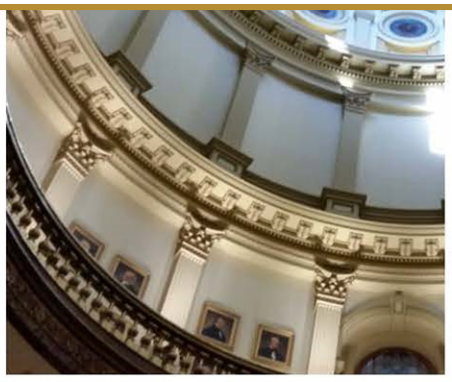
# Final Report to the General Assembly

*Opioid and Other Substance Use Disorders Study Committee*

*December 2023 | Research Publication 807*



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# Opioid and Other Substance Use Disorders Study Committee

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**December | 2023**

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December 2023

To Members of the Seventy-fourth General Assembly:

Submitted herewith is the final report of the Opioid and Other Substance Use Disorders Study Committee. This committee was created pursuant to Article 22.3 of Title 10, Colorado Revised Statutes. The purpose of this committee is to study issues relating to opioid and substance use disorders in Colorado and examine potential solutions concerning prevention, intervention, harm reduction, treatment, and recovery from opioid and other substance use disorders.

At its meeting on November 15, 2023 the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills therein for consideration in the 2023 session was approved.

Sincerely,

/s/ Senator Stephen Fenberg

Chair

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**This report is also available online at:**

***https://leg.colorado.gov/committees/opioid-and-other-substance-use-disorders-study-committee/2023-regular-session***

## Committee Charge

Pursuant to Section 10-22.3-101 of the Colorado Revised Statutes, the committee is charged with the following:

- reviewing data, data analytics, and statistics on the scope of the substance use disorder problem in Colorado, including trends in rates of substance abuse, treatment admissions, and deaths from substance use;
- studying the current prevention, intervention, harm reduction, treatment, and recovery resources, including substance abuse prevention outreach and education, available to Coloradans, as well as public and private insurance coverage and other sources of support for treatment and recovery resources;
- reviewing the availability of medication-assisted treatment and whether pharmacists can prescribe those medications through the development of collaborative pharmacy practice agreements with physicians;
- examining what other states, the federal government, and other countries are doing to address substance use disorders, including evidence-based best practices and the use of evidence in determining strategies to treat substance use disorders, and best practices on the use of prescription drug monitoring programs;
- identifying the gaps in prevention, intervention, harm reduction, treatment, and recovery resources available to Coloradans and hurdles to accessing those resources;
- identifying possible legislative options to address gaps and hurdles to accessing prevention, intervention, harm reduction, treatment, and recovery resources; and
- examining law enforcement and criminal justice measures, including the prohibition of illegal drugs, penalties for trafficking illegal drugs, diversion, jail-based and prison-based treatment and reduction programs, and technologies and other requirements useful in enforcing laws removing opioid and other illegal substances.

## Committee Activities

The committee held six meetings during the 2023 interim. Briefings and presentations were made by multiple entities and members of the public on a wide range of subjects, including:

- Colorado's addiction crisis response;
- prevention efforts;
- access to treatment;
- recovery supports;
- harm reduction;
- workforce challenges; and
- role of the criminal justice system.

The following sections discuss the committee's activities during the 2023 interim.

## Colorado's Current Addiction Crisis Response

Staff from the Colorado Consortium for Prescription Drug Abuse and the Center for Prescription Drug Abuse Prevention at the University of Colorado Anschutz Medical Campus, who study substance use and misuse prevention practice, policy, and science, presented on the history of drug prevention strategies and provided a broad overview of the current state of Colorado's addiction crisis and response. Panelists spoke about addiction as a brain disorder and the three waves of recent opioid overdose deaths separated by county, types of drugs involved, including those with a fentanyl component, and a summary of legislation forwarded by previous Opioid and Other Substance Use Disorders Study Committees. Presenters explained in detail Colorado's response efforts, strategies, challenges, and opportunities using evidence-based approaches in the areas of prevention, harm reduction, treatment, recovery, and criminal justice. In the treatment space, they stated that response efforts should focus on an expansion of medication-assisted treatment (MAT) programs throughout the state and on the need to improve treatment for pregnant and parenting women. Response efforts in harm reduction should include expanding access to naloxone, enhancing evidence-informed harm reduction efforts, and reducing stigma. Panelists spoke about the need to educate providers, including physicians, dentists, nurses, and other health care providers, about opioid prescribing practices, pain management, and benzodiazepine-induced neurological dysfunction. In the criminal justice response space, they encouraged focusing on diversion to treatment programs, treatment for those already in custody, especially during transition and release, and assisting jails in meeting new mandates for treatment and continuity of care.

**Role of state departments.** Representatives from various state departments and agencies discussed their roles in responding to the current addiction crisis. Staff from the Behavioral Health Administration (BHA) spoke about how they provide support services and care coordination for people suffering from addiction and the need to build a continuum of care beyond treatment to include providing opioid education, widely distributing naloxone, partnering with the Colorado Hospital Association on safer prescribing practices, and addressing gaps in providing MAT. A representative from the Office of Civil and Forensic Mental Health in the Colorado Department of Human Services discussed the types of patients they serve in their mental health hospitals and mental health transitional living homes, the majority of whom are addicted to one or more substances, and the interaction between drug offenses and competency, which is a legal term that refers to an individual's capacity to function meaningfully and knowingly in a legal proceeding. Staff from the Colorado Department of Health Care Policy and Financing (HCPF) spoke about the department's role in providing Medicaid benefits to cover varying levels of care for those with substance use disorders (SUDS) who qualify for Medicaid, as well as the need to continue investing in behavioral health transformation and expansion and the responsibility of Regional Accountability Entities (RAEs) as the health plan administrators for parts of the Medicaid system within behavioral health. HCPF discussed gaps in the Medicaid continuum in providing care for those with SUDs, as well as behavioral health coverage and reimbursement rates and the need to maximize federal funding by using federal 1115 waivers and federal American Rescue Plan Act (ARPA) funds to bolster behavioral health programs and systems.

Finally, Colorado Department of Public Health and Environment (CDPHE) staff discussed the department's overdose prevention unit, harm reduction grant program, free naloxone and fentanyl strip distribution, and the emergence of xylazine on the drug market, while a representative from the Attorney General's Office spoke about the Colorado Opioid Settlement Funds distribution process and regional opioid abatement councils who administer the funds regionally.

## Prevention Efforts

Representatives from the Colorado Association of Local Public Health Officials and Colorado Providers Association briefed the committee on prevention strategies and efforts in Colorado. The panelists discussed the regional and state opioid abatement councils and Communities Organizing for Prevention, a program made up of local public health agencies and community-based organizations focusing on upstream change strategies by addressing substance availability, changing norms and perceptions of substance use, improving educational environments and pro-social impacts, and limiting early initiation and exposure to substances. The presenters discussed prevention science and the need for a continuum of care, and provided both an urban and rural local level perspective of prevention and treatment strategies and challenges. The committee learned about risk versus protective factors and how certified prevention specialists provide education and service delivery in the prevention space. The committee discussed the positive and negative impacts of recent policy changes in Colorado, including the passage of the Colorado Substance Use Disorders Prevention Collaborative in 2021; the legalization marijuana; and the expansion of alcohol distribution in grocery stores.

**Youth prevention and intervention.** A panel comprised of a representative from Peer Assistance Services, a doctor of family medicine, and a children's mental health practitioner, spoke about the increased need for prevention and early intervention for youths. Panelists discussed a prevention landscape that involves community, family, healthcare, schools, the juvenile justice system, and other community organizations and focused on Screening, Brief Intervention, Referral to Treatment (SBIRT) as a prevention tool, which is recommended by the American Academy of Pediatrics beginning at age 12. The panelists provided policy recommendations related to SBIRT, including expanding implementation in primary care settings, emergency departments, schools, and juvenile justice settings, and increasing treatment access and options for youth throughout the state.

**Committee recommendations.** As a result of its discussions, the committee recommends Bill A, which creates new programs and expands existing programs and services for SUD prevention efforts.

## Access to Treatment

**Underserved populations.** The committee heard presentations from a variety of groups on access to treatment for underserved populations, including Illuminate Colorado, Colorado Evaluation and Action Lab, Mile High Behavioral Health, Caring for Denver Foundation, Black Leaders Action Group, and Denver Indian Health and Family Services. Underserved populations include those living in rural and frontier areas; black, indigenous, and people of color (BIPOC);

and pregnant and parenting women. The committee learned that BIPOC communities have the highest rate of overdose deaths in the state and the fastest increasing rate of overdose deaths, in part due to stigma, lack of access to treatment, and lack of access to racially and culturally-sensitive supports during recovery. In regards to pregnant and parenting women, presenters explained the need to expand education on the dangers of unintentional substance exposure and the need for safe storage, and spoke about programs to build five key protective factors for strengthening families. They include parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence in children. These factors, along with early supports for caregivers, provide the best possible chance of recovery and preventing future substance use for both caregivers and children as well as preventing accidental exposure and overdose.

**Role of pharmacists.** Representatives from the Colorado Pharmacist Society discussed current efforts using pharmacists in providing prevention and treatment for SUDs in Colorado. These include providing access to opioid antagonists such as naloxone both with standing orders and independent prescriptive authority. The committee learned that there is a widespread shortage of healthcare professionals who can assist with medications for opioid use disorders (MOUD) and MAT, especially in rural and frontier areas of the state. The presenters discussed the recent MATpharm Study, which tested using pharmacists to expand MOUD access. The study followed pharmacists in community-based behavioral health pharmacies, who were trained to evaluate and treat patients interested in induction therapy (and other ongoing care) in collaboration with an addiction physician. The presenters recommended that this be looked at as a model for expanding treatment of SUDs in the state. Panelists asked the committee to support pharmacists' authorization to prescribe, dispense, and administer MOUD through existing scope of practice mechanisms, especially in the highest need areas.

**Insurance coverage and value-based payment models.** The committee learned about Colorado's insurance regulation, coverage requirements, coverage gaps, and reimbursement rates for treatment for SUDs from representatives from the Colorado Division of Insurance, the Colorado Pain Society, and the Colorado Center for Behavioral Medicine. They also heard presentations from representatives from Colorado Access, Aurora Mental Health and Recovery, and HCPF about the success of value-based payment (VBP) models, especially when compared to the challenges created by the traditional fee-for-service payment model. A VBP model allows providers to implement services that are not billable in fee-for-service payment models. This allows flexibility for new programs and customized treatment plans for whole-person care, and provides for more "fairness" amongst providers in compensation for services rendered. VBP also allows providers to more directly address needs of patients in a timely manner while providing a comprehensive set of quality services with strong patient outcomes, which is especially important when providing services for people with substance use disorders.

**Committee recommendations.** As a result of its discussions, the committee recommends Bill B, which creates new programs and expands existing programs and services for SUD treatment.

## Recovery Supports

The committee members spent an afternoon learning about recovery supports from a variety of organizations, including the Colorado Consortium for Prescription Drug Abuse Prevention, Advocates for Recovery Colorado, HardBeauty Foundation, Colorado Agency for Recovery Residences, and the Center for Health, Work, and Environment in the Colorado School of Public Health. Presenters briefed the committee on recommendations from Colorado's Statewide Strategic Plan for Substance Use Disorder Recovery, which include the need to support and measure recovery efforts across the continuum; the importance of trained peer support professionals with lived experience to provide nonclinical support services; identifying the challenges and opportunities in the recovery space; prioritizing access, cultural relevance, and social connections; and addressing the state's mental health and substance misuse needs by growing community-informed solutions while dismantling stigma. The committee discussed several methods to bolster Colorado's capacity to support recovery in all forms, including creating a recovery-oriented system of care, providing recovery-oriented clinical care, and directly equipping communities with recovery supports.

**5280 High School.** The committee heard from teachers, administrators, and several students from 5280 High School, which is a project-based learning school that serves students in recovery from substance misuse, self-harm, eating disorders, and other harmful behaviors. For students in recovery from substance addiction in particular, the school focuses on providing a strong pro-social peer community and specialized recovery reports and supports, led by a team with "lived experience" which helps to build trust and buy-in to the program by the students.

**Recovery friendly workplaces and housing.** The committee learned about the Recovery Friendly Workplace (RFW) Initiative, which is a collaboration between the Colorado Consortium for Prescription Drug Abuse Prevention and the Center for Health, Work and Environment in the Colorado School of Public Health. The objective of the initiative is to recruit business leaders across the state to collaboratively identify and implement RFW principles across all industries in order to improve workplace well-being and performance. The presenters identified model RFW legislation and model employer incentives for a RFW certification program. In addition, a representative from the Colorado Agency for Recovery Residences discussed recovery housing, including the number of counties in Colorado without any recovery residences, and the need to expand certified recovery residences especially in rural communities.

**Committee recommendations.** As a result of its discussions, the committee recommends Bill D, which establishes a voluntary program for employers to become recovery-ready workplaces and restricts how certain retail entities can display alcohol on their premises.

## Harm Reduction

A variety of panelists informed the committee about harm reduction efforts in Colorado and other states. The term "harm reduction" refers to a set of strategies aimed at reducing the harm and overdose deaths associated with drug use. Some examples of harm reduction efforts include the provision of sterile syringes for drug injection through syringe services programs the distribution of naloxone and fentanyl testing strips to lay persons, law enforcement, and

other first responders, and the establishment of Overdose Prevention Centers (OPCs). A high school student from Durango and a school administrator from Steamboat Springs told the members about efforts in their schools to provide naloxone to students and staff and their work to destigmatize SUDs in order to allow students to feel more comfortable seeking help and support from other students and school staff.

**Overdose prevention centers (OPCs).** Staff from the Harm Reduction Action Center, High Rockies Harm Reduction, and Vivent Health briefed the committee on the need for and success of OPCs, which are supervised facilities where people who use drugs can consume them under controlled conditions. The presenters explained that the primary goals of OPCs are to reduce the risk of disease transmitted through needle sharing, prevent drug-related overdose deaths, and connect persons who use drugs with addiction treatment and other health and social services. In addition, a professor of psychiatry from Stanford University discussed the details of a report from the National Institutes of Health on the potential public health impacts of OPCs in the United States, and a representative from the American Medical Association spoke about an OPC pilot program in Rhode Island. In 2021, Rhode Island was the first state in the country to legalize OPCs and will soon open the nation's first state-regulated OPC.

**Law enforcement perspective.** A district attorney, a deputy police chief, and a county sheriff spoke about harm reduction efforts, specifically OPCs, from a law enforcement perspective. The panelists relayed concerns heard from communities about rising crime around OPCs and the challenge with balancing proving harm reduction measures for addicts with the need to protect surrounding businesses, communities, and citizens.

**Committee recommendations.** As a result of its discussions, the committee recommends Bill C, which clarifies that harm reduction centers may provide drug testing services and use specific grant money for that purpose, and modifies certain statutory language pertaining to drug possession to exclude certain actors and actions from penalty. In addition, the committee recommended a bill to allow OPCs regulated by CDPHE to operate in Colorado after local approval, but the bill was not approved by the committee.

## Workforce Challenges

Several panels of presenters from the Colorado Behavioral Healthcare Council, AllHealth Network, SummitStone Health Partners, the BHA, CDPHE, Metropolitan State University of Denver, and Colorado Mountain College provided the committee with information about workforce development needs and challenges being faced by the entire behavioral health field and the SUD arena in particular. Presenters explained that there is a dire worker shortage in all areas of the state, which they attribute to increased demand for services, low pay, an increase in the complexity of treatment required for SUDs (which requires a higher skillset), not enough training, and staff trauma and burnout. In addition, there are not strong enough incentives for recruitment and retention, nor is there enough staff training or regulation.

**Workforce Initiatives.** The panelists outlined some of the workforce initiatives currently being considered or implemented to increase and stabilize the behavioral health workforce and alleviate some of the workforce challenges. These initiatives include:

- lowering barriers and increasing incentives for employment in the field by shifting from loan repayment to tuition reimbursement and scholarships;
- diversifying the workforce by strengthening career pipeline opportunities and developing new career pathways, including micro-credentialing;
- building a coalition of peer support professionals;
- increasing grant program funding;
- streamlining licensure requirements;
- increasing provider rate reimbursements and enacting value-based payment models;
- focusing on trauma-informed care; and
- ensuring physical and psychological safety for staff.

## Role of the Criminal Justice System

A representative from Rocky Mountain High Intensity Drug Trafficking Area (HIDTA), a partnership of federal, state, local, and tribal law enforcement agencies working together to disrupt and dismantle domestic drug trafficking networks, updated the committee on the current national and state drug market, prevention efforts, and overdose response strategies. Rocky Mountain HIDTA oversees Colorado, Utah, Wyoming, and Montana and supports and funds strategies developed and implemented at the local level. The representative provided statistics on illegal drug and weapon seizures and felony drug arrests across the Rocky Mountain region, and reviewed the seizures of the top five drugs in the black market, including seizures of fentanyl which increased over 430 percent from 2020 to 2021 and another 173 percent from 2021 to 2022 across the region. The representative also reviewed 2023 drug trends, including a steep price decrease for fentanyl and the arrival of xylazine, or "tranq", in the region's drug market, and told the committee that in Colorado in December 2021 and December 2022 respectively, there were 1,917 and 1,856 reported overdose deaths from synthetic opioids.

**Treatment for incarcerated populations**. Two county sheriffs, one from a mountain community and one from an urban community, talked about the role of law enforcement in providing treatment for individuals with substance use disorders while they are incarcerated, including the successes and challenges they have faced at their respective facilities. A representative from the BHA briefed the committee on jail-based behavioral health services (JBBS) for incarcerated adults with SUDs or co-occurring substance use and mental health disorders. JBBS includes assessment, treatment, therapy, transition care, case management, and re-entry support, as well as MAT using medication approved by the Food and Drug Administration. While there is a federal prohibition on Medicaid covering services for people who are incarcerated, in April 2023 the state applied for and received a federal 1115 waiver to waive this exclusion in order to provide up to 90 days of pre-release coverage, which includes case management, MAT and accompanying counseling, and a 30-day supply of medications upon release. Finally, staff from the Colorado Department of Corrections, Office of Community Corrections, and Probation Services presented to the committee on their role in providing medications for opioid use disorders and the impact of SUDs on the community corrections and parole systems.

**Alternatives to incarceration.** Representatives from the American Civil Liberties Union, University of Colorado Anschutz School of Medicine, and Mental Health Colorado outlined a variety of alternatives to incarceration for people with SUDs who are involved in the criminal justice system. Panelists explained that criminal legal involvement for those with SUDs who are charged with drug crimes is at odds with improving behavioral health and has no net positive impact on opioid supply or demand, has no net effect on reoffending, increases overdoses, and has not been shown to be a good long-term investment of taxpayer dollars. Instead, they propose that the state look at alternatives to incarceration, including providing accessible, community-based treatment; prioritize limited dollars by focusing on prevention, reducing barriers to treatment, and prioritizing care; competency supports in the court system; short-term supportive housing; and treatment on demand for those with SUDs in the least restrictive setting possible.

## Stakeholder Survey

Committee staff conducted a written survey among key stakeholders to help identify policy recommendations for legislative consideration by the committee. Throughout the informational presentations provided during previous meetings, a variety of policy recommendations were gathered by staff and separated into four main categories: prevention, harm reduction, treatment, and recovery. Respondents were asked to review each policy concept and select its level of importance based on how it should be prioritized by the committee. The survey was sent to 179 key stakeholders across the state of Colorado and 152 of those stakeholders responded. The results of the survey are included as Attachment A.

## Summary of Recommendations

As a result of the committee's activities, the committee recommended four bills to the Legislative Council for consideration in the 2024 session. At its meeting on November 15, 2023 the Legislative Council approved four recommended bills for introduction. The approved bills are described below.

### *Bill A — Prevention of Substance Use Disorders*

The bill creates new programs and modifies existing programs and services for SUD prevention. The bill creates the Substance Use Disorder Prevention Gap Grant Program in the CDPHE to provide grants to community-based organizations to fill gaps in funding for substance use disorder prevention services in areas of highest need. The bill also creates a data linkage project for the University of Colorado's School of Medicine to estimate the scope of opioid misuse and use disorders in Colorado.

In addition, the bill establishes a process for multidisciplinary and multiagency drug overdose fatality review teams created for a county, city, group of counties and cities, or an Indian tribe, to obtain specific information in order to identify system gaps in overdose prevention efforts.

The bill also modifies several elements of the Prescription Drug Monitoring Program (PDMP), including exempting veterinarians from certain aspects of the program that are specific to prescriptions for humans and requiring the reporting of all psychotropic prescription drugs dispensed to the PDMP.

Finally, the bill requires a statewide adolescent substance use screening, intervention, and referral practice that includes training and technical assistance for appropriate professionals in Colorado schools and pediatricians and professionals in pediatric settings.

### *Bill B — Treatment for Substance Use Disorders*

The bill creates new and expands existing programs and services for substance use disorder (SUD) treatments. First, it creates the Behavioral Health Diversion Pilot Program to divert select defendants from the criminal justice system into early recovery services and treatment. If the defendant completes the treatment program, the court must dismiss offenses with prejudice and seal all records.

**Medicaid.** The bill requires the HCPF to seek federal authorization to provide partial hospitalization services for SUDs under Medicaid. It also requires HCPF to provide the following reentry services under Medicaid to people immediately before they are released from the Division of Youth Services, a Department of Corrections facility, or a participating county jail: screening services; brief intervention services; medicated-assisted treatment medications; additional medications as needed; case management services; and care coordination services.

**Other changes.** The bill makes numerous other changes as described below.

- For tax years 2025 through 2029, the bill creates an income tax credit for health care providers who obtain credentials to provide substance use disorder treatment.
- Prohibits state-regulated insurance plans from applying a prior authorization requirement for SUD treatment drugs based on dosage, and prohibits insurance from applying a different reimbursement rate for SUD treatment drugs to pharmacists and take-home drugs.
- Requires the BHA to promulgate rules around gaining a certificate as an addiction specialist or technician.
- Requires the various boards under the DORA and potentially CDPHE to develop a statewide drug therapy protocol for pharmacists to prescribe, dispense, and administer MAT drugs.
- Makes changes to the MAT expansion pilot program including making pharmacies eligible for grants, removing the restriction on the number of counties that may be selected for participation, expanding membership requirements for the board, and changing the reporting requirements.
- Requires skilled nursing facilities to facilitate methadone use.
- Increases the appropriation for the Colorado Child Abuse Prevention Trust Fund and Colorado Child Care Assistance Program.

## *Bill C — Substance Use Disorders Harm Reduction*

The bill clarifies that harm reduction centers may provide drug testing services and use Harm Reduction Grant Program funding on necessary equipment. The bill modifies language concerning drug possession in mandatory reporting requirements, court procedures, and the criminal code to:

- exclude drug possession from a physician's mandatory reporting requirements;
- clarify that distributers of opioid antagonist have the same immunity protections as antagonist administers; and
- exclude sterile equipment received through harm reduction centers and state programs from drug paraphernalia laws.

Additionally, the bill updates the term "opiate antagonist" to "opioid antagonist" throughout statute.

## *Bill D — Recovery from Substance Use Disorders*

The bill establishes a voluntary program for employers to become a recovery-ready workplace through the Colorado Department of Labor and Employment (CDLE), and creates a state income tax credit for tax years 2025, 2026, and 2027 for employers that participate in the program or are certified recovery-ready workplaces. The bill also declares that recovery residences, sober living facilities, and sober homes are residential uses of property for zoning purposes, and places restrictions on where liquor-licensed drugstores and fermented malt beverage and wine retailers may display alcohol beverages within their premises.

## Resource Materials

Meeting summaries are prepared for each meeting of the committee and contain all handouts provided to the committee. The summaries of meetings and attachments are available at the Division of Archives, 1313 Sherman Street, Denver (303-866-2055). The listing below contains the dates of committee meetings and the topics discussed at those meetings. Meeting summaries are also available on our website at:

***https://leg.colorado.gov/content/committees***

## Meetings and Topics Discussed

### June 29, 2023

- Overview of Colorado's addiction crisis response
- Overview of the role of state departments
- Deep dive into the Behavioral Health Administration's role
- Financial landscape
- Public testimony

### July 19, 2023

- Access to treatment for underserved populations
- Treatment coverage gaps
- Workforce challenges
- Peer supports, recovery housing, and recovery-friendly workplaces
- Public testimony

### August 7, 2023

- Discussion of requirements pertaining to the health impacts of House Bill 22-1326
- Black market enforcement
- Treatment for incarcerated populations
- Alternatives to incarceration
- Workforce issues in prevention
- Youth prevention and early intervention
- Naloxone in schools
- Paraphernalia, drug testing, and overdose prevention centers
- Perspective from law enforcement on overdose prevention centers
- Rhode Island model for overdose prevention centers
- Public testimony

### August 30, 2023

- Remarks from Congresswoman Brittany Pettersen
- Workforce initiatives

- Workforce development
- Caring for patients with substance use disorders in acute care hospitals
- Prescription Drug Monitoring Program
- Discussion of stakeholder survey results
- Committee bill draft requests

### September 27, 2023

- Overview of Colorado Department of Public Health & Environment programs
- Report on social media, fentanyl, and illegal drug sales
- Public comment on committee bill drafts

### October 30, 2023

- Colorado probation and substance use disorders
- Impact of opioids and other substance use disorders on the community corrections system
- Department of Corrections and the adult parole SUD and MAT programs
- Presentation from 5280 High School and Generation Schools Network
- Public comment and vote on committee bills

**August 24, 2023**

TO: Opioid and Other Substance Use Disorders Study Committee

FROM: Representative Chris deGruy Kennedy, Chair, 303-866-2951

SUBJECT: Stakeholder Survey Results for the Opioid and Other Substance Use Disorders Study Committee

## Overview

This memorandum presents the results of a recent survey ranking the policy recommendations submitted by stakeholders and interested persons for consideration by the Opioid and Other Substance Use Disorders Study Committee. It also outlines the process for discussing and identifying priorities for bill requests during our upcoming meeting on August 30th, 2023.

The following section outlines the process used to conduct the survey.

## Survey Process

A survey was conducted among stakeholders to help identify policy recommendations for legislative consideration by the Opioid and Other Substance Use Disorders Interim Study Committee.

Throughout the informational presentations provided during previous meetings, a variety of policy recommendations were gathered by staff and separated into four main categories: Prevention, Harm Reduction, Treatment and Recovery.

These recommendations were listed and respondents were asked to review each policy concept and select its level of importance, based on what they think should be prioritized by the committee. The options for ranking were as follows: "Helpful But Not A Priority", "Priority", and "Very High Priority".

Participants were encouraged to limit the "Priority" and "Very High Priority" ratings for their top 3-5 priorities in each category, but were free to use these ratings as they wanted. Additionally, stakeholders had an opportunity to share specific thoughts on policy concepts for each category, and an opportunity at the end of the survey to share ideas we may have missed.

The survey was sent to 179 key stakeholders across the state of Colorado and was live from August 17th to August 22, 2023. The survey was also posted publicly on the Opioid and Other Substance Use Disorders Study Committee's web page.

## Survey Results

In total, 152 stakeholders responded to the survey. The following sections provide results for each policy recommendation in every category.

### Prevention

| Policy Recommendation | Helpful but Not a Priority | High Priority | Very High Priority |
|---|---|---|---|
| Technical cleanup of Prescription Drug Monitoring Program (PDMP). | 86 | 29 | 13 |
| Fund the continuation of the Colorado Grant Writing Assistance Program, which provides professional grant writers to small non-profit organizations and small local governments, especially in rural/frontier and urban underserved communities | 55 | 52 | 27 |
| Fund a THC edibles safe storage campaign for children, adults, and family-serving professionals to prevent ingestion of those edibles by small children. | 82 | 37 | 13 |
| Add Gabapentin, a drug known to increase the effects of opioids and overdose risk, to the Prescription Drug Monitoring Program. | 76 | 36 | 14 |
| Continue and increase annual funding for the Prenatal Substance Use Data Linkage Project on Pregnant and Parenting Moms and Children for tracking longitudinal outcomes and progress on state investments over time. | 37 | 68 | 27 |
| Increase flexibility for the use of prevention funds so prevention specialists can be nimble and responsive to new challenges as they emerge. | 28 | 37 | 69 |
| Expand SBIRT (Screening, Brief Intervention and Referral to Treatment) for adolescents and outreach to providers/schools, including opening the State Medicaid billing codes for 3-15 minutes of SBIRT services reimbursement. | 29 | 43 | 66 |
| Provide legal protection to local Departments of Human Services and law enforcement agencies to release records on drug overdose deaths to local Overdose Fatality Review Boards. | 58 | 45 | 20 |

| | | | |
|---|---|---|---|
| **Coroners and local Public Health departments already have protections in place.* | | | |
| Dedicated funding for prevention workforce recruitment/retention initiatives in communities of color. | 21 | 49 | 61 |
| Allow HCPF to access the PDMP | 85 | 30 | 10 |
| Improve insurance coverage of Cognitive Behavioral Therapy (CBT) for Pain Management. | 35 | 41 | 51 |

## Harm Reduction

| **Policy Recommendation** | **Helpful but Not a Priority** | **High Priority** | **Very High Priority** |
|---|---|---|---|
| Authorize and evaluate a pilot Overdose Prevention Center (OPC) program, where people can use previously obtained drugs under supervision and with sterile equipment, as well as get peer support and referrals to treatment programs. | 32 | 29 | 77 |
| Provide state statute authorization for drug testing services at harm reduction organizations. | 46 | 47 | 33 |
| Clarify drug paraphernalia law to allow clean pipe distribution as part of harm reduction services. | 39 | 42 | 48 |
| Prohibit warrant checking in emergency rooms. | 38 | 36 | 55 |
| Continue funding for the Opiate Antagonist Bulk Purchase Fund. | 22 | 44 | 65 |
| Ensure that pharmacists can still bill insurance carriers for naloxone, even when dispensed over-the-counter. | 31 | 57 | 44 |
| Public awareness campaign for primary care providers and pediatricians to prescribe Naloxone to teens as a standard of care. | 42 | 53 | 41 |
| Clarify immunity for school districts regarding students carrying and administering Naloxone on school property and at school events, and allow schools to train students in administering | 32 | 51 | 53 |

| | | | |
|---|---|---|---|
| Naloxone. | | | |
| Expand funding for public awareness initiatives (i.e. drug testing kits). | 42 | 53 | 33 |

## Treatment

| **Policy Recommendation** | **Helpful but Not a Priority** | **High Priority** | **Very High Priority** |
|---|---|---|---|
| Create and set a standard Medicaid pay rate for Regional Accountability Entities (RAEs). | 39 | 44 | 37 |
| Incentivize and support clinics and pharmacies to provide Opioid Treatment on Demand (OTD). | 19 | 49 | 59 |
| Require Skilled Nursing Facilities (SNF) to accommodate deliveries of methadone from an Outpatient Opioid Treatment Program. | 42 | 45 | 28 |
| Preserve telehealth flexibility allowed by the DEA to provide SUD care with controlled substances, and ensure that payers cover telehealth appointments at the same rate as in-person appointments. | 24 | 35 | 68 |
| Establish a Buprenorphine Hotline with physicians who can diagnose OUD and prescribe treatment over the phone. | 42 | 39 | 40 |
| Prevent Colorado from reducing unobserved (take-out) methadone doses below the limits allowed by SAMHSA. | 52 | 34 | 27 |
| Continue funding for Jail-Based Behavioral Services program. | 22 | 42 | 70 |

| | | | |
|---|---|---|---|
| Direct HCPF to apply for Medicaid 1115 waiver allowing limited Medicaid coverage for incarcerated individuals. | 25 | 42 | 60 |
| Prohibit restrictive admission criteria in publicly funded detox withdrawal management and inpatient facilities. | 32 | 40 | 50 |
| Require prosecutors to offer diversion to adults with first-time misdemeanor offenses, excluding violent offenders. | 35 | 42 | 45 |
| Prohibit local governments from blocking treatment service providers from opening facilities. | 33 | 43 | 48 |
| Train more pediatricians and other clinicians on Medications for Opioid Use Disorder (MOUD). | 40 | 45 | 46 |
| Expand and fund evidence-based treatment options for stimulant use disorders, such as contingency management | 31 | 42 | 50 |
| Authorize Pharmacist Independent Prescriptive Authority to increase access to and administration of MOUD at pharmacies. | 41 | 44 | 43 |
| Direct HCPF to apply for a State Plan Amendment (SPA) for Medicaid coverage of a partial hospitalization level of care. | 43 | 47 | 32 |
| Adjust licensure requirements to allow providers to bring on a greater number of trainees | 53 | 47 | 17 |
| Incentivize cross-training for mental health providers to include SUD treatment. | 33 | 47 | 46 |
| Require insurance to reimburse out-of-network providers for certain SUD care if there are not sufficient in-network providers. | 28 | 52 | 51 |
| Require alignment of provider credentialing process between carriers. | 56 | 36 | 27 |
| Support and expand telehealth workforce by reducing administrative burdens associated with retail telehealth. | 55 | 43 | 24 |
| Expand access to microcredentials. | 75 | 28 | 7 |

| | | | |
|---|---|---|---|
| Dedicated funding for treatment workforce recruitment/retention initiatives in communities of color. | 37 | 49 | 36 |
| Remove all prior authorizations for any dose of Buprenorphine (including those above FDA labeling) that is prescribed by a medical provider for both public and private insurance. | 43 | 36 | 39 |

## Recovery

| **Policy Recommendation** | **Helpful but Not a Priority** | **High Priority** | **Very High Priority** |
|---|---|---|---|
| Implement a designation/recognition process for recovery-friendly workplaces. | 74 | 30 | 18 |
| Create incentives for recovery-friendly workplaces, such as tax credits or workers compensation premium adjustments. | 55 | 49 | 16 |
| Explore pathways to sustainability for recovery support services that are housed in Community Based Organizations and support the health and behavioral health needs of families but do not qualify as a Recovery Support Services Organization (RSSO) or a clinical provider. | 54 | 40 | 16 |
| Funding for transitional housing and recovery residences. | 9 | 36 | 89 |
| Revisit/Evaluate the Housing Voucher Program or people in recovery managed in the Division of Housing. | 39 | 47 | 33 |
| Recovery Support Service Grant Transparency: require grant recipients to support multiple pathways to recovery. | 43 | 46 | 29 |
| Encourage school districts to replicate the success of the Recovery High School model. | 44 | 44 | 29 |
| Support Collegiate Recovery Programs. | 53 | 44 | 18 |
| Support expansion of the peer support profession. | 33 | 44 | 46 |
| Require health insurance to cover recovery services. | 12 | 28 | 90 |

| | | | |
|---|---|---|---|
| Establish standards for Recovery Community Organizations (RCOs) through community-informed processes | 48 | 51 | 14 |
| Support and expand child care for parents receiving treatment and recovery services, including those working in peer support. | 19 | 52 | 52 |
| Explore the addition of "enrollment in Treatment & Recovery Services" as an eligible activity for Colorado Child Care Assistance Program (CCAP). | 37 | 54 | 29 |
| Affirm that recovery residences are a residential use of land and prohibit discrimination. | 49 | 42 | 23 |

## Discussion & Identifying Priorities for Bill Requests.

During our upcoming meeting on August 30th, we've left time to discuss the results of this survey (*see agenda*) and how it will guide our work moving forward.

Prior to our next meeting, please review the results of the survey and come prepared to speak to your top priorities in each category (Prevention, Harm Reduction, Treatment and Recovery), as well as your concerns with any policy recommendation.

After we have discussed and established our priorities for each category, the following month will be spent further exploring these concepts and working on bill drafts in preparation of our next meeting on September 27th, 2023.

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

**Bill A**

LLS NO. 24-0313.01 Brita Darling x2241 **SENATE BILL**

**SENATE SPONSORSHIP**

**Jaquez Lewis and Priola,**

**HOUSE SPONSORSHIP**

**Young and Epps,** Kipp

**Senate Committees** **House Committees**

# A BILL FOR AN ACT

101 **CONCERNING THE PREVENTION OF SUBSTANCE USE DISORDERS.**

## Bill Summary

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

**Opioid and Other Substance Use Disorders Study Committee. Sections 1 through 8** of the bill:

- Exempt veterinarians from complying with specific aspects of the prescription drug monitoring program (program) that are specific to prescriptions for human patients;
- Add reporting requirements for gabapentin, in addition to prescriptions for controlled substances in this state, to the program;

- Allow the medical director of a medical practice or hospital to appoint designees to query the program on behalf of a practitioner in the medical practice or hospital setting;
- Allow the department of health care policy and financing to access the program, consistent with federal data privacy requirements, for purposes of care coordination, utilization review, and federally required reporting relating to recipients of certain benefits; and
- Update current language in the laws relating to the program by using more modern terminology.

**Sections 9 and 11** create the substance use disorder prevention gap grant program (grant program) in the department of public health and environment (department). The grant program provides grants to community-based organizations to fill gaps in funding for substance use disorder prevention services in areas of highest need, including community-oriented, children-oriented, youth-oriented, and family-oriented prevention services.

The department, in conjunction with the Colorado substance use disorders prevention collaborative (prevention collaborative), shall create a publicly available prevention services gap assessment tool to direct grant program awards to areas of highest need. After review of applications, the prevention collaborative shall make recommendations to the department, and, subject to available appropriations, the department shall award 2-year grants based on those recommendations.

The bill requires the department to administer the grant program and application process and authorizes the executive director of the department to promulgate rules as necessary to implement the grant program. The department shall begin accepting grant applications no later than December 31, 2024.

The bill requires the general assembly to appropriate to the department $1,500,000 from the general fund to implement the grant program. The grant program repeals in 2028.

**Section 10** permits a multidisciplinary and multiagency drug overdose fatality review team established for a county, a city and county, a group of counties or cities and counties, or an Indian tribe (local team) to request and receive information from certain specified persons and entities as necessary to carry out the purpose and duties of the local team. Upon written request of the chair of a local team, a person or entity shall provide the local team with information and records regarding the person whose death or near death is being reviewed by the local team.

A person or entity that receives a records request from a local team may charge the local team a reasonable fee for the service of duplicating any records requested by the local team.

A person or entity, including a local or state agency, that provides information or records to a local team is not subject to civil or criminal

liability or any professional disciplinary action pursuant to state law as a result of providing the information or record.

Upon request of a local team, a person who is not a member of a local team may attend and participate in a meeting at which a local team reviews confidential information and considers a plan, an intervention, or other course of conduct based on that review. The bill requires each person at a local team meeting to sign a confidentiality form before reviewing information and records received by the local team. Local team meetings in which confidential information is discussed are exempt from the open meetings provisions of the "Colorado Sunshine Act of 1972".

A local team shall maintain the confidentiality of information provided to the local team as required by state and federal law, and information and records acquired or created by a local team are not subject to inspection pursuant to the "Colorado Open Records Act". Local team members and a person who presents or provides information to a local team may not be questioned in any civil or criminal proceeding or disciplinary action regarding the information presented or provided.

**Section 12** requires the department of health care policy and financing to publish guidance for providers concerning reimbursement for all variations of screening, brief intervention, and referral to treatment interventions.

**Section 13** requires the substance use screening, brief intervention, and referral to treatment grant program to implement:

- A statewide adolescent substance use screening, brief intervention, and referral practice that includes training and technical assistance for appropriate professionals in Colorado schools, with the purpose of identifying students who would benefit from screening, brief intervention, and potential referral to resources, including treatment; and
- A statewide substance use screening, brief intervention, and referral practice for pediatricians and professionals in pediatric settings, with the purpose of identifying adolescent patients who would benefit from screening, brief intervention, and potential referral to resources, including treatment.

Current law authorizes the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to conduct a statewide perinatal substance use data linkage project (data linkage project) that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy. **Section 14**:

- Requires the center to conduct the data linkage project;
- Requires the data linkage project to utilize data from additional state and federal programs; and

- Expands the data linkage project to examine the education of pregnant and postpartum women with substance use disorders.

**Section 15** authorizes the university of Colorado school of medicine (school of medicine) to conduct a statewide opioid use disorder prevalence data linkage project (data linkage project) that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for individuals with opioid misuse or use disorders. The bill includes sources of data to be used in the data linkage project. The governor's office of information technology shall perform secure linkage and anonymization of the data. The school of medicine will report annually to certain committees of the general assembly on the data linkage project and its outcomes.

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

**SECTION 1.** In Colorado Revised Statutes, 12-30-109, **amend** (4)(e); and **repeal** (4)(f) as follows:

**12-30-109. Prescriptions - limitations - definition - rules.** (4) As used in this section, "prescriber" means:

(e) A podiatrist licensed pursuant to article 290 of this title 12; OR

(f) ~~A veterinarian licensed pursuant to part 1 of article 315 of this title 12; or~~

**SECTION 2.** In Colorado Revised Statutes, 12-280-401, **amend** (1)(b), (1)(c), and (1)(d) as follows:

**12-280-401. Legislative declaration.** (1) The general assembly finds, determines, and declares that:

(b) Prescription drug misuse occurs at times due to the deception of ~~the~~ authorized practitioners, where patients seek controlled substances for treatment and the practitioner is unaware of the patient's other medical providers and treatments;

(c) Electronic monitoring of prescriptions for controlled

substances AND GABAPENTIN provides a mechanism whereby practitioners can discover the extent of each patient's requests for drugs and whether other providers have prescribed similar substances during a similar period of time; AND

(d) Electronic monitoring of prescriptions for controlled substances AND GABAPENTIN provides a mechanism for law enforcement officials and regulatory boards to efficiently investigate practitioner behavior that is potentially harmful to the public.

**SECTION 3.** In Colorado Revised Statutes, 12-280-402, **add** (2.3) and (2.5) as follows:

**12-280-402. Definitions.** As used in this part 4, unless the context otherwise requires:

(2.3) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED PURSUANT TO SECTION 25-1.5-103.

(2.5) "MEDICAL DIRECTOR" MEANS A MEDICAL DIRECTOR OF A MEDICAL PRACTICE OR HOSPITAL IN THIS STATE.

**SECTION 4.** In Colorado Revised Statutes, 12-280-403, **amend** (1) introductory portion, (1)(c), (2)(a), (2)(b), (2)(c), and (3) as follows:

**12-280-403. Prescription drug use monitoring program - registration required - applications - rules - appropriation - repeal.** (1) The board shall develop or procure a ~~prescription controlled substance~~ PRESCRIPTION DRUG electronic program to track information regarding prescriptions for controlled substances AND GABAPENTIN dispensed in Colorado, including the following information:

(c) The name and amount of the controlled substance AND THE AMOUNT OF GABAPENTIN;

(2) (a) Each practitioner licensed in this state who holds a current

registration issued by the federal drug enforcement administration, ~~and~~ each pharmacist licensed in this state, AND EACH MEDICAL DIRECTOR shall register and maintain a user account with the program.

(b) When registering with the program or at any time ~~thereafter~~ AFTER REGISTRATION, a practitioner may authorize designees to access the program under section 12-280-404 (3)(b) or (3)(d) on behalf of the practitioner, ~~and~~ a pharmacist may authorize designees to access the program under section 12-280-404 (3)(f), AND A MEDICAL DIRECTOR MAY AUTHORIZE DESIGNEES TO ACCESS THE PROGRAM UNDER SECTION 12-280-404 (3)(m) if:

(I) (A) The authorized designee ~~of the practitioner~~ is employed by, or is under contract with, the same professional practice as the practitioner OR MEDICAL DIRECTOR; or

(B) The authorized designee of the pharmacist is employed by, or is under contract with, the same prescription drug outlet as the pharmacist; and

(II) The practitioner, ~~or~~ pharmacist, OR MEDICAL DIRECTOR takes reasonable steps to ensure that the designee is sufficiently competent in the use of the program; and

(III) The practitioner, ~~or~~ pharmacist, OR MEDICAL DIRECTOR remains responsible for:

(A) Ensuring that access to the program by the practitioner's OR MEDICAL DIRECTOR'S designee is limited to the purposes authorized in section 12-280-404 ~~(3)(b) or (3)(d)~~ (3)(b), (3)(d), OR (3)(m), or that access to the program by the pharmacist's designee is limited to the purposes authorized in section 12-280-404 (3)(f), as the case may be, and that access to the program occurs in a manner that protects the

confidentiality of the information obtained from the program; and

(B) Any negligent breach of confidentiality of information obtained from the program by the ~~practitioner's or pharmacist's~~ designee when the designee accessed the program on behalf of ~~the~~ A supervising practitioner, ~~or~~ pharmacist, OR MEDICAL DIRECTOR.

(c) A practitioner, ~~or~~ pharmacist, OR MEDICAL DIRECTOR is subject to penalties pursuant to section 12-280-406 for violating the requirements of subsection (2)(b) of this section.

(3) Each practitioner and each dispensing pharmacy shall disclose to a patient receiving a controlled substance OR GABAPENTIN that ~~his or her~~ THE PATIENT'S identifying prescription information will be entered into the program database and may be accessed for limited purposes by specified individuals.

**SECTION 5.** In Colorado Revised Statutes, 12-280-404, **amend** (2)(c), (3)(b), (3)(c)(I), (3)(d), (3)(f), (4)(a) introductory portion, (4)(a.5), and (4)(c); **repeal** (2)(b)(I); and **add** (3)(m), (3)(n), and (3)(o) as follows:

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

(2) (b) The rules adopted pursuant to subsection (2)(a) of this section may:

~~(I) Identify prescription drugs and substances by using evidence-based practices, in addition to controlled substances, that have a substantial potential for abuse and must require pharmacists and prescription drug outlets to report those prescription drugs and substances to the program when they are dispensed to a patient; and~~

~~(c) The board shall determine if the program should track all prescription drugs prescribed in this state. If the board makes such determination, the board shall promulgate rules on or before June 1, 2022,~~

~~to include all prescription drugs in the program. If the board determines that one or more prescription drugs should not be tracked through the program, the board shall publicly note the justification for such exclusion during the rule-making process~~ THE PROGRAM SHALL TRACK ALL CONTROLLED SUBSTANCES AND GABAPENTIN DISPENSED IN THIS STATE. EACH PHARMACY SHALL UPLOAD ALL CONTROLLED SUBSTANCES AND GABAPENTIN DISPENSED IN EACH PHARMACY AT LEAST EVERY TWENTY-FOUR HOURS.

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

(b) ~~Any~~ A practitioner with ~~the statutory authority to prescribe controlled substances~~ PRESCRIPTIVE AUTHORITY, or an individual designated by the practitioner OR A MEDICAL DIRECTOR to act on ~~his or her~~ THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with section 12-280-403 (2)(b), to the extent the query relates to a current patient of the practitioner. The practitioner or ~~his or her~~ THE PRACTITIONER'S designee shall identify ~~his or her~~ THE PERSON'S area of health-care specialty or practice upon the initial query of the program.

(c) (I) ~~Any~~ A veterinarian with statutory authority to prescribe controlled substances, to the extent the query relates to a current patient or to a client and if the veterinarian, in the exercise of professional judgment, has a reasonable basis to suspect the client has ~~committed drug abuse~~ A SUBSTANCE USE DISORDER or has mistreated an animal.

(d) A practitioner OR MEDICAL DIRECTOR, or an individual designated by the practitioner OR MEDICAL DIRECTOR to act on ~~his or her~~ THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with section 12-280-403 (2)(b), engaged in a legitimate program to monitor a

patient's ~~drug abuse~~ SUBSTANCE USE DISORDER;

(f) A pharmacist, an individual designated by a pharmacist in accordance with section 12-280-403 (2)(b) to act on ~~his or her~~ THE PHARMACIST'S behalf, or a pharmacist licensed in another state, to the extent the information requested relates specifically to a current patient to whom the pharmacist is dispensing or considering dispensing a controlled substance or prescription drug or a patient to whom the pharmacist is currently providing clinical patient care services;

(m) THE MEDICAL DIRECTOR, OR THE MEDICAL DIRECTOR'S DESIGNEES, AT A MEDICAL PRACTICE OR HOSPITAL ON BEHALF OF AN AUTHORIZED PRACTITIONER IN THE MEDICAL PRACTICE OR HOSPITAL SETTING;

(n) THE CHAIR OF A LOCAL TEAM, AS DEFINED IN SECTION 25-20.5-2201 (4), FOR PURPOSES OF COMPLYING WITH A RECORDS REQUEST RELATING TO AN OVERDOSE FATALITY REVIEW PURSUANT TO SECTION 25-20.5-2202; AND

(o) (I) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING OR THE EXECUTIVE DIRECTOR'S DESIGNEE, FOR THE PURPOSES OF CARE COORDINATION, UTILIZATION REVIEW, AND FEDERALLY REQUIRED REPORTING PERTAINING TO RECIPIENTS OF BENEFITS UNDER THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF TITLE 25.5, AND ENROLLEES UNDER THE "CHILDREN'S BASIC HEALTH PLAN ACT", ARTICLE 8 OF TITLE 25.5, AS LONG AS THE DEPARTMENT'S USE OF THE PROGRAM DATA IS CONSISTENT WITH THE FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS, INCLUDING THE REQUIREMENT TO REMOVE ANY PERSONALLY IDENTIFYING

INFORMATION UNLESS EXEMPTED FROM THE REQUIREMENT.

(II) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL USE THE DATA COLLECTED PURSUANT TO SUBSECTION (3)(o)(I) OF THIS SECTION TO REVIEW AND ANALYZE CURRENT RULES AND OTHER POLICIES, APPROPRIATE UTILIZATION, AND SAFE PRESCRIBING PRACTICES.

(4) (a) ~~Each~~ A practitioner, EXCEPT FOR A VETERINARIAN LICENSED PURSUANT TO PART 1 OF ARTICLE 315 OF THIS TITLE 12, or the ~~practitioner's~~ designee OF A PRACTITIONER OR MEDICAL DIRECTOR shall query the program prior to prescribing an opioid unless the patient receiving the prescription:

(a.5) ~~Each~~ A practitioner, EXCEPT A VETERINARIAN LICENSED PURSUANT TO PART 1 OF ARTICLE 315 OF THIS TITLE 12, or the ~~practitioner's~~ designee OF A PRACTITIONER OR MEDICAL DIRECTOR shall query the program before prescribing a benzodiazepine to a patient unless the benzodiazepine is prescribed to treat a patient in hospice or to treat epilepsy, a seizure or seizure disorder, a suspected seizure disorder, spasticity, alcohol withdrawal, or a neurological condition, including a posttraumatic brain injury or catatonia.

(c) A practitioner or the ~~practitioner's~~ designee OF A PRACTITIONER OR OF A MEDICAL DIRECTOR complies with this subsection (4) if the practitioner or THE practitioner's OR MEDICAL DIRECTOR'S designee attempts to access the program before prescribing an opioid or a benzodiazepine and the program is not available or is inaccessible due to technical failure.

**SECTION 6.** In Colorado Revised Statutes, 12-280-407, **amend** (2) as follows:

**12-280-407. Prescription drug outlets - prescribers -**

**responsibilities - liability.** (2) A practitioner who has, in good faith, written a prescription for a controlled substance OR GABAPENTIN to a patient is not liable for information submitted to the program. A practitioner, THE DESIGNEE OF A PRACTITIONER OR MEDICAL DIRECTOR, or prescription drug outlet ~~who~~ THAT has, in good faith, submitted the required information to the program is not liable for participation in the program.

**SECTION 7.** In Colorado Revised Statutes, 12-280-408, **amend** (2) as follows:

**12-280-408. Exemption - waiver.** (2) A prescription drug outlet that does not report controlled substance AND GABAPENTIN data to the program due to a lack of electronic automation of the outlet's business may apply to the board for a waiver from the reporting requirements.

**SECTION 8.** In Colorado Revised Statutes, **repeal** 12-315-126 as follows:

**12-315-126. Prescriptions - limitations.** ~~A veterinarian is subject to the limitations on prescriptions specified in section 12-30-109.~~

**SECTION 9.** In Colorado Revised Statutes, 25-20.5-1802, **amend** (2)(h), (2)(i), (3) introductory portion, (3)(b), and (3)(c); and **add** (2)(j) and (3)(d) as follows:

**25-20.5-1802. Colorado substance use disorders prevention collaborative - created - mission - administration - assessment tool - report - repeal.** (2) The mission of the collaborative is to:

(h) Work with key state and community stakeholders to establish a minimum standard for primary prevention programs in Colorado; ~~and~~

(i) Work with prevention specialists and existing training agencies to provide and support training to strengthen Colorado's prevention

workforce; AND

(j) REVIEW APPLICATIONS AND MAKE RECOMMENDATIONS FOR THE AWARD OF SUBSTANCE USE DISORDER PREVENTION GAP GRANT PROGRAM GRANTS PURSUANT TO SECTION 25-59-103 (4).

(3) The department ~~of public health and environment~~ and the collaborative shall:

(b) Implement effective primary prevention programs in Colorado communities, with the goal of increasing the number of programs to reach those in need statewide; ~~and~~

(c) Coordinate with designated state agencies and other organizations to provide prevention science training to systemize, update, expand, and strengthen prevention certification training and provide continuing education to prevention specialists; AND

(d) CREATE A SUBSTANCE USE DISORDER PREVENTION SERVICES ASSESSMENT TOOL TO IDENTIFY SUBSTANCE USE DISORDER PREVENTION SERVICES GAPS IN AREAS OF HIGHEST LOCAL NEED, INCLUDING COMMUNITY-ORIENTED, CHILDREN-ORIENTED, YOUTH-ORIENTED, AND FAMILY-ORIENTED PREVENTION SERVICES, FOR PURPOSES OF THE SUBSTANCE USE DISORDER PREVENTION GAP GRANT PROGRAM PURSUANT TO ARTICLE 59 OF THIS TITLE 25.

**SECTION 10.** In Colorado Revised Statutes, **add** part 22 to article 20.5 of title 25 as follows:

PART 22

LOCAL OVERDOSE FATALITY REVIEW

**25-20.5-2201. Definitions.** AS USED IN THIS PART 22, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "BEHAVIORAL HEALTH ENTITY" HAS THE SAME MEANING AS

SET FORTH IN SECTION 27-50-101 (4).

(2) "HEALTH-CARE FACILITY" MEANS A FACILITY LICENSED OR CERTIFIED BY THE DEPARTMENT PURSUANT TO SECTION 25-1.5-103.

(3) "LOCAL TEAM" MEANS A MULTIDISCIPLINARY AND MULTIAGENCY DRUG OVERDOSE FATALITY REVIEW TEAM ESTABLISHED FOR A COUNTY, A CITY AND COUNTY, A GROUP OF COUNTIES OR CITIES AND COUNTIES, OR AN INDIAN TRIBE.

(4) "OVERDOSE FATALITY REVIEW" MEANS A PROCESS IN WHICH A MULTIDISCIPLINARY TEAM PERFORMS A SERIES OF INDIVIDUAL OVERDOSE FATALITY REVIEWS TO EFFECTIVELY IDENTIFY SYSTEM GAPS AND INNOVATIVE COMMUNITY-SPECIFIC OVERDOSE PREVENTION AND INTERVENTION STRATEGIES.

**25-20.5-2202. Overdose fatality review access to information - fees - disclosure - no liability for sharing records.** (1) THE CHAIR OF A LOCAL TEAM MAY REQUEST INFORMATION FROM A PERSON, AGENCY, OR ENTITY DESCRIBED IN SUBSECTION (2) OF THIS SECTION AS NECESSARY TO CARRY OUT THE PURPOSES AND DUTIES OF THE LOCAL TEAM THAT ARE SET FORTH IN THE ORDER, AGREEMENT, OR OTHER DOCUMENT ESTABLISHING THE LOCAL TEAM. SUBJECT TO SUBSECTION (4) OF THIS SECTION, BUT NOTWITHSTANDING ANY OTHER PROVISION OF STATE OR LOCAL LAW TO THE CONTRARY, UPON WRITTEN REQUEST OF THE CHAIR OF A LOCAL TEAM, A PERSON, AGENCY, OR ENTITY SHALL PROVIDE THE LOCAL TEAM WITH THE FOLLOWING:

(a) IF THE PERSON, AGENCY, OR ENTITY IS A HEALTH-CARE PROVIDER, SUBSTANCE USE DISORDER TREATMENT PROVIDER, HOSPITAL, OR OTHER HEALTH-CARE FACILITY OR BEHAVIORAL HEALTH ENTITY, INFORMATION AND RECORDS MAINTAINED BY THE PERSON, AGENCY, OR

ENTITY REGARDING THE PHYSICAL HEALTH, MENTAL HEALTH, AND SUBSTANCE USE DISORDER TREATMENT FOR A PERSON WHOSE DEATH OR NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM; AND

(b) IF THE AGENCY OR ENTITY IS A STATE OR LOCAL GOVERNMENT AGENCY OR ENTITY THAT PROVIDED SERVICES TO A PERSON WHOSE DEATH OR NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM OR PROVIDED SERVICES TO THE FAMILY OF THE PERSON, INFORMATION AND RECORDS MAINTAINED BY THE AGENCY OR ENTITY ABOUT THE PERSON, INCLUDING DEATH INVESTIGATIVE INFORMATION, MEDICAL EXAMINER INVESTIGATIVE INFORMATION, LAW ENFORCEMENT INVESTIGATIVE INFORMATION, EMERGENCY MEDICAL SERVICES REPORTS, FIRE DEPARTMENT RECORDS, PROSECUTORIAL RECORDS, PAROLE AND PROBATION INFORMATION AND RECORDS, COURT RECORDS, SCHOOL RECORDS, AND INFORMATION AND RECORDS OF A DEPARTMENT OF HUMAN OR SOCIAL SERVICES, INCLUDING THE LOCAL HUMAN SERVICES AND PUBLIC HEALTH AGENCIES.

(2) THE FOLLOWING PERSONS, AGENCIES, OR ENTITIES SHALL COMPLY WITH A RECORDS REQUEST BY THE CHAIR OF A LOCAL TEAM MADE PURSUANT TO SUBSECTION (1) OF THIS SECTION:

(a) A CORONER OR MEDICAL EXAMINER;

(b) A FIRE DEPARTMENT;

(c) A HEALTH-CARE FACILITY;

(d) A HOSPITAL;

(e) A STATE OR LOCAL LAW ENFORCEMENT AGENCY;

(f) A STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING THE DEPARTMENT OF HUMAN SERVICES, INCLUDING THE BEHAVIORAL HEALTH ADMINISTRATION; THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, SO LONG AS THE DEPARTMENT OF PUBLIC HEALTH AND

ENVIRONMENT CREATED OR HOLDS THE RECORDS AND THE RELEASE DOES NOT VIOLATE ANY AGREEMENT NOT TO RELEASE THE RECORDS; THE DEPARTMENT OF LAW; THE OFFICE OF STATE PUBLIC DEFENDER; THE DEPARTMENT OF CORRECTIONS; AND THE STATE BOARD OF PAROLE;

(g) A BEHAVIORAL HEALTH ENTITY;

(h) A HEALTH-CARE PROVIDER;

(i) A SUBSTANCE USE DISORDER TREATMENT PROVIDER;

(j) A SCHOOL, INCLUDING A PUBLIC OR PRIVATE ELEMENTARY, MIDDLE, JUNIOR HIGH, OR HIGH SCHOOL, OR A PUBLIC OR PRIVATE INSTITUTION OF POSTSECONDARY EDUCATION DESCRIBED IN TITLE 23, INCLUDING THE AURARIA HIGHER EDUCATION CENTER CREATED IN ARTICLE 70 OF TITLE 23;

(k) A SOCIAL SERVICES PROVIDER;

(l) THE PRESCRIPTION DRUG USE MONITORING PROGRAM DESCRIBED IN SECTION 12-280-403;

(m) GROUND OR AIR AMBULANCE SERVICE AGENCIES; AND

(n) ANY OTHER PERSON OR ENTITY THAT IS IN POSSESSION OF RECORDS THAT ARE, AS DETERMINED BY THE LOCAL TEAM, PERTINENT TO THE LOCAL TEAM'S INVESTIGATION OF AN OVERDOSE FATALITY.

(3) (a) A PERSON, AGENCY, OR ENTITY SHALL PROVIDE REQUESTED INFORMATION TO THE LOCAL TEAM WITHIN FIVE BUSINESS DAYS AFTER RECEIPT OF THE WRITTEN REQUEST, EXCLUDING WEEKENDS AND HOLIDAYS, UNLESS AN EXTENSION IS GRANTED BY THE CHAIR OF THE LOCAL TEAM. WRITTEN REQUESTS MAY INCLUDE A REQUEST SUBMITTED VIA E-MAIL OR FACSIMILE TRANSMISSION.

(b) A PERSON, AGENCY, OR ENTITY THAT RECEIVES A RECORDS REQUEST FROM A LOCAL TEAM PURSUANT TO THIS SECTION MAY CHARGE

THE LOCAL TEAM A REASONABLE FEE FOR THE SERVICE OF DUPLICATING ANY RECORDS REQUESTED BY THE LOCAL TEAM.

(4) THE DISCLOSURE OR REDISCLOSURE, IN ACCORDANCE WITH THIS SECTION, OF A MEDICAL RECORD DEVELOPED IN CONNECTION WITH THE PROVISION OF SUBSTANCE USE TREATMENT SERVICES, WITHOUT THE AUTHORIZATION OF A PERSON IN INTEREST, IS SUBJECT TO ANY LIMITATIONS THAT EXIST PURSUANT TO APPLICABLE STATE OR FEDERAL LAW, INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C. SEC. 290dd-2, AND 42 CFR 2.

(5) NOTWITHSTANDING ANY LAW TO THE CONTRARY, THE LOCAL TEAM DOES NOT NEED AN ADMINISTRATIVE SUBPOENA OR OTHER FORM OF LEGAL COMPULSION TO RECEIVE REQUESTED RECORDS.

(6) THE CHAIR OF A LOCAL TEAM, OR THE CHAIR'S DESIGNEE, MAY REQUEST A PERSON WHOSE OVERDOSE IS UNDER REVIEW OR, IF DECEASED, THE PERSON'S NEXT OF KIN TO SIGN A CONSENT FORM FOR THE RELEASE OF CONFIDENTIAL INFORMATION.

(7) SO LONG AS EACH INDIVIDUAL PRESENT AT A LOCAL TEAM MEETING HAS SIGNED THE CONFIDENTIALITY FORM DESCRIBED IN SECTION 25-20.5-2203, ANY INFORMATION RECEIVED BY THE CHAIR OF THE LOCAL TEAM IN RESPONSE TO A REQUEST UNDER THIS SECTION MAY BE SHARED AT A LOCAL TEAM MEETING WITH LOCAL TEAM MEMBERS AND ANY NONMEMBER ATTENDEES.

(8) A PERSON, AGENCY, OR ENTITY THAT PROVIDES INFORMATION OR RECORDS TO A LOCAL TEAM PURSUANT TO THIS PART 22 IS NOT SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR ANY PROFESSIONAL DISCIPLINARY ACTION PURSUANT TO STATE LAW AS A RESULT OF PROVIDING THE INFORMATION OR RECORD.

(9) A MEMBER OF THE LOCAL TEAM MAY CONTACT, INTERVIEW, OR OBTAIN INFORMATION BY REQUEST FROM A FAMILY MEMBER OR FRIEND OF A PERSON WHOSE DEATH IS BEING REVIEWED BY THE LOCAL TEAM.

**25-20.5-2203. Confidentiality - closed meetings - records not open to inspection - civil liability.** (1) LOCAL TEAM MEETINGS IN WHICH CONFIDENTIAL INFORMATION IS DISCUSSED ARE EXEMPT FROM THE OPEN MEETINGS PROVISIONS OF THE "COLORADO SUNSHINE ACT OF 1972", PART 4 OF ARTICLE 6 OF TITLE 24, AND MUST BE CLOSED TO THE PUBLIC.

(2) (a) UPON REQUEST OF A LOCAL TEAM, A PERSON WHO IS NOT A MEMBER OF A LOCAL TEAM MAY ATTEND AND PARTICIPATE IN A MEETING AT WHICH A LOCAL TEAM REVIEWS CONFIDENTIAL INFORMATION AND CONSIDERS A PLAN, AN INTERVENTION, OR OTHER COURSE OF CONDUCT BASED ON THAT REVIEW.

(b) A LOCAL TEAM MEMBER AND ANY NONMEMBER IN ATTENDANCE AT A LOCAL TEAM MEETING SHALL SIGN A CONFIDENTIALITY FORM AND REVIEW THE PURPOSE AND GOAL OF THE LOCAL TEAM BEFORE THE PERSON MAY PARTICIPATE IN THE REVIEW OF CONFIDENTIAL INFORMATION. THE CONFIDENTIALITY FORM MUST SET OUT THE REQUIREMENTS FOR MAINTAINING THE CONFIDENTIALITY OF ANY INFORMATION DISCLOSED DURING THE MEETING AND ANY PENALTIES ASSOCIATED WITH FAILURE TO MAINTAIN CONFIDENTIALITY.

(3) INFORMATION AND RECORDS ACQUIRED BY A LOCAL TEAM ARE CONFIDENTIAL AND ARE NOT SUBJECT TO SUBPOENA, DISCOVERY, OR INTRODUCTION INTO EVIDENCE IN A CIVIL OR CRIMINAL PROCEEDING OR DISCIPLINARY ACTION. INFORMATION AND RECORDS THAT ARE OTHERWISE AVAILABLE FROM OTHER SOURCES ARE NOT IMMUNE FROM SUBPOENA, DISCOVERY, OR INTRODUCTION INTO EVIDENCE THROUGH THOSE SOURCES

SOLELY BECAUSE THE INFORMATION OR RECORD WAS PRESENTED TO OR REVIEWED BY A LOCAL TEAM.

(4) INFORMATION AND RECORDS ACQUIRED OR CREATED BY A LOCAL TEAM ARE NOT SUBJECT TO INSPECTION PURSUANT TO THE "COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE 24.

(5) SUBSTANCE USE DISORDER TREATMENT RECORDS REQUESTED OR PROVIDED TO THE LOCAL TEAM ARE SUBJECT TO ANY ADDITIONAL LIMITATIONS ON REDISCLOSURE OF A MEDICAL RECORD DEVELOPED IN CONNECTION WITH THE PROVISIONS OF SUBSTANCE USE DISORDER TREATMENT SERVICES PURSUANT TO APPLICABLE STATE OR FEDERAL LAW, INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C. SEC. 290dd-2, AND 42 CFR 2.

(6) LOCAL TEAM MEMBERS AND A PERSON WHO PRESENTS OR PROVIDES INFORMATION TO A LOCAL TEAM MAY NOT BE QUESTIONED IN ANY CIVIL OR CRIMINAL PROCEEDING OR DISCIPLINARY ACTION REGARDING THE INFORMATION PRESENTED OR PROVIDED. THIS SUBSECTION (6) DOES NOT PREVENT A PERSON FROM TESTIFYING REGARDING INFORMATION OBTAINED INDEPENDENTLY OF THE LOCAL TEAM OR TESTIFYING AS TO PUBLIC INFORMATION.

(7) A LOCAL TEAM AND ANY NONMEMBER PARTICIPATING IN AN OVERDOSE FATALITY REVIEW SHALL MAINTAIN THE CONFIDENTIALITY OF INFORMATION PROVIDED TO THE LOCAL TEAM AS REQUIRED BY STATE AND FEDERAL LAW. A MEMBER OF A LOCAL TEAM OR A PARTICIPATING NONMEMBER WHO SHARES CONFIDENTIAL INFORMATION IN VIOLATION OF THIS SECTION IS IMMUNE FROM CIVIL AND CRIMINAL LIABILITY IF THE PERSON ACTED IN GOOD FAITH COMPLIANCE WITH THE PROVISIONS OF THIS PART 22.

(8) A PERSON WHO KNOWINGLY VIOLATES THE CONFIDENTIALITY PROVISIONS OF THIS PART 22 IS SUBJECT TO A CIVIL PENALTY OF UP TO ONE THOUSAND DOLLARS.

(9) THIS SECTION DOES NOT PROHIBIT A LOCAL TEAM FROM REQUESTING THE ATTENDANCE AT A TEAM MEETING OF A PERSON WHO HAS INFORMATION RELEVANT TO THE TEAM'S EXERCISE OF ITS PURPOSE AND DUTIES.

**SECTION 11.** In Colorado Revised Statutes, **add** article 59 to title 25 as follows:

**ARTICLE 59**

**Substance Use Disorder Prevention Gap Grant Program**

**25-59-101. Legislative declaration.** (1) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

(a) OPIOID USE DISORDER PREVENTION INITIATIVES IN RECENT YEARS HAVE HAD A POSITIVE EFFECT ON REDUCING SUBSTANCE USE DISORDERS;

(b) PREVENTION SERVICES PROVIDERS REQUIRE ADDITIONAL, FLEXIBLE FUNDING TO ADDRESS GAPS IN PREVENTION SERVICES AT THE LOCAL LEVEL IN AREAS OF HIGHEST NEED, INCLUDING COMMUNITY-ORIENTED, CHILDREN-ORIENTED, YOUTH-ORIENTED, AND FAMILY-ORIENTED PREVENTION SERVICES; AND

(c) BY DIRECTING THE DEPARTMENT, IN CONJUNCTION WITH THE PREVENTION COLLABORATIVE, TO DEVELOP A PREVENTION SERVICES GAP ASSESSMENT TOOL FOR USE IN DIRECTING GRANT MONEY TO NEEDED PREVENTION SERVICES, THE STATE WILL FURTHER THE GOAL OF EXPANDING PREVENTION INITIATIVES THAT HAVE EVIDENCE OF BEING SUCCESSFUL IN REDUCING SUBSTANCE USE DISORDERS IN INDIVIDUALS,

FAMILIES, AND COLORADO COMMUNITIES.

**25-59-102. Definitions.** AS USED IN THIS ARTICLE 59, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "ASSESSMENT TOOL" MEANS THE SUBSTANCE USE DISORDER PREVENTION SERVICES ASSESSMENT TOOL DESCRIBED IN SECTION 25-59-103 (3).

(2) "COMMUNITY-BASED ORGANIZATION" MEANS A NONPROFIT OR FOR-PROFIT ORGANIZATION THAT PROVIDES SUBSTANCE USE DISORDER PREVENTION SERVICES.

(3) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT CREATED AND EXISTING PURSUANT TO SECTION 25-1-102.

(4) "GRANT PROGRAM" MEANS THE SUBSTANCE USE DISORDER PREVENTION GAP GRANT PROGRAM CREATED IN SECTION 25-59-103.

(5) "PREVENTION COLLABORATIVE" MEANS THE COLORADO SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE CREATED IN SECTION 25-20.5-1802.

**25-59-103. Substance use disorder prevention gap grant program - created - award of grants - rules - reporting - appropriation.** (1) THERE IS ESTABLISHED IN THE DEPARTMENT THE SUBSTANCE USE DISORDER PREVENTION GAP GRANT PROGRAM TO PROVIDE GRANTS TO COMMUNITY-BASED ORGANIZATIONS FOR SUBSTANCE USE DISORDER PREVENTION SERVICES IN AREAS OF HIGHEST NEED, INCLUDING COMMUNITY-ORIENTED, CHILDREN-ORIENTED, YOUTH-ORIENTED, AND FAMILY-ORIENTED PREVENTION SERVICES.

(2) THE DEPARTMENT SHALL ADMINISTER THE GRANT PROGRAM. THE DEPARTMENT SHALL CREATE A GRANT APPLICATION PROCESS AND

MAKE THE PROCESS AND THE ASSESSMENT TOOL PUBLICLY AVAILABLE ON ITS WEBSITE PRIOR TO ACCEPTING APPLICATIONS. THE DEPARTMENT SHALL BEGIN ACCEPTING GRANT APPLICATIONS NO LATER THAN DECEMBER 31, 2024.

(3) PURSUANT TO SECTION 25-20.5-1802 (3)(d), THE PREVENTION COLLABORATIVE AND THE DEPARTMENT SHALL DEVELOP A SUBSTANCE USE DISORDER PREVENTION SERVICES ASSESSMENT TOOL TO IDENTIFY LOCAL GAPS IN SUBSTANCE USE DISORDER PREVENTION SERVICES, INCLUDING COMMUNITY-ORIENTED, CHILDREN-ORIENTED, YOUTH-ORIENTED, AND FAMILY-ORIENTED PREVENTION SERVICES, GAPS IN ACCESS TO PREVENTION SERVICES, OR WHERE ADDITIONAL FUNDING IS NECESSARY TO MAXIMIZE THE IMPACT OF EXISTING PREVENTION SERVICES. THE DEPARTMENT SHALL MAKE THE ASSESSMENT TOOL PUBLICLY AVAILABLE ON ITS WEBSITE PRIOR TO ACCEPTING APPLICATIONS FOR THE GRANT PROGRAM.

(4) (a) THE PREVENTION COLLABORATIVE SHALL REVIEW GRANT PROGRAM APPLICATIONS THAT ADDRESS GAPS IN SUBSTANCE USE DISORDER PREVENTION SERVICES IDENTIFIED USING THE ASSESSMENT TOOL AND SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT FOR THE AWARD OF GRANTS.

(b) SUBJECT TO AVAILABLE APPROPRIATIONS, THE DEPARTMENT SHALL AWARD TWO-YEAR SUBSTANCE USE DISORDER PREVENTION GAP GRANTS TO APPLICANTS BASED ON THE RECOMMENDATIONS OF THE PREVENTION COLLABORATIVE MADE PURSUANT TO SUBSECTION (4)(a) OF THIS SECTION.

(5) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT MAY PROMULGATE ANY RULES NECESSARY FOR THE IMPLEMENTATION OF THE

GRANT PROGRAM.

(6) EACH COMMUNITY-BASED ORGANIZATION THAT RECEIVES A GRANT PROGRAM GRANT SHALL REPORT TO THE DEPARTMENT, AS DETERMINED BY THE DEPARTMENT, ON THE USE OF AND OUTCOMES ASSOCIATED WITH THE USE OF THE GRANT PROGRAM MONEY.

(7) THE GENERAL ASSEMBLY SHALL APPROPRIATE TO THE DEPARTMENT ONE MILLION FIVE HUNDRED THOUSAND DOLLARS FROM THE GENERAL FUND TO IMPLEMENT THE GRANT PROGRAM.

**25-59-104. Repeal of article.** THIS ARTICLE 59 IS REPEALED, EFFECTIVE JULY 1, 2028.

**SECTION 12.** In Colorado Revised Statutes, **add** 25.5-4-431 as follows:

**25.5-4-431. Reimbursement guidance for screening, brief intervention, and referral to treatment.** THE STATE DEPARTMENT SHALL PUBLISH GUIDANCE FOR PROVIDERS CONCERNING REIMBURSEMENT FOR ALL VARIATIONS OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT INTERVENTIONS.

**SECTION 13.** In Colorado Revised Statutes, 25.5-5-208, **amend** (1) introductory portion; and **add** (1)(a.3) and (1)(a.5) as follows:

**25.5-5-208. Additional services - training - grants - screening, brief intervention, and referral.** (1) On or after July 1, 2018, the state department shall grant, through a competitive grant program, one million five hundred thousand dollars to one or more organizations to operate a substance ~~abuse~~ USE screening, brief intervention, and referral to treatment practice. The grant program must require:

(a.3) IMPLEMENTATION OF A STATEWIDE ADOLESCENT SUBSTANCE USE SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT

INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR APPROPRIATE PROFESSIONALS IN COLORADO SCHOOLS, WITH THE PURPOSE OF IDENTIFYING STUDENTS WHO WOULD BENEFIT FROM SCREENING, BRIEF INTERVENTION, AND POTENTIAL REFERRAL TO RESOURCES, INCLUDING TREATMENT;

(a.5) IMPLEMENTATION OF A STATEWIDE SUBSTANCE USE SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR PEDIATRICIANS AND PROFESSIONALS IN PEDIATRIC SETTINGS, WITH THE PURPOSE OF IDENTIFYING ADOLESCENT PATIENTS WHO WOULD BENEFIT FROM SCREENING, BRIEF INTERVENTION, AND POTENTIAL REFERRAL TO RESOURCES, INCLUDING TREATMENT;

**SECTION 14.** In Colorado Revised Statutes, 27-80-121, **amend** (1) and (3) as follows:

**27-80-121. Perinatal substance use data linkage project - center for research into substance use disorder prevention, treatment, and recovery support strategies - report.** (1) The center for research into substance use disorder prevention, treatment, and recovery support strategies established in section 27-80-118, referred to in this section as the "center", in partnership with an institution of higher education and the state substance abuse trend and response task force established in section 18-18.5-103, ~~may~~ SHALL conduct a statewide perinatal substance use data linkage project that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy. The data linkage project shall utilize data from the medical assistance program

ESTABLISHED IN articles 4 to 6 of title 25.5; the electronic prescription drug monitoring program created in part 4 of article 280 of title 12; the Colorado TRAILS system, as defined in section 16-20.5-102 (10); the Colorado immunization information system created pursuant to ~~section 25-4-2401, et seq.~~ PART 24 OF ARTICLE 4 OF TITLE 25; the Colorado child care assistance program created in part 1 of article 4 of title 26.5; the BHA; THE EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS UNDER PART C OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES EDUCATION ACT", 20 U.S.C. SEC. 1400 ET SEQ.; THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ESTABLISHED IN PART 3 OF ARTICLE 2 OF TITLE 26; THE COLORADO DEPARTMENT OF EDUCATION; THE FEDERAL SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN, AS PROVIDED FOR IN 42 U.S.C. SEC. 1786; OTHER DATA SOURCES RELATED TO MATERNAL HEALTH, AS COLLECTED BY THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; FAMILY EXPERIENCES AND PROVIDER PERSPECTIVES, WHEN NECESSARY; and birth and death records to examine the following:

(a) Health-care ~~mortality~~ utilization by pregnant and postpartum women with substance use disorders and their infants compared to the general population;

(b) Human service, EDUCATION, public health program utilization, and substance use treatment by pregnant and postpartum women with substance use disorders and their infants COMPARED TO THE GENERAL POPULATION;

(c) Health-care, human service, EDUCATION, and public health program outcomes, INCLUDING MORBIDITY AND MORTALITY OUTCOMES, among pregnant and postpartum women with substance use disorders and

their infants COMPARED TO THE GENERAL POPULATION; and

(d) Costs associated with health-care, human service, EDUCATION, and public health program provisions for pregnant and postpartum women with substance use disorders and their infants COMPARED TO THE GENERAL POPULATION.

(3) The data linkage project may conduct ongoing research related to the incidence of perinatal substance exposure or related infant and family health, EDUCATION, and human service outcomes based on the standards specified in sections 19-1-103 (1)(a)(VII) and 19-3-102 (1)(g) for determining child abuse or neglect or whether a child is neglected or dependent.

**SECTION 15.** In Colorado Revised Statutes, **add** 27-80-121.2 as follows:

**27-80-121.2. Opioid use disorder prevalence data linkage project - reporting - legislative declaration - definition.** (1) (a) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

(I) COLORADO IS EXPERIENCING AN OVERDOSE CRISIS;

(II) NATIONALLY AND LOCALLY, OVERDOSE DEATHS HAVE CONTINUED TO INCREASE, WITH MORE THAN SEVENTY-FIVE PERCENT OF OVERDOSE DEATHS IN 2021 INVOLVING ILLICITLY MANUFACTURED FENTANYL;

(III) AMONG THE RISK FACTORS FOR OVERDOSE IS HAVING AN OPIOID USE DISORDER, PARTICULARLY AMONG PEOPLE NOT TAKING MEDICATIONS FOR OPIOID USE DISORDERS;

(IV) HOWEVER, UNRELIABLE METHODS OF ESTIMATING PEOPLE IN COLORADO WITH OPIOID USE DISORDERS, AS WELL AS SYSTEMIC BARRIERS THAT PREVENT PEOPLE WITH OPIOID USE DISORDERS FROM

SELF-REPORTING AND ACCESSING HEALTH CARE, LIKELY LEADS TO UNDERESTIMATION OF THE NUMBER OF PEOPLE WITH OPIOID USE DISORDERS IN COLORADO; AND

(V) WITHOUT AN ACCURATE UNDERSTANDING OF THE SCOPE OF OPIOID MISUSE OR USE DISORDERS IN COLORADO, SERVICES AND OTHER RESOURCES CANNOT BE PROPERLY ALLOCATED TO RESPOND TO THE CRISIS, LEADING TO A POOR PUBLIC HEALTH RESPONSE AND HEALTH DISPARITIES.

(b) THEREFORE, THE GENERAL ASSEMBLY FINDS AND DECLARES THAT ESTABLISHING A DATA LINKAGE PROJECT TO ACCURATELY ESTIMATE THE SCOPE OF OPIOID MISUSE AND USE DISORDERS IN COLORADO WILL ADVANCE THE STATE'S RESPONSE TO THE CRISIS AND IMPROVE HEALTH OUTCOMES FOR INDIVIDUALS WITH OPIOID MISUSE AND USE DISORDERS.

(2) AS USED IN THIS SECTION, "DATA LINKAGE PROJECT" MEANS THE OPIOID USE DISORDER PREVALENCE DATA LINKAGE PROJECT CREATED IN SUBSECTION (3) OF THIS SECTION.

(3) THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE SHALL CONDUCT A STATEWIDE DATA LINKAGE PROJECT THAT USES ONGOING COLLECTION, ANALYSIS, INTERPRETATION, AND DISSEMINATION OF DATA FOR THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PUBLIC HEALTH ACTIONS TO IMPROVE OUTCOMES FOR INDIVIDUALS WITH OPIOID MISUSE OR USE DISORDERS.

(4) THE DATA LINKAGE PROJECT MUST UTILIZE DATA FROM:

(a) THE MEDICAL ASSISTANCE PROGRAM ESTABLISHED IN ARTICLES 4 TO 6 OF TITLE 25.5;

(b) THE ELECTRONIC PRESCRIPTION DRUG USE MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF TITLE 12;

(c) THE BHA;

(d) THE JUDICIAL DEPARTMENTS FOR DENVER COUNTY AND OTHER COLORADO COUNTIES;

(e) THE DEPARTMENT OF CORRECTIONS;

(f) THE COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, RELATING TO OPIOID MISUSE, OVERDOSES, AND OPIOID USE DISORDERS AND RELATED TREATMENT;

(g) OTHER DATA SOURCES RELATING TO OPIOID MISUSE OR USE DISORDERS COLLECTED BY THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; AND

(h) BIRTH AND DEATH RECORDS TO EXAMINE THE FOLLOWING:

(I) YEARLY PREVALENCE OF OPIOID MISUSE OR USE DISORDERS IN COLORADO FROM 2015 THROUGH 2024; AND

(II) YEARLY PREVALENCE OF OPIOID MISUSE OR USE DISORDERS IN COLORADO FROM 2015 THROUGH 2024 BY AGE GROUP, GENDER, RACE, AND GEOGRAPHIC AREA.

(5) IN ADDITION TO THE DATA COLLECTED PURSUANT TO SUBSECTION (4) OF THIS SECTION, THE DATA LINKAGE PROJECT MAY CONNECT ADDITIONAL STATE AND OTHER DATA SOURCES TO IMPROVE POPULATION-LEVEL ESTIMATES OF THE PREVALENCE OF OPIOID MISUSE OR USE DISORDERS IN COLORADO.

(6) THE GOVERNOR'S OFFICE OF INFORMATION TECHNOLOGY SHALL OBTAIN DATA AND PERFORM SECURE LINKAGE AND ANONYMIZATION ON BEHALF OF THE STATE.

(7) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), ON OR BEFORE JANUARY 31, 2025, AND ANNUALLY THEREAFTER THROUGHOUT THE DURATION OF THE DATA LINKAGE PROJECT, THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE SHALL REPORT PROGRESS ON THE DATA

LINKAGE PROJECT AND THE RESULTS, IF AVAILABLE, TO THE HEALTH AND INSURANCE COMMITTEE AND THE PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES.

**SECTION 16. Safety clause.** The general assembly finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety or for appropriations for the support and maintenance of the departments of the state and state institutions.

**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

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.

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*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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(39) "Practice of pharmacy" means:

(g) Exercising independent prescriptive authority:

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

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

age and that are limited to conditions that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSECTION (2.5).

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

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

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

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

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

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

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

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) "DIVERSION AGREEMENT" MEANS AN INDIVIDUALIZED DIVERSION AGREEMENT SIGNED BY THE DEFENDANT, THE DEFENDANT'S ATTORNEY IF THE DEFENDANT IS REPRESENTED BY AN ATTORNEY, AND THE DISTRICT ATTORNEY.

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

(6) "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.

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

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

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

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

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

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

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

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

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

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

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

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

**program coordinator - grant process.** (1) THERE IS ESTABLISHED IN THE OFFICE OF THE STATE COURT ADMINISTRATOR THE BEHAVIORAL HEALTH DIVERSION PILOT PROGRAM TO AWARD GRANTS TO AT LEAST TWO, BUT NO MORE THAN FIVE, 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(II) AVAILABLE TREATMENT PROVIDERS;

(III) AVAILABLE RECOVERY HOUSING;

(IV) ACCESSIBLE PUBLIC AND PRIVATE AGENCIES;

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

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

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

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

AGREE IN WRITING TO AN EXTENSION OF THE TREATMENT PERIOD.

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

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

(b) OUTPATIENT TREATMENT;

(c) DRUG TESTING;

(d) ADDICTION COUNSELING;

(e) COGNITIVE AND BEHAVIORAL THERAPIES;

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

(g) EDUCATIONAL SERVICES;

(h) VOCATIONAL SERVICES;

(i) HOUSING ASSISTANCE;

(j) PEER SUPPORT SERVICES; AND

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

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

(4) ALL RECOVERY HOUSING SERVICE PROVIDERS MUST:

(a) PROVIDE EVIDENCE-BASED SERVICES;

(b) PROVIDE A RECORD OF OUTCOMES;

(c) PROVIDE PEER SUPPORT SERVICES; AND

(d) ADDRESS THE SOCIAL DETERMINANTS OF HEALTH.

**18-1.3-1506. Participant's behavioral health treatment program - participation - provider requirements.** (1) THE PARTICIPANT SHALL BEGIN THE PARTICIPANT'S BEHAVIORAL HEALTH TREATMENT PROGRAM AS SOON AS PRACTICABLE AFTER THE DIVERSION AGREEMENT IS SIGNED.

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

(3) THE PROGRAM COORDINATOR SHALL:

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

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

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

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

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

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

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

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

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

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

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

(5) THE PROGRAM COORDINATOR SHALL:

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

(b) REVIEW THE PARTICIPANT'S PROGRESS; AND

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

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

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

**18-1.3-1507. Vocational services - assessment - individualized plan.** (1) (a) THE DIVISION OF EMPLOYMENT AND TRAINING, IN CONJUNCTION WITH THE PROGRAM COORDINATOR, SHALL CONDUCT AN IN-PERSON INITIAL SCREENING OF ANY INDIVIDUAL PARTICIPATING IN THE PILOT PROGRAM WITHIN THIRTY DAYS AFTER A PARTICIPANT BEGINS THE PILOT PROGRAM.

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

(2) THE INITIAL SCREENING MUST INCLUDE:

(a) AN ASSESSMENT OF THE PARTICIPANT'S:

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

(II) EMPLOYMENT HISTORY, INCLUDING TYPES AND LENGTHS OF

EMPLOYMENTS;

(III) MILITARY HISTORY, IF ANY;

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

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

(VI) LANGUAGE SKILLS; AND

(b) A DETERMINATION OF WHETHER FURTHER ASSESSMENT IS NEEDED TO DEVELOP THE VOCATIONAL COMPONENT OF THE PILOT PROGRAM. IF FURTHER ASSESSMENT IS REQUIRED, THE DIVISION OF EMPLOYMENT AND TRAINING SHALL COMPLETE THE FURTHER ASSESSMENT WITHIN NINETY DAYS AFTER THE PARTICIPANT'S ENTRY INTO THE PILOT PROGRAM, UNLESS ADDITIONAL TIME IS NEEDED TO PROVIDE FOR PHYSICAL RECOVERY FROM THE EFFECTS OF A SEVERE BEHAVIORAL HEALTH DISORDER.

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

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

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

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

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

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

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

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

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

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

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

THAT TRAINING TO THE PARTICIPANT; AND

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(C) EMPLOYMENT OR JOB TRAINING;

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

(E) HOUSING STATUS; AND

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

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

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

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

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

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

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

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

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

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

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

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

(A) THE SPECIFIC REASON FOR THE DISMISSAL;

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

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

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

IF KNOWN; AND

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**23-21-805. MAT expansion advisory board - created - duties.** (2) (a) The advisory board consists of representatives of the following entities or organizations who are designated by the entity or organization:

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

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

(VII) THE COLORADO PHARMACISTS SOCIETY.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**25.5-4-505.5. Federal authorization related to persons involved in the criminal justice system - report - rules - legislative declaration.** (1) (a) THE GENERAL ASSEMBLY FINDS THAT:

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

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

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

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

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

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

JUDICIAL-LED INITIATIVES; AND

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

(2) (a) NO LATER THAN APRIL 1, 2024, THE STATE DEPARTMENT SHALL 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 A JUVENILE INSTITUTIONAL FACILITY, AS DEFINED IN SECTION 25-1.5-301 (2)(b), OR A DEPARTMENT OF CORRECTIONS FACILITY.

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

(3) (a) NO LATER THAN APRIL 1, 2025, THE STATE DEPARTMENT SHALL 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 NINETY DAYS PRIOR TO RELEASE FROM A COUNTY JAIL. THE FEDERAL AUTHORIZATION MUST NOT INCLUDE COVERAGE FOR PHYSICAL OR PSYCHIATRIC PRESCRIPTION MEDICATIONS THAT ARE ADMINISTERED IN A JAIL SETTING.

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

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

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

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

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

(I) EMPLOY A PHYSICIAN MEDICAL DIRECTOR;

(II) ENSURE THE INDIVIDUAL RECEIVING MEDICATION-ASSISTED

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

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

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

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

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

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

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

(A) EMERGENCY ROOM OR CRISIS SYSTEM VISITS;

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

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

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

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

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

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

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

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

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

(7) as follows:

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

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

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

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

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

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

(a) 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;

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

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

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

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

follows:

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

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

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

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

**SECTION 22.** In Colorado Revised Statutes, **add** 25.5-5-427 as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**27-50-305. Resources to support behavioral health safety net providers - independent third-party contract.** (1) NO LATER THAN JULY 1, 2025, THE BHA SHALL 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.

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

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

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

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

(d) BILLING AND CODING SUPPORT;

(e) CLAIMS PROCESSING;

(f) DATA ANALYSIS;

(g) COMPLIANCE AND TRAINING ON POLICIES AND PROCEDURES;

(h) SHARED PURCHASING FOR TECHNOLOGY;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) AN ADDICTION COUNSELOR;

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

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

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

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

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

SUBSTANCE USE DISORDER.

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

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

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

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

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

**Bill D**

LLS NO. 24-0316.01 Yelana Love x2295 **SENATE BILL**

**SENATE SPONSORSHIP**

**Priola,** Jaquez Lewis

**HOUSE SPONSORSHIP**

**deGruy Kennedy and Lynch,** Epps

**Senate Committees** **House Committees**

## A BILL FOR AN ACT

101 **CONCERNING RECOVERY FROM 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** of the bill implements a voluntary designation process for recovery-friendly workplaces.

**Section 2** allows a school district to include in the annual pupil count a student who has transferred to a recovery high school before the pupil count date.

**Section 3** allows a recovery community organization that receives a grant through the recovery support services grant program to use the

money to provide guidance to individuals on the many pathways for recovery.

**Section 4** declares that recovery residences, sober living facilities, and sober homes are a residential use of land for zoning purposes.

**Sections 5 and 6** place restrictions on where liquor-licensed drugstores and fermented malt beverage and wine retailers may display alcohol beverages on the stores' licensed premises.

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

**SECTION 1.** In Colorado Revised Statutes, **add** part 3 to article 2 of title 8 as follows:

PART 3

RECOVERY-FRIENDLY WORKPLACES

**8-2-301. Definitions.** AS USED IN THIS PART 3, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "CERTIFIED RECOVERY-READY WORKPLACE" MEANS A WORKPLACE THAT MEETS THE CRITERIA FOR CERTIFICATION AS ESTABLISHED BY THIS PART 3, ATTAINS DESIGNATION AS CERTIFIED BY THE RECOVERY-READY WORKPLACE PROGRAM, AND RECEIVES WRITTEN DOCUMENTATION FROM THE PROGRAM OF SUCH DESIGNATION.

(2) "DEPARTMENT" MEANS THE DEPARTMENT OF LABOR AND EMPLOYMENT.

(3) "EMPLOYEE" MEANS ANY PERSON WHO WORKS FOR SALARY, WAGES, OR OTHER REMUNERATION FOR AN EMPLOYER SUBJECT TO THE PROVISIONS OF THIS PART 3 AND INCLUDES INDIVIDUALS IN MANAGERIAL POSITIONS, THOSE WORKING FOR OR ON BEHALF OF THE STATE, CONTRACTORS, AND INDIVIDUALS IN WORK-FROM-HOME POSITIONS.

(4) "EMPLOYER" MEANS ANY PUBLIC OR PRIVATE PERSON OR ENTITY THAT HAS ONE OR MORE EMPLOYEES WHO ARE RESIDENTS OF THE STATE AND WHO ARE COVERED BY THE "WORKERS' COMPENSATION ACT

OF COLORADO", ARTICLES 40 TO 47 OF THIS TITLE 8, OR THAT CONDUCTS BUSINESS IN OR WITHIN THE STATE. "EMPLOYER" INCLUDES THE STATE AND ANY DEPARTMENT, AGENCY, OR INSTRUMENTALITY OF THE STATE; ANY COUNTY; ANY MUNICIPAL CORPORATION; AND ANY EMPLOYER THAT IS SELF-INSURED. A SINGLE EMPLOYER MAY HAVE MULTIPLE WORKPLACES.

(5) "PARTICIPANT" MEANS A WORKPLACE THAT MEETS THE CRITERIA FOR PARTICIPANT STATUS AS ESTABLISHED BY THIS PART 3, ATTAINS DESIGNATION AS A PARTICIPANT BY THE RECOVERY-READY WORKPLACE PROGRAM, AND RECEIVES DOCUMENTATION FROM THE PROGRAM OF SUCH DESIGNATION.

(6) "PREVENTION" MEANS THE PREVENTION OF SUBSTANCE MISUSE THROUGH STRATEGIES DESIGNED TO REDUCE THE RISK OF INJURY AND STRESS IN THE WORKPLACE AND ADDRESS OTHER FACTORS THAT MAY INCREASE THE RISK OF SUBSTANCE MISUSE AND THROUGH TRAINING AND EDUCATION TO BUILD SUBSTANCE USE DISORDER AND RECOVERY LITERACY.

(7) "RECOVERY" MEANS A PROCESS OF CHANGE THROUGH WHICH INDIVIDUALS IMPROVE THEIR HEALTH AND WELLNESS, LIVE A SELF-DIRECTED LIFE, AND STRIVE TO REACH THEIR FULL POTENTIAL.

(8) "RECOVERY-READY WORKPLACE ADVISOR" MEANS AN INDIVIDUAL WHO IS AN EMPLOYEE OF OR CONTRACTOR FOR THE RECOVERY-READY WORKPLACE PROGRAM AND WHOSE DUTIES INCLUDE ASSISTING EMPLOYERS THROUGH THE PROCESS OF BECOMING A RECOVERY-READY WORKPLACE PARTICIPANT OR A CERTIFIED RECOVERY-READY WORKPLACE.

(9) "RECOVERY-READY WORKPLACE PROGRAM" OR "PROGRAM" MEANS THE PROGRAM ESTABLISHED IN SECTION 8-2-302.

(10) "RECOVERY-READY WORKPLACE TASK FORCE" MEANS A TASK FORCE ESTABLISHED BY AN EMPLOYER OR ITS EMPLOYEES THAT REFLECTS DIFFERENT COMPONENTS OF THE WORKFORCE AND INCLUDES DIFFERENT LEVELS OF STAFF TO LEAD RECOVERY-READY WORKPLACE POLICY DEVELOPMENT AND IMPLEMENTATION AND TO CONTINUOUSLY REVIEW AND UPDATE THE EMPLOYER'S POLICIES AND PRACTICES TO MAKE THEM MORE RECOVERY-READY.

(11) "RECOVERY SUPPORT SERVICES" MEANS NONCLINICAL SERVICES THAT ASSIST INDIVIDUALS IN ACHIEVING OR SUSTAINING RECOVERY FROM A SUBSTANCE USE DISORDER AND MAY INCLUDE MENTORSHIP, RECOVERY COACHING, INFORMATION SHARING, RECOVERY PLANNING, AND LINKAGE TO SERVICES OR OTHER RESOURCES.

(12) "SUBSTANCE USE DISORDER" HAS THE SAME MEANING AS SET FORTH IN SECTION 27-50-101 (20).

(13) "WORKPLACE" MEANS ANY OFFICE, WAREHOUSE, BUILDING, OR OTHER LOCATION, WHETHER PERMANENT OR TEMPORARY, WHERE AN EMPLOYEE PERFORMS ANY WORK-RELATED DUTY OR DUTIES IN THE SCOPE AND COURSE OF THE EMPLOYEE'S EMPLOYMENT. EMPLOYERS MAY HAVE MORE THAN ONE WORKPLACE. "WORKPLACE" DOES NOT INCLUDE AN EMPLOYEE'S RESIDENCE OR OTHER REMOTE WORK LOCATION. IF AN EMPLOYER OPERATES EXCLUSIVELY THROUGH TELEWORK, THE DESIGNATED WORKPLACE ADDRESS IS THE ADDRESS LISTED ON THE EMPLOYER'S ARTICLES OF INCORPORATION FILED WITH THE SECRETARY OF STATE, IF INCORPORATED IN THIS STATE, OR, IF NOT INCORPORATED IN THIS STATE, THE ADDRESS OF THE EMPLOYER'S OFFICIAL HEADQUARTERS IN THIS STATE.

**8-2-302. Recovery-ready workplace program - creation -**

**duties.** (1) THERE IS HEREBY ESTABLISHED A RECOVERY-READY WORKPLACE PROGRAM. THE DEPARTMENT MAY CONTRACT WITH ONE OR MORE PUBLIC OR PRIVATE ENTITIES TO PERFORM SOME OR ALL OF THE DUTIES OUTLINED IN THIS PART 3 BUT SHALL MAINTAIN OVERSIGHT OF THE PROGRAM. ANY SUCH PUBLIC OR PRIVATE ENTITY SHALL BE REQUIRED TO MEET ALL REQUIREMENTS FOR CERTIFICATION AS A RECOVERY-READY WORKPLACE.

(2) AT A MINIMUM, THE PROGRAM MUST:

(a) DEVELOP OR ADOPT A PROCESS THROUGH WHICH EMPLOYERS MAY APPLY TO BECOME RECOVERY-READY WORKPLACE PARTICIPANTS OR CERTIFIED AS RECOVERY-READY AS SET FORTH IN SECTION 8-2-303;

(b) DEVELOP OR ADOPT AN ORIENTATION PROCESS THAT INCLUDES TRAINING MATERIALS FOR NEW EMPLOYERS THAT PROVIDES A BASELINE INTRODUCTION TO SUBSTANCE USE DISORDERS, TREATMENT, AND RECOVERY, INCLUDING INFORMATION ON THE SCIENCE OF ADDICTION, STIGMA, SUBSTANCE USE IN THE WORKFORCE, PREVENTION MEASURES, AVAILABLE LOCAL RESOURCES, AND THE WAYS IN WHICH EMPLOYERS CAN AMEND AND IMPLEMENT RECOVERY-READY POLICIES AND PRACTICES TO HELP THEIR EMPLOYEES WITH SUBSTANCE USE DISORDERS;

(c) PROVIDE CONSULTATION, GUIDANCE, TECHNICAL ASSISTANCE, TRAINING AND EDUCATION, AND OTHER SUPPORT TO EMPLOYERS SEEKING TO BECOME PARTICIPANTS OR CERTIFIED RECOVERY-READY WORKPLACES, AS WELL AS TO CURRENT PARTICIPANTS AND CERTIFIED RECOVERY-READY EMPLOYERS AND KEY STAKEHOLDERS WITHIN THE WORKPLACE, SUCH AS HUMAN RESOURCES DIRECTORS AND UNION LEADERS;

(d) CONDUCT OUTREACH TO KEY STAKEHOLDERS WITHIN THE STATE, INCLUDING EMPLOYERS THAT ARE NOT ENGAGED IN THE PROGRAM,

LABOR UNIONS, AND RECOVERY SUPPORT SERVICES ORGANIZATIONS TO PROVIDE INFORMATION REGARDING THE PROGRAM AND PROGRAM BENEFITS;

(e) DEPENDENT ON FUNDING, HIRE OR CONTRACT WITH AT LEAST ONE RECOVERY-READY WORKPLACE ADVISOR FOR EVERY ONE HUNDRED PARTICIPANTS AND CERTIFIED RECOVERY-READY WORKPLACES;

(f) ASSIGN A RECOVERY-READY WORKPLACE ADVISOR TO EACH EMPLOYER THAT HAS SUBMITTED A LETTER OF INTENT WHO WILL:

(I) ASSIST EMPLOYERS THROUGH THE PROCESS OF BECOMING A PARTICIPANT OR CERTIFIED RECOVERY-READY WORKPLACE;

(II) PROVIDE INFORMATION TO EMPLOYERS REGARDING THE STATE AND FEDERAL LAWS AND REGULATIONS THAT IMPACT INDIVIDUALS WITH SUBSTANCE USE DISORDERS, INCLUDING THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101 ET. SEQ.; STATE DISABILITY LAWS; THE FEDERAL "FAMILY MEDICAL LEAVE ACT", 29 U.S.C. SECS. 2601 TO 2654; 42 CFR 2; AND THE FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", 42 U.S.C. SEC. 201 ET SEQ., THROUGH THE PROVISION OF WRITTEN MATERIALS, TRAINING, OR REFERRAL TO AN INDIVIDUAL OR ENTITY WITH THE REQUISITE KNOWLEDGE;

(III) PROVIDE ONGOING ASSISTANCE TO EMPLOYERS BY:

(A) WORKING WITH EMPLOYERS TO REVIEW THE EMPLOYERS' POLICIES AND PROCEDURES AND PROVIDING SUGGESTIONS TO MAKE SUCH POLICIES AND PROCEDURES MORE RECOVERY-READY;

(B) REFERRING EMPLOYERS TO ORGANIZATIONS AND INDIVIDUALS WITH SPECIALIZED KNOWLEDGE AND EXPERTISE THAT MAY ASSIST THE EMPLOYER IN BECOMING OR MAINTAINING ITS STATUS AS

RECOVERY-READY OR IN REVISING ITS POLICIES OR PROCEDURES TO BETTER ASSIST EMPLOYEES WITH SUBSTANCE USE DISORDERS, ADDRESSING STIGMA AND BUILDING A RECOVERY-SUPPORTIVE WORKPLACE CULTURE, OR IN PROVIDING EMPLOYEES ACCESS TO ADDITIONAL SERVICES AND SUPPORTS; AND

(C) ENCOURAGING EMPLOYEE INVOLVEMENT IN THE EMPLOYER'S PROCESS OF BECOMING A PARTICIPANT OR CERTIFIED RECOVERY-READY WORKPLACE OR IN MAINTAINING SUCH STATUS, INCLUDING THROUGH ACTIVITIES SUCH AS PARTICIPATING IN A RECOVERY-READY WORKPLACE TASK FORCE, ORIENTING NEW EMPLOYEES ON THE EMPLOYER'S RECOVERY-READY POLICIES, MONITORING THE IMPLEMENTATION PROCESS, AND PROVIDING FEEDBACK ON THE EMPLOYER'S RECOVERY-READY WORKPLACE EFFORTS; AND

(IV) ASSIST EMPLOYERS IN RENEWING THEIR STATUS AS A PARTICIPANT OR CERTIFIED RECOVERY-READY WORKPLACE THROUGH THE COMPLETION OF AN ANNUAL REVIEW AS SET FORTH IN SECTION 8-2-303 (5);

(g) PROVIDE EACH PARTICIPATING EMPLOYER WITH A CERTIFICATE OR OTHER DOCUMENTATION EVIDENCING THE EMPLOYER'S STATUS AS A PARTICIPANT OR AS A CERTIFIED RECOVERY-READY WORKPLACE, WHICH MUST REFLECT THE NAME OF THE EMPLOYER, THE ADDRESS OF EACH WORKPLACE COVERED BY THE CERTIFICATE, THE DATE THE CERTIFICATE WAS ISSUED, AND THE DATE OF EXPIRATION;

(h) DEVELOP A RECOVERY-READY WORKPLACE PROGRAM WEBSITE THAT PROVIDES RESOURCES AND INFORMATION ON SUBSTANCE USE IN THE WORKPLACE TO EMPLOYERS, EMPLOYEES, AND THE GENERAL PUBLIC OR INCORPORATE SUCH INFORMATION INTO THE DEPARTMENT'S EXISTING

WEBSITE;

(i) DEVELOP OR ADOPT ALREADY EXISTING EDUCATIONAL AND TRAINING RESOURCES FOR EMPLOYERS AND EMPLOYEES THAT MUST BE POSTED TO THE PROGRAM WEBSITE AND MUST INCLUDE MATERIALS SUCH AS GUIDELINE DOCUMENTS, FLYERS, POSTERS, WEBINARS, PANEL DISCUSSIONS, ONLINE INTERACTIVE MODULES, AND TRAINING MODULES TAILORED TO SPECIFIC EMPLOYERS OR INDUSTRIES AND MAY INCLUDE INTERACTIVE CLASSROOM-BASED TRAINING;

(j) DEVELOP OR ADOPT ALREADY EXISTING MODEL RECOVERY-READY POLICIES AND PROCEDURES FOR USE BY EMPLOYERS; AND

(k) COMPILE THE INFORMATION TO BE SUBMITTED TO THE DEPARTMENT PURSUANT TO SECTION 8-2-304 (2)(b).

**8-2-303. Recovery-ready workplace program - participants - certified recovery-ready workplaces - requirements - renewal - termination.** (1) AN EMPLOYER SEEKING TO PARTICIPATE IN THE RECOVERY-READY WORKPLACE PROGRAM MAY CHOOSE TO DO SO AS A PARTICIPANT OR AS A CERTIFIED RECOVERY-READY WORKPLACE.

(2) (a) TO BECOME A PARTICIPANT IN THE PROGRAM, AN EMPLOYER MUST:

(I) SUBMIT OF A LETTER OF INTENT TO THE PROGRAM IN A FORM AND MANNER PRESCRIBED BY THE PROGRAM THAT MUST INCLUDE, AT A MINIMUM, THE NAME AND ADDRESS OF THE EMPLOYER AND, IF THE EMPLOYER HAS MORE THAN ONE WORKPLACE, THE STREET ADDRESS OF EACH WORKPLACE TO WHICH THE LETTER OF INTENT APPLIES;

(II) COMPLETE THE ORIENTATION PROCESS AS REQUIRED BY THE PROGRAM, INCLUDING COMPLETION OF THE ORIENTATION TRAINING

MODULE;

(III) PREPARE A RECOVERY-READY WORKPLACE PLEDGE OR STATEMENT, OR USE A FORM PROVIDED BY THE PROGRAM, THAT IDENTIFIES THE VALUES OR PRINCIPLES INFORMING THE COMMITMENT AND BRIEFLY DESCRIBES THE KEY RECOVERY-READY WORKPLACE STEPS THE EMPLOYER MUST COMPLETE AS A PARTICIPANT; AND

(IV) NOTIFY ALL EMPLOYEES AND THE MEMBERS OF THE EMPLOYER'S BOARD OF DIRECTORS, IF ANY, IN WRITING OF THE INTENT TO BECOME A PARTICIPANT, WHICH THE EMPLOYER MUST SUBMIT TO THE PROGRAM.

(b) UPON SUBMISSION OF THE LETTER OF INTENT, THE PROGRAM MUST ASSIGN THE EMPLOYER A RECOVERY-READY WORKPLACE ADVISOR.

(c) AFTER AN EMPLOYER COMPLETES THE MINIMUM REQUIREMENTS AS SET FORTH IN SUBSECTION (2)(a) OF THIS SECTION, THE PROGRAM MUST:

(I) LIST THE EMPLOYER AS A PARTICIPANT ON THE PROGRAM WEBSITE; AND

(II) PROVIDE THE EMPLOYER WITH A CERTIFICATE OR OTHER DOCUMENTATION VERIFYING THE EMPLOYER'S STATUS AS A PARTICIPANT IN THE RECOVERY-READY WORKPLACE PROGRAM, WHICH CERTIFICATE OR DOCUMENTATION MUST INCLUDE THE DATE OF ISSUANCE, THE EXPIRATION DATE, AND THE ADDRESS OF EACH WORKPLACE COVERED BY THE CERTIFICATE. THE CERTIFICATE MUST BE VALID FOR A PERIOD OF AT LEAST ONE YEAR AFTER THE DATE OF ISSUANCE.

(3) (a) TO BECOME CERTIFIED AS A RECOVERY-READY WORKPLACE, AN EMPLOYER MUST:

(I) COMPLETE ALL STEPS SET FORTH IN SUBSECTION (2)(a) OF THIS

SECTION FOR BECOMING A PARTICIPANT;

(II) WITH THE EMPLOYER'S RECOVERY-READY WORKPLACE ADVISOR, COMPLETE A STANDARDIZED ASSESSMENT OF THE EMPLOYER'S CURRENT POLICIES, PROCEDURES, AND PRACTICES THAT IMPACT CURRENT AND PROSPECTIVE EMPLOYEES WITH SUBSTANCE USE DISORDERS AND DETERMINE WHERE IMPROVEMENTS CAN BE MADE; AND

(III) WITH THE RECOVERY-READY WORKPLACE ADVISOR, SET TIME-LIMITED GOALS TO MAKE SELECT IMPROVEMENTS IDENTIFIED IN SUBSECTION (3)(a)(II) OF THIS SECTION, WHICH MUST BE COMPLETED WITHIN THE ONE-YEAR TERM OF THE CERTIFICATION, UNLESS AN EXTENSION OF TIME IS GRANTED BY THE PROGRAM.

(b) THE PROGRAM SHALL LIST ON THE PROGRAM WEBSITE EACH EMPLOYER THAT COMPLETES THE MINIMUM REQUIREMENTS AS SET FORTH IN SUBSECTION (3)(a) OF THIS SECTION AS A CERTIFIED RECOVERY-READY WORKPLACE. IF THE EMPLOYER HAS A LOGO, THE PROGRAM SHALL INCLUDE THE LOGO IN THE LISTING.

(c) UPON COMPLETION OF THE MINIMUM REQUIREMENTS AS SET FORTH IN SUBSECTION (3)(a) OF THIS SECTION, THE PROGRAM SHALL PROVIDE AN EMPLOYER WITH A CERTIFICATE OR OTHER DOCUMENTATION SUITABLE FOR DISPLAY THAT VERIFIES THE EMPLOYER'S STATUS AS A CERTIFIED RECOVERY-READY WORKPLACE. THE CERTIFICATE OR OTHER DOCUMENTATION MUST INCLUDE THE DATE OF ISSUANCE, THE EXPIRATION DATE, AND THE ADDRESS OF EACH WORKPLACE COVERED BY THE CERTIFICATE. THE CERTIFICATE MUST BE VALID FOR ONE YEAR AFTER THE DATE OF ISSUANCE.

(4) THE DEPARTMENT SHALL RECOGNIZE EACH CERTIFIED RECOVERY-READY WORKPLACE EMPLOYER THROUGH PROGRAM PRESS

RELEASES AND PROGRAM-SPONSORED EVENTS THROUGHOUT THE YEAR.

(5) AT LEAST THIRTY DAYS PRIOR TO THE EXPIRATION OF A CERTIFICATE DESIGNATING AN EMPLOYER AS A PARTICIPANT OR AS A CERTIFIED RECOVERY-READY WORKPLACE, THE EMPLOYER SHALL:

(a) MEET WITH THE RECOVERY-READY WORKPLACE ADVISOR TO COMPLETE A REVIEW OF THE EMPLOYER'S RECOVERY-READY-RELATED ACTIVITIES FOR THE PAST YEAR, INCLUDING REVISING WORKPLACE POLICIES TO BETTER ASSIST EMPLOYEES WITH SUBSTANCE USE DISORDERS, IMPLEMENTING POLICIES TO ENCOURAGE THE HIRING OF INDIVIDUALS IN RECOVERY FROM SUBSTANCE USE DISORDERS, DECREASING OR ELIMINATING BARRIERS FOR EMPLOYEES SEEKING TREATMENT, ESTABLISHING A RECOVERY-READY WORKPLACE TASK FORCE, AND TAKING STEPS TO REDUCE STIGMA IN THE WORKPLACE;

(b) IN CONSULTATION WITH THE RECOVERY-READY WORKPLACE ADVISOR, SET GOALS FOR THE UPCOMING YEAR; AND

(c) COMPLETE A WRITTEN OR ELECTRONIC PROGRAM SATISFACTION SURVEY.

(6) AN EMPLOYER MAY CHOOSE TO TERMINATE ITS PARTICIPATION IN THE PROGRAM IF THE TERMINATION:

(a) TAKES EFFECT PRIOR TO THE EXPIRATION OF THE EMPLOYER'S CURRENT DESIGNATION AND THE EMPLOYER PROVIDES WRITTEN NOTICE TO THE PROGRAM OF THE INTENT TO TERMINATE PARTICIPATION WITHIN THIRTY DAYS PRIOR TO THE PROPOSED DATE OF TERMINATION; OR

(b) TAKES EFFECT ON THE EXPIRATION OF THE EMPLOYER'S CURRENT DESIGNATION AND THE EMPLOYER PROVIDES WRITTEN NOTICE TO THE PROGRAM OF THE EMPLOYER'S INTENT NOT TO RENEW ITS DESIGNATION AS A PARTICIPANT OR A CERTIFIED RECOVERY-READY

WORKPLACE.

(7) THE PROGRAM MAY REVOKE OR DECLINE TO RENEW THE DESIGNATION AS A PARTICIPANT OR CERTIFIED RECOVERY-READY WORKPLACE FOR ANY EMPLOYER THAT:

(a) VIOLATES ANY OF THE REQUIREMENTS OF THIS PART 3;

(b) VIOLATES ANY RULES IMPLEMENTED BY THE DEPARTMENT IN RELATION TO THIS PART 3; OR

(c) FAILS TO TAKE THE NECESSARY STEPS TO RENEW ITS PARTICIPATION OR CERTIFICATION WITHIN THE TIME ALLOWED BY THE PROGRAM.

(8) THE PROGRAM SHALL REMOVE ALL PARTICIPANTS AND CERTIFIED RECOVERY-READY WORKPLACES WHOSE DESIGNATION IS REVOKED OR WHO DO NOT SEEK RENEWAL FROM THE PROGRAM WEBSITE AND TERMINATE ALL BENEFITS ASSOCIATED WITH SUCH DESIGNATION.

(9) THE PROGRAM SHALL BE FLEXIBLE IN GRANTING EXTENSIONS TO PARTICIPANTS AND CERTIFIED RECOVERY-READY WORKPLACES THAT BEGIN THE PROCESS OF RENEWING THEIR DESIGNATION BUT FAIL TO COMPLETE THE PROCESS BEFORE THEIR CURRENT DESIGNATION EXPIRES.

**8-2-304. Program evaluation and reports.** (1) THE DEPARTMENT MAY CONDUCT AN EVALUATION OF THE EFFECTIVENESS OF THE RECOVERY-READY WORKPLACE PROGRAM AND IDENTIFY WAYS TO IMPROVE THE PROGRAM. THE DEPARTMENT MAY HIRE AN OUTSIDE CONTRACTOR TO PERFORM THE EVALUATION.

(2) (a) BEGINNING ONE YEAR AFTER THE EFFECTIVE DATE OF THIS PART 3, AND ON AN ANNUAL BASIS THEREAFTER, THE PROGRAM SHALL COLLECT AND AGGREGATE THE SATISFACTION DATA OBTAINED AS THE RESULT OF THE RENEWAL PROCESS AND SHALL PRESENT SUCH

INFORMATION IN THE FORM OF A REPORT TO THE HOUSE OF REPRESENTATIVES BUSINESS AFFAIRS AND LABOR COMMITTEE AND THE SENATE BUSINESS, LABOR, AND TECHNOLOGY COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, FOR THE PURPOSE OF PROGRAM REVIEW. THE INFORMATION IN THIS REPORT IS CONFIDENTIAL AND NOT SUBJECT TO THE "COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE 24. NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE REQUIREMENT IN THIS SECTION TO REPORT TO THE GENERAL ASSEMBLY CONTINUES INDEFINITELY.

(b) ON AN ANNUAL BASIS, THE PROGRAM SHALL COLLECT AND AGGREGATE DATA REGARDING THE FOLLOWING AND SHALL SUBMIT SUCH DATA TO THE DEPARTMENT:

(I) THE NUMBER OF EMPLOYERS DESIGNATED AS PARTICIPANTS IN THE RECOVERY-READY WORKPLACE PROGRAM, INCLUDING INFORMATION REGARDING THE TYPES OF INDUSTRIES REPRESENTED AND NUMBER OF EMPLOYEES, IF AVAILABLE;

(II) THE NUMBER OF EMPLOYERS DESIGNATED AS CERTIFIED RECOVERY-READY WORKPLACES, INCLUDING INFORMATION REGARDING THE TYPES OF INDUSTRIES REPRESENTED AND NUMBER OF EMPLOYEES, IF AVAILABLE;

(III) THE NUMBER OF PARTICIPANTS DESIGNATED AS CERTIFIED RECOVERY-READY WORKPLACES;

(IV) THE NUMBER OF ONLINE AND IN-PERSON TRAININGS CONDUCTED BY THE PROGRAM, NOT INCLUDING THE ORIENTATION TRAINING, INCLUDING THE TOPICS, NUMBER OF ATTENDEES, INDUSTRIES REPRESENTED, AND WHETHER SUCH TRAININGS WERE CONDUCTED AT THE REQUEST OF ONE OR MORE EMPLOYERS; AND

(V) ANY OTHER INFORMATION REQUIRED BY THE DEPARTMENT.

**8-2-305. Rules.** THE DEPARTMENT SHALL PROMULGATE SUCH RULES AS ARE NECESSARY TO EFFECTUATE THIS PART 3.

**SECTION 2.** In Colorado Revised Statutes, 22-54-103, **add** (10)(i) as follows:

**22-54-103. Definitions.** As used in this article 54, unless the context otherwise requires:

(10) (i) (I) FOR THE 2024-25 BUDGET YEAR AND EACH BUDGET YEAR THEREAFTER, A DISTRICT MAY INCLUDE IN ITS PUPIL ENROLLMENT PUPILS WHO WERE ENROLLED IN THE DISTRICT PRIOR TO THE PUPIL ENROLLMENT COUNT DAY AND THEN TRANSFERRED OUT OF THE DISTRICT PRIOR TO THE PUPIL ENROLLMENT COUNT DAY FOR THE PURPOSE OF ATTENDING A RECOVERY HIGH SCHOOL.

(II) AS USED IN THIS SUBSECTION (10)(i), "RECOVERY HIGH SCHOOL" MEANS A SCHOOL THAT:

(A) EDUCATES AND SUPPORTS STUDENTS IN RECOVERY FROM SUBSTANCE USE OR CO-OCCURRING DISORDERS, INCLUDING SELF-HARM AND DISORDERED EATING;

(B) INTENDS THAT ALL STUDENTS ENROLLED ARE WORKING IN AN ACTIVE AND ABSTINENCE-FOCUSED PROGRAM OF RECOVERY AS DETERMINED BY THE STUDENT AND THE SCHOOL;

(C) PROVIDES SUPPORT FOR FAMILIES LEARNING HOW TO LIVE WITH, AND PROVIDE SUPPORT FOR, THEIR TEENS WHO ARE ENTERING INTO THE RECOVERY LIFESTYLE; AND

(D) MEETS STATE REQUIREMENTS FOR AWARDING A HIGH SCHOOL DIPLOMA.

**SECTION 3.** In Colorado Revised Statutes, 27-80-126, **amend**

(3)(b) as follows:

**27-80-126. Recovery support services grant program - creation - eligibility - reporting requirements - appropriation - rules - definitions.** (3) A recovery community organization that receives a grant from the grant program may use the money to:

(b) Provide guidance to individuals with a substance use disorder or co-occurring substance use and mental health disorder and their family members on THE MANY PATHWAYS FOR RECOVERY, navigating treatment, social ~~servic~~ SERVICES, and recovery support systems;

**SECTION 4.** In Colorado Revised Statutes, 30-28-115, **add** (2)(b.7) as follows:

**30-28-115. Public welfare to be promoted - legislative declaration - construction.** (2) (b.7) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT IT IS THE POLICY OF THE STATE TO ENCOURAGE, PROMOTE, AND ASSIST PERSONS WHO ARE IN RECOVERY FROM SUBSTANCE USE DISORDERS TO LIVE IN RESIDENTIAL NEIGHBORHOODS. FURTHER, THE GENERAL ASSEMBLY DECLARES THAT THE USE OF RECOVERY RESIDENCES, SOBER LIVING FACILITIES, AND SOBER HOMES, AS DEFINED IN SECTION 27-80-129 (1)(b), BY PERSONS IN RECOVERY FROM SUBSTANCE USE DISORDERS IS A MATTER OF STATEWIDE CONCERN AND THAT RECOVERY RESIDENCES, SOBER LIVING FACILITIES, AND SOBER HOMES ARE A RESIDENTIAL USE OF PROPERTY FOR ZONING PURPOSES AND SUBJECT ONLY TO THE REGULATIONS OF LIKE DWELLINGS IN THE SAME ZONE.

**SECTION 5.** In Colorado Revised Statutes, 44-3-410, **add** (5.5) as follows:

**44-3-410. Liquor-licensed drugstore license - multiple licenses permitted - requirements - rules.** (5.5) ON AND AFTER JANUARY 1,

2025, A LIQUOR-LICENSED DRUGSTORE LICENSED UNDER SUBSECTION (1)(a)(I) OF THIS SECTION SHALL:

(a) (I) DISPLAY ALL ALCOHOL BEVERAGES ACCESSIBLE BY AND VISIBLE TO A CONSUMER IN NO MORE THAN ONE LOCATION ON THE RETAIL SALES FLOOR, WHICH LOCATION IS NOT ADJACENT TO A DISPLAY OF NONALCOHOL BEVERAGES AND MUST NOT EXCEED ONE PERCENT OF THE LICENSEE'S TOTAL RETAIL SPACE, UNLESS THE LOCATION IS A COOLER WITH A DOOR FROM WHICH THE NONALCOHOL BEVERAGES ARE NOT ACCESSIBLE; OR

(II) SEPARATE THE DISPLAY OF ALCOHOL BEVERAGES FROM THE NONALCOHOL BEVERAGES WITH A DISPLAY OF ONE OR MORE NONBEVERAGE PRODUCTS OR ANOTHER PHYSICAL DIVIDER;

(b) DISPLAY A SIGN IN THE AREA DESCRIBED IN SUBSECTION (5.5)(a) OF THIS SECTION THAT:

(I) IS PROMINENT;

(II) IS EASILY READABLE BY CONSUMERS;

(III) MEETS ALL REQUIREMENTS FOR FORMAT ESTABLISHED BY THE EXECUTIVE DIRECTOR BY RULE; AND

(IV) READS IN PRINT THAT IS NO SMALLER THAN ONE-HALF INCH, BOLD-FACED TYPE, "THESE BEVERAGES CONTAIN ALCOHOL. PLEASE READ THE LABEL CAREFULLY."

**SECTION 6.** In Colorado Revised Statutes, 44-4-107, **add** (4.5) as follows:

**44-4-107. Local licensing authority - application - fees - definitions - rules.** (4.5) ON AND AFTER JANUARY 1, 2025, A FERMENTED MALT BEVERAGE AND WINE RETAILER LICENSED UNDER SUBSECTION (1)(a) OF THIS SECTION SHALL:

(a) (I) DISPLAY ALL ALCOHOL BEVERAGES ACCESSIBLE BY AND VISIBLE TO A CONSUMER IN NO MORE THAN ONE LOCATION ON THE RETAIL SALES FLOOR, WHICH LOCATION IS NOT ADJACENT TO A DISPLAY OF NONALCOHOL BEVERAGES AND MUST NOT EXCEED ONE PERCENT OF THE LICENSEE'S TOTAL RETAIL SPACE, UNLESS THE LOCATION IS A COOLER WITH A DOOR FROM WHICH THE NONALCOHOL BEVERAGES ARE NOT ACCESSIBLE; OR

(II) SEPARATE THE DISPLAY OF ALCOHOL BEVERAGES FROM THE DISPLAY OF NONALCOHOL BEVERAGES WITH A DISPLAY OF ONE OR MORE NONBEVERAGE PRODUCTS OR ANOTHER PHYSICAL DIVIDER; AND

(b) DISPLAY A SIGN IN THE AREA DESCRIBED IN SUBSECTION (4.5)(a) OF THIS SECTION THAT:

(I) IS PROMINENT;

(II) IS EASILY READABLE BY CONSUMERS;

(III) MEETS ALL REQUIREMENTS FOR FORMAT ESTABLISHED BY THE EXECUTIVE DIRECTOR BY RULE; AND

(IV) READS IN PRINT THAT IS NO SMALLER THAN ONE-HALF INCH, BOLD-FACED TYPE, "THESE BEVERAGES CONTAIN ALCOHOL. PLEASE READ THE LABEL CAREFULLY."

**SECTION 7. Act subject to petition - effective date.** This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in

November 2024 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

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

**Bill C**

LLS NO. 24-0315.01 Yelana Love x2295 **HOUSE BILL**

**HOUSE SPONSORSHIP**

**Epps and deGruy Kennedy,** Young

**SENATE SPONSORSHIP**

**Priola,** Jaquez Lewis

**House Committees** **Senate Committees**

**A BILL FOR AN ACT**

**CONCERNING REDUCING THE HARM CAUSED BY 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** of the bill excludes injuries involving the possession of drugs or drug paraphernalia from a physician's mandatory reporting requirements.

**Sections 2 and 3** clarify that the civil and criminal immunity that protects a person who acts in good faith to furnish or administer an opioid

antagonist also protects a person who distributes the opioid antagonist.

**Section 4** adds an exemption to the prohibition on possessing drug paraphernalia for possession of drug paraphernalia that a person received from an approved syringe exchange program or a program carried out by a harm reduction organization while the person was participating in the program.

**Section 5** specifies that money appropriated to the department of public health and environment to purchase non-laboratory synthetic opiate detection tests may also be used to purchase other drug testing equipment.

**Section 6** authorizes an organization operating a clean syringe exchange program to provide drug testing services through the program.

**Sections 7 though 23** are conforming amendments that update the term "opiate antagonist" to "opioid antagonist".

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

**SECTION 1.** In Colorado Revised Statutes, 12-240-139, **amend** (1)(a)(I)(C) as follows:

**12-240-139. Injuries to be reported - exemptions - penalty for failure to report - immunity from liability - definitions.** (1) (a) (I) Every licensee who attends or treats any of the following injuries shall report the injury at once to the police of the city, town, or city and county or the sheriff of the county in which the licensee is located:

(C) Any other injury that the licensee has reason to believe involves a criminal act OTHER THAN THE POSSESSION OF DRUGS OR DRUG PARAPHERNALIA UNDER SECTION 18-18-403.5 OR 18-18-428; except that a licensee is not required to report an injury that ~~he or she~~ THE LICENSEE has reason to believe resulted from domestic violence unless ~~he or she~~ THE LICENSEE is required to report the injury pursuant to subsection (1)(a)(I)(A) or (1)(a)(I)(B) of this section or the injury is a serious bodily injury, as defined in section 18-1-901 (3)(p).

**SECTION 2.** In Colorado Revised Statutes, 13-21-108.7, **amend**

(1), (2)(c), (2)(d), (2)(e) introductory portion, (2)(e)(II), (3)(a), (3)(b)(II), (4)(a), and (5); and **repeal** (2)(a) as follows:

**13-21-108.7. Persons rendering emergency assistance through the administration of an opioid antagonist - limited immunity - legislative declaration - definitions.** (1) **Legislative declaration.** The general assembly ~~hereby~~ encourages the administration AND DISTRIBUTION of ~~opiate~~ OPIOID antagonists, INCLUDING EXPIRED OPIOID ANTAGONISTS, BY PERSONS AND ENTITIES, INCLUDING LAW ENFORCEMENT PERSONNEL, SCHOOL DISTRICT PERSONNEL, AND HEALTH-CARE PROVIDERS, for the purpose of saving the lives of people who suffer ~~opiate-related~~ OPIOID-RELATED drug overdose events. ~~A~~ THE GENERAL ASSEMBLY ALSO ENCOURAGES EACH person who administers an ~~opiate~~ OPIOID antagonist to another person ~~is urged~~ to call for emergency medical services immediately.

(2) **Definitions.** As used in this section, unless the context otherwise requires:

(a) ~~"Health-care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home- and community-based services, a hospice or home health-care agency, or another facility that provides or contracts to provide health-care services, which facility is licensed, certified, or otherwise authorized or permitted by law to provide medical treatment.~~

(c) ~~"Opiate"~~ "OPIOID" has the same meaning as "OPIATE", AS set forth in section 18-18-102 (21). ~~C.R.S.~~

(d) ~~"Opiate~~ "OPIOID antagonist" ~~means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is~~

~~approved by the federal food and drug administration for the treatment of a drug overdose~~ HAS THE SAME MEANING AS SET FORTH IN SECTION 12-30-110 (7)(d).

(e) ~~"Opiate-related~~ "OPIOID-RELATED drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression, that:

(II) A layperson would reasonably believe to be an ~~opiate-related~~ OPIOID-RELATED drug overdose event; and

(3) **General immunity.** (a) A person, other than a health-care provider, ~~or a health-care facility, who~~ IS NOT LIABLE FOR ANY CIVIL DAMAGES IF THE PERSON acts in good faith to: ~~furnish or administer an opiate antagonist, including an expired opiate antagonist, to an individual the person believes to be suffering an opiate-related drug overdose event or to an individual who is in a position to assist the individual at risk of experiencing an opiate-related overdose event is not liable for any civil damages for acts or omissions made as a result of the act or for any act or omission made if the opiate antagonist is stolen, defective, or produces an unintended result.~~

(I) FURNISH OR ADMINISTER AN OPIOID ANTAGONIST TO AN INDIVIDUAL THE PERSON BELIEVES TO BE SUFFERING AN OPIOID-RELATED DRUG OVERDOSE EVENT OR TO AN INDIVIDUAL WHO IS IN A POSITION TO ASSIST THE INDIVIDUAL AT RISK OF EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE EVENT; OR

(II) DISTRIBUTE THE OPIOID ANTAGONIST.

(b) This subsection (3) also applies to:

(II) A person who acts in good faith to furnish or administer an ~~opiate~~ OPIOID antagonist in accordance with section 25-20.5-1001.

(4) **Licensed prescribers and dispensers.** (a) An individual who is licensed by the state under title 12 and is permitted by section 12-30-110 or by other applicable law to prescribe or dispense an ~~opiate~~ OPIOID antagonist is not liable for any civil damages resulting from:

(I) Prescribing or dispensing an ~~opiate~~ OPIOID antagonist in accordance with the applicable law; or

(II) Any outcomes resulting from the eventual administration of the ~~opiate~~ OPIOID antagonist by a layperson.

(5) The provisions of this section shall not be interpreted to establish any duty or standard of care in the prescribing, dispensing, or administration of an ~~opiate~~ OPIOID antagonist.

**SECTION 3.** In Colorado Revised Statutes, 18-1-712, **amend** (1), (2)(a), (2)(b)(II), (3)(a), (4), (5)(c), (5)(d), (5)(e) introductory portion, and (5)(e)(II); and **repeal** (5)(a) as follows:

**18-1-712. Immunity for a person who administers an opioid antagonist during an opioid-related drug overdose event - definitions.** (1) **Legislative declaration.** The general assembly hereby encourages the administration AND DISTRIBUTION of ~~opiate~~ OPIOID antagonists, INCLUDING EXPIRED OPIOID ANTAGONISTS, BY PERSONS AND ENTITIES, INCLUDING LAW ENFORCEMENT PERSONNEL, SCHOOL DISTRICT PERSONNEL, AND HEALTH-CARE PROVIDERS, for the purpose of saving the lives of people who suffer ~~opiate-related~~ OPIOID-RELATED drug overdose events. ~~A~~ THE GENERAL ASSEMBLY ALSO ENCOURAGES EACH person who administers an ~~opiate~~ OPIOID antagonist to another person ~~is urged~~ to call for emergency medical services immediately.

(2) **General immunity.** (a) A person, other than a health-care provider, ~~or a health-care facility, who~~ IS IMMUNE FROM CRIMINAL

PROSECUTION IF THE PERSON acts in good faith to: ~~furnish or administer an opiate antagonist, including an expired opiate antagonist, to an individual the person believes to be suffering an opiate-related drug overdose event or to an individual who is in a position to assist the individual at risk of experiencing an opiate-related overdose event is immune from criminal prosecution for the act or for any act or omission made if the opiate antagonist is stolen.~~

(I) FURNISH OR ADMINISTER AN OPIOID ANTAGONIST TO AN INDIVIDUAL THE PERSON BELIEVES TO BE SUFFERING AN OPIOID-RELATED DRUG OVERDOSE EVENT OR TO AN INDIVIDUAL WHO IS IN A POSITION TO ASSIST THE INDIVIDUAL AT RISK OF EXPERIENCING AN OPIOID-RELATED DRUG OVERDOSE EVENT; OR

(II) DISTRIBUTE THE OPIOID ANTAGONIST.

(b) This subsection (2) also applies to:

(II) A person who acts in good faith to furnish or administer an ~~opiate~~ OPIOID antagonist in accordance with section 25-20.5-1001.

(3) (a) **Licensed prescribers and dispensers.** An individual who is licensed by the state under title 12 and is permitted by section 12-30-110 or by other applicable law to prescribe or dispense an ~~opiate~~ OPIOID antagonist is immune from criminal prosecution for:

(I) Prescribing or dispensing an ~~opiate~~ OPIOID antagonist in accordance with the applicable law; or

(II) Any outcomes resulting from the eventual administration of the ~~opiate~~ OPIOID antagonist by a layperson.

(4) The provisions of this section shall not be interpreted to establish any duty or standard of care in the prescribing, dispensing, or administration of an ~~opiate~~ OPIOID antagonist.

(5) **Definitions.** As used in this section, unless the context otherwise requires:

(a) ~~"Health-care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home- and community-based services, a hospice or home health-care agency, or another facility that provides or contracts to provide health-care services, which facility is licensed, certified, or otherwise authorized or permitted by law to provide medical treatment.~~

(c) ~~"Opiate"~~ "OPIOID" has the same meaning as "OPIATE", AS set forth in section 18-18-102 (21).

(d) ~~"Opiate~~ "OPIOID antagonist" ~~means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal food and drug administration for the treatment of a drug overdose~~ HAS THE SAME MEANING AS SET FORTH IN SECTION 12-30-110 (7)(d).

(e) ~~"Opiate-related~~ "OPIOID-RELATED drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression, that:

(II) A layperson would reasonably believe to be an ~~opiate-related~~ OPIOID-RELATED drug overdose event; and

**SECTION 4.** In Colorado Revised Statutes, 18-18-428, **add** (1)(b)(III) as follows:

**18-18-428. Possession of drug paraphernalia - penalty - exceptions.** (1) (b) (III) THIS SECTION DOES NOT APPLY TO THE POSSESSION OF DRUG PARAPHERNALIA THAT A PERSON RECEIVED FROM AN APPROVED SYRINGE EXCHANGE PROGRAM CREATED PURSUANT TO SECTION

25-1-520 OR A PROGRAM CARRIED OUT BY A HARM REDUCTION ORGANIZATION, AS DEFINED IN SECTION 12-30-110 (7), WHILE PARTICIPATING IN THE PROGRAM.

**SECTION 5.** In Colorado Revised Statutes, 25-1.5-115.3, **amend** (1) introductory portion as follows:

**25-1.5-115.3. Non-laboratory synthetic opioid detection tests - appropriation - definitions - repeal.** (1) For the 2022-23 state fiscal year, the general assembly shall appropriate six hundred thousand dollars to the department for the purpose of purchasing non-laboratory synthetic ~~opiate~~ OPIOID detection tests AND OTHER DRUG TESTING EQUIPMENT. Any unexpended money remaining at the end of the 2022-23 state fiscal year from this appropriation:

**SECTION 6.** In Colorado Revised Statutes, 25-1-520, **add** (4.5) as follows:

**25-1-520. Clean syringe exchange programs - operation - approval.** (4.5) A CLEAN SYRINGE EXCHANGE PROGRAM OPERATING PURSUANT TO THIS SECTION MAY ACQUIRE AND USE SUPPLIES OR DEVICES INTENDED FOR USE IN TESTING CONTROLLED SUBSTANCES OR CONTROLLED SUBSTANCE ANALOGS FOR POTENTIALLY DANGEROUS ADULTERANTS.

**SECTION 7.** In Colorado Revised Statutes, **amend** 10-16-153 as follows:

**10-16-153. Coverage for opioid antagonists provided by a hospital - definition.** (1) As used in this section, unless the context otherwise requires, ~~"opiate~~ "OPIOID antagonist" has the same meaning as set forth in section 12-30-110 (7)(d).

(2) A carrier that provides coverage for ~~opiate~~ OPIOID antagonists pursuant to the terms of a health coverage plan the carrier offers shall

reimburse a hospital for the hospital's cost of an ~~opiate~~ OPIOID antagonist if the hospital gives a covered person an ~~opiate~~ OPIOID antagonist upon discharge from the hospital.

**SECTION 8.** In Colorado Revised Statutes, 12-30-110, **amend** (1)(a) introductory portion, (1)(a)(I), (1)(a)(II), (1)(b), (2), (3), (3.5)(a), (3.5)(b) introductory portion, (4)(a), (5), (7)(a.3), (7)(b), (7)(c), (7)(d), (7)(e) introductory portion, (7)(e)(II), and (7)(i) as follows:

**12-30-110. Prescribing or dispensing opioid antagonists - authorized recipients - definitions.** (1) (a) A prescriber may prescribe or dispense, directly or in accordance with standing orders and protocols, an ~~opiate~~ OPIOID antagonist to:

(I) An individual at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event;

(II) A family member, friend, or other person in a position to assist an individual at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event;

(b) A person or entity described in subsection (1)(a) of this section may, pursuant to an order or standing orders and protocols:

(I) Possess an ~~opiate~~ OPIOID antagonist;

(II) Furnish an ~~opiate~~ OPIOID antagonist to a family member, friend, or other person who is in a position to assist an individual who is at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event; or

(III) Administer an ~~opiate~~ OPIOID antagonist to an individual experiencing, or who a reasonable person would believe is experiencing, an ~~opiate-related~~ OPIOID-RELATED drug overdose event.

(2) (a) A prescriber who prescribes or dispenses an ~~opiate~~ OPIOID

antagonist pursuant to this section is strongly encouraged to educate persons receiving the ~~opiate~~ OPIOID antagonist on the use of an ~~opiate~~ OPIOID antagonist for overdose, including instruction concerning risk factors for overdose, recognizing an overdose, calling emergency medical services, rescue breathing, and administering an ~~opiate~~ OPIOID antagonist.

(b) An entity described in subsection (1)(a) of this section is strongly encouraged to educate employees, agents, and volunteers, as well as persons receiving an ~~opiate~~ OPIOID antagonist from the entity described in subsection (1)(a) of this section, on the use of an ~~opiate~~ OPIOID antagonist for overdose, including instruction concerning risk factors for overdose, recognizing an overdose, calling emergency medical services, rescue breathing, and administering an ~~opiate~~ OPIOID antagonist.

(3) A prescriber described in subsection (7)(h) of this section does not engage in unprofessional conduct or is not subject to discipline pursuant to section 12-240-121, 12-255-120, or 12-280-126, as applicable, if the prescriber issues standing orders and protocols regarding ~~opiate~~ OPIOID antagonists or prescribes or dispenses, pursuant to an order or standing orders and protocols, an ~~opiate~~ OPIOID antagonist in a good faith effort to assist:

(a) An individual who is at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event;

(b) A family member, friend, or other person who is in a position to assist an individual who is at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event; or

(c) A person or entity described in subsection (1)(a) of this section in responding to, treating, or otherwise assisting an individual who is experiencing or is at risk of experiencing an ~~opiate-related~~

OPIOID-RELATED drug overdose event or a friend, family member, or other person in a position to assist an at-risk individual.

(3.5) (a) Notwithstanding any provision of this title 12 or rules implementing this title 12, a prescriber prescribing or dispensing an ~~opiate~~ OPIOID antagonist in accordance with this section, other than a pharmacist or other prescriber prescribing and dispensing from a prescription drug outlet or pharmacy, is not required to comply with laws relating to labeling, storage, or record keeping for the ~~opiate~~ OPIOID antagonist.

(b) A prescriber prescribing or dispensing an ~~opiate~~ OPIOID antagonist exempted from labeling, storage, or record-keeping requirements pursuant to this subsection (3.5):

(4) (a) A prescriber who prescribes or dispenses an ~~opiate~~ OPIOID antagonist in accordance with this section is not subject to civil liability or criminal prosecution, as specified in sections 13-21-108.7 (4) and 18-1-712 (3), respectively.

(5) This section does not establish a duty or standard of care for prescribers regarding the prescribing, dispensing, or administering of an ~~opiate~~ OPIOID antagonist.

(7) As used in this section:

(a.3) "Community service organization" means a nonprofit organization that is in good standing and registered with the federal internal revenue service and the Colorado secretary of state's office that provides services to ~~individuals~~ AN INDIVIDUAL at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event or to the ~~individuals'~~ INDIVIDUAL'S family members, friends, or other persons in a position to assist the individual.

(b) "Harm reduction organization" means an organization that provides services, including medical care, counseling, homeless services, or drug treatment, to individuals at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event or to the friends and family members of an at-risk individual.

(c) ~~"Opiate"~~ "OPIOID" has the same meaning AS "OPIATE", as set forth in section 18-18-102 (21).

(d) ~~"Opiate~~ "OPIOID antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal food and drug administration for the treatment of a drug overdose. "OPIOID ANTAGONIST" INCLUDES AN EXPIRED OPIOID ANTAGONIST.

(e) ~~"Opiate-related~~ "OPIOID-RELATED drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression, that:

(II) A layperson would reasonably believe to be caused by an ~~opiate-related~~ OPIOID-RELATED drug overdose event; and

(i) "Protocol" means a specific written plan for a course of medical treatment containing a written set of specific directions created by a physician, group of physicians, hospital medical committee, pharmacy and therapeutics committee, or other similar practitioners or groups of practitioners with expertise in the use of ~~opiate~~ OPIOID antagonists.

**SECTION 9.** In Colorado Revised Statutes, **amend** 12-240-124 as follows:

**12-240-124. Prescribing opioid antagonists.** A physician or physician assistant licensed pursuant to this article 240 may prescribe or

dispense an ~~opiate~~ OPIOID antagonist in accordance with section 12-30-110.

**SECTION 10.** In Colorado Revised Statutes, 12-245-210, **amend** (2) as follows:

**12-245-210. Prohibition against prescribing drugs or practicing medicine - exception for opioid antagonist.** (2) Notwithstanding subsection (1) of this section, a psychologist, social worker, marriage and family therapist, licensed professional counselor, unlicensed psychotherapist, or addiction counselor licensed, registered, or certified under this article 245 may possess, furnish, or administer an ~~opiate~~ OPIOID antagonist in accordance with section 12-30-110.

**SECTION 11.** In Colorado Revised Statutes, **amend** 12-255-128 as follows:

**12-255-128. Prescribing opioid antagonists.** An advanced practice registered nurse or certified midwife with prescriptive authority pursuant to section 12-255-112 may prescribe or dispense an ~~opiate~~ OPIOID antagonist in accordance with section 12-30-110.

**SECTION 12.** In Colorado Revised Statutes, 12-280-103, **amend** (39)(g)(III) and (40) as follows:

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

(39) "Practice of pharmacy" means:

(g) Exercising independent prescriptive authority:

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

(40) "Practitioner" means a person authorized by law to prescribe

any drug or device, acting within the scope of the authority, including a pharmacist who is participating within the parameters of a statewide drug therapy protocol pursuant to a collaborative pharmacy practice agreement as defined in section 12-280-601 (1)(b), prescribing over-the-counter medications pursuant to section 25.5-5-322, or prescribing an ~~opiate~~ OPIOID antagonist pursuant to sections 12-30-110 and 12-280-123 (3).

**SECTION 13.** In Colorado Revised Statutes, 12-280-123, **amend** (1)(c)(I) introductory portion, (1)(c)(II), and (3) as follows:

**12-280-123. Prescription required - exception - dispensing opioid antagonists - selling nonprescription syringes and needles.** (1) (c) (I) A pharmacist who dispenses a prescription order for a prescription drug that is an opioid shall inform the individual of the potential dangers of a high dose of an opioid, as described by the federal centers for disease control and prevention in the United States department of health and human services, and offer to dispense to the individual to whom the opioid is being dispensed, on at least an annual basis, an ~~opiate~~ OPIOID antagonist approved by the FDA for the reversal of an opioid overdose if:

(II) Notwithstanding section 12-30-110 (2)(a), if an individual to whom an opioid is being dispensed chooses to accept the pharmacist's offer for an ~~opiate~~ OPIOID antagonist, the pharmacist shall counsel the individual on how to use the ~~opiate~~ OPIOID antagonist in the event of an overdose. The pharmacist shall notify the individual of available generic and brand-name ~~opiate~~ OPIOID antagonists.

(3) A pharmacist may prescribe and dispense an ~~opiate~~ OPIOID antagonist in accordance with section 12-30-110.

**SECTION 14.** In Colorado Revised Statutes, 17-26-140, **amend**

(1)(c) and (3) as follows:

**17-26-140. Continuity of care for persons released from jail.** (1) If a person is treated for a substance use disorder at any time during the person's incarceration, the county jail shall, at a minimum, conduct the following before releasing the person from the county jail's custody:

(c) If the person received or has been assessed to receive medication-assisted treatment while in jail, has a history of substance use in the community or while in jail, or requests ~~opiate~~ OPIOID antagonists upon release, provide the person, upon release from the jail, at least eight milligrams of an ~~opiate~~ OPIOID antagonist via inhalation or its equivalent and provide education to the person about the appropriate use of the medication;

(3) As used in this section, ~~"opiate~~ "OPIOID antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal food and drug administration for the treatment of a drug overdose.

**SECTION 15.** In Colorado Revised Statutes, 18-1.3-410, **amend** (4) as follows:

**18-1.3-410. Fentanyl education and treatment program.** (4) A person, regardless of whether the person is receiving treatment in a community-based or residential treatment facility pursuant to subsection (2) or (3) of this section, must complete the fentanyl education program developed by the behavioral health administration pursuant to section 27-80-128. The fentanyl education program must include information regarding the nature and addictive elements of synthetic opiates, their dangers to a person's life and health, access to and administration of ~~opiate~~ OPIOID antagonists and non-laboratory synthetic opiate detection

tests, and laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711. The fentanyl education program costs must be paid from the correctional treatment cash fund, existing pursuant to section 18-19-103 (4), for a person on probation and who is determined by the court to be indigent, is represented by court-appointed counsel, or is otherwise unable to afford the cost of placement.

**SECTION 16.** In Colorado Revised Statutes, 18-1.3-510, **amend** (4) as follows:

**18-1.3-510. Fentanyl education and treatment program.** (4) A person, regardless of whether the person is receiving treatment in a community-based or residential treatment facility pursuant to subsection (2) or (3) of this section, must complete the fentanyl education program developed by the behavioral health administration pursuant to section 27-80-128. The fentanyl education program must include information regarding the nature and addictive elements of synthetic opiates, their dangers to a person's life and health, access to and administration of ~~opiate~~ OPIOID antagonists and non-laboratory synthetic opiate detection tests, and laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711. The fentanyl education program costs must be paid from the correctional treatment cash fund, existing pursuant to section 18-19-103 (4), for a person on probation and WHO is determined by the court to be indigent, is represented by court-appointed counsel, or is otherwise unable to afford the cost of placement.

**SECTION 17.** In Colorado Revised Statutes, 18-19-103, **amend** (5)(c)(IX) as follows:

**18-19-103. Source of revenues - allocation of money - repeal.** (5) (c) The board may direct that money in the correctional treatment cash fund may be used for the following purposes:

(IX) Drug overdose prevention, including medication-assisted treatment for opiate dependence, ~~opiate~~ OPIOID antagonists, and non-laboratory synthetic opiate detection tests.

**SECTION 18.** In Colorado Revised Statutes, 22-1-119.1, **amend** (1), (3)(a), (3)(b) introductory portion, and (3)(b)(II) as follows:

**22-1-119.1. Policy for employee and agent possession and administration of opioid antagonists - definitions.** (1) A school district board of education of a public school, the state charter school institute for an institute charter school, or the governing board of a nonpublic school may adopt and implement a policy whereby:

(a) A school under its jurisdiction may acquire and maintain a stock supply of ~~opiate~~ OPIOID antagonists; and

(b) An employee or agent of the school may, after receiving appropriate training, administer an ~~opiate~~ OPIOID antagonist on school grounds to assist an individual who is at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event. The training provided pursuant to this subsection (1)(b) must include risk factors for overdose, recognizing an overdose, calling emergency medical services, rescue breathing, and administering an ~~opiate~~ OPIOID antagonist.

(3) As used in this section:

(a) ~~"Opiate~~ "OPIOID antagonist" ~~means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal food and drug administration for the treatment of a drug overdose~~ HAS THE SAME MEANING AS SET FORTH IN SECTION

12-30-110 (7)(d).

(b) ~~"Opiate-related~~ "OPIOID-RELATED drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression, that:

(II) A layperson would reasonably believe to be caused by an ~~opiate-related~~ OPIOID-RELATED drug overdose event; and

**SECTION 19.** In Colorado Revised Statutes, 25-1.5-115, **amend** (1)(a), (2), (3), (4)(a)(III), (4)(a)(IV), and (5) as follows:

**25-1.5-115. Opioid antagonist bulk purchase fund - creation - rules - report - appropriation - definitions - repeal.** (1) (a) The ~~opiate~~ OPIOID antagonist bulk purchase fund ~~referred to in this section as the "fund",~~ is ~~hereby~~ created in the state treasury. The fund consists of payments made to the department by participating eligible entities for the purchase of ~~opiate~~ OPIOID antagonists; gifts, grants, and donations credited to the fund pursuant to subsection (1)(b) of this section; and any money that the general assembly may appropriate or transfer to the fund.

(2) Money in the fund is continuously appropriated to the department for bulk purchasing of ~~opiate~~ OPIOID antagonists. Eligible entities may purchase ~~opiate~~ OPIOID antagonists from the department. The department may contract with a prescription drug outlet, as defined in section 12-280-103 (43), for the bulk purchasing and distribution of ~~opiate~~ OPIOID antagonists. The department may prioritize the purchase of ~~opiate~~ OPIOID antagonists by eligible entities based on the need of the entity and the availability of the ~~opiate~~ OPIOID antagonists as determined by the department. The department shall provide technical assistance to participating eligible entities to ensure that eligible entities complete all training and registration requirements.

(3) The department shall promulgate rules specifying the amount an eligible entity must pay to purchase ~~opiate~~ OPIOID antagonists from the department.

(4) (a) No later than October 1, 2020, and every October 1 thereafter, the executive director of the department or the executive director's designee shall report to the house and senate appropriations committees, or their successor committees, on the fund's activity. The report must include:

(III) The eligible entities that purchased ~~opiate~~ OPIOID antagonists;

(IV) The amount of ~~opiate~~ OPIOID antagonists purchased by each eligible entity; and

(5) As used in this section:

(a) "Eligible entity" means a person or entity described in section 12-30-110 (1)(a); except that an employee or agent of a school must be acting in accordance with section 12-30-110 (1)(b), (2)(b), and (4)(b), and, as applicable, section 22-1-119.1.

(b) "FUND" MEANS THE OPIOID ANTAGONIST BULK PURCHASE FUND CREATED IN SUBSECTION (1)(a) OF THIS SECTION.

**SECTION 20.** In Colorado Revised Statutes, 25-20.5-1001, **amend** (1), (2), and (3) as follows:

**25-20.5-1001. Making opioid antagonists available - bulk purchasing - immunity.** (1) A person that is not a private entity and that makes a defibrillator or AED, as defined in section 13-21-108.1, available to aid the general public may also make available an ~~opiate~~ OPIOID antagonist to aid an individual believed to be suffering an ~~opiate-related~~ OPIOID-RELATED drug overdose event or to an individual who is in a position to assist the individual at risk of experiencing an ~~opiate-related~~

OPIOID-RELATED drug overdose event.

(2) A person making an ~~opiate~~ OPIOID antagonist available in accordance with subsection (1) of this section is eligible to purchase ~~opiate~~ OPIOID antagonists from the department in accordance with section 25-1.5-115.

(3) A person who acts in good faith to furnish or administer an ~~opiate~~ OPIOID antagonist to an individual the person believes to be suffering an ~~opiate-related~~ OPIOID-RELATED drug overdose event or to an individual who is in a position to assist the individual at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event is not subject to civil liability or criminal prosecution, as specified in sections 13-21-108.7 (3) and 18-1-712 (2), respectively.

**SECTION 21.** In Colorado Revised Statutes, 25-20.5-1501, **amend** (3) introductory portion and (3)(c) as follows:

**25-20.5-1501. Independent study - report - repeal.** (3) At a minimum, the independent entity shall identify and report findings based on available data and information obtained from the behavioral health administration, the department, ~~of public health and environment,~~ managed service organizations, and other applicable agencies and treatment providers regarding:

(c) The eligible entities that purchased ~~opiate~~ OPIOID antagonists through the ~~opiate~~ OPIOID antagonist bulk purchase fund pursuant to section 25-1.5-115, including the amount of ~~opiate~~ OPIOID antagonists purchased by each eligible entity and the revenue received by the bulk purchase fund;

**SECTION 22.** In Colorado Revised Statutes, 25.5-5-509, **amend** (2) as follows:

**25.5-5-509. Substance use disorder - prescription drugs - opioid antagonist - definition.** (2) (a) As used in this subsection (2), unless the context otherwise requires, ~~"opiate~~ "OPIOID antagonist" has the same meaning as set forth in section 12-30-110 (7)(d).

(b) A hospital or emergency department shall receive reimbursement under the medical assistance program for the cost of an ~~opiate~~ OPIOID antagonist if, in accordance with section 12-30-110, a prescriber, as defined in section 12-30-110 (7)(h), dispenses an ~~opiate~~ OPIOID antagonist upon discharge to a medical assistance recipient who is at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event or to a family member, friend, or other person in a position to assist a medical assistance recipient who is at risk of experiencing an ~~opiate-related~~ OPIOID-RELATED drug overdose event.

(c) The state department shall seek federal financial participation for the cost of reimbursement for the ~~opiate~~ OPIOID antagonist, but shall provide reimbursement to the hospital or emergency department for the ~~opiate~~ OPIOID antagonist using state money until federal financial participation is available.

**SECTION 23.** In Colorado Revised Statutes, **amend** 27-80-128 as follows:

**27-80-128. Fentanyl education and treatment program.** The behavioral health administration shall develop a fentanyl education program for the purpose of sections 18-1.3-410 and 18-1.3-510. The fentanyl education program must include information regarding the nature and addictive elements of synthetic opiates, their dangers to a person's life and health, access to and administration of ~~opiate~~ OPIOID antagonists and non-laboratory synthetic opiate detection tests, and laws regarding

synthetic opiates, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711. The BHA may update the fentanyl education program curriculum as necessary.

**SECTION 24. Act subject to petition - effective date.** This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2024 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.