a contingency management program for individuals with a stimulant use disorder.

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

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

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

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

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

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

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

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

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

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

10 (II) AN ADEQUATE NUMBER OF COGNITIVE BEHAVIORAL
11 HEALTH-CARE PROVIDERS WITHIN THE CARRIER'S NETWORK, INCLUDING
12 PROVIDERS THAT PROVIDE PAIN DIAGNOSES SERVICES, TO ALLOW FOR
13 ACCESS TO COGNITIVE BEHAVIORAL HEALTH-CARE SERVICES IN ALL
14 COMMUNITIES.

15 (b) ON OR BEFORE SEPTEMBER 30, 2025, THE COMMISSIONER
16 SHALL REPORT THE RULE REVIEW FINDINGS DESCRIBED IN SUBSECTION
17 (1.7)(a) OF THIS SECTION TO THE OPIOID AND OTHER SUBSTANCE USE
18 DISORDERS STUDY COMMITTEE, CREATED IN SECTION 10-22.3-101,
19 INCLUDING RECOMMENDED RULE CHANGES TO ENSURE THAT SUCH
20 NETWORK ADEQUACY EXISTS.

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

23 **12-245-403. Social work practice defined.** (5) SOCIAL WORK
24 PRACTICE INCLUDES THE CLINICAL SUPERVISION BY A LICENSED CLINICAL
25 SOCIAL WORKER OF A PERSON WORKING TOWARD CERTIFICATION AS A
26 CERTIFIED ADDICTION TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST,
27 DESCRIBED IN PART 8 OF THIS ARTICLE 245, IF THE LICENSED CLINICAL

1 SOCIAL WORKER HAS THE NECESSARY EDUCATION OR EXPERIENCE
2 WORKING WITH ADDICTIVE OR OTHER BEHAVIORAL HEALTH DISORDERS TO
3 SUPERVISE THE CLINICAL WORK, AS DETERMINED BY THE STATE BOARD OF
4 ADDICTION COUNSELOR EXAMINERS PURSUANT TO SECTION 12-245-805
5 (2.5)(c).

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

8 **12-245-603. Practice of licensed professional counseling**
9 **defined.** (3) THE PRACTICE OF PROFESSIONAL COUNSELING INCLUDES THE
10 CLINICAL SUPERVISION BY A LICENSED PROFESSIONAL COUNSELOR OF A
11 PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION
12 TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST, DESCRIBED IN PART
13 8 OF THIS ARTICLE 245, IF THE LICENSED PROFESSIONAL COUNSELOR HAS
14 THE NECESSARY EDUCATION OR EXPERIENCE WORKING WITH ADDICTIVE
15 OR OTHER BEHAVIORAL HEALTH DISORDERS TO SUPERVISE THE CLINICAL
16 WORK, AS DETERMINED BY THE STATE BOARD OF ADDICTION COUNSELOR
17 EXAMINERS PURSUANT TO SECTION 12-245-805 (2.5)(c).

18 **SECTION 6.** In Colorado Revised Statutes, 12-245-805, **add**
19 (2.5)(c) as follows:

20 **12-245-805. Rights and privileges of certification and licensure**
21 **- titles - rules.** (2.5) (c) UNLESS PROHIBITED BY RULES PROMULGATED BY
22 THE STATE BOARD OF HUMAN SERVICES UNDER ITS AUTHORITY PURSUANT
23 TO SECTION 27-50-107 (3)(e) OR OTHER PROVISIONS OF TITLE 27, AND
24 PURSUANT TO SECTIONS 12-245-403 (5), 12-245-603 (3), 12-245-803, AND
25 12-245-804 (3) AND (3.5), THE BOARD SHALL PROMULGATE RULES
26 AUTHORIZING A PERSON HOLDING A VALID, UNSUSPENDED, AND
27 UNREVOKED LICENSE AS A LICENSED CLINICAL SOCIAL WORKER IN

1 COLORADO OR A LICENSED PROFESSIONAL COUNSELOR IN COLORADO TO
2 PROVIDE CLINICAL SUPERVISION FOR CERTIFICATION PURPOSES TO A
3 PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION
4 TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST, IF THE LICENSED
5 CLINICAL SOCIAL WORKER OR LICENSED PROFESSIONAL COUNSELOR IS
6 ACTING WITHIN THE SCOPE OF PRACTICE FOR THE RELEVANT LICENSE AND
7 IS QUALIFIED BASED ON EDUCATION OR EXPERIENCE, AS DETERMINED BY
8 THE BOARD, TO PROVIDE CLINICAL SUPERVISION FOR THE CLINIC WORK
9 HOURS.

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

13 **12-280-103. Definitions - rules.** As used in this article 280, unless
14 the context otherwise requires or the term is otherwise defined in another
15 part of this article 280:

16 (27.5) "MEDICATIONS FOR OPIOID USE DISORDER" OR "MOUD"
17 MEANS TREATMENT FOR AN OPIOID USE DISORDER USING MEDICATIONS
18 APPROVED BY THE FDA FOR THAT PURPOSE AND PRESCRIBED, DISPENSED,
19 OR ADMINISTERED IN ACCORDANCE WITH NATIONAL, EVIDENCE-BASED
20 PUBLISHED GUIDANCE.

21 (39) "Practice of pharmacy" means:

22 (g) Exercising independent prescriptive authority:

23 (III) As authorized pursuant to sections 12-30-110 and
24 12-280-123 (3) regarding opiate antagonists; ~~or~~

25 (IV) For drugs that are not controlled substances, drug categories,
26 or devices that are prescribed in accordance with the product's
27 FDA-approved labeling and to patients who are at least twelve years of

1 age and that are limited to conditions that:

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

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

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

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

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

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

17 **12-280-604. Collaborative pharmacy practice agreement -**
18 **statewide drug therapy protocol for medication-assisted treatment**
19 **for opioid use disorder - rules - definition.** (1) AS USED IN THIS
20 SECTION, "MEDICATION-ASSISTED TREATMENT" MEANS A COMBINATION OF
21 MEDICATIONS AND BEHAVIORAL THERAPY, SUCH AS BUPRENORPHINE AND
22 ALL OTHER MEDICATIONS AND THERAPIES APPROVED BY THE FEDERAL
23 FOOD AND DRUG ADMINISTRATION, TO TREAT OPIOID USE DISORDER.

24 (2) (a) PURSUANT TO SECTION 12-280-603, ON OR BEFORE SIX
25 MONTHS AFTER THE EFFECTIVE DATE OF THIS SECTION, THE BOARD, IN
26 CONJUNCTION WITH THE COLORADO MEDICAL BOARD CREATED IN SECTION
27 12-240-105 AND THE STATE BOARD OF NURSING CREATED IN SECTION

1 12-255-105, SHALL PROMULGATE RULES DEVELOPING A STATEWIDE DRUG
2 THERAPY PROTOCOL FOR PHARMACISTS TO PRESCRIBE, DISPENSE, AND
3 ADMINISTER MEDICATION-ASSISTED TREATMENT FOR OPIOID USE
4 DISORDER.

5 (b) IF THE BOARD, THE COLORADO MEDICAL BOARD, AND THE
6 BOARD OF NURSING ARE NOT ABLE TO AGREE IN THE TIME PERIOD
7 REQUIRED UNDER SUBSECTION (2)(a) OF THIS SECTION, THE BOARD SHALL
8 COLLABORATE WITH THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND
9 ENVIRONMENT TO DEVELOP A STATEWIDE DRUG THERAPY PROTOCOL NO
10 LATER THAN MAY 1, 2025.

11 (3) THIS SECTION DOES NOT REQUIRE A STATEWIDE DRUG THERAPY
12 PROTOCOL OR COLLABORATIVE PHARMACY PRACTICE AGREEMENT BEFORE
13 A PHARMACIST MAY PRESCRIBE, DISPENSE, OR ADMINISTER
14 MEDICATION-ASSISTED TREATMENT, IF THE PRESCRIBING, DISPENSING, OR
15 ADMINISTERING MEDICATION-ASSISTED TREATMENT IS OTHERWISE
16 AUTHORIZED UNDER LAW.

17 **SECTION 9.** In Colorado Revised Statutes, 13-3-115, **add** (2.5)
18 as follows:

19 **13-3-115. Diversion funding committee - repeal.** (2.5) (a) THE
20 COMMITTEE SHALL ANNUALLY AWARD GRANTS TO AT LEAST TWO, BUT NO
21 MORE THAN FIVE, DISTRICT ATTORNEYS TO OPERATE A DIVERSION
22 PROGRAM FOR PERSONS WITH BEHAVIORAL HEALTH DISORDERS,
23 INCLUDING SUBSTANCE USE DISORDERS, PURSUANT TO THE BEHAVIORAL
24 HEALTH DIVERSION PILOT PROGRAM DESCRIBED IN PART 15 OF ARTICLE 1.3
25 OF TITLE 18.

26 (b) THE COMMITTEE SHALL DEVELOP AN APPLICATION PROCESS
27 FOR DISTRICT ATTORNEYS TO REQUEST A GRANT PURSUANT TO THIS

1 SUBSECTION (2.5).

2 (c) (I) THE COMMITTEE SHALL REVIEW AND APPROVE GRANT
3 APPLICATIONS IN THE SAME MANNER AS IT REVIEWS AND APPROVES
4 FUNDING REQUESTS PURSUANT TO SUBSECTION (3) OF THIS SECTION.

5 (II) THE COMMITTEE SHALL AWARD THE FIRST ROUND OF GRANTS
6 PURSUANT TO THIS SUBSECTION (2.5) NO LATER THAN FOUR MONTHS
7 AFTER THE EFFECTIVE DATE OF THIS SUBSECTION (2.5). THE COMMITTEE
8 MAY AWARD THE FIRST ROUND OF GRANTS IN FULL OR PARTIAL YEAR
9 AMOUNTS. THE COMMITTEE SHALL AWARD SUBSEQUENT GRANTS ON THE
10 SAME SCHEDULE AS IT APPROVES FUNDING REQUESTS PURSUANT TO
11 SUBSECTION (3) OF THIS SECTION.

12 (d) PURSUANT TO SECTION 18-1.3-1509 (1)(a), A DISTRICT
13 ATTORNEY WHO RECEIVES A BEHAVIORAL HEALTH DIVERSION PILOT
14 PROGRAM GRANT SHALL PROVIDE A STATUS REPORT TO THE JUDICIAL
15 DEPARTMENT BY A DATE PRESCRIBED BY THE COMMITTEE.

16 (e) (I) THE JUDICIAL DEPARTMENT SHALL INCLUDE IN ITS REPORT
17 PURSUANT TO SUBSECTION (6) OF THIS SECTION INFORMATION ABOUT THE
18 PILOT PROGRAM, INCLUDING A SUMMARY OF THE INFORMATION REPORTED
19 TO THE JUDICIAL DEPARTMENT AS DESCRIBED IN SUBSECTION (2.5)(d) OF
20 THIS SECTION.

21 (II) IN ITS REPORT PURSUANT TO SUBSECTION (6) OF THIS SECTION
22 THAT IS DUE NO LATER THAN JANUARY 31, 2028, THE JUDICIAL
23 DEPARTMENT SHALL INCLUDE A RECOMMENDATION OF WHETHER TO
24 CONTINUE THE PILOT PROGRAM AS A PERMANENT COMPONENT OF THE
25 DIVERSION PROGRAM ESTABLISHED IN SECTION 18-1.3-101.

26 (f) THIS SUBSECTION (2.5) IS REPEALED, EFFECTIVE JUNE 30, 2028.

27 **SECTION 10.** In Colorado Revised Statutes, **add** part 15 to

1 article 1.3 of title 18 as follows:

2 PART 15

3 BEHAVIORAL HEALTH DIVERSION PILOT PROGRAM

4 **18-1.3-1501. Definitions.** AS USED IN THIS PART 15, UNLESS THE
5 CONTEXT OTHERWISE REQUIRES:

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

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

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

21 (4) "DIVERSION AGREEMENT" MEANS AN INDIVIDUALIZED
22 DIVERSION AGREEMENT SIGNED BY THE DEFENDANT, THE DEFENDANT'S
23 ATTORNEY IF THE DEFENDANT IS REPRESENTED BY AN ATTORNEY, AND THE
24 DISTRICT ATTORNEY.

25 (5) "DIVERSION FUNDING COMMITTEE" MEANS THE DIVERSION
26 FUNDING COMMITTEE ESTABLISHED IN SECTION 13-3-115.

27 (6) "DIVISION OF EMPLOYMENT AND TRAINING" MEANS THE

1 DIVISION OF EMPLOYMENT AND TRAINING, CREATED IN SECTION 8-83-102
2 IN THE DEPARTMENT OF LABOR AND EMPLOYMENT.

3 (7) "ELIGIBLE PERSON" MEANS A PERSON WHO COMMITS A
4 QUALIFYING OFFENSE AND IS OTHERWISE ELIGIBLE FOR PARTICIPATION IN
5 THE JUDICIAL DISTRICT'S DIVERSION PROGRAM PURSUANT TO SECTION
6 18-1.3-101 (3).

7 (8) "PARTICIPANT" MEANS A PERSON WHO HAS ENTERED INTO AN
8 AGREEMENT TO PARTICIPATE IN THE PILOT PROGRAM AND IS
9 PARTICIPATING IN THE PILOT PROGRAM.

10 (9) "PILOT PROGRAM" MEANS THE BEHAVIORAL HEALTH DIVERSION
11 PILOT PROGRAM CREATED IN SECTION 18-1.3-1502.

12 (10) "PROGRAM COORDINATOR" MEANS A PROGRAM COORDINATOR
13 DESIGNATED AS DESCRIBED IN SECTION 18-1.3-1502 (4).

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

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

17 (b) UNLAWFUL SEXUAL BEHAVIOR AS DEFINED IN SECTION
18 16-22-102;

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

20 (d) AN OFFENSE AGAINST A VICTIM WHO HAS A CIVIL PROTECTION
21 ORDER AGAINST THE PERPETRATOR AT THE TIME THE OFFENSE IS
22 COMMITTED; OR

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

25 (12) "STATE COURT ADMINISTRATOR" MEANS THE STATE COURT
26 ADMINISTRATOR ESTABLISHED PURSUANT TO SECTION 13-3-101.

27 **18-1.3-1502. Behavioral health diversion pilot program -**

1 **program coordinator - grant process.** (1) THERE IS ESTABLISHED IN THE
2 OFFICE OF THE STATE COURT ADMINISTRATOR THE BEHAVIORAL HEALTH
3 DIVERSION PILOT PROGRAM TO AWARD GRANTS TO AT LEAST TWO, BUT NO
4 MORE THAN FIVE, DISTRICT ATTORNEYS TO DIVERT FROM THE CRIMINAL
5 JUSTICE SYSTEM PERSONS WHO HAVE A BEHAVIORAL HEALTH DISORDER,
6 INCLUDING A SUBSTANCE USE DISORDER, THAT REQUIRES EARLY RECOVERY
7 SERVICES AND TREATMENT THAT IS REASONABLY EXPECTED TO DETER
8 FUTURE CRIMINAL BEHAVIOR.

9 (2) A DISTRICT ATTORNEY OF ANY JUDICIAL DISTRICT MAY APPLY
10 FOR A PILOT PROGRAM GRANT. THE DISTRICT ATTORNEY SHALL SHOW IN
11 THE APPLICATION THE DISTRICT ATTORNEY HAS ENTERED INTO AN
12 AGREEMENT WITH THE PRETRIAL SERVICES PROGRAM IN EACH COUNTY IN
13 THE JUDICIAL DISTRICT TO IMPLEMENT THE PILOT PROGRAM IN THE
14 JUDICIAL DISTRICT, INCLUDING WHETHER THE PRETRIAL SERVICES
15 PROGRAM WILL DESIGNATE A PROGRAM COORDINATOR AS DESCRIBED IN
16 SUBSECTION (4) OF THIS SECTION. IF A COUNTY DOES NOT HAVE A
17 PRETRIAL SERVICES PROGRAM, THE DISTRICT ATTORNEY SHALL ENTER INTO
18 THE AGREEMENT WITH THE COUNTY.

19 (3) PURSUANT TO SECTION 13-3-115(2.5), THE DIVERSION FUNDING
20 COMMITTEE SHALL DEVELOP AN APPLICATION PROCESS FOR DISTRICT
21 ATTORNEYS TO REQUEST A PILOT PROGRAM GRANT AND AWARD GRANTS.

22 (4) THE DISTRICT ATTORNEY SHALL DESIGNATE A PERSON TO SERVE
23 AS THE PROGRAM COORDINATOR IN EACH COUNTY IN THE DISTRICT; EXCEPT
24 THAT A DISTRICT ATTORNEY MAY DELEGATE THE DESIGNATION AUTHORITY
25 TO THE COUNTY PRETRIAL SERVICES PROGRAM OR, IF THE COUNTY DOES
26 NOT HAVE A PRETRIAL SERVICES PROGRAM, THE COUNTY. IF THE DISTRICT
27 ATTORNEY DELEGATES THE DESIGNATION AUTHORITY, THE PRETRIAL

1 SERVICES PROGRAM OR COUNTY SHALL DESIGNATE A PERSON TO SERVE AS
2 THE COUNTY'S PROGRAM COORDINATOR. THE PRETRIAL SERVICES
3 PROGRAM OR COUNTY MAY DESIGNATE A PROGRAM OR COUNTY EMPLOYEE
4 OR ENTER INTO AN AGREEMENT WITH A PERSON TO SERVE AS THE PROGRAM
5 COORDINATOR. THE PROGRAM COORDINATOR IN THE COUNTY IN WHICH
6 THE OFFENSE OCCURRED SHALL DEVELOP THE TREATMENT PROGRAM FOR
7 EACH PARTICIPANT WHO COMMITTED AN OFFENSE IN THE COUNTY AND
8 CARRY OUT ANY OTHER DUTIES DESCRIBED IN THIS PART 15.

9 **18-1.3-1503. Assessment prior to participation in the pilot**
10 **program.** (1) THE BEHAVIORAL HEALTH ADMINISTRATION SHALL PROVIDE
11 TO EACH COUNTY IN A DISTRICT PARTICIPATING IN THE PILOT PROGRAM A
12 LIST OF APPROVED ASSESSORS AVAILABLE TO PERFORM CLINICAL
13 ASSESSMENTS IN THE COUNTY. AN APPROVED ASSESSOR MUST BE A
14 MENTAL HEALTH PROFESSIONAL LICENSED, CERTIFIED, OR REGISTERED
15 PURSUANT TO ARTICLE 245 OF TITLE 12.

16 (2) (a) (I) A DEFENDANT WHO IS CHARGED WITH A QUALIFYING
17 OFFENSE; THE DEFENDANT'S ATTORNEY, INCLUDING AN ATTORNEY FROM
18 THE OFFICE OF THE STATE PUBLIC DEFENDER CREATED IN SECTION
19 21-1-101, WHO REPRESENTS THE DEFENDANT AT THE DEFENDANT'S INITIAL
20 APPEARANCE AT A BOND HEARING; OR THE COURT MAY RECOMMEND THAT
21 THE DEFENDANT UNDERGO A CLINICAL ASSESSMENT TO DETERMINE IF THE
22 DEFENDANT HAS A BEHAVIORAL HEALTH DISORDER.

23 (II) AS SOON AS PRACTICABLE AFTER A RECOMMENDATION IS MADE
24 THAT A DEFENDANT UNDERGO A CLINICAL ASSESSMENT PURSUANT TO
25 SUBSECTION (2)(a)(I) OF THIS SECTION, THE DEFENDANT SHALL UNDERGO
26 A CLINICAL ASSESSMENT TO DETERMINE IF THE DEFENDANT SHOULD BE
27 REFERRED FOR TREATMENT FOR A BEHAVIORAL HEALTH DISORDER.

1 (III) IF THE DEFENDANT IS IN CUSTODY, THE KEEPER OF THE JAIL
2 SHALL CONTACT AN APPROVED ASSESSOR TO PERFORM THE ASSESSMENT.

3 (b) A CLINICAL ASSESSMENT CONDUCTED PURSUANT TO THIS
4 SUBSECTION (2) MAY BE CONDUCTED IN PERSON OR THROUGH TELEHEALTH,
5 REGARDLESS OF WHETHER THE DEFENDANT IS IN CUSTODY OR HAS BEEN
6 RELEASED.

7 (c) IF THE ASSESSOR DETERMINES THAT THE DEFENDANT BEING
8 ASSESSED IS PHYSICALLY OR PSYCHOLOGICALLY IMPAIRED TO THE EXTENT
9 THAT THE DEFENDANT CANNOT PROVIDE SUFFICIENT INFORMATION OR
10 RESPONSES TO CONDUCT OR COMPLETE THE ASSESSMENT, THE ASSESSMENT
11 MAY BE DELAYED, BUT ONLY FOR THE TIME REQUIRED FOR THE DEFENDANT
12 TO ADEQUATELY REGAIN THE CAPACITY TO PROVIDE INFORMATION OR
13 RESPOND.

14 (3) THE ASSESSOR SHALL DETERMINE WHETHER THE DEFENDANT
15 SHOULD BE REFERRED FOR TREATMENT FOR A BEHAVIORAL HEALTH
16 DISORDER. THE ASSESSOR SHALL BASE A REFERRAL FOR TREATMENT ON
17 THE RESULTS OF THE CLINICAL ASSESSMENT AND A FINDING THAT
18 TREATMENT IS MEDICALLY NECESSARY. IF THE ASSESSOR DETERMINES
19 THAT THE DEFENDANT SHOULD BE REFERRED FOR TREATMENT, THE
20 ASSESSOR SHALL SUBMIT A TREATMENT REFERRAL TO THE DEFENDANT AND
21 ATTORNEY FOR THE DEFENDANT, IF ANY, WITHIN FORTY-EIGHT HOURS
22 AFTER THE ASSESSMENT.

23 (4) ANY STATEMENTS MADE BY THE DEFENDANT IN THE COURSE OF
24 THE CLINICAL ASSESSMENT MUST NOT BE USED AS A BASIS FOR CHARGING
25 OR PROSECUTING THE DEFENDANT UNLESS THE DEFENDANT COMMITS A
26 CHARGEABLE OFFENSE DURING THE ASSESSMENT. THIS SUBSECTION (4)
27 DOES NOT PROHIBIT ANY REPORTING REQUIRED BY LAW AND IS NOT AN

1 IMPLIED WAIVER OF APPLICABLE PRIVACY LAWS OR PROFESSIONAL
2 STANDARDS REGARDING CONFIDENTIALITY.

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

5 **18-1.3-1504. Participation in the pilot program - agreement**
6 **with district attorney required.** IF THE ASSESSOR REFERS A DEFENDANT
7 FOR TREATMENT FOR A BEHAVIORAL HEALTH DISORDER AS DESCRIBED IN
8 SECTION 18-1.3-1503 (3), HE DISTRICT ATTORNEY AND ELIGIBLE PERSON
9 MAY AGREE TO THE ELIGIBLE PERSON'S PARTICIPATION IN THE PILOT
10 PROGRAM.

11 **18-1.3-1505. Participant's behavioral health treatment**
12 **program - components - provider standards.** (1) (a) A PARTICIPANT IN
13 THE PILOT PROGRAM SHALL COMPLETE A BEHAVIORAL HEALTH TREATMENT
14 PROGRAM. A TREATMENT PROGRAM MUST BE DESIGNED TO PROVIDE THE
15 PARTICIPANT WITH THE SKILLS, TRAINING, AND RESOURCES NEEDED TO
16 MAINTAIN RECOVERY AND PREVENT THE PARTICIPANT FROM ENGAGING IN
17 CRIMINAL ACTIVITY ARISING FROM A BEHAVIORAL HEALTH DISORDER UPON
18 RELEASE FROM TREATMENT.

19 (b) THE PROGRAM COORDINATOR SHALL ESTABLISH A TREATMENT
20 PROGRAM THAT SATISFIES THE REQUIREMENTS OF SUBSECTION (2) OF THIS
21 SECTION FOR EACH PARTICIPANT IN THE PILOT PROGRAM IN THE PROGRAM
22 COORDINATOR'S COUNTY. THE TREATMENT PROGRAM MUST DESIGNATE
23 BEHAVIORAL HEALTH TREATMENT AND RECOVERY HOUSING PROVIDERS TO
24 PROVIDE THE TREATMENT AND SERVICES REQUIRED AS PART OF THE
25 TREATMENT PROGRAM; EXCEPT THAT, PURSUANT TO SUBSECTION (1)(c) OF
26 THIS SECTION, THE ASSESSOR WHO CONDUCTS THE CLINICAL ASSESSMENT
27 OF THE PARTICIPANT SHALL DETERMINE THE LENGTH OF TIME THE

1 PARTICIPANT IS REQUIRED TO PARTICIPATE IN THE TREATMENT PROGRAM.
2 IN ESTABLISHING A TREATMENT PROGRAM FOR A SPECIFIC PARTICIPANT,
3 THE PROGRAM COORDINATOR SHALL CONSIDER THE FOLLOWING:

4 (I) THE EXISTENCE OF PROGRAMS AND RESOURCES WITHIN THE
5 PARTICIPANT'S COMMUNITY;

6 (II) AVAILABLE TREATMENT PROVIDERS;

7 (III) AVAILABLE RECOVERY HOUSING;

8 (IV) ACCESSIBLE PUBLIC AND PRIVATE AGENCIES;

9 (V) THE BENEFIT OF KEEPING THE PARTICIPANT IN THE COMMUNITY
10 VERSUS RELOCATION OF THE PARTICIPANT FOR PURPOSES OF TREATMENT,
11 HOUSING, AND OTHER SUPPORTIVE SERVICES;

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

14 (VII) THE SPECIFIC AND PERSONALIZED NEEDS OF THE
15 PARTICIPANT.

16 (c) THE ASSESSOR WHO CONDUCTS THE CLINICAL ASSESSMENT OF
17 THE PARTICIPANT DESCRIBED IN SECTION 18-1.3-1503 (2) SHALL
18 DETERMINE THE LENGTH OF TIME THE PARTICIPANT IS REQUIRED TO
19 PARTICIPATE IN THE TREATMENT PROGRAM. IN MAKING THE
20 DETERMINATION, THE ASSESSOR SHALL CONSIDER THE TYPE OF TREATMENT
21 PROGRAM THAT THE PARTICIPANT IS REQUIRED TO COMPLETE AND SHALL
22 CONSULT WITH THE PROGRAM COORDINATOR. THE ASSESSOR SHALL
23 REPORT THE REQUIRED LENGTH OF TIME TO THE PROGRAM COORDINATOR
24 DEVELOPING THE PARTICIPANT'S TREATMENT PROGRAM PURSUANT TO THIS
25 SECTION. THE LENGTH OF TIME MUST NOT EXCEED THE LENGTH OF THE
26 PARTICIPANT'S MAXIMUM POTENTIAL PERIOD OF INCARCERATION IF FOUND
27 GUILTY OF THE OFFENSES CHARGED; EXCEPT THAT THE PARTICIPANT MAY

1 AGREE IN WRITING TO AN EXTENSION OF THE TREATMENT PERIOD.

2 (2) A TREATMENT PROGRAM MUST BE EVIDENCE-BASED, AND MAY
3 BE A BEHAVIORAL TREATMENT PLAN OR A MEDICALLY ASSISTED
4 TREATMENT PLAN, OR BOTH, WITH RECOVERY SERVICES OR AN
5 EVIDENCE-BASED RECOVERY HOUSING PROGRAM. THE TREATMENT
6 PROGRAM MUST PROVIDE AT A MINIMUM ACCESS, AS NEEDED, TO:

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

9 (b) OUTPATIENT TREATMENT;

10 (c) DRUG TESTING;

11 (d) ADDICTION COUNSELING;

12 (e) COGNITIVE AND BEHAVIORAL THERAPIES;

13 (f) MEDICATION-ASSISTED TREATMENT, INCLUDING AT LEAST ONE
14 OPIATE AGONIST, AS DEFINED AS SECTION 12-30-110; MEDICATION FOR THE
15 TREATMENT OF OPIOID OR ALCOHOL DEPENDENCE; PARTIAL AGONIST
16 MEDICATION; ANTAGONIST MEDICATION; AND ANY OTHER APPROVED
17 MEDICATION FOR THE MITIGATION OF OPIOID WITHDRAWAL SYMPTOMS;

18 (g) EDUCATIONAL SERVICES;

19 (h) VOCATIONAL SERVICES;

20 (i) HOUSING ASSISTANCE;

21 (j) PEER SUPPORT SERVICES; AND

22 (k) COMMUNITY SUPPORT SERVICES, WHICH MAY INCLUDE
23 FAITH-BASED SERVICES.

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

27 (4) ALL RECOVERY HOUSING SERVICE PROVIDERS MUST:

- 1 (a) PROVIDE EVIDENCE-BASED SERVICES;
- 2 (b) PROVIDE A RECORD OF OUTCOMES;
- 3 (c) PROVIDE PEER SUPPORT SERVICES; AND
- 4 (d) ADDRESS THE SOCIAL DETERMINANTS OF HEALTH.

5 **18-1.3-1506. Participant's behavioral health treatment**
6 **program - participation - provider requirements.** (1) THE PARTICIPANT

7 SHALL BEGIN THE PARTICIPANT'S BEHAVIORAL HEALTH TREATMENT
8 PROGRAM AS SOON AS PRACTICABLE AFTER THE DIVERSION AGREEMENT IS
9 SIGNED.

10 (2) UPON INITIATION OF TREATMENT, THE PROGRAM COORDINATOR
11 SHALL NOTIFY THE DIVISION OF EMPLOYMENT AND TRAINING IN THE
12 DEPARTMENT OF LABOR AND EMPLOYMENT OF THE PARTICIPANT'S
13 PARTICIPATION IN THE PILOT PROGRAM.

14 (3) THE PROGRAM COORDINATOR SHALL:

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

17 (b) COORDINATE ALL SERVICES AND TESTING REQUIRED PURSUANT
18 TO THE PILOT PROGRAM OR DIVERSION AGREEMENT, INCLUDING
19 TRANSPORTATION, IF NEEDED AND AVAILABLE;

20 (c) RECEIVE AND MAINTAIN COPIES OF ALL NECESSARY
21 DOCUMENTATION TO ENSURE COMPLIANCE WITH TREATMENT PROGRAM
22 REQUIREMENTS, INCLUDING TREATMENT RECORDS; DRUG TESTS;
23 EDUCATIONAL ASSESSMENTS AND ADVANCEMENTS, IF APPLICABLE;
24 EMPLOYMENT STATUS AND EMPLOYMENT TRAINING; COMMUNITY SERVICE,
25 IF APPLICABLE; AND HOUSING STATUS;

26 (d) MEET OR CONFER WITH PROVIDERS OF ANY REQUIRED
27 COMPONENTS OF A PARTICIPANT'S TREATMENT PROGRAM ON A REGULAR

1 BASIS TO ADDRESS THE PARTICIPANT'S PROGRESS, INCLUDING RESTITUTION,
2 AND ANY REQUIRED ADJUSTMENT THAT MAY BE NEEDED TO THE
3 PARTICIPANT'S TREATMENT PROGRAM; AND

4 (e) PROVIDE PERIODIC PROGRESS REPORTS TO THE DISTRICT
5 ATTORNEY AND PARTICIPANT'S ATTORNEY ACCORDING TO THE FOLLOWING
6 SCHEDULE:

7 (I) AN INITIAL REPORT WITHIN FOURTEEN DAYS AFTER THE
8 INITIATION OF TREATMENT;

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

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

13 (IV) A FINAL REPORT WITHIN THIRTY DAYS AFTER THE
14 PARTICIPANT'S SUCCESSFUL COMPLETION OF THE PARTICIPANT'S
15 TREATMENT PROGRAM.

16 (4) THE GENERAL ASSEMBLY ENCOURAGES EACH PROGRAM
17 COORDINATOR, TREATMENT PROVIDER, AND MEMBER OF THE
18 PARTICIPANT'S TREATMENT TEAM TO UTILIZE ELECTRONIC NOTIFICATION
19 OR REMINDER SERVICES FOR PARTICIPANTS THROUGHOUT THE TREATMENT
20 PROGRAM PERIOD.

21 (5) THE PROGRAM COORDINATOR SHALL:

22 (a) RECOMMEND MODIFICATIONS TO THE PARTICIPANT'S
23 TREATMENT PROGRAM TO THE DISTRICT ATTORNEY AND THE PARTICIPANT'S
24 ATTORNEY, IF APPLICABLE;

25 (b) REVIEW THE PARTICIPANT'S PROGRESS; AND

26 (c) ADVISE THE DISTRICT ATTORNEY, THE COURT, THE
27 PARTICIPANT'S ATTORNEY, IF APPLICABLE, AND THE VICTIM, IF THERE IS AN

1 IDENTIFIED VICTIM, OF THE PARTICIPANT'S SUCCESSFUL COMPLETION OF
2 THE TREATMENT PROGRAM REQUIREMENTS.

3 (6) THE PROGRAM COORDINATOR MAY DISMISS A PARTICIPANT
4 FROM THE PILOT PROGRAM IF THE PARTICIPANT FAILS TO MEET THE TERMS
5 AND CONDITIONS OF THE TREATMENT PROGRAM OR DIVERSION
6 AGREEMENT. THE PROGRAM COORDINATOR SHALL IMMEDIATELY REPORT
7 DISMISSAL FROM THE TREATMENT PROGRAM BASED UPON LACK OF
8 COMPLIANCE WITH THE TERMS AND CONDITIONS OF THE TREATMENT
9 PROGRAM TO THE DISTRICT ATTORNEY, THE COURT, AND THE
10 PARTICIPANT'S ATTORNEY, IF APPLICABLE.

11 **18-1.3-1507. Vocational services - assessment - individualized**

12 **plan.** (1) (a) THE DIVISION OF EMPLOYMENT AND TRAINING, IN
13 CONJUNCTION WITH THE PROGRAM COORDINATOR, SHALL CONDUCT AN
14 IN-PERSON INITIAL SCREENING OF ANY INDIVIDUAL PARTICIPATING IN THE
15 PILOT PROGRAM WITHIN THIRTY DAYS AFTER A PARTICIPANT BEGINS THE
16 PILOT PROGRAM.

17 (b) NOTHING IN THIS SECTION PROHIBITS ANY DEPARTMENT,
18 OFFICE, OR DIVISION OF THE DEPARTMENT OF LABOR AND EMPLOYMENT
19 FROM ENTERING INTO AN AGREEMENT WITH A THIRD PARTY IN EACH
20 DISTRICT PARTICIPATING IN THE PILOT PROGRAM TO PROVIDE THE SERVICES
21 REQUIRED PURSUANT TO THIS SECTION.

22 (2) THE INITIAL SCREENING MUST INCLUDE:

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

24 (I) EDUCATIONAL HISTORY, INCLUDING HIGHEST LEVEL OF
25 EDUCATION COMPLETED AND WHEN THE PARTICIPANT LAST ATTENDED
26 SCHOOL;

27 (II) EMPLOYMENT HISTORY, INCLUDING TYPES AND LENGTHS OF

1 EMPLOYMENTS;

2 (III) MILITARY HISTORY, IF ANY;

3 (IV) PHYSICAL, MENTAL, AND EMOTIONAL ABILITIES AND

4 LIMITATIONS;

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

6 (VI) LANGUAGE SKILLS; AND

7 (b) A DETERMINATION OF WHETHER FURTHER ASSESSMENT IS

8 NEEDED TO DEVELOP THE VOCATIONAL COMPONENT OF THE PILOT

9 PROGRAM. IF FURTHER ASSESSMENT IS REQUIRED, THE DIVISION OF

10 EMPLOYMENT AND TRAINING SHALL COMPLETE THE FURTHER ASSESSMENT

11 WITHIN NINETY DAYS AFTER THE PARTICIPANT'S ENTRY INTO THE PILOT

12 PROGRAM, UNLESS ADDITIONAL TIME IS NEEDED TO PROVIDE FOR PHYSICAL

13 RECOVERY FROM THE EFFECTS OF A SEVERE BEHAVIORAL HEALTH

14 DISORDER.

15 (3) WITHIN TEN DAYS AFTER COMPLETION OF THE INITIAL

16 SCREENING, THE DIVISION OF EMPLOYMENT AND TRAINING, IN

17 CONSULTATION WITH THE PROGRAM COORDINATOR, SHALL ESTABLISH AN

18 INDIVIDUALIZED PLAN DESIGNED FOR THE PARTICIPANT TO ATTAIN A

19 SPECIFIC EMPLOYMENT OUTCOME. THE PLAN MUST INCLUDE:

20 (a) SPECIFIC EDUCATIONAL GOALS WITH IDENTIFICATION OF

21 INSTITUTIONS FROM WHICH THE PARTICIPANT WILL RECEIVE EDUCATIONAL

22 CREDITS OR TRAINING;

23 (b) SPECIFIC JOB SKILLS TRAINING AND THE FACILITY OR

24 INSTITUTION FROM WHICH THE PARTICIPANT WILL RECEIVE THE JOB SKILLS

25 TRAINING. THE TRAINING MUST INCLUDE A HOLISTIC EDUCATION

26 CURRICULUM THAT INCLUDES BUT IS NOT LIMITED TO PROBLEM-SOLVING,

27 COMMUNICATION SKILLS, AND INTERPERSONAL SKILLS.

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

5 (d) THE SPECIFIC SERVICES THAT THE DIVISION OF EMPLOYMENT
6 AND TRAINING WILL PROVIDE TO ACHIEVE THE EMPLOYMENT OUTCOME
7 AND TO OVERCOME OR MINIMIZE ANY IDENTIFIED OBSTACLES TO
8 EMPLOYMENT AND THE FREQUENCY WITH WHICH THOSE SERVICES WILL BE
9 PROVIDED, INCLUDING BUT NOT LIMITED TO ACCESS TO SUPPORT AND
10 SERVICES DURING NON-TRADITIONAL BUSINESS HOURS;

11 (e) THE BEGINNING AND PROJECTED COMPLETION DATE OF EACH
12 SERVICE;

13 (f) IF SUPPORTED EMPLOYMENT TRAINING OR SERVICES ARE
14 PROVIDED OUTSIDE OF THE DIVISION OF EMPLOYMENT AND TRAINING, THE
15 IDENTIFICATION OF THE PROVIDER OF THE EXTENDED SERVICES AND THE
16 REPORTING AND ACCOUNTABILITY REQUIREMENTS ESTABLISHED WITH THE
17 PROGRAM COORDINATOR;

18 (g) THE CRITERIA ESTABLISHED FOR EVALUATING THE
19 PARTICIPANT'S PROGRESS AND SUCCESS;

20 (h) THE ATTENDANCE AND REPORTING REQUIREMENTS
21 ESTABLISHED FOR THE PARTICIPANT AND FOR THE INSTITUTION OR FACILITY
22 PROVIDING THE SERVICE, INCLUDING TO WHOM AND WITH WHAT
23 FREQUENCY REPORTS ARE MADE;

24 (i) THE DATE THE INDIVIDUALIZED PLAN IS ESTIMATED TO BE
25 COMPLETED;

26 (j) THE NEED FOR ONGOING OR FUTURE TRAINING FOLLOWING
27 COMPLETION OF THE INDIVIDUALIZED PLAN AND THE AVAILABILITY OF

1 THAT TRAINING TO THE PARTICIPANT; AND

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

4 (4) THE DIVISION OF EMPLOYMENT AND TRAINING, IN
5 CONSULTATION WITH THE COLORADO DEPARTMENT OF HIGHER
6 EDUCATION, SHALL PROVIDE THE PARTICIPANT WITH ASSISTANCE IN
7 SECURING ALL SCHOLARSHIPS, GRANTS, OR OTHER AVAILABLE FINANCIAL
8 ASSISTANCE TO ENSURE ACCESS TO THE EDUCATIONAL OR TRAINING
9 REQUIREMENTS NEEDED TO ACHIEVE A SPECIFIC EMPLOYMENT OUTCOME
10 IDENTIFIED IN THE INDIVIDUALIZED PLAN.

11 (5) THE DIVISION OF EMPLOYMENT AND TRAINING MAY ESTABLISH
12 AN ELECTRONIC REGISTRY TO BE USED BY PARTICIPANTS IN THE PILOT
13 PROGRAM, PROGRAM COORDINATORS, AND PROSPECTIVE EMPLOYERS TO
14 ASSIST IN MATCHING PARTICIPANTS WITH EMPLOYMENT OPPORTUNITIES.

15 **18-1.3-1508. Completion of pilot program - dismissal for**
16 **failure to comply with pilot program terms - confidentiality upon**
17 **dismissal from treatment program - victim notification.** (1) (a) UPON
18 A PARTICIPANT SUCCESSFULLY COMPLETING THE PILOT PROGRAM, THE
19 COURT SHALL:

20 (I) DISMISS THE CHARGED OFFENSE OR OFFENSES WITH PREJUDICE
21 AND DISCHARGE THE DEFENDANT; AND

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

25 (b) THE EFFECTS OF A SEALING ORDER AS SET FORTH IN SECTION
26 24-72-703 (2) APPLY TO A RECORD SEALED PURSUANT TO THIS SECTION.

27 (2) (a) IF A PARTICIPANT IN THE PILOT PROGRAM IS CONVICTED OF

1 OR PLEADS GUILTY TO A FELONY OFFENSE OTHER THAN A QUALIFYING
2 OFFENSE UNDER ANY LAW OF THE UNITED STATES, THIS STATE, OR
3 ANOTHER STATE, THAT WAS COMMITTED WHILE PARTICIPATING IN THE
4 PILOT PROGRAM, THE PARTICIPANT IS DISMISSED FROM THE PILOT PROGRAM
5 FOR FAILURE TO COMPLY WITH THE PILOT PROGRAM'S TERMS AND
6 CONDITIONS.

7 (b) THE DISTRICT ATTORNEY OR COURT MAY DISMISS A PERSON
8 FROM THE PILOT PROGRAM FOR FAILING TO COMPLY WITH THE TERMS OF
9 THE DIVERSION AGREEMENT. PURSUANT TO SECTION 18-1.3-1506 (6), THE
10 PROGRAM COORDINATOR MAY DISMISS A PERSON FROM THE PILOT
11 PROGRAM IF THE PERSON FAILS TO MEET THE TERMS AND CONDITIONS OF
12 THE TREATMENT PROGRAM OR DIVERSION AGREEMENT.

13 (3) IF A PARTICIPANT IS DISMISSED FROM THE TREATMENT
14 PROGRAM BY THE PROGRAM COORDINATOR PURSUANT TO SECTION
15 18-1.3-1506 (6), ALL STATEMENTS OR OTHER DISCLOSURES MADE BY THE
16 PARTICIPANT TO THE PROGRAM COORDINATOR OR ANY PROVIDER WHILE
17 PARTICIPATING IN THE TREATMENT PROGRAM ARE PROTECTED BY ALL
18 APPLICABLE PRIVACY LAWS AND PROFESSIONAL STANDARDS REGARDING
19 CONFIDENTIALITY AND ARE NOT ADMISSIBLE IN A CRIMINAL TRIAL
20 RELATING TO THE OFFENSES COVERED BY THE DISMISSED PARTICIPANT'S
21 DIVERSION AGREEMENT.

22 (4) THE DISTRICT ATTORNEY SHALL NOTIFY THE VICTIM, IF THERE
23 IS AN IDENTIFIED VICTIM, OF THE PARTICIPANT'S DISMISSAL FROM THE PILOT
24 PROGRAM FOR NONCOMPLIANCE OR SUCCESSFUL COMPLETION OF THE PILOT
25 PROGRAM.

26 **18-1.3-1509. Reporting requirements.** (1) (a) A DISTRICT
27 ATTORNEY WHO RECEIVES A PILOT PROGRAM GRANT SHALL COLLECT DATA

1 AND PROVIDE A STATUS REPORT TO THE JUDICIAL DEPARTMENT BY A DATE
2 PRESCRIBED BY THE DIVERSION FUNDING COMMITTEE THAT INCLUDES:

3 (I) THE FOLLOWING INFORMATION ABOUT EACH PARTICIPANT IN
4 THE DISTRICT:

5 (A) WHETHER THE PARTICIPANT HAS CONTINUED PARTICIPATION
6 IN THE TREATMENT PROGRAM AND, IF THE PARTICIPANT HAS BEEN
7 DISCHARGED FROM THE TREATMENT PROGRAM DUE TO AN INABILITY OR
8 UNWILLINGNESS TO MEET THE TERMS AND CONDITIONS OF THE TREATMENT
9 PROGRAM, THE SPECIFIC REASON FOR THE DISCHARGE;

10 (B) THE TYPE OF RECOMMENDED TREATMENT AND PROGRESS
11 TOWARD COMPLETION OF THE TREATMENT;

12 (C) EMPLOYMENT OR JOB TRAINING;

13 (D) THE TYPE OF EDUCATIONAL TRAINING AND PROGRESS TOWARD
14 COMPLETION OF THE TRAINING;

15 (E) HOUSING STATUS; AND

16 (F) ANY OTHER INFORMATION ABOUT A PARTICIPANT THAT THE
17 DISTRICT ATTORNEY DETERMINES MAY ASSIST IN EVALUATION OF THE
18 PILOT PROGRAM;

19 (II) THE NUMBER OF CLINICAL ASSESSMENTS PERFORMED IN THE
20 DISTRICT PURSUANT TO SECTION 18-1.3-1503;

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

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

24 (V) THE NUMBER OF PARTICIPANTS WHO HAVE BEEN DISMISSED
25 FROM THE PILOT PROGRAM BECAUSE THE PARTICIPANT FAILED TO MEET
26 THE TERMS AND CONDITIONS OF THE TREATMENT PROGRAM, INCLUDING
27 THE SPECIFIC REASONS FOR DISMISSAL;

1 (VI) FOR ANY PARTICIPANT DISMISSED BECAUSE THE PARTICIPANT
2 FAILED TO MEET THE TERMS AND CONDITIONS OF THE TREATMENT
3 PROGRAM, THE LENGTH OF TIME THE PERSON PARTICIPATED IN THE
4 TREATMENT PROGRAM;

5 (VII) THE NUMBER OF PARTICIPANTS WHO HAVE BEEN DISCHARGED
6 FROM THE TREATMENT PROGRAM UPON SUCCESSFUL COMPLETION OF THE
7 TREATMENT PROGRAM REQUIREMENTS;

8 (VIII) THE NUMBER OF PARTICIPANTS WHO HAVE RECEIVED
9 MEDICATION-ASSISTED TREATMENT AS PART OF THE PARTICIPANTS'
10 TREATMENT PROGRAM;

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

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

15 (b) A PROGRAM COORDINATOR SHALL SUBMIT A FINAL REPORT FOR
16 EACH PARTICIPANT NO LATER THAN THIRTY DAYS AFTER THE PARTICIPANT
17 IS DISCHARGED OR DISMISSED FROM THE TREATMENT PROGRAM. A FINAL
18 REPORT MUST INCLUDE, AT A MINIMUM, THE FOLLOWING INFORMATION:

19 (I) IF THE PARTICIPANT WAS DISMISSED FROM THE PILOT PROGRAM
20 BECAUSE THE PARTICIPANT FAILED TO MEET THE TERMS AND CONDITIONS
21 OF THE PILOT PROGRAM, THE FOLLOWING:

22 (A) THE SPECIFIC REASON FOR THE DISMISSAL;

23 (B) THE LENGTH OF TIME THE DEFENDANT PARTICIPATED IN THE
24 PILOT PROGRAM;

25 (C) GOALS MET BY THE DEFENDANT DURING PARTICIPATION IN THE
26 PILOT PROGRAM;

27 (D) IDENTIFIED BARRIERS TO COMPLETION OF THE PILOT PROGRAM,

1 IF KNOWN; AND

2 (E) RECOMMENDED ADJUSTMENTS TO THE PILOT PROGRAM THAT
3 COULD PROVIDE A GREATER PROBABILITY OF SUCCESSFUL COMPLETION FOR
4 SIMILAR PARTICIPANTS; OR

5 (II) IF THE PARTICIPANT SUCCESSFULLY COMPLETED THE PILOT
6 PROGRAM REQUIREMENTS:

7 (A) THE LENGTH OF TIME THE PARTICIPANT PARTICIPATED IN THE
8 PILOT PROGRAM;

9 (B) A SUMMARY OF THE SPECIFIC PROGRAMS COMPLETED AND
10 GOALS ATTAINED BY THE PARTICIPANT;

11 (C) ANY CONTINUED TREATMENT FOR THE PARTICIPANT
12 RECOMMENDED BY ANY TREATMENT PROVIDER IN THE PILOT PROGRAM;

13 AND

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

16 (2) IN ITS REPORT PURSUANT TO SECTION 13-3-115 (6) THAT IS DUE
17 JANUARY 31, 2028, THE JUDICIAL DEPARTMENT SHALL INCLUDE A
18 RECOMMENDATION OF WHETHER TO CONTINUE THE PILOT PROGRAM AS A
19 PERMANENT COMPONENT OF THE DIVERSION PROGRAM ESTABLISHED IN
20 SECTION 18-1.3-101.

21 **18-1.3-1510. Repeal of part.** THIS PART 15 IS REPEALED,
22 EFFECTIVE JUNE 30, 2028.

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

25 **23-21-802. Legislative declaration.** (1) The general assembly
26 finds that:

27 (h) In order to increase access to addiction treatment in areas of the

1 state where opioid addiction is prevalent, it is necessary to establish a pilot
2 program to award grants to:

3 (I) Organizations, ~~or~~ practices, OR PHARMACIES with nurse
4 practitioners, ~~and~~ physician assistants, OR PHARMACISTS to enable them to
5 obtain the training and ongoing support required to prescribe medications,
6 such as buprenorphine and all other medications and therapies approved
7 by the federal food and drug administration, to treat opioid use disorders;
8 and

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

11 **23-21-803. Definitions.** As used in this part 8, unless the context
12 otherwise requires:

13 (5.3) "PHARMACIST" MEANS AN INDIVIDUAL LICENSED IN
14 COLORADO TO ENGAGE IN THE PRACTICE OF PHARMACY WHO IS
15 PRESCRIBING MEDICATION-ASSISTED TREATMENT PURSUANT TO PART 6 OF
16 ARTICLE 280 OF TITLE 12.

17 **SECTION 13.** In Colorado Revised Statutes, 23-21-804, **amend**
18 (1) and (2) as follows:

19 **23-21-804. Medication-assisted treatment expansion pilot**
20 **program - created - pilot program location - eligible grant recipients**
21 **- rules.** (1) (a) There is ~~hereby~~ created the medication-assisted treatment
22 expansion pilot program to provide grants to community agencies,
23 office-based practices, behavioral health organizations, ~~and~~ substance
24 abuse treatment organizations, AND PHARMACIES to enable:

25 (I) Nurse practitioners or physician assistants working in those
26 settings to obtain training and ongoing support required under the federal
27 act in order to prescribe buprenorphine and all other medications and

1 therapies approved by the federal food and drug administration as part of
2 medication-assisted treatment provided to individuals with an opioid use
3 disorder; and

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

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

13 (b) The MAT expansion pilot program is available to provide
14 grants to community agencies, office-based practices, behavioral health
15 organizations, and substance abuse treatment organizations practicing or
16 providing treatment in Pueblo county or Routt county, and, starting in the
17 2019-20 fiscal year, the San Luis valley and ~~up to two~~ additional counties
18 selected by the center for participation based on demonstrated need. THE
19 MAT EXPANSION PILOT PROGRAM MAY ALSO PROVIDE GRANTS TO
20 PHARMACIES FOR THE PURPOSES ALLOWED UNDER THE GRANT PROGRAM
21 ONCE THE CONDITIONS DESCRIBED IN SUBSECTION (1)(a)(III) OF THIS
22 SECTION ARE MET.

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

25 (a) To enable nurse practitioners or physician assistants practicing
26 or working in the grant recipient's setting in the pilot program area to
27 obtain the training required to be a qualified nurse practitioner or

1 physician assistant in order to prescribe buprenorphine and all other
2 medications and therapies approved by the federal food and drug
3 administration as part of medication-assisted treatment for individuals
4 with opioid use disorders; ~~and~~

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

7 (c) TO OBTAIN TRAINING FOR PHARMACISTS TO PROVIDE
8 MEDICATION-ASSISTED TREATMENT SERVICES.

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

11 **23-21-805. MAT expansion advisory board - created - duties.**

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

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

15 (VI) The physician assistant program at the university of Colorado;

16 AND

17 (VII) THE COLORADO PHARMACISTS SOCIETY.

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

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

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

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

4 (2) The advisory board shall review the applications received
5 pursuant to this section and make recommendations to the center
6 regarding grant recipients and awards. In recommending grant awards and
7 in awarding grants, the advisory board and the center shall consider the
8 following criteria:

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

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

15 (3) Subject to available appropriations, ~~in the 2019-20 and~~
16 ~~2020-21 fiscal years,~~ the center shall award grants to applicants approved
17 in accordance with this section and shall distribute the grant money to
18 grant recipients within ninety days after issuing the grant awards.

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

22 **23-21-807. Reporting requirements.** (1) Each organization, ~~or~~
23 practice, OR PHARMACY that receives a grant through the pilot program
24 shall submit an annual report to the center by a date set by the center. At
25 a minimum, the report must include the following information:

26 (c) The number of nurse practitioners, ~~or~~ physician assistants, OR
27 PHARMACISTS who were trained; and who received certification to

1 prescribe buprenorphine and all other medications and therapies approved
2 by the federal food and drug administration to treat opioid use disorder;
3 and

4 (e) A DETAILED DESCRIPTION OF THE TRAINING RECEIVED BY
5 PHARMACISTS; WHETHER THE PHARMACISTS WHO RECEIVED TRAINING ARE
6 CURRENTLY ABLE TO PROVIDE AND ARE PROVIDING MEDICATION-ASSISTED
7 TREATMENT TO OPIOID-DEPENDENT PATIENTS; AND THE NUMBER OF
8 OPIOID-DEPENDENT PATIENTS TREATED DURING THE PILOT PROGRAM
9 PERIOD BY EACH PHARMACIST.

10 (2) ~~On or before June 30, 2018, and on or before each June 30~~
11 ~~through June 30, 2021,~~ The center shall ANNUALLY submit a summarized
12 report on the pilot program to the health and human services committee
13 of the senate and the health and insurance and the public health care and
14 human services committees of the house of representatives, or any
15 successor committees, and to the governor. At a minimum, the report must
16 include:

17 (c) ~~The total number of nurse practitioners and physician assistants~~
18 ~~who completed the required training and became certified to prescribe~~
19 ~~buprenorphine, listed by county participating in the pilot program;~~

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

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

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

1 **25.5-4-505.5. Federal authorization related to persons involved**
2 **in the criminal justice system - report - rules - legislative declaration.**

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

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

6 (II) WITH THE EMERGING OPPORTUNITY TO ALLOW FOR COVERAGE
7 OF INCARCERATED MEDICAID MEMBERS, COLORADO IS SUPPORTIVE OF
8 ENSURING THESE MEMBERS HAVE ACCESS TO NEEDED SERVICES AND
9 TREATMENT; AND

10 (III) COLORADO IS COMMITTED TO ENSURING MEDICAID MEMBERS
11 HAVE ACCESS TO A CIVIL, COMMUNITY-BASED SYSTEM THAT MEETS
12 MEMBERS' NEEDS AND ENSURES COLORADO'S COUNTY JAILS, JUVENILE
13 FACILITIES, AND PRISONS DO NOT BECOME PRIMARY ACCESS POINTS FOR
14 HEALTH-CARE SERVICES FOR PEOPLE EXPERIENCING BEHAVIORAL HEALTH
15 CONDITIONS.

16 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES IT IS IN THE
17 BEST INTEREST OF ALL COLORADANS, AND ESPECIALLY COLORADANS
18 LIVING WITH BEHAVIORAL HEALTH CONDITIONS, TO REQUIRE THE
19 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO SEEK A FEDERAL
20 WAIVER OF THE MEDICAID INMATE EXCLUSION POLICY THAT INCLUDES
21 ANNUAL DATA REPORTING REQUIREMENTS THAT:

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

24 (II) PROMOTE THE ESTABLISHMENT OF CONTINUOUS CIVIL SYSTEMS
25 OF CARE WITHIN COMMUNITIES DEMONSTRABLY COMMITTED TO DIVERSION
26 OR DEFLECTION EFFORTS, INCLUDING BUT NOT LIMITED TO MOBILE
27 OUTREACH, CO-RESPONDER PROGRAMS, AND PROSECUTOR- OR

1 JUDICIAL-LED INITIATIVES; AND

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

5 (2) (a) NO LATER THAN APRIL 1, 2024, THE STATE DEPARTMENT
6 SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE SCREENING FOR
7 PHYSICAL AND BEHAVIORAL HEALTH NEEDS, BRIEF INTERVENTION,
8 MEDICATION-ASSISTED TREATMENT, ANY ADDITIONAL PRESCRIPTION
9 MEDICATIONS, CASE MANAGEMENT, AND CARE COORDINATION SERVICES
10 THROUGH THE MEDICAL ASSISTANCE PROGRAM TO PERSONS IMMEDIATELY
11 PRIOR TO RELEASE FROM A JUVENILE INSTITUTIONAL FACILITY, AS DEFINED
12 IN SECTION 25-1.5-301 (2)(b), OR A DEPARTMENT OF CORRECTIONS
13 FACILITY.

14 (b) BEGINNING JULY 1, 2025, AND SUBJECT TO AVAILABLE
15 APPROPRIATIONS, THE SERVICES DESCRIBED IN SUBSECTION (2)(a) OF THIS
16 SECTION ARE AVAILABLE UPON RECEIPT OF THE NECESSARY FEDERAL
17 AUTHORIZATION.

18 (3) (a) NO LATER THAN APRIL 1, 2025, THE STATE DEPARTMENT
19 SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE SCREENING FOR
20 PHYSICAL AND BEHAVIORAL HEALTH NEEDS, BRIEF INTERVENTION,
21 ADMINISTRATION OF MEDICATION-ASSISTED TREATMENT, PHYSICAL AND
22 PSYCHIATRIC PRESCRIPTION MEDICATIONS PROVIDED UPON RELEASE FROM
23 JAIL, CASE MANAGEMENT, AND CARE COORDINATION SERVICES THROUGH
24 THE MEDICAL ASSISTANCE PROGRAM TO PERSONS UP TO NINETY DAYS
25 PRIOR TO RELEASE FROM A COUNTY JAIL. THE FEDERAL AUTHORIZATION
26 MUST NOT INCLUDE COVERAGE FOR PHYSICAL OR PSYCHIATRIC
27 PRESCRIPTION MEDICATIONS THAT ARE ADMINISTERED IN A JAIL SETTING.

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

5 (4) UPON RECEIPT OF THE NECESSARY FEDERAL AUTHORIZATION,
6 THE STATE DEPARTMENT SHALL:

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

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

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

26 (I) EMPLOY A PHYSICIAN MEDICAL DIRECTOR;

27 (II) ENSURE THE INDIVIDUAL RECEIVING MEDICATION-ASSISTED

1 TREATMENT UNDERGOES A MINIMUM OBSERVATION PERIOD AFTER
2 RECEIVING MEDICATION-ASSISTED TREATMENT, AS DETERMINED BY
3 BEHAVIORAL HEALTH ADMINISTRATION RULE PURSUANT TO SECTION
4 27-80-204; AND

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

8 (b) THE STATE DEPARTMENT SHALL ENSURE AS PART OF THE STATE
9 DEPARTMENT'S QUALITY OVERSIGHT THAT OPIOID TREATMENT PROGRAMS
10 THAT ADMINISTER MEDICATION-ASSISTED TREATMENT IN A JAIL SETTING
11 MAINTAIN EMERGENCY POLICIES AND PROCEDURES THAT ADDRESS
12 ADVERSE OUTCOMES.

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

20 (7) (a) BEGINNING JULY 1, 2025, AND EACH JULY 1 THEREAFTER,
21 THE STATE DEPARTMENT SHALL ANNUALLY REPORT TO THE HOUSE OF
22 REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
23 SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
24 COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, THE FOLLOWING
25 INFORMATION:

26 (I) DE-IDENTIFIED INFORMATION OF INDIVIDUALS WHO HAVE
27 ACCESSED SERVICES, INCLUDING EACH INDIVIDUAL'S DEMOGRAPHICS, THE

1 TYPE OF SERVICES THE INDIVIDUAL ACCESSED, THE DURATION OF THE
2 SERVICES OFFERED IN A CARCERAL SETTING COMPARED TO THE DURATION
3 OF THE SAME SERVICES OFFERED IN A CIVIL SETTING, AND THE
4 INDIVIDUAL'S EXPERIENCES BEFORE AND AFTER INCARCERATION,
5 INCLUDING BUT NOT LIMITED TO:

6 (A) EMERGENCY ROOM OR CRISIS SYSTEM VISITS;

7 (B) INPATIENT STAYS FOR A PRIMARY BEHAVIORAL HEALTH
8 CONDITION; AND

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

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

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

16 (IV) THE TOTAL NUMBER OF INDIVIDUALS WHO ACCESSED
17 SERVICES IN A CIVIL SETTING PRIOR TO ARREST OR DETAINMENT AND WERE
18 SUBSEQUENTLY EVALUATED FOR COMPETENCY, ORDERED TO COMPETENCY
19 RESTORATION, RESTORED TO COMPETENCY, OR FOUND INCOMPETENT TO
20 PROCEED IN A FORENSIC SETTING; AND

21 (V) PERSISTENT GAPS IN CONTINUITY OF CARE IN
22 LEAST-RESTRICTIVE CIVIL SETTINGS.

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

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

27 **SECTION 18.** In Colorado Revised Statutes, 25.5-5-320, **amend**

1 (7) as follows:

2 **25.5-5-320. Telemedicine - reimbursement - disclosure**
3 **statement - rules - definition.** (7) As used in this section, "health-care or
4 mental health-care services" includes speech therapy, physical therapy,
5 occupational therapy, dental care, hospice care, home health care,
6 SUBSTANCE USE DISORDER TREATMENT, and pediatric behavioral health
7 care.

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

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

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

7 **SECTION 20.** In Colorado Revised Statutes, 25.5-5-422, **amend**
8 (2) as follows:

9 **25.5-5-422. Medication-assisted treatment - limitations on**
10 **MCEs - definition.** (2) Notwithstanding any provision of law to the
11 contrary, ~~beginning January 1, 2020,~~ each MCE that provides prescription
12 drug benefits OR METHADONE ADMINISTRATION for the treatment of
13 substance use disorders shall:

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

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

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

24 (d) SET THE REIMBURSEMENT RATE FOR TAKE-HOME METHADONE
25 TREATMENT AND OFFICE-ADMINISTERED METHADONE TREATMENT AT THE
26 SAME RATE.

27 **SECTION 21.** In Colorado Revised Statutes, **add** 27-60-116 as

1 follows:

2 **27-60-116. Withdrawal management facilities - data collection**

3 **- approval of admission criteria - definition - repeal.** (1) (a) NO LATER

4 THAN JULY 1, 2025, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL

5 COLLECT DATA FROM EACH WITHDRAWAL MANAGEMENT FACILITY ON THE

6 TOTAL NUMBER OF INDIVIDUALS WHO WERE DENIED ADMITTANCE OR

7 TREATMENT FOR WITHDRAWAL MANAGEMENT DURING THE PREVIOUS

8 CALENDAR YEAR AND THE REASON FOR THE DENIAL.

9 (b) THE BHA SHALL SHARE THE DATA RECEIVED FROM

10 WITHDRAWAL MANAGEMENT FACILITIES PURSUANT TO SUBSECTION (1)(a)

11 OF THIS SECTION WITH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES

12 ORGANIZATIONS.

13 (2) BEGINNING JANUARY 1, 2025, THE BHA SHALL REVIEW AND

14 APPROVE ANY ADMISSION CRITERIA ESTABLISHED BY A WITHDRAWAL

15 MANAGEMENT FACILITY, AS DEFINED IN SECTION 27-66.5-102.

16 (3) AS USED IN THIS SECTION, "WITHDRAWAL MANAGEMENT

17 FACILITY" HAS THE SAME MEANING AS SET FORTH IN SECTION 27-66.5-102.

18 **SECTION 22.** 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.** THE STATE DEPARTMENT

22 SHALL REQUIRE EACH MCE THAT CONTRACTS WITH THE STATE

23 DEPARTMENT TO DISCLOSE THE AGGREGATED AVERAGE AND LOWEST

24 RATES OF REIMBURSEMENT FOR A SET OF BEHAVIORAL HEALTH SERVICES

25 DETERMINED BY THE STATE DEPARTMENT.

26 **SECTION 23.** In Colorado Revised Statutes, **add** 25.5-5-512.5 as

27 follows:

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

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

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

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

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

24 (b) (I) FOR THE 2024-25 AND 2025-26 STATE FISCAL YEARS, THE
25 GENERAL ASSEMBLY SHALL ANNUALLY APPROPRIATE FIFTY THOUSAND
26 DOLLARS TO THE TRUST FUND. THE BOARD SHALL DISTRIBUTE THE MONEY
27 APPROPRIATED PURSUANT TO THIS SUBSECTION (4)(b) TO CONVENE A

1 STAKEHOLDER GROUP TO IDENTIFY STRATEGIES TO INCREASE ACCESS TO
2 CHILD CARE FOR FAMILIES SEEKING SUBSTANCE USE DISORDER TREATMENT
3 AND RECOVERY SERVICES, INCLUDING STRATEGIES TO INCLUDE
4 ENROLLMENT IN SUBSTANCE USE DISORDER TREATMENT SERVICES AS AN
5 ELIGIBLE ACTIVITY TO QUALIFY FOR THE COLORADO CHILD CARE
6 ASSISTANCE PROGRAM.

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

9 **SECTION 25.** In Colorado Revised Statutes, 27-50-107, **add**
10 (3)(e)(III) as follows:

11 **27-50-107. State board of human services - rules.** (3) The state
12 board of human services may promulgate rules that include, but are not
13 limited to:

14 (e) (III) UNLESS PROHIBITED BY RULES PROMULGATED BY THE
15 STATE BOARD OF ADDICTION COUNSELOR EXAMINERS PURSUANT TO PART
16 8 OF ARTICLE 245 OF TITLE 12, THE RULES PROMULGATED PURSUANT TO
17 THIS SUBSECTION (3)(e) RELATING TO STANDARDS FOR CERTIFICATION AND
18 EDUCATION REQUIREMENTS FOR CERTIFIED ADDICTION TECHNICIANS,
19 CERTIFIED ADDICTION SPECIALISTS, AND LICENSED ADDICTION
20 COUNSELORS MUST AUTHORIZE A PERSON HOLDING A VALID,
21 UNSUSPENDED, AND UNREVOKED LICENSE AS A LICENSED CLINICAL SOCIAL
22 WORKER IN COLORADO OR A LICENSED PROFESSIONAL COUNSELOR IN
23 COLORADO TO PROVIDE CLINICAL SUPERVISION FOR CERTIFICATION
24 PURPOSES TO A PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED
25 ADDICTION TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST, IF THE
26 LICENSED CLINICAL SOCIAL WORKER OR LICENSED PROFESSIONAL
27 COUNSELOR IS ACTING WITHIN THE SCOPE OF PRACTICE FOR THE RELEVANT

1 LICENSE AND IS QUALIFIED BASED ON EDUCATION OR EXPERIENCE TO
2 PROVIDE CLINICAL SUPERVISION FOR THE CLINIC WORK HOURS.

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

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

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

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

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

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

24 (d) BILLING AND CODING SUPPORT;

25 (e) CLAIMS PROCESSING;

26 (f) DATA ANALYSIS;

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

- 1 (h) SHARED PURCHASING FOR TECHNOLOGY;
- 2 (i) ASSISTANCE IN BUILDING PROVIDER CAPACITY TO BECOME A
3 BEHAVIORAL HEALTH SAFETY NET PROVIDER; AND
- 4 (j) ANY OTHER SERVICE AND SUPPORT APPROVED BY THE BHA.
- 5 (3) THE INDEPENDENT THIRD-PARTY ENTITY SHALL PRIORITIZE
6 PROVIDING SERVICES AND SUPPORTS TO A BEHAVIORAL HEALTH PROVIDER
7 THAT HAS NOT PREVIOUSLY USED THE STATE COST REPORT PROCESS TO SET
8 MEDICAID RATES.
- 9 (4) THE INDEPENDENT THIRD-PARTY ENTITY SHALL BE
10 NONPARTISAN AND SHALL NOT LOBBY, PERSONALLY OR IN ANY OTHER
11 MANNER, DIRECTLY OR INDIRECTLY, FOR OR AGAINST ANY PENDING
12 LEGISLATION BEFORE THE GENERAL ASSEMBLY.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2 SECTION 28. In Colorado Revised Statutes, **add** 27-50-805 as
3 follows:

4 **27-50-805. Correctional services provider - license required -**
5 **reports of abuse, neglect, and violations of health and safety -**

6 **definition.** (1) AS USED IN THIS SECTION, "CORRECTIONAL SERVICES
7 PROVIDER" MEANS A COUNTY JAIL LICENSED BY THE BEHAVIORAL HEALTH
8 ADMINISTRATION TO PROVIDE SERVICES TO INCARCERATED MEDICAID
9 MEMBERS PURSUANT TO SECTION 25.5-4-505.5.

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

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

21 (3) NO LATER THAN JANUARY 1, 2026, THE BHA SHALL
22 PROMULGATE RULES PROVIDING MINIMUM HEALTH, SAFETY, AND QUALITY
23 STANDARDS FOR CORRECTIONAL SERVICES PROVIDERS THAT PROVIDE
24 SERVICES TO INCARCERATED MEDICAID MEMBERS PURSUANT TO SECTION
25 25.5-4-505.5.

26 (4) THIS SECTION DOES NOT AUTHORIZE THE BHA TO CLOSE A
27 COUNTY JAIL FOR VIOLATING THE PROVISIONS OF THIS SECTION; HOWEVER,

1 THE BHA MAY REPORT ANY INCIDENCES OF ABUSE, NEGLECT, OR ANY
2 OTHER VIOLATIONS OF HEALTH AND SAFETY TO THE APPROPRIATE STATE
3 AND FEDERAL REGULATORY ENTITIES.

4 **SECTION 29.** In Colorado Revised Statutes, **add** 27-60-117 as
5 follows:

6 **27-60-117. Opioid treatment program working group - report**
7 **- repeal.** (1) ON OR BEFORE OCTOBER 1, 2024, THE BEHAVIORAL HEALTH
8 ADMINISTRATION SHALL CONVENE A WORKING GROUP, IN COLLABORATION
9 WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, TO
10 STUDY AND IDENTIFY BARRIERS TO OPENING AND OPERATING AN OPIOID
11 TREATMENT PROGRAM, AS DEFINED IN SECTION 27-80-203 (16.5),
12 INCLUDING SATELLITE MEDICATION UNITS AND MOBILE METHADONE
13 CLINICS.

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

15 (a) AN ADDICTION COUNSELOR;

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

17 (c) THE DIRECTOR OR CLINIC MANAGER OF AN OPIOID TREATMENT
18 PROGRAM;

19 (d) A PHYSICIAN WHO IS BOARD CERTIFIED IN ADDICTION MEDICINE
20 OR ADDICTION PSYCHIATRY;

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

25 (f) AN INDIVIDUAL WHO RESIDES IN AN URBAN UNDERSERVED
26 COMMUNITY AND HAS LIVED EXPERIENCE WITH A SUBSTANCE USE
27 DISORDER OR HAS A FAMILY MEMBER WITH LIVED EXPERIENCE WITH A

1 SUBSTANCE USE DISORDER.

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

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

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

16 **SECTION 30. Act subject to petition - effective date.** Section
17 27-60-116 (1)(b), as enacted in section 21 of this act, takes effect July 1,
18 2025, and the remainder of this act takes effect at 12:01 a.m. on the day
19 following the expiration of the ninety-day period after final adjournment
20 of the general assembly; except that, if a referendum petition is filed
21 pursuant to section 1 (3) of article V of the state constitution against this
22 act or an item, section, or part of this act within such period, then the act,
23 item, section, or part will not take effect unless approved by the people at
24 the general election to be held in November 2024 and, in such case, will
25 take effect on the date of the official declaration of the vote thereon by the
26 governor.