

2019

Report to the Colorado General Assembly



Opioid and Other Substance Use Disorders Interim Study Committee



Prepared by Legislative Council Staff
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December 2019

Opioid and Other Substance Use Disorders Interim Study Committee

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December 2019

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December 2019

To Members of the Seventy-second General Assembly:

Submitted herewith is the final report of the Opioid and Other Substance Use Disorders Interim 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, 2019, the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills therein for consideration in the 2020 session was approved.

Sincerely,

/s/ Senator Leroy Garcia
Chair

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The text of each bill and letters are included as Attachments A through G after the resource materials page(s).

This report is also available online at:

<https://leg.colorado.gov/committees/opioid-and-other-substance-use-disorders-study-committee/2019-regular-session>

Committee Charge

The Opioid and Other Substance Use Disorders Interim Study Committee was created pursuant to Interim Committee Request Letter 2017-02 and met six times in the 2017 interim. House Bill 18-1003 continued the committee for two additional legislative interims in 2018 and 2019. The committee met five times in the 2018 interim and six times in the 2019 interim.

The committee is charged with the following:

- studying data, data analytics, and statistics on the scope of the substance use disorder problem in Colorado;
- studying the current prevention, intervention, harm reduction, 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 and countries are doing to address substance use disorders;
- 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 addressing penalties for trafficking illegal drugs, and jail-based and prison-based treatment and harm reduction programs and technologies.

Committee Activities

The committee held six meetings during the 2019 interim. Briefings and presentations were made by the following organizations and stakeholders:

- state agencies, including the Department of Human Services (DHS), the Department of Public Health and Environment (CDPHE), the Department of Health Care Policy and Financing (HCPF), the Department of Regulatory Agencies (DORA), and the Department of Corrections (DOC);
- the Colorado Consortium for Prescription Drug Abuse Prevention (consortium);
- the Colorado Medical Society and the Colorado Pain Society;
- representatives from acupuncture, chiropractic, physical therapy, and occupational therapy practices;
- Colorado State University and the University of Denver;
- local public health agencies;
- Rise Above Colorado;
- local law enforcement agencies;
- the Colorado District Attorneys' Council, and the Colorado Criminal Justice Reform Coalition;
- the Colorado Jail Association;
- the Colorado Syringe Access Providers Coalition;
- the American Heart Association;

- Denver Health, Signal Behavioral Health, and the Colorado Behavioral Healthcare Council;
- the Colorado Providers Association;
- Mental Health Colorado;
- the Colorado Health Institute;
- the Colorado Coalition for Parity and the Stout Street Foundation;
- Illuminate Colorado; and
- the Colorado Cross-Disability Coalition.

Key topics addressed by the committee include:

- safe opioid prescribing and access to alternatives to opioids;
- access to opioid antagonists and clean syringes;
- criminal justice diversion programs and substance use disorder services provided in jails and prisons;
- various substance use disorder treatment models and their funding sources;
- increasing the behavioral health care workforce; and
- the availability of recovery support services in the state.

The following sections discuss the committee’s activities during the 2019 interim.

Substance Use Disorder Prevention

Safe opioid prescribing. Representatives from the Colorado Medical Society discussed the reduction in provider prescribing rates for opioids in Colorado. Representatives from DORA and the consortium described development of a new continuing education requirement for licensed opioid prescribers regarding substance use disorder prevention and safe prescribing.

Alternatives to opioids. Representatives from the Colorado Pain Society, American Physical Therapy Association, the Occupational Therapy Association of Colorado, the Acupuncture Association of Colorado, and the Colorado Chiropractic Association presented on the use of nonpharmalogical options to treat pain and described barriers to accessing these opioid alternatives. Specifically, they discussed the lack of insurance coverage for alternative pain treatments; burdensome referral or prior authorization requirements by insurers; the need to identify more evidence-based treatments for pain management; and systemic improvements to referral and treatment services for patients with substance use disorder.

Statewide prevention strategies. Representatives from Colorado State University and the University of Denver who study substance use and misuse prevention practice, policy, and science presented on the history of drug prevention strategies, and pointed out that programs such as “Just Say No” were not effective in decreasing drug use or delinquency. They discussed applying prevention science to create effective prevention programs focused on interventions that reduce risk factors and increase protective factors related to substance use. Representatives of CDPHE and the Office of Behavioral Health in DHS presented on *Colorado’s Statewide Strategic Plan for Primary Prevention of Substance Abuse: 2019-2024*, which aims to promote programs, policies, and strategies addressing substance use and other behavioral health problems, specifically in youth and families.

Committee recommendations. As a result of its discussions, the committee recommends Bill A. Bill A contains provisions related to substance use disorder prevention in Colorado, including:

- implementing new coverage requirements for insurance carriers;
- extending opioid prescribing limitations;
- promulgating additional rules regarding provider education;
- appropriating funds for substance use disorder prevention research;
- increasing appropriations to local substance use disorder prevention programs; and
- increasing appropriations to the Screening, Brief Intervention, and Referral to Treatment Grant Program.

Substance Use Disorder Harm Reduction

Medication disposal and naloxone distribution. Representatives from CDPHE updated the committee on the expansion of the medication disposal program, and explained that there are currently 158 collection sites in 60 counties in Colorado that collect thousands of pounds of medications per month. The committee discussed the process and costs of shipping unused medications outside of Colorado for incineration. CDPHE representatives also updated the committee on the state's standing orders and bulk purchasing of naloxone, an opioid antagonist. They discussed the availability of naloxone in pharmacies in Colorado. An American Heart Association representative discussed the importance of training members of the public in the use of naloxone and other resuscitation efforts in the event of an opioid overdose.

Syringe access and disposal. A CDPHE representative updated the committee on development of a state program to collect used needles and other sharps. Representatives from the Colorado Syringe Access Providers Coalition discussed the availability of clean syringes in Colorado; providing referrals to treatment at syringe exchange programs; and the need for funding to test for and treat infectious diseases caused by the use of non-sterile needles. They described possible benefits of implementing a pilot supervised use injection site in Colorado with the committee.

Local harm reduction programs. Rural local public health representatives from Alamosa, Chaffee, and Mesa Counties provided data from their harm reduction programs, and described barriers to implementing harm reduction programs in rural areas, including stigma and bias toward persons with substance use disorder, difficulty coordinating across counties, and lack of sustainable funding sources.

Committee recommendations. As a result of its discussions, the committee recommends Bill B. Bill B contains provisions related to substance use disorder harm reduction, including:

- requiring insurance carriers to reimburse hospitals for distributing opioid antagonists to at-risk patients;
- allowing pharmacists to sell syringes without a prescription;
- modifying requirements around syringe exchange programs and allowing hospitals to operate syringe exchanges; and
- increasing appropriations to the Harm Reduction Grant Program Cash Fund.

Substance Use Disorder and the Criminal Justice System

Diversion programs. Representatives of the Longmont Department of Public Safety described the success of diversion programs, including Law Enforcement Assisted Diversion (LEAD) and the Angel Initiative in their communities. These programs focus on referring individuals for substance use disorder treatment services, rather than making arrests. A representative from the District Attorneys' Council discussed the need for flexibility and funding for local diversion programs that fit the needs of the community. The representatives noted that diversion programs are most successful when there are sufficient numbers of substance use disorder treatment providers in the community.

Substance use disorder treatment in jails and prisons. A DHS representative summarized the substance use disorder services that are provided in jails, including screening, assessment, and treatment, and specified which Colorado jails offer these services. A representative from the Colorado Jail Association described the benefits of providing medication-assisted treatment to individuals in prisons and jails, including lower overdose deaths upon release and lower recidivism rates, and noted the limited number of medication-assisted treatment providers near rural jails. A DOC representative updated the committee on efforts to implement a comprehensive medication-assisted treatment program in prisons, and efforts to ensure that persons can continue to access treatment after release.

Committee recommendations. As a result of its discussions, the committee recommends Bill C. Bill C contains provisions related to substance use disorders within the criminal justice system, including:

- requiring prisons and jails to make opioid agonists and antagonists available;
- creating safe stations to dispose of controlled substances;
- requiring state departments to ensure continuity of care to inmates upon release; and
- increasing appropriations for LEAD pilot programs.

Substance Use Disorder Treatment

Substance use disorder treatment programs and state funding. A representative from HCPF updated the committee on the status of the implementation of the federal Medicaid waiver designed to add substance use disorder inpatient and residential treatment benefits to the continuum of substance use disorder services available to Medicaid members. A Denver Health representative explained Denver Health's treatment-on-demand model for substance use, which immediately enrolls patients presenting at emergency departments into medication-assisted treatment programs. A DHS representative discussed the stakeholder process for a substance use disorder treatment bed capacity tracker. The DHS representative and a representative from Signal Behavioral Health explained that a community needs assessment was conducted in 2017 to identify areas of the state where substance use disorder services are insufficient. DHS allocates state and federal funding to managed service organizations to coordinate and provide behavioral health services across the state, based on the needs identified in the 2017 assessment. A representative from the Colorado Behavioral Healthcare Council discussed aligning state law regarding civil commitments associated with alcohol and substance use, as there are currently three separate laws regarding involuntary civil commitments. They also discussed better coordination of care for persons with substance use disorder, and more sustainable funding sources for treatment.

Methamphetamine use and treatment. Representatives from Logan County and Mental Health Colorado presented on the increased use of methamphetamine in Colorado and specialized treatment programs. The representatives explained that methamphetamine overdose deaths are increasing, the drug is cheaper than heroin, and methamphetamine use in Logan County has resulted in numerous child welfare cases. The Mental Health Colorado representative described the effects of methamphetamine on the brain and explained that intensive outpatient treatment is the most effective treatment for methamphetamine use.

Behavioral health workforce. A CDPHE representative reported on statewide survey results regarding the need for substance use disorder treatment, the number of behavioral health care providers that are actively providing substance use disorders services, and the capacity of active substance use disorder providers. The representative updated the committee on the expansion of the student loan forgiveness program, Colorado Health Services Corps, to behavioral health care providers, including addiction counselors.

Barriers to care for persons with disabilities. Representatives of the Colorado Cross-Disability Coalition presented on the barriers people with disabilities face when accessing substance use disorder treatment. The panel explained that addressing the needs of persons with disabilities requires awareness, cultural competency, and training. They also pointed out that individuals who use opioids to control pain have difficulty finding a provider who will prescribe opioids for pain control, and are stigmatized when seeking care. Solutions presented for addressing the stigma persons with disabilities encounter when seeking care included, protecting providers who treat complex patients, especially those who responsibly prescribe opioids and medication-assisted treatment, and requiring Medicaid and state-regulated insurance to have exceptions to morphine milligram equivalent limits.

Committee recommendations. As a result of its discussions, the committee recommends Bill D. Bill D contains provisions related to substance use disorder treatment, including:

- requiring a study on providing child care to parents obtaining treatment for substance use disorders;
- ensuring persons are not prohibited from engaging in medication-assisted treatment by recovery programs or the courts;
- implementing new coverage and reporting requirements for insurance carriers;
- consolidating civil commitment procedure statutes;
- requiring DHS to create a training and outreach program regarding state substance use disorder resources; and
- increasing appropriations to Colorado Health Services Corps program.

Substance Use Disorder Recovery

Representatives from the Colorado Health Institute, the consortium, and Mental Health Colorado presented on the state's *Strategic Plan for Substance Use Recovery: 2020-2025*. The strategic objectives of the plan include creating a recovery-oriented system of care, providing recovery-oriented clinical care, and equipping communities with recovery support. DHS representatives summarized

recovery-related recommendations from the Behavioral Health Planning and Advisory Council (BHPAC), which advises the state regarding the federal block grants for behavioral health and addresses key statewide policy issues related to behavioral health. The BHPAC recommendations include tenancy support, expanding supported employment programs, and funding training for peer recovery coaches. Representatives from health advocacy groups and the Colorado Behavioral Healthcare Council discussed the dangers of relapse during recovery from substance use disorders, and the positive benefits of recovery support services and events and peer recovery coaches. The committee discussed DHS' Individual Placement and Support program, which provides vocational assistance to individuals with a mental health disorder or substance use disorder, and discussed the availability of sober living residences in Colorado, and their policies regarding medication-assisted treatment.

Committee recommendations. As a result of its discussions, the committee recommends Bill E. Bill E contains provisions related to substance use disorder recovery, including:

- continuing the Opioid and Other Substance Use Disorders Study Committee for four years and requiring the Substance Abuse Trend and Response Task Force to review committee legislation;
- modifying the definition of “child abuse and neglect” in the context of newborn children with substance use exposure;
- appropriating funding for research into treatment and recovery services in Colorado, and research regarding perinatal substance exposure;
- creating a housing assistance program in DHS and appropriating funds to the program;
- creating the Recovery Support Services Grant Program and appropriating funds to the program; and
- increasing appropriations for the Individual Placement and Support Program in DHS.

Families Affected by Substance Use Disorder

Representatives from Illuminate Colorado, the Kempe Center for Prevention and Treatment of Child Abuse and Neglect, Colorado Counties, Inc., and Douglas County Department of Human Services presented on challenges facing families affected by substance use disorders. The presenters suggested that providing access to transitional housing and peer recovery supports and creating an environment of recovery and sobriety helps parents who are in recovery care for their families. This panel also discussed concerns related to drug testing newborns as a determinate for subsequent child abuse and the need to use evidence-based substance use disorder treatment models to treat adolescents with substance use disorder.

Stakeholder Recommendations

Representatives from the consortium presented on stakeholder feedback and suggestions regarding substance use disorder resources in Colorado. The consortium received over 200 policy recommendations from various organizations and private citizens for the committee regarding: gaps in payment and insurance coverage for substance use disorder treatment; innovative harm reduction policies; expanding substance use disorder treatment access and workforce; enhancing housing and vocational support services; and expanding the focus of the committee to other stimulants, benzodiazepines, and alcohol.

Summary of Recommendations

As a result of the committee's activities, the committee recommended five bills to the Legislative Council for consideration in the 2020 session and drafted two letters to the Joint Budget Committee and to the Colorado Congressional delegation regarding substance use disorder issues. At its meeting on November 15, 2019, the Legislative Council approved five recommended bills for introduction. The approved bills and letters are described below.

Bill A — Concerning Prevention of Substance Use Disorders

Bill A makes several changes to state law concerning the prevention of opioid and other substance use disorders, as described below.

Insurance carrier requirements regarding physical therapists, occupational therapists, or acupuncturists. Bill A prevents an insurance carrier that has a contract with a physical therapist, occupational therapist, or acupuncturist from prohibiting or penalizing these individuals for providing a covered person information on the amount of his or her financial responsibility for such services. In addition, an insurance carrier cannot require a physical therapist, occupational therapist, or acupuncturist to charge or collect a co-payment that exceeds the total charges submitted. If the Commissioner of Insurance in the Division of Insurance in the Department of Regulatory Agencies (DORA) determines that an insurance carrier has engaged in these practices, then the commissioner is required to institute a corrective action plan for the insurance carrier to follow.

Insurance carrier requirements regarding atypical opioid or non-opioid medication. Bill A prohibits an insurance carrier from limiting or excluding coverage for an atypical opioid or non-opioid medication that is approved by the federal Food and Drug Administration (FDA) by mandating a covered person undergo step therapy or requiring pre-authorization. The insurance carrier is required to make the atypical opioid or non-opioid medication available at the lowest cost-sharing tier under the health benefit plan applicable to a covered opioid with the same indication. The Commissioner of Insurance is required to promulgate rules to define atypical opioid and to create a list of covered non-opioid analgesics with lower fatality rates than pure opioid agonists.

Mandatory insurance coverage provisions. Bill A requires health benefit plans to provide coverage for at least six physical therapy visits and six occupational therapy visits per year, with a maximum of one co-payment per year for these covered visits. The Commissioner of Insurance must promulgate rules that establish diagnoses of covered conditions for which nonpharmacological alternatives to opioids are appropriate and the treatment that may be appropriate. The commissioner is also required to conduct an actuarial study to determine the economic feasibility of including acupuncture as a covered treatment.

Prescribing limitations. Under current law, an opioid prescriber is prevented from prescribing more than a seven-day supply of an opioid to a patient who has not had an opioid prescription in the last 12 months unless certain conditions apply. The prescribing limit is set to repeal on September 1, 2021. Bill A continues the prescribing limitation indefinitely.

Prescription drug monitoring program (PDMP). Under current law, health care providers are required to query the PDMP before prescribing a second fill for an opioid. This requirement, which is set to repeal on September 1, 2021, is continued indefinitely by Bill A. In addition, Bill A requires health care providers to query the PDMP before prescribing a benzodiazepine under certain circumstances, and authorizes the State Board of Pharmacy to require a query of the PDMP for additional controlled substances and other prescription drugs. Lastly, Bill A allows the Department of Health Care Policy and Financing (HCPF) and health information organization networks to access the PDMP.

State and local public health funding. Bill A annually appropriates \$2.0 million to the Colorado Department of Public Health and Environment (CDPHE) to pursue measures at the state and local levels to address opioid and other substance use disorder priorities.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) grant program. For FY 2019-20 through FY 2023-24, Bill A requires the General Assembly to make an annual appropriation of \$500,000 to continue the SBIRT grant program operated through the Department of Health Care Policy and Financing (HCPF).

Education for providers. Bill A requires the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies (center) at the University of Colorado to include in its educational activities best practices for prescribing benzodiazepines and the potential harm of inappropriately limiting prescriptions to chronic pain patients. The center must report its findings and recommendations to the Opioid and Other Substance Use Disorders Committee by August 1, 2021. For FY 2020-21 through FY 2024-25, Bill A requires the General Assembly to make an annual appropriation of \$250,000 to DHS for an allocation to the center. In addition, Bill A directs the executive director of DORA to promulgate rules establishing competency-based continuing education requirements for physicians and physician assistants concerning prescribing practices for opioids.

Colorado substance use disorders prevention collaborative. Bill A requires the Office of Behavioral Health (OBH) in the Department of Human Services (DHS) to convene a Colorado substance use disorders prevention collaborative (collaborative) with institutions of higher education, nonprofit agencies, and other state agencies. The collaborative must implement a statewide strategic plan for prevention of substance use disorders, implement evidenced-based programs, work with stakeholders, and direct efforts to raise public awareness of the cost saving prevention measures. Bill A requires the General Assembly to appropriate money for the collaborative for FY 2020-21 through FY 2023-24. OBH must report to the General Assembly by September 1, 2021, and by September 1 each year thereafter through 2024.

Bill B — Concerning Measures to Reduce the Harm Caused by Substance Use Disorders

Bill B requires health insurers to reimburse hospitals for prescribing opiate antagonists to covered individuals; creates civil and criminal immunity for individuals who administer an expired antagonist; allows pharmacists to sell non-prescribed clean syringes or needles to individuals without a prescription; allows local public health agencies to operate clean syringe programs without approval

from the county board of health and allows hospitals to operate a clean syringe program; and increases appropriations to the Harm Reduction Grant Program Cash Fund.

Bill C — Concerning Substance Use Disorder Treatment in the Criminal Justice System

Bill C makes several changes to state law concerning substance use disorder treatment and the criminal justice system, as discussed below.

Provide opioid agonist and antagonist in jails and prisons. Bill C requires the Department of Corrections (DOC), private contract prisons, local jails, multijurisdictional jails, municipal jails, and DHS facilities to make available at least one opioid agonist and one opioid antagonist to a person in custody with an opioid use disorder throughout the duration of the person's incarceration or commitment. Further, DOC and local jails are required to ensure that a person who is treated for a substance use disorder while incarcerated is provided with continuity of care prior to release.

Creation of safe stations. Bill C creates safe stations that allow a person to dispose of any controlled substances and request assistance in finding access to treatment for a substance use disorder. Under Bill C, a safe station is any municipal police station, county sheriff's office, or municipal, county, or fire protection district fire station. Safe stations are responsible for the disposal of controlled substances and are required to facilitate transport to a medical facility if the person appears in need of immediate medical attention.

Information resources for inmates. Bill C requires the executive director of the DOC to consult with DHS, HCPF, the Department of Local Affairs, and local service providers to develop resources for inmate post-release that provide information to help prepare inmates for release and reintegration into their communities.

Criminal record sealing. If a person has entered into or successfully completed a substance use disorder treatment program in a case that is the subject of a petition to seal, Bill C requires the courts to consider this factor favorably in determining whether to grant the petition to seal.

Criminal justice diversion programs. Bill C includes an appropriation of \$1.15 million to OBH to increase the number of Law Enforcement Assisted Diversion (LEAD) pilot programs.

Bill D — Concerning Treatment for Substance Use Disorders

Bill D enacts several initiatives to improve access to substance use disorder treatment, as outlined below.

Independent community assessments on substance use disorder services. Bill D requires managed service organizations to contract with an independent entity to assess the sufficiency of substance use disorder services in communities every two years, and to create a community action plan that must

be submitted to DHS and HCPF. The assessment and action plan must include input and review from community entities and individuals.

State child care and treatment study. DHS and HCPF are required to commission a state child care and treatment study and final report to make findings and recommendations concerning gaps in family-centered substance use disorder treatment and to identify alternative payment structures for funding child care and children's services alongside substance use disorder treatment of a child's parent. The report must be provided to the General Assembly by March 31, 2021.

Access to treatment. Bill D prohibits managed service organizations, withdrawal management services, and recovery residences from denying access to medical or substance use disorder treatment services, including recovery services, to persons who are participating in prescribed medication-assisted treatment for substance use disorders.

Employment of grant writers. Bill D appropriates \$250,000 annually to OBH from FY 2020-21 through FY 2024-25, for allocation to the center at the University of Colorado to employ grant writers to assist local communities in drawing down federal and state funds to address substance use disorders.

Behavioral health care provider loan forgiveness and scholarships. Bill D increases funding for the Colorado Health Services Corps program in CDPHE from \$2.5 million to \$3.5 million annually beginning in FY 2020-21 for the purpose of providing loan forgiveness and scholarships to behavioral health care providers, licensure candidates, and addiction counselors. Bill D requires the Primary Care Office in CDPHE to utilize best practices for increasing the diversity of applicants.

Managed care entity requirements. Medicaid managed care entities are required to provide coordination of care for the full continuum of substance use disorder treatment and recovery, including transition services for a person who leaves a facility for treatment.

Coverage and reporting requirements for insurance carriers. Bill D requires insurance carriers to provide coverage for the treatment of substance use disorders in accordance with the most recent edition of American Society of Addiction Medicine (ASAM) criteria for placement, medical necessity, and utilization management determinations. Bill D requires that medications used in medication-assisted treatment be included on insurance carriers' formularies. Bill D also requires insurance carriers to cover certain drugs without prior authorization and without imposing any cost-sharing requirements. Bill D requires that insurance carriers report on the number of in-network providers licensed to prescribe or actively prescribing medication-assisted treatment for substance use disorder. The Commissioner of Insurance may promulgate rules concerning insurance carrier requirements and reporting.

Enhanced dispensing fee for administration of injectable medication-assisted treatment. Bill D authorizes pharmacies in a collaborative pharmacy agreement with one or more physicians to receive an enhanced dispensing fee for the administration of all FDA-approved injectable medications for medication-assisted treatment.

No prohibition of medication-assisted treatment by courts or corrections. Bill D prohibits courts and parole, probation, and community corrections from prohibiting the use of prescribed medication-assisted treatment as a condition of participation or placement.

Changes to civil commitment procedures. Bill D consolidates two sections of state law governing the voluntary, emergency, and involuntary commitment for alcohol misuse and substance misuse. Bill D also modernizes language related to substance use disorder and adds a section regarding patients' rights in statute; discontinues the mandatory hearing for short-term commitments but allows for a hearing if requested; and adjusts the duration of the initial commitment from 30 days to up to 90 days.

DHS training and community outreach program. Bill D requires OBH to create and provide a training and community outreach program on the availability of civil commitment for persons with a substance use disorder and other substance use disorder resources offered by OBH. The training program must be provided to first responders, law enforcement, emergency departments, primary care providers, and persons and families of persons with a substance use disorder.

Bill E — Concerning Substance Use Disorder Recovery

Bill E provides funding for the implementation and expansion of several programs and makes changes to state law concerning an individual's recovery from a substance use disorder, as discussed below.

Peer coaching and peer specialist training. Bill E includes an annual appropriation of \$250,000 to the Department of Labor and Employment for the purpose of providing individuals with peer coaching or peer specialist training.

Continuation of Opioid and Other Substance Use Disorders Committee. Bill E continues the Opioid and Other Substance Use Disorders Committee for an additional four years and allows it to meet up to six times every odd year.

Opioid bill review. Bill E requires the Substance Abuse Trend and Response Task Force to convene stakeholders to review progress in the implementation of services and programs established in bills originating in the Opioid and Other Substance Use Disorders Committee and generate policy recommendations. The task force is required to submit a report to the Opioid and Other Substance Use Disorders Committee.

Child abuse, neglect, or dependency. Bill E modifies the definition of "child abuse or neglect" in regard to substance exposure in the Colorado Children's Code to include any newborn child who is affected by alcohol or drug exposure and where factors are present that threaten the health or welfare of the newborn child. Under current law, "child abuse and neglect" from substance exposure is defined as when a child tests positive for a schedule I or schedule II controlled substance, unless the schedule II controlled substance is the result of the mother's lawful use of that drug. There is an exception for when substances are taken as prescribed while being monitored by a licensed health care provider. Bill E requires the DHS to promulgate rules to determine whether a child is abused, neglected, or dependent under this new criteria.

Housing assistance program. Bill E creates a housing assistance program in OBH to provide temporary financial housing assistance to individuals with a substance use disorder who have no other supportive housing options. Bill E includes an annual General Fund appropriation of \$4.0 million for the program. DHS must submit a report on the housing assistance program to the General Assembly by February 1, 2021, and by February 1 each year thereafter.

Review of treatment and recovery services. Bill E directs the center to conduct a comprehensive review of Colorado's substance use disorder treatment and recovery services to inform a state plan. The state plan will address the delivery of services across the continuum of care for individuals at risk of experiencing relapse after a period of recovery. The center must report its findings and recommendations to the Opioid and Other Substance Use Disorders Committee by August 1, 2021. Bill E includes an appropriation of \$500,000 to the center for this purpose.

Perinatal substance use data linkage project. Bill E requires the perinatal substance use data linkage project, operated by the center, to conduct ongoing research related to the occurrence of perinatal substance exposure for determining child abuse, neglect, or dependency. Bill E includes an annual General Fund appropriation of \$75,000 to the center for this purpose.

Individual Placement and Support Program. Bill E includes an annual appropriation of \$2.0 million to OBH to expand the Individual Placement and Support Program.

Recovery support services grant program. Bill E creates the Recovery Support Services Grant Program to provide recovery-oriented services to individuals with a substance use and co-occurring mental health disorder. Grant funds may be used to assist individuals by providing guidance on navigating treatment support systems, connecting them with resources, or offering opportunities to engage in activities focused on mental or physical wellness or community service. Bill E includes an annual appropriation of \$3.5 million to OBH. DHS shall submit a report on the grant program to the General Assembly by March 1, 2021, and by March 1 each year thereafter.

Committee Letter 1 — Letter to the Joint Budget Committee

The committee approved sending a letter to the Joint Budget Committee requesting prioritization of substance use disorder funding in the state budget and requesting support for the committee's legislation.

Committee Letter 2 — Letter to the Colorado Congressional Delegation

The committee approved sending a letter to the Colorado Congressional delegation requesting changes to federal law and policy related to substance use disorder.

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>

Meeting Date and Topics Discussed

July 9, 2019

- ◆ Committee charge and timelines
- ◆ Overview of past Opioid Committee legislation
- ◆ Update on state agency substance use disorder programs
- ◆ Update on the Substance Abuse Trend and Response Task Force
- ◆ Consortium survey and results
- ◆ Substance use disorder prevention and education
- ◆ Provider education and prescribing practices
- ◆ Alternatives to opioids and barriers to access
- ◆ Statewide substance use disorder prevention
- ◆ Community-based substance use disorder prevention
- ◆ Committee policy discussion on prevention and education

July 30, 2019

- ◆ Substance use disorders and the criminal justice system
- ◆ Stakeholder recommendations and committee discussion
- ◆ Diversion and pretrial efforts
- ◆ State services for persons involved in the criminal justice system
- ◆ Local law enforcement perspective
- ◆ Substance use disorder harm reduction
- ◆ Stakeholder recommendations and committee discussion
- ◆ Medication disposal and syringe access
- ◆ Naloxone use and access
- ◆ Local harm reduction efforts
- ◆ Closing committee comments and discussion

August 13, 2019

- ◆ Substance use disorder treatment
- ◆ Stakeholder recommendations and committee discussion
- ◆ Update on Medicaid waiver for inpatient and residential treatment
- ◆ Presentation on treatment on demand model
- ◆ State treatment funding and provider perspectives
- ◆ Update on treatment provider workforce development
- ◆ Methamphetamine use and treatment
- ◆ Substance use disorder recovery
- ◆ Stakeholder recommendations and committee discussion
- ◆ Statewide Recovery Strategic Plan
- ◆ Recommendations for improving recovery support services
- ◆ Recovery and relapse issues
- ◆ Closing committee comments and discussion

September 6, 2019

- ◆ Bill drafting process
- ◆ Committee bill draft requests
- ◆ Public comment and feedback on bill draft requests
- ◆ Families affected by substance use disorder
- ◆ High-risk population's access to substance use disorder services
- ◆ Status of opioid use disorders in Colorado
- ◆ Committee discussion and closing comments

September 24, 2019

- ◆ Committee discussion and public comment on bill drafts

October 29, 2019

- ◆ Committee discussion on legislation and amendments
- ◆ Committee vote to approve legislation and letters

Second Regular Session
Seventy-second General Assembly
STATE OF COLORADO

Attachment A

BILL A

LLS NO. 20-0155.02 Kristen Forrestal x4217

HOUSE BILL

HOUSE SPONSORSHIP

Kennedy and Herod,

SENATE SPONSORSHIP

Winter and Priola, Donovan, Pettersen

House Committees

Senate 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.

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

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

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

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

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

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

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

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

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

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

The bill appropriates money to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 **SECTION 5.** In Colorado Revised Statutes, 12-220-111, **repeal**
14 (2)(b) as follows:

15 **12-220-111. Dentists may prescribe drugs - surgical operations**
16 **- anesthesia - limits on opioid prescriptions.** (2) (b) ~~This subsection (2)~~
17 ~~is repealed, effective September 1, 2021.~~

18 **SECTION 6.** In Colorado Revised Statutes, 12-240-123, **repeal**
19 (2) as follows:

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

22 **SECTION 7.** In Colorado Revised Statutes, 12-255-112, **repeal**
23 (6)(b) as follows:

24 **12-255-112. Prescriptive authority - advanced practice nurses**
25 **- limits on opioid prescriptions - rules - financial benefit for**
26 **prescribing prohibited.** (6) (b) ~~This subsection (6) is repealed, effective~~
27 ~~September 1, 2021.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Second Regular Session
Seventy-second General Assembly
STATE OF COLORADO

Attachment B

BILL B

LLS NO. 20-0296.01 Yelana Love x2295

HOUSE BILL

HOUSE SPONSORSHIP

Kennedy and Herod,

SENATE SPONSORSHIP

Pettersen and Priola,

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO REDUCE THE HARM CAUSED BY SUBSTANCE**
102 **USE DISORDERS.**

Bill Summary

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

Opioid and Other Substance Use Disorders Study Committee.

The bill:

- Requires a carrier that provides coverage for opiate antagonists to reimburse a hospital if the hospital provides a covered person with an opiate antagonist upon discharge (**section 1** of the bill);

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

- Allows a pharmacist or pharmacy technician to sell a nonprescription syringe or needle to any person (**sections 2 and 5**);
- Extends civil and criminal immunity for a person who acts in good faith to furnish or administer an opiate antagonist to an individual the person believes to be suffering an opiate-related drug overdose when the opiate antagonist was expired (**sections 3 and 4**);
- Removes the requirement that entities first receive local board of health approval before operating a clean syringe exchange program (**sections 6 and 7**); and
- Provides that money in the harm reduction grant program cash fund is continuously appropriated to the department of public health and environment for purposes of the harm reduction grant program and establishes an annual appropriation of an amount equal to the appropriation for the 2019-20 fiscal year plus \$250,000 (**section 8**).

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 10-16-152 as
3 follows:

4 **10-16-152. Coverage for opiate antagonists provided by a**
5 **hospital - definition.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT
6 OTHERWISE REQUIRES, "OPIATE ANTAGONIST" HAS THE SAME MEANING AS
7 SET FORTH IN SECTION 12-30-110 (7)(d).

8 (2) A CARRIER THAT PROVIDES COVERAGE FOR OPIATE
9 ANTAGONISTS PURSUANT TO THE TERMS OF A HEALTH COVERAGE PLAN
10 THE CARRIER OFFERS SHALL REIMBURSE A HOSPITAL FOR THE HOSPITAL'S
11 COST OF AN OPIATE ANTAGONIST IF THE HOSPITAL GIVES A COVERED
12 PERSON AN OPIATE ANTAGONIST UPON DISCHARGE FROM THE HOSPITAL.

13 **SECTION 2.** In Colorado Revised Statutes, 12-280-123, **add** (4)
14 as follows:

15 **12-280-123. Prescription required - exception - dispensing**
16 **opiate antagonists - selling nonprescription syringes and needles.**

1 (4) A PHARMACIST OR PHARMACY TECHNICIAN MAY SELL A
2 NONPRESCRIPTION SYRINGE OR NEEDLE TO ANY PERSON.

3 **SECTION 3.** In Colorado Revised Statutes, 13-21-108.7, **amend**
4 (3)(a) as follows:

5 **13-21-108.7. Persons rendering emergency assistance through**
6 **the administration of an opiate antagonist - limited immunity -**
7 **legislative declaration - definitions. (3) General immunity. (a) A**
8 person, other than a health care provider or a health care facility, who acts
9 in good faith to furnish or administer an opiate antagonist, INCLUDING AN
10 EXPIRED OPIATE ANTAGONIST, to an individual the person believes to be
11 suffering an opiate-related drug overdose event or to an individual who
12 is in a position to assist the individual at risk of experiencing an
13 opiate-related overdose event is not liable for any civil damages for acts
14 or omissions made as a result of the act or for any act or omission made
15 if the opiate antagonist is stolen.

16 **SECTION 4.** In Colorado Revised Statutes, 18-1-712, **amend**
17 (2)(a) as follows:

18 **18-1-712. Immunity for a person who administers an opiate**
19 **antagonist during an opiate-related drug overdose event - definitions.**
20 (2) **General immunity. (a) A person, other than a health care provider**
21 **or a health care facility, who acts in good faith to furnish or administer an**
22 **opiate antagonist, INCLUDING AN EXPIRED OPIATE ANTAGONIST, to an**
23 **individual the person believes to be suffering an opiate-related drug**
24 **overdose event or to an individual who is in a position to assist the**
25 **individual at risk of experiencing an opiate-related overdose event is**
26 **immune from criminal prosecution for the act or for any act or omission**
27 **made if the opiate antagonist is stolen.**

1 **SECTION 5.** In Colorado Revised Statutes, **amend** 18-18-430.5
2 as follows:

3 **18-18-430.5. Drug paraphernalia - exemption.** (1) A person
4 ~~shall be~~ IS exempt from ~~the provisions of~~ sections 18-18-425 to
5 18-18-430 if ~~he or she~~ THE PERSON is:

6 (a) Participating as an employee, volunteer, or participant in an
7 approved syringe exchange program created pursuant to section 25-1-520;
8 ~~C.R.S.~~ OR

9 (b) A PHARMACIST OR PHARMACY TECHNICIAN WHO SELLS
10 NONPRESCRIPTION SYRINGES OR NEEDLES PURSUANT TO SECTION
11 12-280-123 (4).

12 **SECTION 6.** In Colorado Revised Statutes, 25-1-508, **repeal**
13 (5)(1) as follows:

14 **25-1-508. County or district boards of public health - public**
15 **health directors.** (5) In addition to all other powers and duties conferred
16 and imposed upon a county board of health or a district board of health
17 by the provisions of this subpart 3, a county board of health or a district
18 board of health shall have and exercise the following specific powers and
19 duties:

20 (l) ~~To approve, as provided for in section 25-1-520, a clean~~
21 ~~syringe exchange program proposed by an agency. A county board of~~
22 ~~health or district board of health shall not be required to approve a~~
23 ~~proposed program.~~

24 **SECTION 7.** In Colorado Revised Statutes, 25-1-520, **amend** (1),
25 (2) introductory portion, (2)(f), and (5); and **repeal** (2.5), (3), and (4) as
26 follows:

27 **25-1-520. Clean syringe exchange programs - operation -**

1 **approval - reporting requirements.** (1) A county public health agency
2 or district public health agency may ~~request approval from its county~~
3 ~~board of health or district board of health, referred to in this section as the~~
4 ~~"board", for~~ OPERATE a clean syringe exchange program ~~operated by the~~
5 ~~agency or by CONTRACT WITH a nonprofit organization with which the~~
6 ~~agency contracts to operate the~~ A clean syringe exchange program. Prior
7 ~~to approving or disapproving any such optional program, the board shall~~
8 ~~consult with the agency and interested stakeholders concerning the~~
9 ~~establishment of the clean syringe exchange program. Interested~~
10 ~~stakeholders must include, but need not be limited to, local law~~
11 ~~enforcement agencies, district attorneys, substance use disorder treatment~~
12 ~~providers, persons with a substance use disorder in remission, nonprofit~~
13 ~~organizations, hepatitis C and HIV advocacy organizations, and members~~
14 ~~of the community. The board and interested stakeholders shall consider,~~
15 ~~at a minimum, the following issues:~~ ADDITIONALLY, A HOSPITAL
16 LICENSED OR CERTIFIED BY THE STATE DEPARTMENT PURSUANT TO
17 SECTION 25-1.5-103 (1)(a) MAY OPERATE A CLEAN SYRINGE PROGRAM.

18 ~~(a) The scope of the problem being addressed and the population~~
19 ~~the program would serve;~~

20 ~~(b) Concerns of the law enforcement community; and~~

21 ~~(c) The parameters of the proposed program, including methods~~
22 ~~for identifying program workers and volunteers.~~

23 (2) Each ~~proposed~~ clean syringe exchange program must, at a
24 minimum, have the ability to:

25 (f) Develop a timeline for the ~~proposed~~ program and for the
26 development of policies and procedures; and

27 (2.5) ~~A program developed pursuant to this section may be~~

1 ~~operated in a hospital licensed or certified by the state department~~
2 ~~pursuant to section 25-1.5-103 (1)(a).~~

3 (3) ~~The board may approve or disapprove the proposed clean~~
4 ~~syringe exchange program based on the results of the meetings held~~
5 ~~pursuant to subsection (1) of this section.~~

6 (4) ~~If the board approves a clean syringe exchange program that~~
7 ~~is operated through a contract with a nonprofit organization, the contract~~
8 ~~shall be subject to annual review and shall be renewed only if the board~~
9 ~~approves the contract after consultation with the county or district public~~
10 ~~health agency and interested stakeholders as described in subsection (1)~~
11 ~~of this section.~~

12 (5) ~~AT ANY TIME, one or more counties represented on a district~~
13 ~~board of health may at any time opt out of a clean syringe exchange~~
14 ~~program proposed or approved OPERATED pursuant to this section.~~

15 **SECTION 8.** ~~In Colorado Revised Statutes, 25-20.5-1102,~~
16 **amend** (1) and (3) as follows:

17 **25-20.5-1102. Harm reduction grant program cash fund -**
18 **creation.** (1) ~~The harm reduction grant program cash fund, referred to in~~
19 ~~this section as the "fund", is created in the state treasury. The fund~~
20 ~~consists of money that the general assembly may appropriate or transfer~~
21 ~~to the fund~~ **FOR THE 2020-21 STATE FISCAL YEAR, AND EACH STATE FISCAL**
22 **YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE TO THE**
23 **FUND AN AMOUNT EQUAL TO THE AMOUNT APPROPRIATED TO THE FUND**
24 **FOR THE 2019-20 STATE FISCAL YEAR PLUS TWO-HUNDRED FIFTY**
25 **THOUSAND DOLLARS.**

26 (3) ~~Subject to annual appropriation by the general assembly, the~~
27 ~~department may expend money from the fund~~ **MONEY IN THE FUND IS**

1 CONTINUOUSLY APPROPRIATED TO THE DEPARTMENT for the purposes of
2 this part 11.

3 **SECTION 9. Safety clause.** The general assembly hereby finds,
4 determines, and declares that this act is necessary for the immediate
5 preservation of the public peace, health, or safety.

Second Regular Session
Seventy-second General Assembly
STATE OF COLORADO

Attachment C

BILL C

LLS NO. 20-0294.01 Shelby Ross x4510

HOUSE BILL

HOUSE SPONSORSHIP

Herod and Kennedy,

SENATE SPONSORSHIP

Donovan and Priola, Pettersen

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING TREATMENT OF INDIVIDUALS WITH SUBSTANCE USE**
102 **DISORDERS WHO COME INTO CONTACT WITH THE CRIMINAL**
103 **JUSTICE SYSTEM, AND, IN CONNECTION THEREWITH, MAKING AN**
104 **APPROPRIATION.**

Bill Summary

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

Opioid and Other Substance Use Disorders Study Committee.
The bill requires the department of corrections, local jails, multijurisdictional jails, municipal jails, and state department of human

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

services facilities to make available at least one opioid agonist and one opioid antagonist to a person in custody with an opioid use disorder throughout the duration of the person's incarceration or commitment.

The bill allows a person to dispose of any controlled substances at a safe station and request assistance in gaining access to treatment for a substance use disorder. The bill defines a "safe station" as any municipal police station; county sheriff's office; or municipal, county, or fire protection district fire station.

The bill requires the department of corrections and jails to ensure that continuity of care is provided to inmates prior to release.

The bill requires the executive director of the department of corrections, in consultation with the offices of behavioral health and economic security in the department of human services, the department of health care policy and financing, the department of local affairs, and local service providers to develop resources for inmates post-release that provide information to help prepare inmates for release and reintegration into their communities.

If a person who is the subject of a petition to seal criminal records has entered into or successfully completed a licensed substance use disorder treatment program, the court is required to consider such factor favorably in determining whether to issue the order.

The bill allows the office of behavioral health in the department of human services to contract with cities and counties for the creation, maintenance, or expansion of criminal justice diversion programs. The bill requires the department of human services to include an update regarding the current status of funding and implementation of the criminal justice diversion programs in its annual SMART presentation.

The bill appropriates money to the office of behavioral health in the department of human services for criminal justice diversion programs.

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

SECTION 1. In Colorado Revised Statutes, **add** 17-1-113.4 as follows:

17-1-113.4. Opioid treatment for a person in custody - definitions. (1) A CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL MAKE AVAILABLE AT LEAST ONE OPIOID AGONIST AND AT LEAST ONE OPIOID ANTAGONIST TO A PERSON IN CUSTODY WITH AN OPIOID USE DISORDER THROUGHOUT THE DURATION OF THE PERSON'S

1 INCARCERATION.

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

4 (a) "OPIOID AGONIST" MEANS A FULL OR PARTIAL AGONIST THAT
5 IS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE
6 TREATMENT OF AN OPIOID USE DISORDER.

7 (b) "OPIOID ANTAGONIST" MEANS NALTREXONE OR ANY SIMILARLY
8 ACTING DRUG THAT IS NOT A CONTROLLED SUBSTANCE AND THAT IS
9 APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE
10 TREATMENT OF AN OPIOID USE DISORDER.

11 **SECTION 2.** In Colorado Revised Statutes, **add** 17-26-104.9 as
12 follows:

13 **17-26-104.9. Opioid treatment for a person in custody -**
14 **definitions.** (1) A FACILITY, WHETHER OPERATED BY A GOVERNMENTAL
15 ENTITY OR A PRIVATE CONTRACTOR, SHALL MAKE AVAILABLE AT LEAST
16 ONE OPIOID AGONIST AND AT LEAST ONE OPIOID ANTAGONIST TO A PERSON
17 IN CUSTODY WITH AN OPIOID USE DISORDER THROUGHOUT THE DURATION
18 OF THE PERSON'S INCARCERATION.

19 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
20 REQUIRES:

21 (a) "FACILITY" MEANS:

22 (I) A LOCAL JAIL, AS DEFINED IN SECTION 17-1-102 (7);

23 (II) A MULTI JURISDICTIONAL JAIL, AS DESCRIBED IN SECTION
24 17-26.5-101; AND

25 (III) A MUNICIPAL JAIL, AS AUTHORIZED IN SECTION 31-15-401
26 (1)(j).

27 (b) "OPIOID AGONIST" MEANS A FULL OR PARTIAL AGONIST THAT

1 IS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE
2 TREATMENT OF AN OPIOID USE DISORDER.

3 (c) "OPIOID ANTAGONIST" MEANS NALTREXONE OR ANY SIMILARLY
4 ACTING DRUG THAT IS NOT A CONTROLLED SUBSTANCE AND THAT IS
5 APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE
6 TREATMENT OF AN OPIOID USE DISORDER.

7 **SECTION 3.** In Colorado Revised Statutes, **add** 26-1-136.7 as
8 follows:

9 **26-1-136.7. Opioid treatment for a person in custody -**
10 **definitions.** (1) A STATE DEPARTMENT FACILITY SHALL MAKE AVAILABLE
11 AT LEAST ONE OPIOID AGONIST AND AT LEAST ONE OPIOID ANTAGONIST TO
12 A PERSON COMMITTED TO OR PLACED WITH THE FACILITY WITH AN OPIOID
13 USE DISORDER THROUGHOUT THE DURATION OF THE PERSON'S
14 COMMITMENT OR PLACEMENT.

15 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
16 REQUIRES:

17 (a) "OPIOID AGONIST" MEANS A FULL OR PARTIAL AGONIST THAT
18 IS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE
19 TREATMENT OF AN OPIOID USE DISORDER.

20 (b) "OPIOID ANTAGONIST" MEANS NALTREXONE OR ANY SIMILARLY
21 ACTING DRUG THAT IS NOT A CONTROLLED SUBSTANCE AND THAT IS
22 APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE
23 TREATMENT OF AN OPIOID USE DISORDER.

24 **SECTION 4.** In Colorado Revised Statutes, **add** 31-15-405 as
25 follows:

26 **31-15-405. Opioid treatment for a person in custody.** A
27 MUNICIPALITY THAT CHOOSES TO ESTABLISH AND OPERATE A JAIL, AS

1 AUTHORIZED IN SECTION 31-15-401 (1)(j), SHALL COMPLY WITH THE
2 PROVISIONS OF SECTION 17-26-104.9 CONCERNING OPIOID TREATMENT FOR
3 A PERSON IN CUSTODY.

4 **SECTION 5.** In Colorado Revised Statutes, **add** 18-18-607 as
5 follows:

6 **18-18-607. Safe stations - disposal of controlled substances -**
7 **medical evaluation - definition.** (1) (a) UPON ARRIVAL TO A SAFE
8 STATION, A PERSON MAY TURN IN ANY CONTROLLED SUBSTANCES AND
9 REQUEST ASSISTANCE IN GAINING ACCESS TO TREATMENT FOR A
10 SUBSTANCE USE DISORDER. SAFE STATION PERSONNEL SHALL EITHER
11 DISPOSE OF THE CONTROLLED SUBSTANCES OR DELIVER THE CONTROLLED
12 SUBSTANCES TO A MUNICIPAL POLICE STATION OR COUNTY SHERIFF'S
13 OFFICE FOR DISPOSAL PURPOSES ONLY.

14 (b) A PERSON WHO TURNS IN ONE OR MORE CONTROLLED
15 SUBSTANCES PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION IS NOT
16 SUBJECT TO ARREST OR PROSECUTION FOR POSSESSION OF SUCH
17 CONTROLLED SUBSTANCES.

18 (2) REASONABLE EFFORTS SHOULD BE TAKEN BY SAFE STATION
19 PERSONNEL TO DETERMINE IF THE PERSON IS IN NEED OF IMMEDIATE
20 MEDICAL ATTENTION AND FACILITATE TRANSPORTATION TO AN
21 APPROPRIATE MEDICAL FACILITY, IF NECESSARY. IF THE PERSON DOES NOT
22 REQUIRE IMMEDIATE MEDICAL ATTENTION, THE SAFE STATION PERSONNEL
23 SHALL WORK WITH THE PERSON TO IDENTIFY THE BEST DESTINATION FOR
24 TREATMENT OF A SUBSTANCE USE DISORDER.

25 (3) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
26 REQUIRES, A "SAFE STATION" MEANS ANY MUNICIPAL POLICE STATION;
27 COUNTY SHERIFF'S OFFICE; OR MUNICIPAL, COUNTY, OR FIRE PROTECTION

1 DISTRICT FIRE STATION.

2 **SECTION 6.** In Colorado Revised Statutes, **add** 17-26-140 as
3 follows:

4 **17-26-140. Continuity of care for persons released from jail.**

5 (1) IF A PERSON IS TREATED FOR A SUBSTANCE USE DISORDER
6 THROUGHOUT THE PERSON'S INCARCERATION, THE COUNTY JAIL SHALL
7 CONDUCT THE FOLLOWING BEFORE RELEASING THE PERSON FROM THE
8 COUNTY JAIL'S CUSTODY:

9 (a) SCHEDULE APPOINTMENTS WITH THE PERSON'S BEHAVIORAL
10 HEALTH PROVIDER OR LICENSED HEALTH CARE PROVIDER;

11 (b) ENSURE TREATMENT SERVICES ARE READILY AVAILABLE;

12 (c) PROVIDE POST-RELEASE RESOURCES DEVELOPED PURSUANT TO
13 SECTION 17-1-103 (1)(r) TO THE PERSON;

14 (d) ENSURE THE PERSON'S MEDICAID IS REINSTATED, IF
15 APPLICABLE; AND

16 (e) IF THE PERSON HAS A HISTORY OF OPIOID USE DISORDER,
17 DEVELOP A MEDICATION-ASSISTED TREATMENT PLAN AND PROVIDE AN
18 OPIOID ANTAGONIST TO THE PERSON.

19 **SECTION 7.** In Colorado Revised Statutes, **add** 17-1-113.2 as
20 follows:

21 **17-1-113.2. Continuity of care for persons released from**
22 **correctional facility.** BEFORE A PERSON IS RELEASED FROM THE CUSTODY
23 OF A CORRECTIONAL FACILITY, THE CORRECTIONAL FACILITY SHALL
24 COMPLY WITH THE PROVISIONS OF SECTION 17-26-140 CONCERNING
25 CONTINUITY OF CARE FOR PERSONS WITH A SUBSTANCE USE DISORDER.

26 **SECTION 8.** In Colorado Revised Statutes, 17-1-103, **amend** (1)
27 introductory portion; and **add** (1)(r) as follows:

1 **17-1-103. Duties of the executive director.** (1) The duties of the
2 executive director ~~shall be~~ ARE:

3 (r) IN CONSULTATION WITH THE OFFICES OF BEHAVIORAL HEALTH
4 AND ECONOMIC SECURITY IN THE DEPARTMENT OF HUMAN SERVICES, THE
5 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE DEPARTMENT
6 OF LOCAL AFFAIRS, AND LOCAL SERVICE PROVIDERS, TO DEVELOP
7 RESOURCES FOR INMATES POST-RELEASE THAT PROVIDE INFORMATION TO
8 HELP PREPARE INMATES FOR RELEASE AND SUCCESSFUL REINTEGRATION
9 INTO THEIR COMMUNITIES. THE RESOURCES MUST REFLECT THE NEEDS OF
10 DIVERSE AND UNDERSERVED POPULATIONS AND COMMUNITIES.

11 **SECTION 9.** In Colorado Revised Statutes, 24-72-703, **add**
12 (10.5) as follows:

13 **24-72-703. Sealing of arrest and criminal records - general**
14 **provisions - order applicability - discovery and advisements.** (10.5) IF
15 THE PERSON IN INTEREST HAS ENTERED INTO OR SUCCESSFULLY
16 COMPLETED A SUBSTANCE USE DISORDER TREATMENT PROGRAM LICENSED
17 PURSUANT TO SECTION 27-80-205 IN THE CASE THAT IS THE SUBJECT OF
18 THE PETITION TO SEAL, THE COURT SHALL CONSIDER SUCH FACTOR
19 FAVORABLY IN DETERMINING WHETHER TO ISSUE AN ORDER TO SEAL
20 RECORDS PURSUANT TO THIS SECTION.

21 **SECTION 10.** In Colorado Revised Statutes, **add** 27-60-106.5 as
22 follows:

23 **27-60-106.5. Criminal justice diversion programs - rules -**
24 **report.** (1) THE OFFICE OF BEHAVIORAL HEALTH IN THE STATE
25 DEPARTMENT MAY CONTRACT WITH CITIES AND COUNTIES FOR THE
26 CREATION, MAINTENANCE, OR EXPANSION OF CRIMINAL JUSTICE DIVERSION
27 PROGRAMS. THE GOAL OF EACH PROGRAM CREATED PURSUANT TO THIS

1 SECTION SHOULD BE TO CONNECT LAW ENFORCEMENT OFFICERS WITH
2 BEHAVIORAL HEALTH PROVIDERS TO ASSIST INDIVIDUALS IN NEED OF
3 BEHAVIORAL HEALTH INTERVENTION OR TO DIVERT INDIVIDUALS FROM
4 THE CRIMINAL JUSTICE SYSTEM.

5 (2) ON OR BEFORE NOVEMBER 1, 2021, AND ON OR BEFORE EACH
6 NOVEMBER 1 THEREAFTER, THE STATE DEPARTMENT SHALL INCLUDE AN
7 UPDATE REGARDING THE CURRENT STATUS OF FUNDING AND THE CRIMINAL
8 JUSTICE DIVERSION PROGRAMS IMPLEMENTED PURSUANT TO THIS SECTION
9 IN ITS REPORT TO THE JUDICIARY COMMITTEES OF THE SENATE AND THE
10 HOUSE OF REPRESENTATIVES, THE HEALTH AND HUMAN SERVICES
11 COMMITTEE OF THE SENATE, THE PUBLIC HEALTH CARE AND HUMAN
12 SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY
13 SUCCESSOR COMMITTEES, AS PART OF ITS "STATE MEASUREMENT FOR
14 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
15 GOVERNMENT ACT" PRESENTATION REQUIRED BY SECTION 2-7-203.

16 (3) THE STATE BOARD OF HUMAN SERVICES, CREATED IN SECTION
17 26-1-107, MAY PROMULGATE RULES TO IMPLEMENT THE PROVISIONS OF
18 THIS SECTION.

19 **SECTION 11. Appropriation.** For the 2020-21 state fiscal year,
20 \$1,150,000 is appropriated to the department of human services for use
21 by the office of behavioral health. This appropriation is from the general
22 fund. The office may use this appropriation for criminal justice diversion
23 programs established pursuant to section 27-60-106.5, C.R.S.

24 **SECTION 12. Safety clause.** The general assembly hereby finds,
25 determines, and declares that this act is necessary for the immediate
26 preservation of the public peace, health, or safety.

Second Regular Session
Seventy-second General Assembly
STATE OF COLORADO

Attachment D

BILL D

LLS NO. 20-0297.01 Brita Darling x2241

SENATE BILL

SENATE SPONSORSHIP

Pettersen and Winter, Donovan, Priola

HOUSE SPONSORSHIP

Buentello and Wilson, Herod, Kennedy

Senate Committees

House 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 of the bill requires updated community assessments every 2 years of the sufficiency of substance use disorder services in the community to be compiled by an independent entity contracted by the department of human services (DHS). The assessment must include input and the opportunity for review and comment from community entities and individuals. Based on the community assessment, the managed service organization will prepare a draft community action plan and shall allow

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

time for stakeholder review and comment on the plan.

Section 2 of the bill requires insurance carriers to provide coverage for the treatment of substance use disorders in accordance with the American society of addiction medicine (ASAM) criteria for placement, medical necessity, and utilization management determinations in accordance with the most recent edition of the ASAM criteria. The bill also authorizes the commissioner of insurance, in consultation with DHS and the department of health care policy and financing, to identify by rule alternate nationally recognized substance-use-disorder-specific treatment criteria if the ASAM criteria are no longer available, relevant, or reflect best practices.

Sections 3, 4, and 5 of the bill increases funding by \$1 million for provider loan forgiveness and scholarships from the Colorado health service corps fund in the department of public health and environment (CDPHE). The bill recognizes a goal of the loan forgiveness and scholarship programs of creating a diverse health care workforce that is able to address the needs of underserved populations and communities.

Section 6 of the bill authorizes a pharmacy that has entered into a collaborative pharmacy agreement with one or more physicians to receive an enhanced dispensing fee for the administration of all injectable medications for medication-assisted treatment that are approved by the federal food and drug administration, and not just injectable antagonist medication.

Section 7 of the bill requires DHS to commission a state child care and treatment study and final report to make findings and recommendations concerning gaps in family-centered substance use disorder treatment and to identify alternative payment structures for funding child care and children's services alongside substance use disorder treatment of a child's parent. DHS shall distribute the report to the general assembly and present the report in its annual presentation to committees of the general assembly.

Sections 8, 9, 10, 11, and 12 of the bill prohibit managed service organization contracted providers; withdrawal management services; and recovery residences from denying access to medical or substance use disorder treatment services, including recovery services, to persons who are participating in prescribed medication-assisted treatment for substance use disorders. In addition, the bill prohibits courts and parole, probation, and community corrections from prohibiting the use of prescribed medication-assisted treatment as a condition of participation or placement.

Section 13 of the bill requires managed care entities to provide coordination of care for the full continuum of substance use disorder and mental health treatment and recovery services, including support for individuals transitioning between levels of care.

Section 14 of the bill appropriates \$250,000 to the office of

behavioral health in DHS for allocation to the center for research into substance use disorder prevention, treatment, and recovery support strategies for the continued employment of grant writers to aid local communities in need of assistance to access federal and state money to address opioid and other substance use disorders in their communities.

Section 15 of the bill authorizes the commissioner of insurance, in consultation with CDPHE, to promulgate rules, or to seek a revision of the essential health benefits package, for prescription medications for medication-assisted treatment to be included on insurance carriers' formularies.

Section 16 of the bill requires insurance carriers to report to the commissioner of insurance on the number of in-network providers who are licensed to prescribe medication-assisted treatment for substance use disorders, including buprenorphine, and of that number, to indicate how many providers are actively prescribing medication-assisted treatment. The bill requires the commissioner of insurance to promulgate rules concerning the reporting.

Section 17 of the bill requires insurance carriers to provide coverage for naloxone hydrochloride, or other similarly acting drug, without prior authorization and without imposing any deductible, copayment, coinsurance, or other cost-sharing requirement.

Section 18 of the bill requires DHS to implement a program for training and community outreach relating to, at a minimum, the availability of and process for civil commitment of persons with an alcohol or substance use disorder. The training must be provided to first responders, law enforcement, emergency departments, primary care providers, and persons and families of persons with a substance use disorder, among others.

Sections 19 through 65 of the bill consolidate part 1 of article 82 of title 27, C.R.S., relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of drugs into the existing part 1 of article 81 of title 27, C.R.S., relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of alcohol use disorders, in order to create a single process that includes all substances.

The new scope of part 1 of article 81 of title 27, C.R.S., includes both alcohol use disorder and substance use disorder under the defined term "substance use disorder".

The amendments and additions to part 1 of article 81 of title 27, C.R.S., include:

- Defining "administrator" to include an administrator's designee;
- Adding a definition of "incapacitated by substances" to include a person who is incapacitated by alcohol or incapacitated by substances;

- Changing terminology throughout to refer to "substances" to include both alcohol and drugs;
- Adjusting the duration of the initial involuntary commitment from 30 days to up to 90 days;
- Allowing a person to enter into a stipulated order for committed treatment, expediting placement into treatment;
- Removing the mandatory hearing for the initial involuntary commitment but allowing a person to request a hearing if the person does not want to enter into a stipulated order for committed treatment;
- Incorporating in statute "patient's rights" relating to civil commitment;
- Using person-centered language throughout the statutory process; and
- Relocating the existing opioid crisis recovery funds advisory committee from article 82 in title 27, C.R.S., to article 81 in title 27, C.R.S.

In addition, the bill makes conforming amendments, including several in the professional licensing statutes in title 12, C.R.S., to remove references to both alcohol use disorder and substance use disorder as grounds for professional discipline, and replaces those terms with the single term "substance use disorder", which the bill now defines in article 81 of title 27, C.R.S., to include both drugs and alcohol.

The bill also makes conforming amendments to remove statutory references to provisions in part 2 of article 82 of title 27, C.R.S., which the bill repeals, and replaces those references with a new reference to the relevant provisions in article 81 of title 27, C.R.S.

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

2 **SECTION 1.** In Colorado Revised Statutes, 27-80-107.5, **amend**
 3 (2), (3)(a), (5)(a), (5)(c)(II), and (7); **repeal** (3)(b); and **add** (2.5) as
 4 follows:

5 **27-80-107.5. Increasing access to effective substance use**
 6 **disorder services act - managed service organizations - substance use**
 7 **disorder services - community assessment - community action plan**
 8 **- allocations - reporting requirements - evaluation.** (2) (a) On or
 9 before February 1, 2017, AND ON OR BEFORE SEPTEMBER 1, 2020, AND ON
 10 OR BEFORE SEPTEMBER 1 EVERY TWO YEARS THEREAFTER, each managed

1 service organization designated pursuant to section 27-80-107 shall assess
2 the sufficiency of substance use disorder services within its geographic
3 region for adolescents ages seventeen and younger; young adults ages
4 eighteen through twenty-five; pregnant women; women who are
5 postpartum and parenting; and other adults, INCLUDING INDIVIDUALS WITH
6 CO-OCCURRING OR COMPLEX CONDITIONS, who are in need of such
7 services. BEGINNING WITH THE 2020 ASSESSMENT, during the community
8 assessment process, each managed service organization shall seek input
9 and information from appropriate entities, such as community mental
10 health centers, behavioral health organizations, county departments of
11 human or social services, local public health agencies, substance use
12 disorder treatment providers, law enforcement agencies, probation
13 departments, organizations that serve veterans or homeless individuals,
14 and other relevant stakeholders CONTRACT WITH AN INDEPENDENT
15 ORGANIZATION TO COMPILE A COMMUNITY ASSESSMENT. THE
16 DEPARTMENT MAY REQUIRE STANDARDIZATION OF THE COMMUNITY
17 ASSESSMENT AND SHALL DISSEMINATE THE REQUIREMENT TO THE
18 MANAGED SERVICE ORGANIZATIONS WITHIN A REASONABLE TIME PRIOR TO
19 THE COMMENCEMENT OF THE COMMUNITY ASSESSMENT.

20 (b) The community assessment must include:

21 (I) ~~an~~ A REVIEW AND analysis of existing ~~funding and resources~~
22 ASSESSMENTS AND OTHER REPORTS IDENTIFYING NEEDED RESOURCES AND
23 GAPS within the community, ~~to provide~~ USING QUANTITATIVE AND
24 QUALITATIVE DATA; AND

25 (II) A REVIEW OF THE ADEQUACY OF THE continuum of substance
26 use disorder services, including prevention, intervention, treatment, and
27 recovery support services, for:

- 1 (A) Adolescents ages seventeen and younger;
2 (B) Young adults ages eighteen through twenty-five;
3 (C) Pregnant women;
4 (D) Women who are postpartum and parenting; and
5 (E) Other adults who are in need of such services, INCLUDING
6 INDIVIDUALS WITH CO-OCCURRING OR COMPLEX CONDITIONS.

7 (c) THE COMMUNITY ASSESSMENT MUST INCLUDE INPUT, AND
8 PROVIDE OPPORTUNITY FOR REVIEW AND COMMENT, FROM APPROPRIATE
9 ENTITIES, SUCH AS PEOPLE WITH LIVED EXPERIENCE; COMMUNITY MENTAL
10 HEALTH CENTERS; REGIONAL ACCOUNTABLE ENTITIES; COUNTY
11 DEPARTMENTS OF HUMAN OR SOCIAL SERVICES; LOCAL PUBLIC HEALTH
12 AGENCIES; PROBATION DEPARTMENTS; SCHOOLS; TRIBAL LEADERS; AND
13 OTHER COMMUNITY ORGANIZATIONS THAT SERVE VETERANS, YOUTH,
14 FAMILIES, OR HOMELESS INDIVIDUALS, AS WELL AS OTHER RELEVANT
15 STAKEHOLDERS.

16 (d) THE INDEPENDENT CONTRACTOR, IN CONDUCTING THE
17 COMMUNITY ASSESSMENT, AND THE MANAGED SERVICE ORGANIZATION,
18 IN DEVELOPING A DRAFT COMMUNITY ACTION PLAN, SHALL USE BEST
19 PRACTICES TO ENSURE FEEDBACK FROM UNDERSERVED POPULATIONS AND
20 COMMUNITIES AND TO IDENTIFY AND ADDRESS HEALTH INEQUITIES IN
21 COMMUNITIES.

22 (2.5) ON OR BEFORE FEBRUARY 1, 2021, AND ON OR BEFORE
23 FEBRUARY 1 EVERY TWO YEARS THEREAFTER, EACH MANAGED SERVICE
24 ORGANIZATION SHALL DEVELOP AND DISSEMINATE FOR FEEDBACK THE
25 COMMUNITY ASSESSMENT AND A DRAFT COMMUNITY ACTION PLAN TO
26 STAKEHOLDERS THAT PARTICIPATED IN THE COMMUNITY ASSESSMENT.
27 THE MANAGED SERVICE ORGANIZATION SHALL PROVIDE AT LEAST THIRTY

1 DAYS FOR STAKEHOLDER COMMENT ON THE COMMUNITY ASSESSMENT AND
2 A DRAFT COMMUNITY ACTION PLAN.

3 (3) (a) On or before March 1, 2017, AND ON OR BEFORE MAY 1,
4 2021, AND ON OR BEFORE MAY 1 EVERY TWO YEARS THEREAFTER, each
5 managed service organization that has completed a community
6 assessment pursuant to subsection (2) of this section shall ~~prepare and~~
7 submit in electronic format to the department and the department of
8 health care policy and financing a THE COMMUNITY ASSESSMENT; AND
9 THE community action plan to increase access to effective substance use
10 disorder services, referred to in this section as the "community action
11 plan". The community action plan must summarize the results of the
12 community assessment and include a description of how the managed
13 service organization will utilize its allocation of funding from the
14 marijuana tax cash fund, created in section 39-28.8-501, ~~C.R.S.~~, to
15 address the most critical service gaps in its geographic region and a
16 timeline for implementation of the community action plan. THE
17 DEPARTMENT SHALL POST ON ITS WEBSITE THE UPDATED COMMUNITY
18 ACTION PLANS RECEIVED FROM EACH MANAGED SERVICE ORGANIZATION.

19 (b) ~~A managed service organization may periodically update its~~
20 ~~community action plan to reflect changes in community needs and~~
21 ~~priorities. Any such updated plan must be submitted in electronic format~~
22 ~~to the department and the department of health care policy and financing.~~

23 (5) (a) ~~On or before September 1, 2017, and on or before each~~
24 ~~September 1 thereafter,~~ Each designated managed service organization
25 shall submit an annual report to the department, INCLUDING THE AMOUNT
26 AND PURPOSE OF ACTUAL EXPENDITURES MADE USING MONEY FROM THE
27 MARIJUANA TAX CASH FUND, CREATED IN SECTION 39-28.8-501, IN THE

1 PREVIOUS STATE FISCAL YEAR, AND SHALL JOINTLY DEVELOP A
2 COMMUNICATION PLAN WITH THE DEPARTMENT FOR DISSEMINATION OF
3 THE REPORT. NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136
4 (11)(a)(I), THE COMMUNICATION PLAN MUST INCLUDE THE PROCESS FOR
5 DISSEMINATING THE REPORT TO LOCAL COUNTY GOVERNMENTS. THE
6 DEPARTMENT SHALL ALSO SUBMIT A REPORT TO the joint budget
7 committee, the health and human services committee of the senate, and
8 the public health care and human services committee of the house of
9 representatives, or ~~their~~ ANY successor committees, concerning the
10 amount and purpose of actual expenditures made using money from the
11 marijuana tax cash fund, CREATED IN SECTION 39-28.8-501, in the
12 previous state fiscal year. The report must contain a description of the
13 impact of the expenditures on addressing the needs that were identified
14 in the initial and any subsequent community assessments and COMMUNITY
15 action plans developed pursuant to subsection (3) of this section, as well
16 as any other requirements established for the contents of the report by the
17 department.

18 (c) On or before November 1, 2020, the department, in
19 collaboration with the designated managed service organizations, shall
20 submit a report to the joint budget committee and the joint health and
21 human services committee, or any successor committees. The report must:

22 (II) Describe the impact the expenditures have had on increasing
23 statewide access to a continuum of effective substance use disorder
24 services, including the availability of prevention, intervention, treatment,
25 and recovery support services in each designated service area AND HOW
26 THE MONEY WAS USED TO INCREASE THE NETWORK OF PROVIDERS IN THE
27 REGION; and

1 (7) Notwithstanding section 24-1-136 (11)(a)(I), the department
2 shall report on outcomes related to the implementation of this section as
3 part of its annual "State Measurement for Accountable, Responsive, and
4 Transparent (SMART) Government Act" hearing required by section
5 2-7-203, beginning with the hearing ~~that precedes the 2019~~ AT THE
6 BEGINNING OF THE 2020 legislative session.

7 **SECTION 2.** In Colorado Revised Statutes, 10-16-104, **amend**
8 (5.5)(a)(I) as follows:

9 **10-16-104. Mandatory coverage provisions - definitions -**
10 **rules. (5.5) Behavioral, mental health, and substance use disorders**
11 **- rules.** (a) (I) Every health benefit plan subject to part 2, 3, or 4 of this
12 article 16, except those described in section 10-16-102 (32)(b), must
13 provide coverage:

14 (A) For the prevention of, screening for, and treatment of
15 behavioral, mental health, and substance use disorders that is no less
16 extensive than the coverage provided for any physical illness and that
17 complies with the requirements of the MHPAEA; AND

18 (B) AT A MINIMUM, FOR THE TREATMENT OF SUBSTANCE USE
19 DISORDERS IN ACCORDANCE WITH THE AMERICAN SOCIETY OF ADDICTION
20 MEDICINE CRITERIA FOR PLACEMENT, MEDICAL NECESSITY, AND
21 UTILIZATION MANAGEMENT DETERMINATIONS AS SET FORTH IN THE MOST
22 RECENT EDITION OF "THE ASAM CRITERIA FOR ADDICTIVE,
23 SUBSTANCE-RELATED, AND CO-OCCURRING CONDITIONS"; EXCEPT THAT
24 THE COMMISSIONER MAY IDENTIFY BY RULE, IN CONSULTATION WITH THE
25 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE OFFICE
26 OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, AN
27 ALTERNATE NATIONALLY RECOGNIZED AND EVIDENCE-BASED

1 SUBSTANCE-USE-DISORDER-SPECIFIC CRITERIA FOR PLACEMENT, MEDICAL
2 NECESSITY, OR UTILIZATION MANAGEMENT, IF AMERICAN SOCIETY OF
3 ADDICTION MEDICINE CRITERIA ARE NO LONGER AVAILABLE, RELEVANT,
4 OR DO NOT FOLLOW BEST PRACTICES FOR SUBSTANCE USE DISORDER
5 TREATMENT.

6 **SECTION 3.** In Colorado Revised Statutes, 25-1.5-503, **amend**
7 (2) as follows:

8 **25-1.5-503. Colorado health service corps - program - creation**
9 **- conditions.** (2) (a) Subject to available appropriations, the primary care
10 office shall annually select health care professionals, behavioral health
11 care providers, candidates for licensure, nursing faculty members, and
12 health care professional members from the list provided by the advisory
13 council pursuant to section 25-1.5-504 (5)(a) to participate in the
14 Colorado health service corps.

15 (b) IN REVIEWING APPLICATIONS AND SELECTING PARTICIPANTS
16 FOR THE PROGRAM, THE PRIMARY CARE OFFICE AND THE ADVISORY
17 COUNCIL SHALL CONSIDER THE GOAL OF CREATING A DIVERSE HEALTH
18 CARE WORKFORCE THAT IS ABLE TO ADDRESS THE NEEDS OF UNDERSERVED
19 POPULATIONS AND COMMUNITIES. UPON REQUEST, THE PRIMARY CARE
20 OFFICE SHALL PROVIDE NONIDENTIFYING DEMOGRAPHIC INFORMATION
21 CONCERNING ALL APPLICANTS AND THOSE SELECTED FOR AWARDS.

22 **SECTION 4.** In Colorado Revised Statutes, 25-1.5-503.5, **add**
23 (1.5) as follows:

24 **25-1.5-503.5. Scholarship program for addiction counselors -**
25 **creation - eligibility - conditions.** (1.5) THE PRIMARY CARE OFFICE
26 SHALL ADMINISTER THE SCHOLARSHIP PROGRAM UTILIZING BEST
27 PRACTICES FOR INCREASING DIVERSITY IN APPLICANTS FOR THE

1 SCHOLARSHIP PROGRAM, INCLUDING APPLICANTS FROM
2 UNDERREPRESENTED POPULATIONS AND PERSONS IN RECOVERY, AND
3 SHALL CONSIDER THE NEEDS OF THE POPULATIONS AND COMMUNITIES
4 BEING SERVED IN SELECTING SCHOLARSHIP RECIPIENTS. UPON REQUEST,
5 THE PRIMARY CARE OFFICE SHALL PROVIDE NONIDENTIFYING
6 DEMOGRAPHIC INFORMATION CONCERNING ALL APPLICANTS AND THOSE
7 SELECTED FOR SCHOLARSHIPS.

8 **SECTION 5.** In Colorado Revised Statutes, 25-1.5-506, **amend**
9 (4)(a) introductory portion as follows:

10 **25-1.5-506. Colorado health service corps fund - created -**
11 **acceptance of grants and donations - annual appropriation from**
12 **marijuana tax cash fund.** (4) (a) For the 2018-19 AND 2019-20 fiscal
13 ~~year and each fiscal year thereafter~~ YEARS, the general assembly shall
14 appropriate two million five hundred thousand dollars; AND FOR THE
15 2020-21 FISCAL YEAR, AND EACH FISCAL YEAR THEREAFTER, THE GENERAL
16 ASSEMBLY SHALL APPROPRIATE THREE MILLION FIVE HUNDRED THOUSAND
17 DOLLARS, from the marijuana tax cash fund created in section
18 39-28.8-501 to the primary care office to:

19 **SECTION 6.** In Colorado Revised Statutes, **amend** 25.5-5-510
20 as follows:

21 **25.5-5-510. Pharmacy reimbursement - substance use disorder**
22 **- injections.** If a pharmacy has entered into a collaborative pharmacy
23 practice agreement with one or more physicians pursuant to section
24 12-280-602 to administer AN injectable ~~antagonist~~ medication for
25 medication-assisted treatment for substance use disorders THAT IS
26 APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, the
27 pharmacy administering the drug shall receive an enhanced dispensing fee

1 that aligns with the administration fee paid to a provider in a clinical
2 setting.

3 **SECTION 7.** In Colorado Revised Statutes, **add** 27-80-124 as
4 follows:

5 **27-80-124. Child care and treatment study - report.**

6 (1) (a) THE EXECUTIVE DIRECTOR, IN CONSULTATION WITH THE
7 EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH CARE POLICY AND
8 FINANCING, SHALL COMMISSION A STATE CHILD CARE AND TREATMENT
9 STUDY AND FINAL REPORT. AT A MINIMUM, THE STUDY AND FINAL REPORT
10 MUST:

11 (I) MAKE FINDINGS AND RECOMMENDATIONS CONCERNING THE
12 NEEDS AND GAPS IN FAMILY-CENTERED SUBSTANCE USE DISORDER
13 TREATMENT IN THE STATE; AND

14 (II) IDENTIFY ALTERNATIVE PAYMENT STRUCTURES FOR FUNDING
15 CHILD CARE AND CHILDREN'S SERVICES ALONGSIDE A PARENT'S
16 TREATMENT FOR A SUBSTANCE USE DISORDER.

17 (b) THE EXECUTIVE DIRECTOR SHALL ISSUE A REQUEST FOR
18 PROPOSALS FOR THE STUDY AND FINAL REPORT TO BE CONDUCTED BY AN
19 ENTITY THAT IS INDEPENDENT OF THE DEPARTMENT.

20 (2) THE FINAL REPORT, SETTING FORTH THE STUDY'S
21 METHODOLOGIES, FINDINGS, AND RECOMMENDATIONS, MUST BE PROVIDED
22 ON OR BEFORE MARCH 31, 2021, TO:

23 (a) THE MEMBERS OF THE GENERAL ASSEMBLY;

24 (b) THE EXECUTIVE DIRECTOR, WHO SHALL TRANSMIT A COPY OF
25 THE FINAL REPORT TO THE OFFICE WITHIN THE DEPARTMENT CONCERNED
26 WITH EARLY CHILDHOOD; AND

27 (c) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH

1 CARE POLICY AND FINANCING.

2 (3) THE DEPARTMENT SHALL INCLUDE THE FINDINGS AND
3 RECOMMENDATIONS CONTAINED IN THE FINAL REPORT AS PART OF THE
4 DEPARTMENT'S PRESENTATION TO THE LEGISLATIVE COMMITTEES OF
5 REFERENCE DURING THE 2022 REGULAR LEGISLATIVE SESSION PURSUANT
6 TO SECTION 2-7-203.

7 **SECTION 8.** In Colorado Revised Statutes, 27-80-107, **amend**
8 (4) as follows:

9 **27-80-107. Designation of managed service organizations -**
10 **purchase of services - revocation of designation.** (4) The terms and
11 conditions for providing substance use disorder treatment services must
12 be specified in the contract entered into between the office of behavioral
13 health and the designated managed service organization. CONTRACTS
14 ENTERED INTO BETWEEN THE OFFICE OF BEHAVIORAL HEALTH AND THE
15 DESIGNATED MANAGED SERVICE ORGANIZATION MUST INCLUDE TERMS
16 AND CONDITIONS PROHIBITING A DESIGNATED MANAGED SERVICE
17 ORGANIZATION CONTRACTED TREATMENT PROVIDER FROM DENYING OR
18 PROHIBITING ACCESS TO MEDICATION-ASSISTED TREATMENT, AS DEFINED
19 IN SECTION 23-21-803, FOR A SUBSTANCE USE DISORDER.

20 **SECTION 9.** In Colorado Revised Statutes, 27-80-108, **amend**
21 (1)(c) as follows:

22 **27-80-108. Rules.** (1) The state board of human services, created
23 in section 26-1-107, has the power to promulgate rules governing the
24 provisions of this article 80. The rules may include, but are not limited to:

25 (c) Requirements for public and private agencies, organizations,
26 and institutions from which the office of behavioral health may purchase
27 services pursuant to section 27-80-106 (1), WHICH REQUIREMENTS MUST

1 INCLUDE PROHIBITING THE PURCHASE OF SERVICES FROM ENTITIES THAT
2 DENY OR PROHIBIT ACCESS TO MEDICAL SERVICES OR SUBSTANCE USE
3 DISORDER TREATMENT AND SERVICES TO PERSONS WHO ARE
4 PARTICIPATING IN PRESCRIBED MEDICATION-ASSISTED TREATMENT, AS
5 DEFINED IN SECTION 23-21-803, FOR A SUBSTANCE USE DISORDER;

6 **SECTION 10.** In Colorado Revised Statutes, 25-1.5-108.5,
7 **amend** (2) as follows:

8 **25-1.5-108.5. Regulation of recovery residences - definition -**
9 **rules.** (2) A recovery residence may admit individuals who are receiving
10 medication-assisted treatment, including agonist treatment, for substance
11 use disorders; EXCEPT THAT A RECOVERY RESIDENCE RECEIVING STATE
12 MONEY OR PROVIDING SERVICES THAT ARE PAID FOR THROUGH STATE
13 PROGRAMS SHALL NOT DENY ADMISSION TO PERSONS WHO ARE
14 PARTICIPATING IN PRESCRIBED MEDICATION-ASSISTED TREATMENT, AS
15 DEFINED IN SECTION 23-21-803, FOR A SUBSTANCE USE DISORDER.

16 **SECTION 11.** In Colorado Revised Statutes, **add** 13-1-139 as
17 follows:

18 **13-1-139. Court limitations on medication-assisted treatment**
19 **- prohibited.** A COURT SHALL NOT CONDITION PARTICIPATION IN A DRUG
20 OR PROBLEM-SOLVING COURT OR OTHER JUDICIAL PROGRAM, OR ENTER
21 ORDERS RELATING TO PROBATION OR PAROLE OR PLACEMENT IN
22 COMMUNITY CORRECTIONS, BASED ON THE REQUIREMENT THAT A PERSON
23 CEASE PARTICIPATING IN PRESCRIBED MEDICATION-ASSISTED TREATMENT
24 FOR SUBSTANCE USE DISORDERS, AS DEFINED IN SECTION 23-21-803,
25 UNLESS THE PERSON OR THE PRESCRIBER DETERMINES THAT
26 MEDICATION-ASSISTED TREATMENT IS NO LONGER NECESSARY OR IS NO
27 LONGER AN EFFECTIVE TREATMENT FOR THE PERSON.

1 **SECTION 12.** In Colorado Revised Statutes, 17-27-104, **add** (13)
2 as follows:

3 **17-27-104. Community corrections programs operated by**
4 **units of local government, state agencies, or nongovernmental**
5 **agencies.** (13) THE ADMINISTRATOR OF ANY COMMUNITY CORRECTIONS
6 PROGRAM ESTABLISHED PURSUANT TO THIS SECTION SHALL NOT REJECT
7 ANY OFFENDER REFERRED FOR PLACEMENT BASED ON THE OFFENDER'S
8 PARTICIPATION IN MEDICATION-ASSISTED TREATMENT, AS DEFINED IN
9 SECTION 23-21-803, OR ESTABLISH ANY RULE OR CONDITION OR GUIDELINE
10 FOR THE CONDUCT OF AN OFFENDER THAT PROHIBITS OR SIGNIFICANTLY
11 IMPAIRS AN OFFENDER'S ABILITY TO PARTICIPATE IN PRESCRIBED
12 MEDICATION-ASSISTED TREATMENT.

13 **SECTION 13.** In Colorado Revised Statutes, 25.5-5-402, **add**
14 (3)(c.5) as follows:

15 **25.5-5-402. Statewide managed care system - definition - rules.**
16 (3) The statewide managed care system must include a statewide system
17 of community behavioral health care that must:

18 (c.5) PROVIDE COORDINATION OF CARE FOR THE FULL CONTINUUM
19 OF SUBSTANCE USE DISORDER AND MENTAL HEALTH TREATMENT AND
20 RECOVERY, INCLUDING SUPPORT FOR INDIVIDUALS TRANSITIONING
21 BETWEEN LEVELS OF CARE;

22 **SECTION 14.** In Colorado Revised Statutes, 27-80-118, **amend**
23 (6)(a); and **add** (6)(c) as follows:

24 **27-80-118. Center for research into substance use disorder**
25 **prevention, treatment, and recovery support strategies - established**
26 **- legislative declaration - repeal.** (6) (a) The center may employ up to
27 three additional employees to work as grant writers in order to aid local

1 communities in need of assistance in applying for grants to access state
2 and federal money to address opioid and other substance use disorders in
3 their communities. The center shall determine the communities in which
4 to provide the grant writing assistance. IN REVIEWING AND SELECTING
5 APPLICATIONS FOR GRANT WRITING ASSISTANCE, THE CENTER SHALL
6 CONSIDER THE GOAL OF ADDRESSING THE NEEDS OF UNDERSERVED
7 POPULATIONS AND COMMUNITIES.

8 (c) FOR STATE FISCAL YEARS 2020-21 THROUGH 2024-25, THE
9 GENERAL ASSEMBLY SHALL APPROPRIATE TWO HUNDRED FIFTY THOUSAND
10 DOLLARS FROM THE MARIJUANA TAX CASH FUND CREATED IN SECTION
11 39-28.8-501 (1) TO THE DEPARTMENT FOR ALLOCATION TO THE CENTER
12 FOR THE PURPOSES OF THIS SUBSECTION (6). THE CENTER MAY USE THE
13 MONEY TO HIRE NEW EMPLOYEES AND FOR THE DIRECT AND INDIRECT
14 COSTS ASSOCIATED WITH THIS SUBSECTION (6).

15 **SECTION 15.** In Colorado Revised Statutes, 10-16-148, **add**
16 (1.5) as follows:

17 **10-16-148. Medication-assisted treatment - limitations on**
18 **carriers - rules - definition.** (1.5) THE COMMISSIONER, IN
19 CONSULTATION WITH THE DEPARTMENT OF PUBLIC HEALTH AND
20 ENVIRONMENT, MAY PROMULGATE RULES OR SEEK A REVISION TO THE
21 PRESCRIPTION DRUG BENEFITS REQUIRED UNDER THE ESSENTIAL HEALTH
22 BENEFITS PACKAGE CONCERNING PRESCRIPTION MEDICATIONS THAT MUST
23 BE INCLUDED ON A CARRIER'S FORMULARY FOR MEDICATION-ASSISTED
24 TREATMENT OF SUBSTANCE USE DISORDERS.

25 **SECTION 16.** In Colorado Revised Statutes, **add** 10-16-710 as
26 follows:

27 **10-16-710. Reporting to commissioner - medication-assisted**

1 **treatment - rules.** (1) A CARRIER SHALL REPORT TO THE COMMISSIONER:

2 (a) THE NUMBER OF IN-NETWORK PROVIDERS WHO ARE FEDERALLY
3 LICENSED TO PRESCRIBE MEDICATION-ASSISTED TREATMENT FOR
4 SUBSTANCE USE DISORDERS, INCLUDING BUPRENORPHINE; AND

5 (b) FOR THE PROVIDERS IDENTIFIED PURSUANT TO SUBSECTION
6 (1)(a) OF THIS SECTION, THE NUMBER OF PRESCRIPTIONS WRITTEN BY THE
7 PROVIDER FOR MEDICATION-ASSISTED TREATMENT DURING THE
8 REPORTING PERIOD THAT ARE PAID FOR OR DENIED BY THE CARRIER.

9 (2) THE COMMISSIONER SHALL PROMULGATE RULES CONCERNING
10 THE REPORTING REQUIREMENTS SPECIFIED IN SUBSECTION (1) OF THIS
11 SECTION, INCLUDING THE REPORTING PERIOD, THE FREQUENCY OF
12 REPORTING, AND ANY OTHER PROVISIONS NECESSARY TO COMPLY WITH
13 THE REPORTING REQUIREMENT.

14 **SECTION 17.** In Colorado Revised Statutes, 10-16-104, **amend**
15 (5.5)(a)(III)(A); and **add** (5.5)(a)(III)(C) as follows:

16 **10-16-104. Mandatory coverage provisions - rules -**
17 **definitions.** (5.5) **Behavioral, mental health, and substance use**
18 **disorders - rules.** (a) (III) (A) Except as provided in ~~subsection~~
19 ~~(5.5)(a)(III)(B)~~ SUBSECTIONS (5.5)(a)(III)(B) AND (5.5)(a)(III)(C) of this
20 section, any preauthorization or utilization review mechanism used in the
21 determination to provide the coverage required by this subsection (5.5)(a)
22 must be the same as, or no more restrictive than, that used in the
23 determination to provide coverage for a physical illness. The
24 commissioner shall adopt rules as necessary to implement and administer
25 this subsection (5.5).

26 (C) A HEALTH BENEFIT PLAN SUBJECT TO THIS SUBSECTION (5.5)
27 MUST PROVIDE COVERAGE FOR AN OPIATE ANTAGONIST, AS DEFINED IN

1 SECTION 12-30-110 (7)(d), WITHOUT PRIOR AUTHORIZATION AND WITHOUT
2 IMPOSING ANY DEDUCTIBLE, COPAYMENT, COINSURANCE, OR OTHER
3 COST-SHARING REQUIREMENT.

4 **SECTION 18.** In Colorado Revised Statutes, **add** 27-80-110.5 as
5 follows:

6 **27-80-110.5. Training and community outreach relating to**
7 **civil commitment of persons with a substance use disorder.**

8 (1) BEGINNING NO LATER THAN SEPTEMBER 1, 2020, THE OFFICE OF
9 BEHAVIORAL HEALTH SHALL IMPLEMENT A PROGRAM FOR TRAINING AND
10 COMMUNITY OUTREACH RELATING TO SUBSTANCE USE DISORDER
11 TREATMENT. AT A MINIMUM, THE TRAINING AND COMMUNITY OUTREACH
12 MUST INCLUDE THE AVAILABILITY OF AND PROCESS FOR CIVIL
13 COMMITMENT OF PERSONS WITH A SUBSTANCE USE DISORDER, AS DEFINED
14 IN SECTION 27-81-102. THE TRAINING AND COMMUNITY OUTREACH
15 PROGRAM MAY ALSO INCLUDE INFORMATION CONCERNING THE CARE
16 NAVIGATION PROGRAM CREATED IN SECTION 27-80-119, THE
17 TWENTY-FOUR-HOUR TELEPHONE CRISIS SERVICES PROVIDED PURSUANT
18 TO SECTION 27-60-103, AND OTHER RESOURCES FOR THE COMMUNITY AND
19 FOR PERSONS AND FAMILIES OF PERSONS WITH A SUBSTANCE USE
20 DISORDER.

21 (2) THE TRAINING AND OUTREACH PROGRAM MUST PROVIDE
22 TRAINING AND OUTREACH TO FIRST RESPONDERS, LAW ENFORCEMENT AND
23 CRIMINAL JUSTICE AGENCIES, EMERGENCY DEPARTMENTS, HOSPITALS,
24 TREATMENT FACILITIES, PRIMARY CARE PROVIDERS, BEHAVIORAL HEALTH
25 PROVIDERS, COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES,
26 PERSONS AND FAMILIES OF PERSONS WITH A SUBSTANCE USE DISORDER,
27 AND ORGANIZATIONS WORKING WITH PERSONS AND FAMILIES OF PERSONS

1 WITH A SUBSTANCE USE DISORDER.

2 **SECTION 19.** In Colorado Revised Statutes, **repeal and reenact,**
3 **with amendments,** 27-81-101 as follows:

4 **27-81-101. [Similar to 27-82-101] Legislative declaration.**

5 (1) THE GENERAL ASSEMBLY RECOGNIZES THE CHARACTER AND
6 PERVASIVENESS OF SUBSTANCE USE DISORDERS AND THAT SUBSTANCE USE
7 DISORDERS ARE SERIOUS PROBLEMS. THE GENERAL ASSEMBLY FURTHER
8 FINDS AND DECLARES THAT THESE PROBLEMS HAVE BEEN VERY SERIOUSLY
9 NEGLECTED AND THAT THE SOCIAL AND ECONOMIC COSTS AND THE WASTE
10 OF HUMAN RESOURCES CAUSED BY SUBSTANCE USE DISORDERS ARE
11 MASSIVE, TRAGIC, AND NO LONGER ACCEPTABLE. THE GENERAL ASSEMBLY
12 BELIEVES THAT THE BEST INTERESTS OF THIS STATE DEMAND AN
13 ACROSS-THE-BOARD, LOCALLY ORIENTED ATTACK ON THE MASSIVE
14 PROBLEMS OF DRUG ABUSE AND SUBSTANCE USE DISORDERS. THE ATTACK
15 INCLUDES PREVENTION, EDUCATION, AND TREATMENT, AND THIS ARTICLE
16 81 PROVIDES A BASE FROM WHICH TO LAUNCH THE ATTACK AND REDUCE
17 THE TRAGIC HUMAN LOSS.

18 (2) IT IS THE POLICY OF THIS STATE THAT PERSONS WITH
19 SUBSTANCE USE DISORDERS, PERSONS INTOXICATED BY ALCOHOL, AND
20 PERSONS UNDER THE INFLUENCE OF DRUGS SHOULD BE AFFORDED
21 TREATMENT SO THEY MAY LEAD NORMAL LIVES AS PRODUCTIVE MEMBERS
22 OF SOCIETY. THE GENERAL ASSEMBLY FINDS AND DECLARES THAT
23 SUBSTANCE USE DISORDERS ARE MATTERS OF STATEWIDE CONCERN.

24 **SECTION 20.** In Colorado Revised Statutes, 27-81-102, **amend**
25 **(14); amend as it exists until July 1, 2022, (1); amend as it will become**
26 **effective July 1, 2022, (1); add (9.4); add with amended and relocated**
27 **provisions (6.5), (9.2), (13.6), and (13.9); add with amended and**

1 **relocated provisions as it exists until July 1, 2022, (1.2); and add with**
2 **amended and relocated provisions as they will become effective July**
3 **1, 2022, (1.2) and (13.8) as follows:**

4 **27-81-102. Definitions.** As used in this article 81, unless the
5 context otherwise requires:

6 (1) ~~*[Editor's note: This version of subsection (1) is effective until*~~
7 ~~*July 1, 2022.]*~~ "Alcohol use disorder" means a condition by which a
8 person habitually lacks self-control as to the use of alcoholic beverages
9 or uses alcoholic beverages to the extent that his or her health is
10 substantially impaired or endangered or his or her social or economic
11 function is substantially disrupted. Nothing in this subsection (1)
12 precludes the denomination of a person with an alcohol use disorder as
13 intoxicated by alcohol or incapacitated by alcohol "ADMINISTRATOR"
14 MEANS THE ADMINISTRATOR OF AN APPROVED TREATMENT FACILITY OR
15 AN INDIVIDUAL AUTHORIZED IN WRITING TO ACT AS THE ADMINISTRATOR'S
16 DESIGNEE.

17 (1) ~~*[Editor's note: This version of subsection (1) is effective July*~~
18 ~~*1, 2022.]*~~ "Alcohol use disorder" means a chronic relapsing brain disease
19 characterized by recurrent use of alcohol causing clinically significant
20 impairment, including health problems, disability, and failure to meet
21 major responsibilities at work, school, and home "ADMINISTRATOR"
22 MEANS THE ADMINISTRATOR OF AN APPROVED TREATMENT FACILITY OR
23 AN INDIVIDUAL AUTHORIZED IN WRITING TO ACT AS THE ADMINISTRATOR'S
24 DESIGNEE.

25 (1.2) **[Formerly 27-81-102 (1) as it is effective until July 1,**
26 **2022]** "Alcohol use disorder" means a condition by which a person
27 habitually lacks self-control as to the use of alcoholic beverages or uses

1 alcoholic beverages to the extent that ~~his or her~~ THE PERSON'S health is
2 substantially impaired or endangered or ~~his or her~~ THE PERSON'S social or
3 economic function is substantially disrupted. Nothing in this subsection
4 ~~(1)~~ SUBSECTION (1.2) precludes the denomination of a person with an
5 alcohol use disorder as intoxicated by alcohol or incapacitated by alcohol.

6 (1.2) [Formerly 27-81-102 (1) as it will become effective July 1,
7 2022] "Alcohol use disorder" means a chronic relapsing brain disease
8 characterized by recurrent use of alcohol causing clinically significant
9 impairment, including health problems, disability, and failure to meet
10 major responsibilities at work, school, and home.

11 (6.5) [Formerly 27-82-102 (7)] "Drug" means a controlled
12 substance, as defined in section 18-18-102 (5), C.R.S., and toxic vapors.

13 (9.2) [Formerly 27-82-102 (10)] "Incapacitated by drugs" means
14 that a person, as a result of the use of drugs, is unconscious or has ~~his or~~
15 ~~her~~ judgment otherwise so impaired that ~~he or she~~ THE PERSON is
16 incapable of realizing and making a rational decision with respect to ~~his~~
17 ~~or her~~ THE PERSON'S need for treatment, is unable to take care of ~~his or her~~
18 basic personal needs or safety, or lacks sufficient understanding or
19 capacity to make or communicate rational decisions concerning himself
20 or herself.

21 (9.4) "INCAPACITATED BY SUBSTANCES" MEANS THAT A PERSON IS
22 INCAPACITATED BY ALCOHOL OR IS INCAPACITATED BY DRUGS.

23 (13.6) [Formerly 27-82-102 (13)] "Person under the influence of
24 drugs" means any person whose mental or physical functioning is
25 temporarily but substantially impaired as a result of the presence of drugs
26 in ~~his or her~~ THE PERSON'S body.

27 (13.8) [Formerly 27-82-102 (13.5) as it will become effective

1 **July 1, 2022]** "Substance use disorder" means a chronic relapsing brain
2 disease, characterized by recurrent use of alcohol, drugs, or both, causing
3 clinically significant impairment, including health problems, disability,
4 and failure to meet major responsibilities at work, school, or home.

5 (13.9) [**Formerly 27-82-102 (14)**] "Toxic vapors" means a
6 substance or product containing such substances as defined in section
7 18-18-412 (3). ~~C.R.S.~~

8 (14) "Treatment" means the broad range of emergency, outpatient,
9 intermediate, and inpatient services and care, including diagnostic
10 evaluation, medical, psychiatric, psychological, and social service care,
11 vocational rehabilitation, and career counseling that may be extended to
12 a person with ~~an alcohol~~ A SUBSTANCE use disorder, A PERSON
13 INCAPACITATED BY SUBSTANCES, A PERSON UNDER THE INFLUENCE OF
14 DRUGS, and A PERSON intoxicated ~~persons~~ BY ALCOHOL.

15 **SECTION 21.** In Colorado Revised Statutes, 27-81-103, **amend**
16 (1)(a), (1)(b), (1)(d), (1)(e), and (1)(h) as follows:

17 **27-81-103. Powers of the office of behavioral health.** (1) To
18 carry out the purposes of this article 81, the office of behavioral health
19 may:

20 (a) Plan, establish, and maintain ~~alcohol~~ SUBSTANCE use disorder
21 treatment programs as necessary or desirable;

22 (b) Make contracts necessary or incidental to the performance of
23 its duties and the execution of its powers, including contracts with public
24 and private agencies, organizations, and individuals to pay them for
25 services rendered or furnished to persons with ~~alcohol~~ SUBSTANCE use
26 disorders, ~~or~~ PERSONS intoxicated ~~persons~~ BY ALCOHOL, OR PERSONS
27 UNDER THE INFLUENCE OF DRUGS;

1 (d) Administer or supervise the administration of the provisions
2 relating to persons with ~~alcohol~~ SUBSTANCE use disorders, ~~and intoxicated~~
3 persons INTOXICATED BY ALCOHOL, AND PERSONS UNDER THE INFLUENCE
4 OF DRUGS of any state plan submitted for federal funding pursuant to
5 federal health, welfare, or treatment legislation;

6 (e) Coordinate its activities and cooperate with ~~alcohol~~
7 SUBSTANCE use disorder treatment programs in this state and other states
8 and make contracts and other joint or cooperative arrangements with
9 state, local, or private agencies in this state and other states for the
10 treatment of persons with ~~alcohol~~ SUBSTANCE use disorders, ~~and~~
11 ~~intoxicated~~ persons INTOXICATED BY ALCOHOL, AND PERSONS UNDER THE
12 INFLUENCE OF DRUGS and for the common advancement of ~~alcohol~~
13 SUBSTANCE use disorder treatment programs;

14 (h) Acquire, hold, or dispose of real property, or any interest
15 therein, and construct, lease, or otherwise provide ~~alcohol~~ SUBSTANCE use
16 disorder treatment facilities for persons with ~~alcohol~~ SUBSTANCE use
17 disorders, PERSONS INTOXICATED BY ALCOHOL, and ~~intoxicated~~ persons
18 UNDER THE INFLUENCE OF DRUGS.

19 **SECTION 22.** In Colorado Revised Statutes, **amend** 27-81-104
20 as follows:

21 **27-81-104. Duties of the office of behavioral health - review.**

22 (1) In addition to duties prescribed by section 27-80-102, the office of
23 behavioral health shall:

24 (a) Develop, encourage, and foster statewide, regional, and local
25 plans and programs for the prevention of ~~alcohol~~ SUBSTANCE use
26 disorders and treatment of persons with ~~alcohol~~ SUBSTANCE use disorders,
27 PERSONS INTOXICATED BY ALCOHOL, and ~~intoxicated~~ persons UNDER THE

1 INFLUENCE OF DRUGS, in cooperation with public and private agencies,
2 organizations, and individuals and provide technical assistance and
3 consultation services for these purposes;

4 (b) Coordinate the efforts and enlist the assistance of all public
5 and private agencies, organizations, and individuals interested in
6 prevention of ~~alcohol~~ SUBSTANCE use disorders and treatment of persons
7 with ~~alcohol~~ SUBSTANCE use disorders, PERSONS INTOXICATED BY
8 ALCOHOL, and ~~intoxicated~~ persons UNDER THE INFLUENCE OF DRUGS;

9 (c) ***[Editor's note: This version of subsection (1)(c) is effective***
10 ***until July 1, 2022.]*** Utilize community mental health centers and clinics,
11 OR OTHER APPROVED TREATMENT FACILITIES, whenever feasible;

12 (c) ***[Editor's note: This version of subsection (1)(c) is effective***
13 ***July 1, 2022.]*** Utilize behavioral health entities, community mental health
14 centers and clinics, OR OTHER APPROVED TREATMENT FACILITIES,
15 whenever feasible;

16 (d) Cooperate with the department of corrections in establishing
17 and conducting programs for the prevention of ~~alcohol~~ SUBSTANCE use
18 disorders and treatment of persons with ~~alcohol~~ SUBSTANCE use disorders,
19 PERSONS INTOXICATED BY ALCOHOL, and ~~intoxicated~~ persons UNDER THE
20 INFLUENCE OF DRUGS in appropriate agencies and institutions and for
21 persons with ~~alcohol~~ SUBSTANCE use disorders, PERSONS INTOXICATED BY
22 ALCOHOL, and ~~intoxicated~~ persons UNDER THE INFLUENCE OF DRUGS in or
23 on parole from correctional institutions and in carrying out duties
24 specified in subsections (1)(i) and (1)(k) of this section;

25 (e) Cooperate with the department of education, schools, police
26 departments, courts, and other public and private agencies, organizations,
27 and individuals in establishing programs for the prevention of ~~alcohol~~

1 SUBSTANCE use disorders and treatment of persons with ~~alcohol~~
2 SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and
3 ~~intoxicated~~ persons UNDER THE INFLUENCE OF DRUGS and preparing
4 curriculum materials for use at all levels of school education;

5 (f) Prepare, publish, evaluate, and disseminate educational
6 material dealing with the nature and effects of alcohol AND DRUGS;

7 (g) Develop and implement, as an integral part of ~~alcohol~~
8 SUBSTANCE use disorder treatment programs, an educational program for
9 use in the treatment of persons with ~~alcohol~~ SUBSTANCE use disorders,
10 PERSONS INTOXICATED BY ALCOHOL, and ~~intoxicated~~ persons UNDER THE
11 INFLUENCE OF DRUGS. The program must include the dissemination of
12 information concerning the nature and effects of alcohol AND DRUGS;

13 (h) Organize and foster training programs for all persons engaged
14 in treatment of persons with ~~alcohol~~ SUBSTANCE use disorders, PERSONS
15 INTOXICATED BY ALCOHOL, and ~~intoxicated~~ persons UNDER THE
16 INFLUENCE OF DRUGS;

17 (i) Sponsor and encourage research into the causes and nature of
18 ~~alcohol~~ SUBSTANCE use disorders and treatment of persons with ~~alcohol~~
19 SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and
20 ~~intoxicated~~ persons UNDER THE INFLUENCE OF DRUGS, and serve as a
21 clearinghouse for information relating to ~~alcohol~~ SUBSTANCE use
22 disorders;

23 (j) Specify uniform methods for keeping statistical information by
24 public and private agencies, organizations, and individuals and collect
25 and make available relevant statistical information, including number of
26 persons treated, frequency of admission and readmission, and frequency
27 and duration of treatment;

1 (k) Advise the governor in the preparation of a comprehensive
2 plan for treatment of persons with ~~alcohol~~ SUBSTANCE use disorders,
3 PERSONS INTOXICATED BY ALCOHOL, and ~~intoxicated~~ persons UNDER THE
4 INFLUENCE OF DRUGS for inclusion in the state's comprehensive health
5 plan;

6 (l) Review all state health, welfare, and treatment plans to be
7 submitted for federal funding under federal legislation and advise the
8 governor on provisions to be included relating to ~~alcohol~~ SUBSTANCE use
9 disorders, persons with ~~alcohol~~ SUBSTANCE use disorders, and ~~intoxicated~~
10 persons UNDER THE INFLUENCE OF DRUGS;

11 (m) Assist in the development of, and cooperate with, ~~alcohol~~
12 SUBSTANCE USE education and treatment programs for employees of state
13 and local governments and businesses and industries in this state;

14 (n) Utilize the support and assistance of interested persons in the
15 community, particularly persons with ~~alcohol~~ SUBSTANCE use disorders
16 that are in remission, to encourage persons with ~~alcohol~~ SUBSTANCE use
17 disorders to voluntarily undergo treatment;

18 (o) Cooperate with the department of transportation in
19 establishing and conducting programs designed to deal with the problem
20 of persons operating motor vehicles while under the influence of, or
21 impaired by, alcohol OR DRUGS;

22 (p) Encourage general hospitals and other appropriate health
23 facilities to admit without discrimination persons with ~~alcohol~~
24 SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and
25 ~~intoxicated~~ persons UNDER THE INFLUENCE OF DRUGS and to provide them
26 with adequate and appropriate treatment;

27 (q) Encourage all health and disability insurance programs to

1 include ~~alcohol~~ SUBSTANCE use disorders as a covered illness; and
2 (r) Submit to the governor an annual report covering the activities
3 of the office of behavioral health.

4 **SECTION 23.** In Colorado Revised Statutes, 27-81-105, **amend**
5 (1) and (3) as follows:

6 **27-81-105. Comprehensive program for treatment - regional**
7 **facilities.** (1) The office of behavioral health shall establish a
8 comprehensive and coordinated program for the treatment of persons with
9 ~~alcohol~~ SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL,
10 and ~~intoxicated~~ persons UNDER THE INFLUENCE OF DRUGS.

11 (3) The office of behavioral health shall provide adequate and
12 appropriate treatment for persons with ~~alcohol~~ SUBSTANCE use disorders,
13 PERSONS INTOXICATED BY ALCOHOL, and ~~intoxicated~~ persons UNDER THE
14 INFLUENCE OF DRUGS admitted pursuant to sections 27-81-109 to
15 27-81-112. Except as otherwise provided in section 27-81-111, treatment
16 ~~may~~ MUST not be provided at a correctional institution, except for
17 inmates.

18 **SECTION 24.** In Colorado Revised Statutes, 27-81-106, **repeal**
19 **and reenact, with amendments,** (6) as follows:

20 **27-81-106. Standards for public and private treatment**
21 **facilities - fees - enforcement procedures - penalties. (6) [Similar to**
22 **27-82-103 (6)]** A PERSON SHALL NOT OPERATE A PRIVATE OR PUBLIC
23 TREATMENT FACILITY IN THIS STATE WITHOUT APPROVAL FROM THE
24 OFFICE OF BEHAVIORAL HEALTH; EXCEPT THAT THIS ARTICLE 81 DOES NOT
25 APPLY TO A PRIVATE TREATMENT FACILITY THAT ACCEPTS ONLY PRIVATE
26 MONEY AND DOES NOT DISPENSE CONTROLLED SUBSTANCES. THE DISTRICT
27 COURT MAY RESTRAIN ANY VIOLATION OF, REVIEW ANY DENIAL,

1 RESTRICTION, OR REVOCATION OF APPROVAL UNDER, AND GRANT OTHER
2 RELIEF REQUIRED TO ENFORCE THE PROVISIONS OF THIS SECTION.

3 **SECTION 25.** In Colorado Revised Statutes, 27-81-108, **amend**
4 (1) introductory portion, (1)(b), and (1)(c) as follows:

5 **27-81-108. Acceptance for treatment - rules.** (1) The director
6 shall adopt and may amend and repeal rules for acceptance of persons
7 into the SUBSTANCE USE DISORDER treatment program, considering
8 available treatment resources and facilities, for the purpose of early and
9 effective treatment of persons with ~~alcohol~~ SUBSTANCE use disorders,
10 PERSONS INTOXICATED BY ALCOHOL, and ~~intoxicated~~ persons UNDER THE
11 INFLUENCE OF DRUGS. In establishing the rules, THE FOLLOWING
12 STANDARDS GUIDE the director: ~~shall be guided by the following~~
13 ~~standards:~~

14 (b) ~~A patient shall be initially assigned or transferred to outpatient~~
15 ~~or intermediate treatment, unless he or she is found to require inpatient~~
16 ~~treatment~~ QUALIFIED STAFF SHALL ASSESS THE PROPER LEVEL OF CARE FOR
17 THE PERSON PURSUANT TO RULES ADOPTED BY THE DIRECTOR AND MAKE
18 A REFERRAL FOR PLACEMENT.

19 (c) A person ~~shall~~ MUST not be denied treatment solely because ~~he~~
20 ~~or she~~ THE PERSON has withdrawn from treatment against medical advice
21 on a prior occasion or because ~~he or she~~ THE PERSON has relapsed after
22 earlier treatment.

23 **SECTION 26.** In Colorado Revised Statutes, **repeal and reenact,**
24 **with amendments,** 27-81-109 as follows:

25 **27-81-109. [Similar to 27-82-105] Voluntary treatment of**
26 **persons with substance use disorders.** (1) A PERSON WITH A
27 SUBSTANCE USE DISORDER, INCLUDING A MINOR, MAY APPLY FOR

1 VOLUNTARY TREATMENT DIRECTLY TO AN APPROVED TREATMENT
2 FACILITY.

3 (2) SUBJECT TO RULES ADOPTED BY THE DIRECTOR, THE
4 ADMINISTRATOR IN CHARGE OF AN APPROVED TREATMENT FACILITY SHALL
5 DETERMINE WHO IS ADMITTED FOR TREATMENT. IF A PERSON IS REFUSED
6 ADMISSION TO AN APPROVED TREATMENT FACILITY, THE ADMINISTRATOR
7 MAY REFER THE PERSON TO ANOTHER APPROVED AND APPROPRIATE
8 TREATMENT FACILITY FOR TREATMENT IF IT IS DEEMED LIKELY TO BE
9 BENEFICIAL. A PERSON MUST NOT BE REFERRED FOR FURTHER TREATMENT
10 IF IT IS DETERMINED THAT FURTHER TREATMENT IS NOT LIKELY TO BRING
11 ABOUT SIGNIFICANT IMPROVEMENT IN THE PERSON'S CONDITION, OR
12 TREATMENT IS NO LONGER APPROPRIATE, OR FURTHER TREATMENT IS
13 UNLIKELY TO BE BENEFICIAL.

14 (3) IF A PATIENT RECEIVING RESIDENTIAL CARE LEAVES AN
15 APPROVED TREATMENT FACILITY, THE PERSON IS ENCOURAGED TO
16 CONSENT TO OUTPATIENT TREATMENT OR SUPPORTIVE SERVICES IF
17 APPROPRIATE.

18 **SECTION 27.** In Colorado Revised Statutes, **repeal and reenact,**
19 **with amendments,** 27-81-110 as follows:

20 **27-81-110. [Similar to 27-82-106] Voluntary treatment for**
21 **persons intoxicated by alcohol, under the influence of drugs, or**
22 **incapacitated by substances.** (1) A PERSON INTOXICATED BY ALCOHOL,
23 UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY SUBSTANCES,
24 INCLUDING A MINOR IF PROVIDED BY RULES OF THE OFFICE OF BEHAVIORAL
25 HEALTH, MAY VOLUNTARILY ADMIT HIMSELF OR HERSELF TO AN APPROVED
26 TREATMENT FACILITY FOR AN EMERGENCY EVALUATION TO DETERMINE
27 NEED FOR TREATMENT.

1 (2) THE ADMINISTRATOR SHALL IMMEDIATELY EVALUATE OR
2 EXAMINE A PERSON WHO VOLUNTARILY ENTERS AN APPROVED TREATMENT
3 FACILITY. IF THE PERSON IS FOUND TO BE IN NEED OF TREATMENT, THE
4 ADMINISTRATOR SHALL ADMIT THE PERSON OR REFER THE PERSON TO
5 ANOTHER APPROPRIATE FACILITY. IF A PERSON IS FOUND NOT TO BE IN
6 NEED OF TREATMENT, THE ADMINISTRATOR SHALL RELEASE THE PERSON
7 AND MAY REFER THE PERSON TO ANOTHER APPROPRIATE FACILITY.

8 (3) EXCEPT AS PROVIDED IN SUBSECTION (7) OF THIS SECTION, A
9 TREATMENT FACILITY SHALL IMMEDIATELY RELEASE A VOLUNTARILY
10 ADMITTED PERSON UPON THE PERSON'S REQUEST.

11 (4) A PERSON WHO IS NOT ADMITTED TO AN APPROVED TREATMENT
12 FACILITY OR REFERRED TO ANOTHER HEALTH FACILITY, AND WHO HAS NO
13 MONEY, MAY BE TAKEN TO THE PERSON'S HOME, IF ANY. IF THE PERSON
14 HAS NO HOME, THE APPROVED TREATMENT FACILITY MAY ASSIST THE
15 PERSON IN OBTAINING SHELTER.

16 (5) IF A PERSON IS ADMITTED TO AN APPROVED TREATMENT
17 FACILITY, THE PERSON'S FAMILY OR NEXT OF KIN MUST BE NOTIFIED AS
18 PROMPTLY AS POSSIBLE IN ACCORDANCE WITH FEDERAL CONFIDENTIALITY
19 REGULATIONS FOR SUBSTANCE USE DISORDER PATIENT RECORDS, WHICH
20 REGULATIONS ARE FOUND AT 42 CFR PART 2, AS AMENDED. IF AN ADULT
21 PERSON REQUESTS THAT THERE BE NO NOTIFICATION, THE ADULT PERSON'S
22 REQUEST MUST BE RESPECTED.

23 (6) IF THE ADMINISTRATOR DETERMINES THAT IT IS FOR THE
24 PERSON'S BENEFIT, THE PERSON MUST BE ENCOURAGED TO AGREE TO
25 FURTHER DIAGNOSIS AND APPROPRIATE VOLUNTARY TREATMENT.

26 (7) NOTHING IN THIS SECTION PRECLUDES THE ADMINISTRATOR
27 FROM SEEKING EMERGENCY COMMITMENT OF A PERSON AS PROVIDED IN

1 SECTION 27-81-111 OR INVOLUNTARY COMMITMENT OF A PERSON AS
2 PROVIDED IN SECTION 27-81-112, REGARDLESS OF WHETHER THE PERSON
3 HAS BEEN VOLUNTARILY ADMITTED UNDER THIS SECTION. IN SUCH CASE,
4 THE ADMINISTRATOR'S FURTHER CONDUCT IS GOVERNED BY SECTION
5 27-81-111 OR 27-81-112, AS APPLICABLE.

6 **SECTION 28.** In Colorado Revised Statutes, **amend** 27-81-111
7 as follows:

8 **27-81-111. Emergency commitment.** (1) (a) When a person is
9 ~~intoxicated~~ UNDER THE INFLUENCE OF or incapacitated by ~~alcohol~~
10 SUBSTANCES and clearly dangerous to the health and safety of himself,
11 herself, or others, ~~he or she shall be taken into protective custody by law~~
12 enforcement authorities or an emergency service patrol, acting with
13 probable cause, ~~and placed~~ SHALL TAKE THE PERSON INTO PROTECTIVE
14 CUSTODY in an approved treatment facility. If no such facilities are
15 available, ~~he or she~~ THE PERSON may be detained in an emergency
16 medical facility or jail, but only for so long as may be necessary to
17 prevent injury to himself, herself, or others or to prevent a breach of the
18 peace. If the person being detained is a juvenile, as defined in section
19 19-1-103 (68), ~~C.R.S.~~, the juvenile shall be placed in a setting that is
20 nonsecure and physically segregated by sight and sound from the adult
21 offenders. A law enforcement officer or emergency service patrol officer,
22 in detaining the person, is taking ~~him or her~~ THE PERSON into protective
23 custody. In so doing, the detaining officer may protect himself or herself
24 by reasonable methods but shall make every reasonable effort to protect
25 the detainee's health and safety. A taking into protective custody under
26 this section is not an arrest, and no entry or other record shall be made to
27 indicate that the person has been arrested or charged with a crime. Law

1 enforcement or emergency service personnel who act in compliance with
2 this section are acting in the course of their official duties and are not
3 criminally or civilly liable therefor. Nothing in this subsection (1) ~~shall~~
4 ~~preclude an intoxicated or incapacitated~~ PRECLUDES A person
5 INTOXICATED BY ALCOHOL, UNDER THE INFLUENCE OF DRUGS, OR
6 INCAPACITATED BY SUBSTANCES who is not dangerous to the health and
7 safety of himself, herself, or others from being assisted to ~~his or her~~ THE
8 PERSON'S home or like location by the law enforcement officer or
9 emergency service patrol officer.

10 (b) A sheriff or police chief who violates the provisions of
11 ~~paragraph (a) of this subsection (1)~~ SUBSECTION (1)(a) OF THIS SECTION
12 related to detaining juveniles may be subject to a civil fine of no more
13 than one thousand dollars. The decision to fine shall be based on prior
14 violations of the provisions of ~~paragraph (a) of this subsection (1)~~
15 SUBSECTION (1)(a) OF THIS SECTION by the sheriff or police chief and the
16 willingness of the sheriff or police chief to address the violations in order
17 to comply with ~~paragraph (a) of this subsection (1)~~ SUBSECTION (1)(a) OF
18 THIS SECTION.

19 (2) A law enforcement officer, emergency service ~~patrolman~~
20 PATROL OFFICER, physician, spouse, guardian, or relative of the person to
21 be committed or any other responsible person may make a written
22 application for emergency commitment under this section, directed to the
23 administrator of the approved treatment facility. The application ~~shall~~
24 MUST state the circumstances requiring emergency commitment,
25 including the applicant's personal observations and the specific statements
26 of others, if any, upon which ~~he or she~~ THE APPLICANT relies in making
27 the application. A copy of the application ~~shall~~ MUST be furnished to the

1 person to be committed.

2 (3) If the ~~approved treatment facility administrator or his or her~~
3 ~~authorized designee~~ approves the application, the ~~person~~ ADMINISTRATOR
4 shall ~~be committed, evaluated, and treated~~ COMMIT, EVALUATE, AND
5 TREAT THE PERSON for a period not to exceed five days. ~~The person shall~~
6 ~~be brought to the facility by~~ A peace officer, the emergency service
7 patrol, or any interested person SHALL BRING THE PERSON TO THE
8 FACILITY. If necessary, the court may be contacted to issue an order to the
9 police, the peace officer's department, or the sheriff's department to
10 transport the person to the facility.

11 (4) If the ~~approved treatment facility administrator or his or her~~
12 ~~authorized designee~~ determines that the application fails to sustain the
13 grounds for emergency commitment as set forth in subsection (1) of this
14 section, the ~~commitment shall be refused and the person detained~~
15 ~~immediately released, and the person shall be encouraged~~
16 ADMINISTRATOR SHALL REFUSE THE COMMITMENT, IMMEDIATELY RELEASE
17 THE DETAINED PERSON, AND ENCOURAGE THE PERSON to seek voluntary
18 treatment if appropriate.

19 (5) When the administrator determines that the grounds for
20 commitment no longer exist, ~~he or she~~ THE ADMINISTRATOR shall
21 discharge the person committed under this section. A person committed
22 under this section ~~may~~ MUST not be detained in any treatment facility for
23 more than five days; except that a person may be detained for longer than
24 five days at the approved treatment facility if, in that period of time, a
25 petition for involuntary commitment has been filed pursuant to section
26 27-81-112. A person ~~may~~ MUST not be detained longer than ten days,
27 EXCLUDING WEEKENDS AND HOLIDAYS, after the date of filing of the

1 petition for involuntary commitment UNLESS A VALID MEDICAL REASON
2 EXISTS FOR DETAINING A PERSON LONGER.

3 (6) Whenever a person is involuntarily detained pursuant to this
4 section, ~~he or she~~ THE ADMINISTRATOR shall, ~~immediately be advised by~~
5 ~~the facility administrator or his or her authorized designee~~ WITHIN
6 TWENTY-FOUR HOURS AFTER DETAINMENT, ADVISE THE PERSON WHO IS
7 INVOLUNTARILY DETAINED, both orally and in writing, of ~~his or her~~ THE
8 PERSON'S right to challenge ~~such~~ THE detention by application to the
9 courts for a writ of habeas corpus, to be represented by counsel at every
10 stage of any proceedings relating to ~~his or her~~ commitment and
11 recommitment, and to have counsel appointed by the court or provided by
12 the court if ~~he or she~~ THE PERSON wants the assistance of counsel and is
13 unable to obtain counsel.

14 **SECTION 29.** In Colorado Revised Statutes, **amend** 27-81-112
15 as follows:

16 **27-81-112. Involuntary commitment of a person with a**
17 **substance use disorder.** (1) The court may commit a person to the
18 custody of the office of behavioral health upon the petition of the person's
19 spouse or guardian, a relative, a physician, an advanced practice nurse,
20 the administrator in charge of an approved treatment facility, or any other
21 responsible person. The petition must allege that the person ~~is a person~~
22 ~~with an alcohol~~ HAS A SUBSTANCE use disorder and that the person has
23 threatened or attempted to inflict or inflicted physical harm on himself or
24 herself or on another and that unless committed the person is likely to
25 inflict physical harm on himself or herself or on another or that the person
26 is incapacitated by ~~alcohol~~ SUBSTANCES. A refusal to undergo treatment
27 does not constitute evidence of lack of judgment as to the need for

1 treatment. The petition must be accompanied by a certificate of a licensed
2 physician who has examined the person within ~~two~~ TEN days before
3 submission of the petition, unless the person whose commitment is sought
4 has refused to submit to a medical examination, in which case the fact of
5 refusal must be alleged in the petition, OR AN EXAMINATION CANNOT BE
6 MADE OF THE PERSON DUE TO THE PERSON'S CONDITION. The certificate
7 must set forth the physician's findings in support of the petition's
8 allegations.

9 (2) A COURT SHALL NOT ACCEPT a petition submitted pursuant to
10 subsection (1) of this section ~~shall not be accepted~~ unless there is
11 documentation of the refusal by the person to be committed to accessible
12 and affordable voluntary treatment. The documentation may include, but
13 ~~shall not be~~ IS NOT limited to, notations in the person's medical or law
14 enforcement records or statements by a physician, advanced practice
15 nurse, or witness.

16 (3) (a) Upon filing the petition, THE PERSON WHOSE COMMITMENT
17 IS SOUGHT MUST BE NOTIFIED OF THE PERSON'S RIGHT TO:

18 (I) ENTER INTO A STIPULATED ORDER OF THE COURT FOR
19 COMMITTED TREATMENT IN ORDER TO EXPEDITE PLACEMENT IN AN
20 APPROVED TREATMENT FACILITY BY THE OFFICE OF BEHAVIORAL HEALTH;
21 OR

22 (II) TO CONTEST THE COMMITMENT PROCEEDING.

23 (b) IF A STIPULATED ORDER IS ENTERED, THE OFFICE OF
24 BEHAVIORAL HEALTH SHALL PLACE THE PERSON IN AN APPROVED
25 TREATMENT PROGRAM THAT REFLECTS THE LEVEL OF NEED OF THE
26 PERSON.

27 (c) IF THE PERSON WHOSE COMMITMENT IS SOUGHT EXERCISES THE

1 RIGHT TO CONTEST THE PETITION, the court shall fix a date for a hearing
2 no later than ten days, EXCLUDING WEEKENDS AND HOLIDAYS, after the
3 date the petition was filed. A copy of the petition and the notice of the
4 hearing, including the date fixed by the court, must be personally served
5 on the petitioner, the person whose commitment is sought, and one of ~~his~~
6 ~~or her~~ THE PERSON'S parents or ~~his or her~~ THE PERSON'S legal guardian if
7 ~~he or she~~ THE PERSON is a minor. A copy of the petition and notice of
8 hearing must be ~~mailed~~ PROVIDED to the office of behavioral health, to
9 counsel for the person whose commitment is sought, to the administrator
10 in charge of the approved treatment facility to which the person may have
11 been committed for emergency treatment, and to any other person the
12 court believes advisable.

13 (4) At the hearing, the court shall hear all relevant testimony,
14 including, if possible, the testimony of at least one licensed physician who
15 has examined the person whose commitment is sought. The person ~~shall~~
16 MUST be present unless the court believes that the person's presence is
17 likely to be injurious to the person; in this event, the court shall appoint
18 a guardian ad litem to represent the person throughout the proceeding. If
19 the person has refused to be examined by a licensed physician, ~~he or she~~
20 ~~shall~~ THE PERSON MUST be given an opportunity to be examined by a
21 court-appointed licensed physician. If the person refuses and there is
22 sufficient evidence to believe that the allegations of the petition are true
23 or if the court believes that more medical evidence is necessary, the court
24 may commit the person to a licensed hospital for a period of not more
25 than five days for a diagnostic examination. In such event, the court shall
26 schedule a further hearing for final determination of commitment, in no
27 event later than five days after the first hearing.

1 (5) If after hearing all relevant evidence, including the results of
2 any diagnostic examination by the licensed hospital, the court finds that
3 grounds for involuntary commitment have been established by clear and
4 convincing proof, ~~it~~ THE COURT shall make an order of commitment to the
5 office of behavioral health. The office of behavioral health has the right
6 to delegate physical custody of the person to an appropriate approved
7 treatment facility. The court may not order commitment of a person
8 unless it determines that the office of behavioral health is able to provide
9 adequate and appropriate treatment for the person, and the treatment is
10 likely to be beneficial.

11 (6) Upon the court's commitment of a person to the office of
12 behavioral health, the court may issue an order to the sheriff to transport
13 the person to the facility designated by the office of behavioral health.

14 (7) A person committed as provided for in this section remains in
15 the custody of the office of behavioral health for treatment for a period of
16 ~~thirty~~ UP TO NINETY days. ~~unless discharged sooner.~~ At the end of the
17 ~~thirty-day~~ NINETY-DAY period, ~~he or she shall be discharged automatically~~
18 THE TREATMENT FACILITY SHALL AUTOMATICALLY DISCHARGE THE
19 PERSON unless the office of behavioral health, before expiration of the
20 ~~thirty-day~~ NINETY-DAY period, obtains a court order for ~~his or her~~ THE
21 PERSON'S recommitment on the grounds set forth in subsection (1) of this
22 section for a further period of ninety days unless discharged sooner. If a
23 person has been committed because ~~he or she~~ THE PERSON is a person
24 with ~~an alcohol~~ A SUBSTANCE use disorder who is likely to inflict physical
25 harm on another, the office of behavioral health shall apply for
26 recommitment if, after examination, it is determined that the likelihood
27 to inflict physical harm on another still exists.

1 (8) A person who is recommitted as provided for in subsection (7)
2 of this section and who has not been discharged by the office of
3 behavioral health before the end of the ninety-day period is discharged at
4 the expiration of that ninety-day period unless the office of behavioral
5 health, before expiration of the ninety-day period, obtains a court order
6 on the grounds set forth in subsection (1) of this section for
7 recommitment for a further period, not to exceed ninety days. If a person
8 has been committed because ~~he or she~~ THE PERSON is a person with ~~an~~
9 ~~alcohol~~ A SUBSTANCE use disorder who is likely to inflict physical harm
10 on another, the office of behavioral health shall apply for recommitment
11 if, after examination, it is determined that the likelihood to inflict physical
12 harm on another still exists. Only two recommitment orders pursuant to
13 subsection (7) of this section and this subsection (8) are permitted.

14 (9) Upon the filing of a petition for recommitment under
15 subsections (7) and (8) of this section, the court shall fix a date for
16 hearing ~~no~~ NOT later than ten days, EXCLUDING WEEKENDS AND
17 HOLIDAYS, after the date the petition was filed UNLESS A VALID MEDICAL
18 REASON EXISTS FOR DELAYING THE HEARING. A copy of the petition and
19 of the notice of hearing shall be served and ~~mailed~~ PROVIDED as required
20 in subsection (3) of this section. At the hearing, the court shall proceed as
21 provided in subsection (4) of this section.

22 (10) The office of behavioral health shall provide adequate and
23 appropriate treatment of a person committed to its custody. The office of
24 behavioral health may transfer any person committed to its custody from
25 one approved treatment facility to another, if transfer is advisable.

26 (11) The office of behavioral health shall discharge a person
27 committed to its custody for treatment at any time before the end of the

1 period for which ~~he or she~~ THE PERSON has been committed if either of
2 the following conditions is met:

3 (a) In the case of a person with ~~an alcohol~~ A SUBSTANCE use
4 disorder committed on the grounds that ~~he or she~~ THE PERSON is likely to
5 inflict physical harm upon another, that ~~he or she~~ THE PERSON no longer
6 has ~~an alcohol~~ A SUBSTANCE use disorder that requires treatment or the
7 likelihood to inflict physical harm upon another no longer exists; or

8 (b) In the case of a person with ~~an alcohol~~ A SUBSTANCE use
9 disorder committed on the grounds of the need of treatment and
10 incapacity, that the incapacity no longer exists, OR IN THE CASE OF A
11 PERSON WITH A SUBSTANCE USE DISORDER COMMITTED ON ANY GROUNDS
12 PURSUANT TO THIS SECTION, THAT further treatment ~~will~~ IS not likely TO
13 bring about significant improvement in the person's condition, or
14 treatment is no longer appropriate, OR THAT FURTHER TREATMENT IS
15 UNLIKELY TO BE BENEFICIAL.

16 (12) The court shall inform the person whose commitment or
17 recommitment is sought of ~~his or her~~ THE PERSON'S right to contest the
18 application, to be represented by counsel at every stage of any
19 proceedings relating to the person's commitment and recommitment, and
20 to have counsel appointed by the court or provided by the court if ~~he or~~
21 ~~she~~ THE PERSON wants the assistance of counsel and is unable to obtain
22 counsel. If the court believes that the person needs the assistance of
23 counsel, the court shall require, by appointment if necessary, counsel for
24 the person regardless of ~~his or her~~ THE PERSON'S wishes. The person
25 whose commitment or recommitment is sought shall be informed of ~~his~~
26 ~~or her~~ THE PERSON'S right to be examined by a licensed physician of the
27 person's choice. If the person is unable to obtain a licensed physician and

1 requests examination by a physician, the court shall employ a licensed
2 physician.

3 (13) If a private treatment facility agrees with the request of a
4 competent patient or ~~his or her~~ THE PATIENT'S parent, sibling, adult child,
5 or guardian to accept the patient for treatment, the administrator of the
6 public treatment facility shall transfer ~~him or her~~ THE PATIENT to the
7 private treatment facility.

8 (14) A person committed under this ~~article~~ ARTICLE 81 may at any
9 time seek to be discharged from commitment by an order in the nature of
10 habeas corpus.

11 (15) The venue for proceedings under this section is the county in
12 which the person to be committed resides or is present.

13 (16) All proceedings conducted pursuant to this ~~article shall be~~
14 ARTICLE 81 ARE conducted by the district attorney of the county where the
15 proceeding is held or by an attorney acting for the district attorney
16 appointed by the court for that purpose; except that, in any county or in
17 any city and county having a population exceeding one hundred thousand
18 persons, the proceedings shall be conducted by the county attorney or by
19 an attorney acting for the county attorney appointed by the court.

20 **SECTION 30.** In Colorado Revised Statutes, **amend** 27-81-113
21 as follows:

22 **27-81-113. Records of persons with substance use disorders,**
23 **persons intoxicated by alcohol, and persons under the influence of**
24 **substances.** (1) The registration and other records of treatment facilities
25 ~~shall remain~~ ARE confidential AND FULLY PROTECTED AS OUTLINED IN
26 FEDERAL CONFIDENTIALITY REGULATIONS FOR SUBSTANCE USE DISORDER
27 RECORDS FOUND AT 42 CFR PART 2, AS AMENDED, and are privileged to

1 the patient.

2 (2) Notwithstanding subsection (1) of this section, the director
3 may make available information from patients' records for purposes of
4 research into the causes and treatment of ~~alcohol~~ SUBSTANCE use
5 disorders. Information ~~under~~ MADE AVAILABLE PURSUANT TO this
6 subsection (2) must not be published in a way that discloses patients'
7 names or other identifying information.

8 (3) Nothing in this section ~~shall be construed to prohibit or limit~~
9 PROHIBITS OR LIMITS the sharing of information by a state institution of
10 higher education police department to authorized university
11 administrators pursuant to section 23-5-141. ~~C.R.S.~~

12 **SECTION 31.** In Colorado Revised Statutes, **repeal and reenact,**
13 **with amendments,** 27-81-114 as follows:

14 **27-81-114. Rights of persons receiving evaluation, care, or**
15 **treatment.** (1) A FACILITY SHALL IMMEDIATELY ADVISE EACH PERSON
16 RECEIVING EVALUATION, CARE, OR TREATMENT UNDER ANY PROVISION OF
17 THIS ARTICLE 81, ORALLY AND IN WRITING, THAT THE PERSON HAS AND IS
18 AFFORDED THE FOLLOWING RIGHTS:

19 (a) TO BE EVALUATED TO DETERMINE THE PERSON'S BEHAVIORAL
20 HEALTH TREATMENT NEEDS RELATING TO THE USE OF SUBSTANCES,
21 INCLUDING ALCOHOL OR DRUGS;

22 (b) IF UNDER AN EMERGENCY COMMITMENT PURSUANT TO SECTION
23 27-81-111, TO REFUSE TO BE EXAMINED BY A LICENSED PHYSICIAN FOR
24 CERTIFICATION. A PERSON'S REFUSAL TO BE EXAMINED FOR CERTIFICATION
25 MAY BE ALLEGED IN A PETITION FOR INVOLUNTARY COMMITMENT. A
26 PERSON MAY REQUEST TO BE EXAMINED BY THE PERSON'S PHYSICIAN, OR
27 A COURT MAY ORDER A PERSON TO BE EVALUATED BY A LICENSED

1 PHYSICIAN FOR CERTIFICATION.

2 (c) TO RECEIVE TIMELY MEDICAL AND BEHAVIORAL HEALTH CARE
3 AND TREATMENT, AS SPECIFIED IN LAW, THAT IS DETERMINED BASED ON
4 THE PERSON'S NEEDS AND THAT IS DELIVERED IN THE LEAST RESTRICTIVE
5 TREATMENT SETTING POSSIBLE, AS SET FORTH IN DEPARTMENT RULES;

6 (d) TO BE TREATED FAIRLY AND TO RECEIVE THE SAME
7 CONSIDERATION AND ACCESS TO APPROPRIATE SERVICES AS OTHERS,
8 REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, AGE, GENDER IDENTITY,
9 SEXUAL ORIENTATION, POLITICAL AFFILIATION, RELIGIOUS BELIEFS,
10 FINANCIAL STATUS, OR DISABILITY;

11 (e) TO CONTEST A COMMITMENT PROCEEDING OR TO ENTER INTO
12 A STIPULATED ORDER OF THE COURT FOR COMMITTED TREATMENT;

13 (f) TO RETAIN AND CONSULT WITH AN ATTORNEY AT ANY TIME
14 AND TO HAVE AN ATTORNEY APPOINTED BY OR PROVIDED BY THE COURT
15 IN A TIMELY MANNER IN ANY PROCEEDINGS RELATING TO COMMITMENT OR
16 RECOMMITMENT, IF THE PERSON WANTS THE ASSISTANCE OF AN ATTORNEY
17 AND IS UNABLE TO OBTAIN AN ATTORNEY;

18 (g) TO AT ANY TIME SEEK TO BE DISCHARGED FROM COMMITMENT
19 BY AN ORDER IN THE NATURE OF HABEAS CORPUS;

20 (h) ONCE NO LONGER UNDER THE INFLUENCE OF DRUGS OR
21 INTOXICATED BY ALCOHOL, TO SIGN IN AND SEEK VOLUNTARY SUBSTANCE
22 USE DISORDER TREATMENT, UNLESS THE ADMINISTRATOR DETERMINES IN
23 WRITING THAT REASONABLE GROUNDS EXIST TO BELIEVE THAT THE
24 PERSON WILL NOT REMAIN IN VOLUNTARY TREATMENT OR THAT THE
25 PERSON IS CLEARLY DANGEROUS TO THE HEALTH AND SAFETY OF HIMSELF
26 OR HERSELF OR OTHERS;

27 (i) IF IN COMMITTED TREATMENT, TO RECEIVE

1 TWENTY-FOUR-HOUR NOTICE PRIOR TO BEING TRANSFERRED TO ANOTHER
2 FACILITY;

3 (j) TO HAVE REASONABLE OPPORTUNITIES FOR CONTINUING
4 VISITATION AND COMMUNICATION WITH THE PERSON'S FAMILY AND
5 FRIENDS, CONSISTENT WITH AN EFFECTIVE TREATMENT PROGRAM AND AS
6 DETERMINED IN DEPARTMENT RULES. EACH PERSON MAY MEET WITH THE
7 PERSON'S ATTORNEY, CLERGYPERSON, OR HEALTH CARE PROVIDER AT ANY
8 TIME.

9 (k) TO HAVE REASONABLE ACCESS TO MAIL AND WRITING
10 MATERIALS, INCLUDING POSTAGE, AS WELL AS THE ASSISTANCE OF
11 FACILITY STAFF IF THE PERSON IS UNABLE TO WRITE, PREPARE, OR MAIL
12 CORRESPONDENCE;

13 (l) SUBJECT TO DEPARTMENT RULES RELATING TO THE USE OF
14 TELEPHONES AND OTHER COMMUNICATION DEVICES, TO HAVE
15 REASONABLE ACCESS TO TELEPHONES OR OTHER COMMUNICATION
16 DEVICES, AND TO MAKE AND TO RECEIVE CALLS OR COMMUNICATIONS IN
17 PRIVACY. FACILITY STAFF SHALL NOT OPEN, DELAY, INTERCEPT, READ, OR
18 CENSOR MAIL OR OTHER COMMUNICATIONS OR USE MAIL OR OTHER
19 COMMUNICATIONS AS A METHOD TO ENFORCE COMPLIANCE WITH FACILITY
20 STAFF.

21 (m) TO WEAR HIS OR HER OWN CLOTHES, KEEP AND USE PERSONAL
22 POSSESSIONS, AND KEEP AND BE ALLOWED TO SPEND A REASONABLE SUM
23 OF THE PERSON'S OWN MONEY;

24 (n) TO HAVE ACCESS TO MEDICAL RECORDS;

25 (o) TO HAVE TREATMENT RECORDS REMAIN CONFIDENTIAL,
26 EXCEPT AS REQUIRED BY LAW;

27 (p) TO NOT BE FINGERPRINTED, UNLESS REQUIRED BY LAW;

1 (q) TO REFUSE TO BE PHOTOGRAPHED, EXCEPT FOR TREATMENT
2 FACILITY IDENTIFICATION PURPOSES;

3 (r) TO HAVE THE OPPORTUNITY TO REGISTER AND VOTE BY
4 ABSENTEE BALLOT WITH THE ASSISTANCE OF FACILITY STAFF;

5 (s) TO HAVE APPROPRIATE ACCESS TO ADEQUATE FOOD, WATER,
6 AND HYGIENE PRODUCTS;

7 (t) TO HAVE PHYSICAL PRIVACY IN SHOWERING, CHANGING, AND
8 USING THE RESTROOM; AND

9 (u) TO BE FREE OF RESTRAINTS AND SOLITARY CONFINEMENT.

10 (2) ONLY QUALIFIED STAFF PROVIDING EVALUATION, TREATMENT,
11 OR CARE FOR A PERSON MAY DENY OR RESTRICT THE PERSON'S RIGHTS
12 UNDER SUBSECTION (1) OF THIS SECTION IF THE PERSON'S HEALTH OR
13 SAFETY WOULD BE CLEARLY ENDANGERED IF THE RIGHTS WERE NOT
14 DENIED OR RESTRICTED. IF A PERSON'S RIGHTS ARE DENIED OR
15 RESTRICTED, THE REASON FOR THE DENIAL OR RESTRICTION MUST BE
16 EXPLAINED TO THE PERSON AND ENTERED INTO THE PERSON'S TREATMENT
17 RECORD. THE FACILITY SHALL PROVIDE THE PERSON AND THE PERSON'S
18 ATTORNEY THE INFORMATION PERTAINING TO A DENIAL OR RESTRICTION
19 OF RIGHTS CONTAINED IN THE PERSON'S TREATMENT RECORD. THE
20 PERSON'S RIGHTS MUST BE IMMEDIATELY RESTORED AS SOON AS THE
21 PERSON'S HEALTH AND SAFETY ARE NO LONGER CLEARLY ENDANGERED.

22 (3) A PERSON RECEIVING EVALUATION, CARE, OR TREATMENT
23 UNDER ANY PROVISION OF THIS ARTICLE 81 MAY SUBMIT A GRIEVANCE OR
24 COMPLAINT AGAINST THE FACILITY OR FACILITY STAFF PURSUANT TO A
25 GRIEVANCE OR COMPLAINT PROCESS, WHICH IS EXPLAINED TO THE PERSON
26 IN DETAIL AND INCLUDED WITH THE ORAL AND WRITTEN EXPLANATION OF
27 RIGHTS.

1 (4) AS PART OF THE IMMEDIATE ORAL AND WRITTEN ADVISEMENT
2 OF THE RIGHTS ENUMERATED IN THIS SECTION, A FACILITY SHALL ALSO
3 INCLUDE THE TELEPHONE NUMBER AND E-MAIL ADDRESS FOR THE OFFICE
4 OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE, CREATED
5 IN SECTION 27-80-303. THE WRITTEN ADVISEMENTS MUST BE TRANSLATED
6 IF THE PERSON CANNOT READ OR UNDERSTAND ENGLISH. THE
7 ADMINISTRATOR SHALL CAUSE THE RIGHTS ENUMERATED IN THIS SECTION
8 TO BE POSTED IN A PROMINENT LOCATION WHERE CLIENTS IN THE FACILITY
9 RESIDE, WHICH POSTING MUST ALSO INCLUDE THE NUMBER AND E-MAIL
10 ADDRESS FOR THE OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH
11 ACCESS TO CARE, CREATED IN SECTION 27-80-303.

12 **SECTION 32.** In Colorado Revised Statutes, 27-81-115, **amend**
13 (1) as follows:

14 **27-81-115. Emergency service patrol - establishment - rules.**

15 (1) The office of behavioral health and cities, counties, city and counties,
16 and regional service authorities may establish emergency service patrols.
17 A patrol consists of persons trained to give assistance in the streets and
18 in other public places to persons who are intoxicated ~~or incapacitated~~ by
19 alcohol, UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY
20 SUBSTANCES. Members of an emergency service patrol must be capable
21 of providing first aid in emergency situations and are authorized to
22 transport a person intoxicated ~~or incapacitated~~ by alcohol, UNDER THE
23 INFLUENCE OF DRUGS, OR INCAPACITATED BY SUBSTANCES to his or her
24 home and to and from treatment facilities.

25 **SECTION 33.** In Colorado Revised Statutes, **amend** 27-81-117
26 as follows:

27 **27-81-117. Criminal laws - limitations.** (1) A county,

1 municipality, or other political subdivision may not adopt or enforce a
2 local law, ordinance, resolution, or rule having the force of law that
3 includes drinking, being a person with an alcohol use disorder, or being
4 found in an intoxicated condition as one of the elements of the offense
5 giving rise to a criminal or civil penalty or sanction.

6 (2) A county, municipality, or other political subdivision ~~may~~
7 SHALL not interpret or apply any law of general application to circumvent
8 the provisions of subsection (1) of this section.

9 (3) Nothing in this ~~article~~ ARTICLE 81 affects any law, ordinance,
10 resolution, or rule against drunken driving, driving under the influence of
11 alcohol OR DRUGS, or other similar offense involving the operation of a
12 vehicle, an aircraft, or a boat or machinery or other equipment or
13 regarding the sale, purchase, dispensing, possessing, or use of DRUGS OR
14 alcoholic beverages at stated times and places or by a particular class of
15 persons.

16 (4) The fact that a person is intoxicated ~~or incapacitated~~ by
17 alcohol, ~~shall~~ UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY
18 SUBSTANCES DOES not prevent ~~his or her~~ THE PERSON'S arrest or
19 prosecution for the commission of any criminal act or conduct not
20 enumerated in subsection (1) of this section.

21 (5) Nothing in this ~~article shall be construed as a limitation upon~~
22 ARTICLE 81 LIMITS the right of a police officer to make an otherwise legal
23 arrest, notwithstanding the fact that the arrested person may be
24 intoxicated BY ALCOHOL, UNDER THE INFLUENCE OF DRUGS, or
25 incapacitated by ~~alcohol~~ SUBSTANCES.

26 **SECTION 34.** In Colorado Revised Statutes, **add with amended**
27 **and relocated provisions** 27-81-118 as follows:

1 **27-81-118. [Formerly 27-82-114] Opioid crisis recovery funds**
2 **advisory committee - creation - membership - purpose.** (1) There is
3 ~~hereby~~ created the opioid crisis recovery funds advisory committee,
4 referred to in this section as the "committee", which is created to advise
5 and collaborate with the department of law on uses of any custodial funds
6 received by the state as the result of opioid-addiction-related litigation
7 and for which the use of the funds is not predetermined or committed by
8 court order or other action by a state or federal court of law.
9 (2) (a) The committee consists of members appointed as follows:
10 (I) Thirteen members appointed by the governor, including:
11 (A) One member licensed to practice medicine pursuant to article
12 240 of title 12;
13 (B) One member licensed to practice pharmacy pursuant to article
14 280 of title 12;
15 (C) One member licensed to practice as a nurse pursuant to article
16 255 of title 12;
17 (D) One member licensed as a dentist pursuant to article 220 of
18 title 12;
19 (E) One member licensed as a veterinarian pursuant to article 315
20 of title 12;
21 (F) One member licensed as a physical therapist pursuant to article
22 285 of title 12;
23 (G) One member representing a local public health agency;
24 (H) One member who has been affected by the opioid crisis;
25 (I) One family member of a person who has been affected by the
26 opioid crisis;
27 (J) One member representing an advocacy organization for people

- 1 with substance use disorders;
- 2 (K) Two members appointed from nominees submitted by
3 statewide organizations representing counties, with one member
4 representing the western slope and one member representing the eastern
5 part of the state; and
- 6 (L) One member from an association that represents behavioral
7 health providers;
- 8 (II) Two members appointed by the executive director of the
9 department of human services, one of whom must represent an
10 association of substance use providers;
- 11 (III) Two members appointed by the executive director of the
12 department of public health and environment, one of whom is a pain
13 management patient;
- 14 (IV) One member appointed by the executive director of the
15 department of regulatory agencies;
- 16 (V) One member appointed by the executive director of the
17 department of health care policy and financing;
- 18 (VI) One member from the state substance abuse trend and
19 response task force, created in section 18-18.5-103, appointed by the
20 attorney general;
- 21 (VII) One member from the center for research into substance use
22 disorder prevention, treatment, and recovery support strategies, created
23 in section 27-80-118 (3), appointed by the director of the center;
- 24 (VIII) One member from each safety net hospital that provides
25 addiction services, appointed by the hospital;
- 26 (IX) One member from the Colorado district attorneys' council, or
27 any successor organization, appointed by its executive director;

1 (X) Two members representing law enforcement agencies, one of
2 whom is appointed by the Colorado association of chiefs of police, or any
3 successor organization, and one of whom is appointed by the county
4 sheriffs of Colorado, or any successor organization; and

5 (XI) One member representing the Colorado municipal league, or
6 any successor organization, appointed by the president of the executive
7 board of the Colorado municipal league or the president's designee.

8 (b) The attorney general shall notify the appointing authorities if
9 the state receives a settlement or damage award for which the use of the
10 custodial funds is not predetermined or committed by court order or other
11 action by a state or federal court of law. The appointing authorities shall
12 make their initial appointments to the committee no later than ninety days
13 after receiving the notice.

14 (3) Each member of the committee who is appointed pursuant to
15 subsection (2) of this section serves at the pleasure of the appointing
16 authority that appointed the member. THE APPOINTING AUTHORITY SHALL
17 FILL a vacancy ~~shall be filled~~ in the same manner as the initial
18 appointment.

19 (4) If the state receives custodial funds from a settlement or
20 damage award from opioid-addiction-related litigation and the use of the
21 funds is not predetermined or committed by court order or other action by
22 a state or federal court of law, the attorney general shall convene and call
23 a meeting of the committee, and any subsequent meetings as necessary,
24 to seek input and recommendations from the committee on the proper
25 expenditure of the funds received.

26 (5) (a) Each member of the committee shall maintain
27 confidentiality throughout the process of determining the proper

1 expenditure of custodial funds. Members shall not disclose the contents
2 of any requests for funding with anyone outside of the committee.

3 (b) Each committee member shall affirm that the member does not
4 have a personal or financial interest regarding any organization that may
5 request funding. Members shall disclose all potential conflict of interest
6 situations to the attorney general before reviewing funding requests.

7 **SECTION 35. Repeal of relocated and nonrelocated**
8 **provisions in this act.** (1) In Colorado Revised Statutes, repeal part 1 of
9 article 82 of title 27.

10 (2) The repeal of part 1 includes sections 27-82-102 (13.3) and
11 (13.5) and 27-82-103.5 as they would become effective July 1, 2022.

12 (3) Section 27-82-102 (7), (10), (13), (13.5) as it would become
13 effective July 1, 2022, and (14) and section 27-82-114 are relocated.

14 **SECTION 36.** In Colorado Revised Statutes, 12-100-120, **amend**
15 (1)(l) as follows:

16 **12-100-120. Grounds for disciplinary action - administrative**
17 **penalties.** (1) After notice and hearing as provided in section
18 12-100-123, the board may take disciplinary or other action as authorized
19 in section 12-20-404 and impose other conditions or limitations on a
20 person for any of the following causes:

21 (l) ~~An alcohol~~ A SUBSTANCE use disorder, as defined in section
22 27-81-102, ~~or a substance use disorder, as defined in section 27-82-102,~~
23 or an excessive use of a habit-forming drug, controlled substance, as
24 defined in section 18-18-102 (5), or alcohol beverage that renders the
25 certified public accountant unfit to practice public accounting;

26 **SECTION 37.** In Colorado Revised Statutes, 12-110-111, **amend**
27 (1)(d) as follows:

1 **12-110-111. Grounds for discipline.** (1) The director may take
2 disciplinary or other action as authorized in section 12-20-404 against a
3 license or an application for a license if the applicant or licensee:

4 (d) Has ~~an alcohol~~ A SUBSTANCE use disorder, as defined in
5 section 27-81-102, ~~or a substance use disorder, as defined in section~~
6 ~~27-82-102~~, or is an excessive or a habitual user or abuser of alcohol or
7 habit-forming drugs or is a habitual user of a controlled substance, as
8 defined in section 18-18-102 (5), if the use, disorder, or dependency is a
9 danger to other licensees;

10 **SECTION 38.** In Colorado Revised Statutes, 12-155-113, **amend**
11 (1)(l) as follows:

12 **12-155-113. Disciplinary action by board - procedures -**
13 **cease-and-desist orders.** (1) The board may take disciplinary or other
14 action as authorized by section 12-20-404 for any of the following
15 reasons:

16 (l) ~~An alcohol~~ A SUBSTANCE use disorder, as defined in section
17 27-81-102, ~~or a substance use disorder, as defined in section 27-82-102~~,
18 or excessive use of any habit-forming drug, any controlled substance, as
19 defined in section 18-18-102 (5), or any alcoholic beverage;

20 **SECTION 39.** In Colorado Revised Statutes, 12-205-111, **amend**
21 (2)(c) as follows:

22 **12-205-111. Grounds for discipline - disciplinary proceedings**
23 **- definitions.** (2) The director may take disciplinary or other action in
24 accordance with section 12-20-404 or issue a cease-and-desist order in
25 accordance with section 12-205-112 upon reasonable grounds that the
26 licensee:

27 (c) Has ~~an alcohol~~ A SUBSTANCE use disorder, as defined in

1 section 27-81-102, ~~or a substance use disorder, as defined in section~~
2 ~~27-82-102~~, or is an excessive or habitual user or abuser of alcohol or
3 habit-forming drugs or is a habitual user of a controlled substance, as
4 defined in section 18-18-102 (5), or other drugs having similar effects;
5 except that the director has the discretion not to discipline the licensee if
6 the licensee is participating in good faith in an alcohol or substance use
7 disorder treatment program approved by the director;

8 **SECTION 40.** In Colorado Revised Statutes, 12-210-108, **amend**
9 (2)(q) as follows:

10 **12-210-108. Disciplinary actions - grounds for discipline.**

11 (2) The following acts constitute grounds for discipline:

12 (q) Having ~~an alcohol~~ A SUBSTANCE use disorder, as defined in
13 section 27-81-102, ~~or a substance use disorder, as defined in section~~
14 ~~27-82-102~~, or excessively or habitually using or abusing alcohol or
15 habit-forming drugs or habitually using a controlled substance, as defined
16 in section 18-18-102 (5), or other drugs or substances having similar
17 effects; except that the director has the discretion not to discipline the
18 licensee if he or she is participating in good faith in an alcohol or
19 substance use disorder treatment program approved by the director;

20 **SECTION 41.** In Colorado Revised Statutes, 12-215-115, **amend**
21 (1)(d) as follows:

22 **12-215-115. Discipline of licensees - suspension, revocation,**
23 **denial, and probation - grounds - definitions.** (1) Upon any of the
24 following grounds, the board may take disciplinary or other action as
25 specified in section 12-20-404 or impose conditions on a licensee's
26 license:

27 (d) A substance use disorder, as defined in ~~section 27-82-102~~

1 SECTION 27-81-102, or excessive use by the licensee of a controlled
2 substance, as defined in section 18-18-102 (5), or a habit-forming drug;

3 **SECTION 42.** In Colorado Revised Statutes, 12-235-111, **amend**
4 (1)(f) as follows:

5 **12-235-111. Grounds for discipline - definitions.** (1) The
6 director is authorized to take disciplinary action pursuant to section
7 12-235-112 against any person who has:

8 (f) ~~An alcohol~~ A SUBSTANCE use disorder, as defined in section
9 27-81-102, ~~or a substance use disorder, as defined in section 27-82-102,~~
10 or a dependence on or addiction to alcohol or any habit-forming drug, or
11 who abuses or engages in the habitual or excessive use of any
12 habit-forming drug or any controlled substance as defined in section
13 18-18-102 (5), but the director may take into account the licensee's
14 participation in a substance use disorder treatment program when
15 considering disciplinary action;

16 **SECTION 43.** In Colorado Revised Statutes, 12-260-114, **amend**
17 (1)(g) as follows:

18 **12-260-114. Grounds for discipline.** (1) The board may suspend,
19 revoke, or deny any person's certification to practice as a nurse aide or
20 authority to practice as a medication aide in accordance with section
21 12-20-404 (1)(d) or may issue to the person a letter of admonition under
22 the circumstances specified in and in accordance with section 12-20-404
23 (4), upon proof that a person:

24 (g) Has ~~an alcohol~~ A SUBSTANCE use disorder, as defined in
25 section 27-81-102, ~~or a substance use disorder, as defined in section~~
26 ~~27-82-102,~~ or excessively uses any habit-forming drug or any controlled
27 substance, as defined in section 18-18-102 (5), or other drugs having

1 similar effects, or is diverting controlled substances, as defined in section
2 18-18-102 (5), or other drugs having similar effects from the person's
3 place of employment;

4 **SECTION 44.** In Colorado Revised Statutes, 12-265-113, **amend**
5 (1)(g) as follows:

6 **12-265-113. Grounds for discipline.** (1) The board has the
7 power to take disciplinary or other action as specified in sections
8 12-20-404 and 12-265-107 (1)(d), upon proof that the person:

9 (g) Has ~~an alcohol~~ A SUBSTANCE use disorder, as defined in
10 section 27-81-102, ~~or a substance use disorder, as defined in section~~
11 ~~27-82-102~~, abuses or engages in the habitual or excessive use of any such
12 habit-forming drug or any controlled substance as defined in section
13 18-18-102 (5), or participates in the unlawful use of controlled substances
14 as specified in section 18-18-404; except that the board has the discretion
15 not to discipline the licensee if the person is participating, in good faith,
16 in a substance use disorder treatment program approved by the board;

17 **SECTION 45.** In Colorado Revised Statutes, 12-275-110, **amend**
18 (1)(d) as follows:

19 **12-275-110. Application for license - licensure by endorsement**
20 **- rules.** (1) A person who desires to practice optometry in the state may
21 file with the board an application for a license, giving the information
22 required in a form and manner approved by the board. The applicant shall
23 demonstrate that the applicant possesses the following qualifications:

24 (d) The applicant does not have ~~an alcohol~~ A SUBSTANCE use
25 disorder, as defined in section 27-81-102, ~~or a substance use disorder, as~~
26 ~~defined in section 27-82-102~~, or has not habitually or excessively used or
27 abused alcohol, habit-forming drugs, or controlled substances as defined

1 in section 18-18-102 (5).

2 **SECTION 46.** In Colorado Revised Statutes, 12-280-126, **amend**
3 (1)(e) as follows:

4 **12-280-126. Unprofessional conduct - grounds for discipline.**

5 (1) The board may take disciplinary or other action as authorized in
6 section 12-20-404, after a hearing held in accordance with the provisions
7 of sections 12-20-403 and 12-280-127, upon proof that the licensee,
8 certificant, or registrant:

9 (e) Has ~~an alcohol~~ A SUBSTANCE use disorder, as defined in
10 section 27-81-102, ~~or a substance use disorder, as defined in section~~
11 ~~27-82-102~~, or engages in the habitual or excessive use or abuse of
12 alcohol, a habit-forming drug, or a controlled substance, as defined in
13 section 18-18-102 (5);

14 **SECTION 47.** In Colorado Revised Statutes, 12-280-204, **amend**
15 (2)(a) as follows:

16 **12-280-204. Eligibility - participants.** (2) In order to be eligible
17 for participation, a licensee shall:

18 (a) Acknowledge the existence or the potential existence of a
19 psychiatric, psychological, or emotional problem; excessive alcohol or
20 drug use; ~~or an alcohol~~ A SUBSTANCE use disorder, as defined in section
21 27-81-102; ~~or a substance use disorder, as defined in section 27-82-102~~;

22 **SECTION 48.** In Colorado Revised Statutes, 12-300-109, **amend**
23 (2)(h) as follows:

24 **12-300-109. Grounds for action - disciplinary proceedings.**

25 (2) The director has the power to take disciplinary or other action as
26 authorized in section 12-20-404 against a licensee in accordance with
27 subsections (4), (5), (6), and (8) of this section upon proof that the person:

1 (h) Has ~~an alcohol~~ A SUBSTANCE use disorder, as defined in
2 section 27-81-102, ~~or a substance use disorder, as defined in section~~
3 ~~27-82-102~~, or is an excessive or habitual user or abuser of alcohol or
4 habit-forming drugs or is a habitual user of a controlled substance, as
5 defined in section 18-18-102 (5), or other drugs having similar effects;
6 except that the director has the discretion not to discipline the license
7 holder if he or she is participating in good faith in an alcohol or substance
8 use disorder treatment program approved by the director;

9 **SECTION 49.** In Colorado Revised Statutes, 12-305-112, **amend**
10 (2)(c) as follows:

11 **12-305-112. Grounds for discipline - definitions.** (2) The
12 director may take disciplinary or other action specified in section
13 12-20-404 or 12-305-113 or issue a cease-and-desist order to a certificate
14 holder in accordance with sections 12-20-405 and 12-305-113 (8) upon
15 proof that the certificate holder:

16 (c) Has ~~an alcohol~~ A SUBSTANCE use disorder, as defined in
17 section 27-81-102, ~~or a substance use disorder, as defined in section~~
18 ~~27-82-102~~, excessively or habitually uses or abuses alcohol or
19 habit-forming drugs, or habitually uses a controlled substance, as defined
20 in section 18-18-102 (5), or other drugs having similar effects; except that
21 the director has the discretion not to discipline the certificate holder if the
22 certificate holder is participating in good faith in an alcohol or substance
23 use disorder treatment program approved by the director;

24 **SECTION 50.** In Colorado Revised Statutes, 12-310-106, **amend**
25 (2)(c) as follows:

26 **12-310-106. Grounds for discipline - disciplinary proceedings**
27 **- judicial review.** (2) The director may take disciplinary or other action

1 as authorized in section 12-20-404 against, or issue a cease-and-desist
2 order in accordance with section 12-20-405 to, a registrant in accordance
3 with this section and section 12-20-403, upon proof that the registrant:

4 (c) Has ~~an alcohol~~ A SUBSTANCE use disorder, as defined in
5 section 27-81-102; ~~or a substance use disorder, as defined in section~~
6 ~~27-82-102~~; is an excessive or habitual user or abuser of alcohol or
7 habit-forming drugs; or is a habitual user of a controlled substance, as
8 defined in section 18-18-102 (5), or other drugs having similar effects;

9 **SECTION 51.** In Colorado Revised Statutes, 13-5-142, **amend**
10 (1)(b) as follows:

11 **13-5-142. National instant criminal background check system**
12 **- reporting.** (1) On and after March 20, 2013, the state court
13 administrator shall send electronically the following information to the
14 Colorado bureau of investigation created pursuant to section 24-33.5-401,
15 referred to in this section as the "bureau":

16 (b) The name of each person who has been committed by order of
17 the court to the custody of the office of behavioral health in the
18 department of human services pursuant to section 27-81-112; ~~or~~
19 ~~27-82-108~~; and

20 **SECTION 52.** In Colorado Revised Statutes, 13-5-142.5, **amend**
21 (2)(a)(II) as follows:

22 **13-5-142.5. National instant criminal background check**
23 **system - judicial process for awarding relief from federal**
24 **prohibitions - legislative declaration.** (2) **Eligibility.** A person may
25 petition for relief pursuant to this section if:

26 (a) (II) He or she has been committed by order of the court to the
27 custody of the office of behavioral health in the department of human

1 services pursuant to section 27-81-112; ~~or 27-82-108~~; or

2 **SECTION 53.** In Colorado Revised Statutes, 13-9-123, **amend**
3 (1)(b) as follows:

4 **13-9-123. National instant criminal background check system**
5 **- reporting.** (1) On and after March 20, 2013, the state court
6 administrator shall send electronically the following information to the
7 Colorado bureau of investigation created pursuant to section 24-33.5-401,
8 referred to in this section as the "bureau":

9 (b) The name of each person who has been committed by order of
10 the court to the custody of the office of behavioral health in the
11 department of human services pursuant to section 27-81-112; ~~or~~
12 ~~27-82-108~~; and

13 **SECTION 54.** In Colorado Revised Statutes, 13-9-124, **amend**
14 (2)(a)(II) as follows:

15 **13-9-124. National instant criminal background check system**
16 **- judicial process for awarding relief from federal prohibitions -**
17 **legislative declaration.** (2) **Eligibility.** A person may petition for relief
18 pursuant to this section if:

19 (a) (II) He or she has been committed by order of the court to the
20 custody of the office of behavioral health in the department of human
21 services pursuant to section 27-81-112; ~~or 27-82-108~~; or

22 **SECTION 55.** In Colorado Revised Statutes, 13-14.5-105,
23 **amend** (8)(b) as follows:

24 **13-14.5-105. Hearings on petition - grounds for order issuance.**
25 (8) (b) Before issuing an extreme risk protection order, the court shall
26 consider whether the respondent meets the standard for an emergency
27 commitment pursuant to section 27-81-111. ~~or 27-82-107~~. If the court

1 determines that the respondent meets the standard, then, in addition to
2 issuing an extreme risk protection order, the court shall order an
3 emergency commitment pursuant to section 27-81-111. ~~or 27-82-107.~~

4 **SECTION 56.** In Colorado Revised Statutes, 13-90-107, **amend**
5 (1)(m)(IV)(C) as follows:

6 **13-90-107. Who may not testify without consent - definitions.**

7 (1) There are particular relations in which it is the policy of the law to
8 encourage confidence and to preserve it inviolate; therefore, a person
9 shall not be examined as a witness in the following cases:

10 (m) (IV) This subsection (1)(m) does not apply in cases in which:

11 (C) Due to INTOXICATION BY alcohol, ~~or other substance~~
12 ~~intoxication or abuse~~ BEING UNDER THE INFLUENCE OF DRUGS, OR
13 INCAPACITATION BY SUBSTANCES as described in ~~sections 27-81-111 and~~
14 ~~27-82-107, C.R.S.~~ SECTION 27-81-111, the person receiving peer support
15 is a clear and immediate danger to the person's self or others;

16 **SECTION 57.** In Colorado Revised Statutes, 25-1-1202, **amend**
17 (1)(vv) as follows:

18 **25-1-1202. Index of statutory sections regarding medical**
19 **record confidentiality and health information.** (1) Statutory provisions
20 concerning policies, procedures, and references to the release, sharing,
21 and use of medical records and health information include the following:

22 (vv) ~~Sections 27-82-106 and 27-82-109~~ SECTIONS 27-81-109 AND
23 27-81-113, concerning the treatment of persons with substance use
24 disorders;

25 **SECTION 58.** In Colorado Revised Statutes, 25-3.5-208, **amend**
26 (7)(a)(I) as follows:

27 **25-3.5-208. Emergency medical service providers' peer health**

1 **assistance program - fund - rules.** (7) (a) Any certificate holder who
2 does not have access to an employee assistance program may apply to the
3 department for participation in a qualified peer health assistance program.
4 In order to be eligible for participation, a certificate holder shall:

5 (I) Acknowledge the existence or the potential existence of a
6 physical, psychological, or emotional condition; excessive alcohol or drug
7 use; or ~~an alcohol~~ A SUBSTANCE use disorder, as defined in section
8 27-81-102; ~~(1); or a substance use disorder, as defined in section~~
9 ~~27-82-102 (13.5);~~

10 **SECTION 59.** In Colorado Revised Statutes, 25-27.6-104,
11 **amend as it will become effective July 1, 2022,** (1)(b) as follows:

12 **25-27.6-104. License required - criminal and civil penalties.**

13 (1) (b) On or after July 1, 2023, an entity seeking initial licensure as a
14 behavioral health entity shall apply for a behavioral health entity license
15 if the entity would previously have been licensed or subject to approval
16 by the office of behavioral health in the department of human services
17 pursuant to section 27-81-106 ~~or 27-82-103~~ as an approved treatment
18 program for alcohol use disorders or substance use disorders.

19 **SECTION 60.** In Colorado Revised Statutes, 26-6.9-101, **amend**
20 (1) as follows:

21 **26-6.9-101. Definitions.** As used in this article 6.9, unless the
22 context otherwise requires:

23 (1) "Facility" means an agency meeting the standards described
24 in section 27-81-106 (1) ~~or 27-82-103 (1)~~ and approved pursuant to
25 section 27-81-106. ~~or 27-82-103.~~

26 **SECTION 61.** In Colorado Revised Statutes, 27-60-104.5,
27 **amend** (3)(e)(I) as follows:

1 **27-60-104.5. Behavioral health capacity tracking system -**
2 **legislative declaration - definitions - rules.** (3) Pursuant to subsection

3 (8) of this section, the state department shall implement a behavioral
4 health capacity tracking system, which must include the following:

5 (e) Capacity reporting for the following facilities and treatment
6 providers statewide:

7 (I) Facilities that provide evaluation and treatment to individuals
8 held under an emergency commitment pursuant to section 27-81-111, ~~or~~
9 ~~section 27-82-107~~, an involuntary commitment pursuant to section
10 27-81-112, ~~or section 27-82-108~~, or a civil commitment pursuant to
11 section 27-65-105, including crisis stabilization units, acute treatment
12 units, community mental health centers, and hospitals, including state
13 mental health institutes;

14 **SECTION 62.** In Colorado Revised Statutes, 27-66.5-102,
15 **amend** (3)(a)(IV) and (3)(a)(V) as follows:

16 **27-66.5-102. Definitions.** As used in this article 66.5, unless the
17 context otherwise requires:

18 (3) "High-risk individual" means a person who:

19 (a) Is under:

20 (IV) An emergency commitment pursuant to section 27-81-111;
21 ~~or 27-82-107~~; or

22 (V) An involuntary commitment pursuant to section 27-81-112;
23 ~~or 27-82-108~~;

24 **SECTION 63.** In Colorado Revised Statutes, 27-82-202, **amend**
25 (4) as follows:

26 **27-82-202. Definitions.** As used in this part 2, unless the context
27 otherwise requires:

1 (4) "Treatment facility" means a health care facility that provides
2 substance use disorder or medication-assisted treatment and that is
3 approved by the office of behavioral health pursuant to ~~section 27-82-103~~
4 SECTION 27-81-106.

5 **SECTION 64.** In Colorado Revised Statutes, 42-2-104, **amend**
6 (2)(c) as follows:

7 **42-2-104. Licenses issued - denied.** (2) Except as otherwise
8 provided in this article 2, the department shall not license a person to
9 operate any motor vehicle in this state:

10 (c) Who has been adjudged or determined by a court of competent
11 jurisdiction to have ~~an alcohol~~ A SUBSTANCE use disorder, as defined in
12 section 27-81-102, ~~or a substance use disorder, as defined in section~~
13 ~~27-82-102~~, with respect to a controlled substance, as defined in section
14 18-18-102 (5);

15 **SECTION 65.** In Colorado Revised Statutes, 42-4-1301.3,
16 **amend** (4)(a) as follows:

17 **42-4-1301.3. Alcohol and drug driving safety program -**
18 **definition.** (4) (a) There is created an alcohol and drug driving safety
19 program fund in the office of the state treasurer, referred to in this
20 subsection (4) as the "fund". The fund consists of money deposited in it
21 as directed by this subsection (4)(a). The assessment in effect on July 1,
22 1998, remains in effect unless the judicial department and the office of
23 behavioral health in the department of human services have provided the
24 general assembly with a statement of the cost of the program, including
25 costs of administration for the past and current fiscal year to include a
26 proposed change in the assessment. The general assembly shall then
27 consider the proposed new assessment and approve the amount to be

1 assessed against each person during the following fiscal year in order to
2 ensure that the alcohol and drug driving safety program established in this
3 section is financially self-supporting. Any adjustment in the amount to be
4 assessed must be noted in the appropriation to the judicial department and
5 the office of behavioral health in the department of human services as a
6 footnote or line item related to this program in the general appropriation
7 bill. The state auditor shall periodically audit the costs of the programs to
8 determine that they are reasonable and that the rate charged is accurate
9 based on these costs. Any other fines, fees, or costs levied against a
10 person are not part of the program fund. The court shall transmit to the
11 state treasurer the amount assessed for the alcohol and drug evaluation to
12 be credited to the fund. Fees charged pursuant to ~~sections 27-81-106 (1)~~
13 ~~and 27-82-103 (1)~~ SECTION 27-81-106 (1) to approved alcohol and drug
14 treatment facilities that provide level I and level II programs as provided
15 in subsection (3)(c) of this section must be transmitted to the state
16 treasurer, who shall credit the fees to the fund. Upon appropriation by the
17 general assembly, the money must be expended by the judicial department
18 and the office of behavioral health in the department of human services
19 for the administration of the alcohol and drug driving safety program. In
20 administering the alcohol and drug driving safety program, the judicial
21 department is authorized to contract with any agency for any services the
22 judicial department deems necessary. Money deposited in the fund
23 remains in the fund to be used for the purposes set forth in this section
24 and must not revert or transfer to the general fund except by further act
25 of the general assembly.

26 **SECTION 66. Safety clause.** The general assembly hereby finds,

- 1 determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, or safety.

Second Regular Session
Seventy-second General Assembly
STATE OF COLORADO

Attachment E

BILL E

LLS NO. 20-0295.01 Yelana Love x2295

SENATE BILL

SENATE SPONSORSHIP

Pettersen and Priola,

HOUSE SPONSORSHIP

Buentello and Herod, Kennedy

Senate Committees

House Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO ASSIST AN INDIVIDUAL'S RECOVERY FROM**
102 **A SUBSTANCE USE DISORDER.**

Bill Summary

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

Opioid and Other Substance Use Disorders Study Committee.

The bill:

- Annually appropriates \$250,000 to the department of labor and employment for the purpose of providing peer coaching and peer specialist training for individuals recovering from substance use disorders (**section 1** of the bill);

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

- Continues the opioid and other substance use disorders study committee (committee) for an additional 4 years, meeting every other year beginning in 2021 (**sections 2 and 3**);
- Requires the state substance abuse trend and response task force to: Convene stakeholders for the purpose of reviewing progress on bills introduced by the committee and passed by the general assembly and generating policy recommendations related to opioid and other substance use disorders; and submit its annual report to the committee (**section 4**);
- Modifies how the determination of child abuse, neglect, or dependency is determined in situations involving alcohol or substance exposure (**sections 5 to 7**);
- Annually appropriates \$2 million to the office of behavioral health (office) in the department of human services for the purpose of expanding the individual placement and support program (**section 8**);
- Requires the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to design and conduct a comprehensive review of Colorado's substance use disorder treatment and recovery services to inform a state plan for the delivery of services across the continuum of care for individuals at risk of relapse and appropriates \$500,000 to the center for the completion of the review (**section 9**);
- Requires the center, through the statewide perinatal substance use data linkage project, to conduct ongoing research related to the incidence of perinatal substance exposure or related infant and family health and human service outcomes. The bill also annually appropriates \$75,000 to the center to conduct the research (**section 10**).
- Requires the office to establish a program to assist individuals with substance use disorders by providing the individuals with temporary financial housing assistance and annually appropriates \$4 million to the office for purposes of the program (**section 11**); and
- Creates the recovery support services grant program in the office to provide grants to recovery community organizations, and annually appropriates \$3.5 million to implement the program (**section 12**).

1 **SECTION 1.** In Colorado Revised Statutes, **add** 8-84-109 as
2 follows:

3 **8-84-109. Appropriation for peer coaching and peer specialist**
4 **training.** FOR THE 2020-21 STATE FISCAL YEAR AND EACH STATE FISCAL
5 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE TWO
6 HUNDRED FIFTY THOUSAND DOLLARS TO THE DEPARTMENT FOR THE
7 PURPOSE OF PROVIDING PEER COACHING AND PEER SPECIALIST TRAINING
8 TO INDIVIDUALS RECOVERING FROM SUBSTANCE USE DISORDERS.

9 **SECTION 2.** In Colorado Revised Statutes, 10-22.3-101, **amend**
10 (1)(a) introductory portion and (3) as follows:

11 **10-22.3-101. Opioid and other substance use disorders study**
12 **committee - creation - members - purposes.** (1) (a) Notwithstanding
13 section 2-3-303.3, there is hereby created the opioid and other substance
14 use disorders study committee. The committee consists of ten members
15 of the general assembly ~~appointed on or before June 1, 2018,~~ as follows:

16 (3) (a) The committee may meet IN THE 2021 AND 2023 INTERIMS
17 up to six times per interim. The committee may recommend up to a total
18 of five bills during each interim IN WHICH THE COMMITTEE IS AUTHORIZED
19 TO MEET. Legislation recommended by the committee must be treated as
20 legislation recommended by an interim committee for purposes of
21 applicable deadlines, bill introduction limits, and any other requirements
22 imposed by the joint rules of the general assembly.

23 (b) ~~No later than~~ BY December 1, ~~2018~~ **2021**, and ~~no later than~~
24 ~~each~~ December 1, ~~thereafter~~ **2023**, the committee shall make a report to
25 the legislative council created in section 2-3-301 that may include
26 recommendations for legislation.

27 **SECTION 3.** In Colorado Revised Statutes, **amend** 10-22.3-102

1 as follows:

2 **10-22.3-102. Repeal of article.** This article 22.3 is repealed,
3 effective ~~July 1, 2020~~ SEPTEMBER 1, 2024.

4 **SECTION 4.** In Colorado Revised Statutes, 18-18.5-103, **amend**
5 (6)(d) introductory portion; and **add** (6)(c.5) as follows:

6 **18-18.5-103. State substance abuse trend and response task**
7 **force - creation - membership - duties - report.** (6) In addition, the task
8 force shall:

9 (c.5) CONVENE STAKEHOLDERS FOR THE PURPOSE OF:

10 (I) REVIEWING PROGRESS ON BILLS INTRODUCED BY THE OPIOID
11 AND OTHER SUBSTANCE USE DISORDERS STUDY COMMITTEE CREATED IN
12 SECTION 10-22.3-101 AND ENACTED BY THE GENERAL ASSEMBLY; AND

13 (II) GENERATING POLICY RECOMMENDATIONS RELATED TO OPIOID
14 AND OTHER SUBSTANCE USE DISORDERS, INCLUDING PREVENTION, HARM
15 REDUCTION, TREATMENT, CRIMINAL JUSTICE, AND RECOVERY;

16 (d) Notwithstanding section 24-1-136 (11)(a)(I), submit a written
17 report to the judiciary committees, or any successor committees, of the
18 senate and the house of representatives of the general assembly AND THE
19 OPIOID AND OTHER SUBSTANCE USE DISORDERS STUDY COMMITTEE
20 CREATED IN SECTION 10-22.3-101 by January 1, ~~2014~~ **2021**, and by each
21 January 1 thereafter, at a minimum specifying the following:

22 **SECTION 5.** In Colorado Revised Statutes, 19-1-103, **amend**
23 (1)(a)(VII) as follows:

24 **19-1-103. Definitions.** As used in this title 19 or in the specified
25 portion of this title 19, unless the context otherwise requires:

26 (1) (a) "Abuse" or "child abuse or neglect", as used in part 3 of
27 article 3 of this title 19, means an act or omission in one of the following

1 categories that threatens the health or welfare of a child:

2 (VII) Any case in which a child ~~tests positive at birth for either a~~
3 ~~schedule I controlled substance, as defined in section 18-18-203, C.R.S.,~~
4 ~~or a schedule II controlled substance, as defined in section 18-18-204,~~
5 ~~C.R.S., unless the child tests positive for a schedule II controlled~~
6 ~~substance as a result of the mother's lawful intake of such substance as~~
7 ~~prescribed~~ IS BORN AFFECTED BY ALCOHOL OR SUBSTANCE EXPOSURE,
8 EXCEPT WHEN TAKEN AS PRESCRIBED OR RECOMMENDED AND MONITORED
9 BY A LICENSED HEALTH CARE PROVIDER, AND THE NEWBORN CHILD'S
10 HEALTH OR WELFARE IS THREATENED BY SUBSTANCE USE;

11 **SECTION 6.** In Colorado Revised Statutes, 19-3-102, **amend**
12 (1)(g) as follows:

13 **19-3-102. Neglected or dependent child.** (1) A child is
14 neglected or dependent if:

15 (g) The child ~~tests positive at birth for either a schedule I~~
16 ~~controlled substance, as defined in section 18-18-203, C.R.S., or a~~
17 ~~schedule II controlled substance, as defined in section 18-18-204, C.R.S.,~~
18 ~~unless the child tests positive for a schedule II controlled substance as a~~
19 ~~result of the mother's lawful intake of such substance as prescribed~~ IS
20 BORN AFFECTED BY ALCOHOL OR SUBSTANCE EXPOSURE, EXCEPT WHEN
21 TAKEN AS PRESCRIBED OR RECOMMENDED AND MONITORED BY A LICENSED
22 HEALTH CARE PROVIDER, AND THE NEWBORN CHILD'S HEALTH OR WELFARE
23 IS THREATENED BY SUBSTANCE USE.

24 **SECTION 7.** In Colorado Revised Statutes, **add** 19-3-216 as
25 follows:

26 **19-3-216. Rules.** THE STATE BOARD OF HUMAN SERVICES SHALL
27 PROMULGATE RULES TO DETERMINE WHETHER THERE IS CHILD ABUSE OR

1 NEGLECT AS DEFINED IN SECTION 19-1-103 (1)(a)(VII) OR IF A CHILD IS
2 NEGLECTED OR DEPENDENT AS DESCRIBED IN SECTION 19-3-102 (1)(g).

3 **SECTION 8.** In Colorado Revised Statutes, **add** 27-60-108 as
4 follows:

5 **27-60-108. Appropriation for individual placement and**
6 **support program.** FOR THE 2020-21 STATE FISCAL YEAR AND EACH
7 STATE FISCAL YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL
8 APPROPRIATE TWO MILLION DOLLARS TO THE OFFICE FOR THE PURPOSE OF
9 EXPANDING THE INDIVIDUAL PLACEMENT AND SUPPORT PROGRAM
10 ADMINISTERED BY THE OFFICE.

11 **SECTION 9.** In Colorado Revised Statutes, 27-80-118, **add** (7)
12 as follows:

13 **27-80-118. Center for research into substance use disorder**
14 **prevention, treatment, and recovery support strategies - legislative**
15 **declaration - established - mission - continuing education - public**
16 **awareness program - grant writer assistance - comprehensive review**
17 **of treatment and recovery services - repeal.** (7)(a) THE CENTER SHALL
18 DESIGN AND CONDUCT A COMPREHENSIVE REVIEW OF COLORADO'S
19 SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SERVICES TO
20 INFORM A STATE PLAN FOR THE DELIVERY OF SERVICES ACROSS THE
21 CONTINUUM OF CARE IN COLORADO TO INDIVIDUALS AT RISK OF
22 EXPERIENCING RELAPSE AFTER A PERIOD OF RECOVERY. THE CENTER
23 SHALL IDENTIFY AND CONSULT WITH RECOVERY RESEARCH EXPERTS TO:

24 (I) CONDUCT A REVIEW OF THE RESEARCH ON EFFECTIVE MODELS
25 OF CARE ACROSS THE CONTINUUM OF CARE, FROM WITHDRAWAL
26 MANAGEMENT SERVICES TO RECOVERY MANAGEMENT SERVICES. THE
27 ANALYSIS SHOULD ASSESS THE EVIDENCE BASIS OF SUBSTANCE USE

1 DISORDER TREATMENT AND RECOVERY SERVICES, INCLUDING EFFICACY,
2 OUTCOMES, AND QUALITY OF CARE, PARTICULARLY AT "HAND-OFFS" IN
3 CARE, AS THEY RELATE TO THE RISK OF RELAPSE FOR THE INDIVIDUALS
4 SERVED.

5 (II) ASSESS STANDARDS OF CARE THROUGHOUT THE CONTINUUM
6 OF CARE TO DETERMINE IF THEY ADEQUATELY ADDRESS THE RELATIVE
7 RISK FOR RELAPSE OF THE INDIVIDUALS SERVED;

8 (III) FOCUS ON RECOVERY MANAGEMENT SERVICES AND THE
9 YEARS OF RELAPSE RISK IN COMPARISON TO OTHER CHRONIC HEALTH
10 CONDITIONS;

11 (IV) ANALYZE THE EFFECT OF STIGMA ON SUBSEQUENT ACCESS TO
12 CARE, TREATMENT, AND COMMUNITY SERVICES FOR THOSE WHO
13 EXPERIENCE RELAPSE IN RECOVERY; AND

14 (V) IDENTIFY AND PROVIDE PRACTICE AND POLICY
15 RECOMMENDATIONS FOR IMPROVING SERVICES FOR INDIVIDUALS WHO
16 RELAPSE IN RECOVERY.

17 (b) IN DESIGNING AND CONDUCTING THE COMPREHENSIVE REVIEW
18 DESCRIBED IN THIS SUBSECTION (7), THE CENTER SHALL CONSIDER THE
19 NEEDS OF UNDERSERVED POPULATIONS AND COMMUNITIES.

20 (c) BY AUGUST 1, 2021, THE CENTER SHALL REPORT ITS FINDINGS
21 AND ANY RECOMMENDATIONS TO THE OPIOID AND OTHER SUBSTANCE USE
22 DISORDERS STUDY COMMITTEE CREATED IN SECTION 10-22.3-101. IN
23 MAKING ITS RECOMMENDATIONS, THE CENTER SHALL CONSULT WITH
24 INDIVIDUALS IN RECOVERY AND REPRESENTATIVES OF RECOVERY
25 COMMUNITY ORGANIZATIONS, AS DEFINED IN SECTION 27-82-115 (1)(b);
26 RECOVERY RESIDENCES, AS DEFINED IN SECTION 25-1.5-108.5 (1)(a);
27 TREATMENT PROVIDERS; AND RECOVERY ADVOCACY ORGANIZATIONS.

1 (d) FOR THE 2020-21 FISCAL YEAR, THE GENERAL ASSEMBLY
2 SHALL APPROPRIATE FIVE HUNDRED THOUSAND DOLLARS TO THE CENTER
3 FOR THE IMPLEMENTATION OF THIS SUBSECTION (7).

4 (e) THIS SUBSECTION (7) IS REPEALED, EFFECTIVE SEPTEMBER 1,
5 2021.

6 **SECTION 10.** In Colorado Revised Statutes, 27-80-121, **add**
7 (2.5) as follows:

8 **27-80-121. Perinatal substance use data linkage project -**
9 **center for research into substance use disorder prevention,**
10 **treatment, and recovery support strategies - report - appropriation.**

11 (2.5) (a) THE STATEWIDE PERINATAL SUBSTANCE USE DATA LINKAGE
12 PROJECT MUST CONDUCT ONGOING RESEARCH RELATED TO THE INCIDENCE
13 OF PERINATAL SUBSTANCE EXPOSURE OR RELATED INFANT AND FAMILY
14 HEALTH AND HUMAN SERVICE OUTCOMES BASED ON THE STANDARDS
15 SPECIFIED IN SECTIONS 19-1-103 (1)(a)(VII) AND 19-3-102 (1)(g) FOR
16 DETERMINING CHILD ABUSE OR NEGLECT OR WHETHER A CHILD IS
17 NEGLECTED OR DEPENDENT.

18 (b) FOR THE 2020-21 STATE FISCAL YEAR AND EACH STATE FISCAL
19 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE
20 SEVENTY-FIVE THOUSAND DOLLARS TO THE CENTER FOR PURPOSES OF
21 SUBSECTION (2.5)(a) OF THIS SECTION.

22 **SECTION 11.** In Colorado Revised Statutes, **add** 27-80-124 as
23 follows:

24 **27-80-124. Housing assistance for individuals with a substance**
25 **use disorder - rules - report - appropriation.** (1) SUBJECT TO
26 AVAILABLE APPROPRIATIONS, THE OFFICE OF BEHAVIORAL HEALTH SHALL
27 ESTABLISH A PROGRAM TO PROVIDE TEMPORARY FINANCIAL HOUSING

1 ASSISTANCE TO INDIVIDUALS WITH A SUBSTANCE USE DISORDER WHO
2 HAVE NO SUPPORTIVE HOUSING OPTIONS WHEN THE INDIVIDUAL IS:

3 (a) TRANSITIONING OUT OF A RESIDENTIAL TREATMENT SETTING
4 AND INTO RECOVERY; OR

5 (b) RECEIVING TREATMENT FOR THE INDIVIDUAL'S SUBSTANCE USE
6 DISORDER.

7 (2) THE OFFICE OF BEHAVIORAL HEALTH SHALL PROMULGATE
8 RULES ESTABLISHING THE MAXIMUM AMOUNT OF TEMPORARY FINANCIAL
9 ASSISTANCE THAT AN INDIVIDUAL CAN RECEIVE AND THE MAXIMUM
10 AMOUNT OF TIME FOR WHICH AN INDIVIDUAL MAY RECEIVE ASSISTANCE.
11 RULES PROMULGATED PURSUANT TO THIS SUBSECTION (2) RELATED TO
12 THE TIME FOR WHICH AN INDIVIDUAL MAY RECEIVE ASSISTANCE MUST BE
13 CLINICALLY BASED.

14 (3) IN AWARDING TEMPORARY FINANCIAL HOUSING ASSISTANCE IN
15 ACCORDANCE WITH THIS SECTION, THE OFFICE OF BEHAVIORAL HEALTH
16 SHALL PRIORITIZE FUNDING FOR INDIVIDUALS ENTERING INTO RECOVERY
17 RESIDENCES, AS DEFINED IN SECTION 25-1.5-108.5 (1)(a).

18 (4) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), BY
19 FEBRUARY 1, 2021, AND BY FEBRUARY 1 EACH YEAR THEREAFTER, THE
20 OFFICE OF BEHAVIORAL HEALTH SHALL SUBMIT A REPORT DETAILING THE
21 AMOUNT OF HOUSING ASSISTANCE PROVIDED IN THE PRIOR YEAR, THE
22 NUMBER OF INDIVIDUALS AND THE ENTITIES THAT RECEIVED THE HOUSING
23 ASSISTANCE, AND THE DURATION OF HOUSING ASSISTANCE EACH
24 INDIVIDUAL OR ENTITY RECEIVED TO THE HEALTH AND HUMAN SERVICES
25 COMMITTEE OF THE SENATE, THE HEALTH AND INSURANCE AND THE
26 PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEES OF THE HOUSE
27 OF REPRESENTATIVES, AND THE OPIOID AND OTHER SUBSTANCE USE

1 DISORDERS STUDY COMMITTEE CREATED IN SECTION 10-22.3-101, OR ANY
2 SUCCESSOR COMMITTEES.

3 (5) FOR THE 2020-21 STATE FISCAL YEAR AND EACH STATE FISCAL
4 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE FOUR
5 MILLION DOLLARS TO THE OFFICE OF BEHAVIORAL HEALTH FOR THE
6 PURPOSE OF THE HOUSING PROGRAM DESCRIBED IN THIS SECTION.

7 **SECTION 12.** In Colorado Revised Statutes, **add** 27-82-115 as
8 follows:

9 **27-82-115. Recovery support services grant program -**
10 **creation - eligibility - reporting requirements - definitions - rules -**
11 **appropriation.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT
12 OTHERWISE REQUIRES:

13 (a) "GRANT PROGRAM" MEANS THE RECOVERY SUPPORT SERVICES
14 GRANT PROGRAM CREATED IN THIS SECTION.

15 (b) "RECOVERY COMMUNITY ORGANIZATION" MEANS AN
16 INDEPENDENT, NONPROFIT ORGANIZATION LED AND GOVERNED BY
17 REPRESENTATIVES OF LOCAL COMMUNITIES OF RECOVERY THAT ORGANIZE
18 RECOVERY-FOCUSED POLICY ADVOCACY ACTIVITIES, CARRY OUT
19 RECOVERY-FOCUSED COMMUNITY EDUCATION AND OUTREACH PROGRAMS,
20 OR PROVIDE PEER-RUN RECOVERY SUPPORT SERVICES.

21 (2) THERE IS HEREBY CREATED IN THE OFFICE OF BEHAVIORAL
22 HEALTH THE RECOVERY SUPPORT SERVICES GRANT PROGRAM TO PROVIDE
23 GRANTS TO RECOVERY COMMUNITY ORGANIZATIONS FOR THE PURPOSE OF
24 PROVIDING RECOVERY-ORIENTED SERVICES TO INDIVIDUALS WITH A
25 SUBSTANCE USE AND CO-OCCURRING MENTAL HEALTH DISORDER.

26 (3) A RECOVERY COMMUNITY ORGANIZATION THAT RECEIVES A
27 GRANT FROM THE GRANT PROGRAM MAY USE THE MONEY TO:

1 (a) OFFER OPPORTUNITIES FOR INDIVIDUALS IN RECOVERY TO
2 ENGAGE IN ACTIVITIES FOCUSED ON MENTAL OR PHYSICAL WELLNESS OR
3 COMMUNITY SERVICE;

4 (b) PROVIDE GUIDANCE TO INDIVIDUALS WITH A SUBSTANCE USE
5 AND CO-OCCURRING MENTAL HEALTH DISORDER AND THEIR FAMILY
6 MEMBERS ON NAVIGATING TREATMENT, SOCIAL SERVICE, AND RECOVERY
7 SUPPORT SYSTEMS;

8 (c) HELP INDIVIDUALS WITH A SUBSTANCE USE AND CO-OCCURRING
9 MENTAL HEALTH DISORDER TO CONNECT WITH RESOURCES NEEDED TO
10 INITIATE AND MAINTAIN RECOVERY AS OUTLINED BY THE FEDERAL
11 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION'S
12 FOUR DIMENSIONS OF RECOVERY: HEALTH, HOME, COMMUNITY, AND
13 PURPOSE;

14 (d) ASSIST IN ESTABLISHING AND SUSTAINING A SOCIAL AND
15 PHYSICAL ENVIRONMENT SUPPORTIVE OF RECOVERY;

16 (e) PROVIDE LOCAL AND STATE RECOVERY RESOURCES TO
17 RECOVERY COMMUNITY ORGANIZATION PARTICIPANTS AND COMMUNITY
18 MEMBERS; AND

19 (f) PROVIDE RECOVERY SUPPORT SERVICES FOR CAREGIVERS AND
20 FAMILIES OF INDIVIDUALS RECOVERING FROM A SUBSTANCE USE AND
21 CO-OCCURRING MENTAL HEALTH DISORDER.

22 (4) THE OFFICE OF BEHAVIORAL HEALTH SHALL ADMINISTER THE
23 GRANT PROGRAM AND, SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL
24 AWARD GRANTS AS PROVIDED IN THIS SECTION. THE OFFICE MUST AWARD
25 GRANTS FROM THE MONEY ANNUALLY APPROPRIATED FOR THE GRANT
26 PROGRAM AS PROVIDED IN SUBSECTION (8) OF THIS SECTION.

27 (5) THE OFFICE OF BEHAVIORAL HEALTH SHALL IMPLEMENT THE

1 GRANT PROGRAM IN ACCORDANCE WITH THIS SECTION. PURSUANT TO
2 ARTICLE 4 OF TITLE 24, THE OFFICE SHALL PROMULGATE RULES AS
3 NECESSARY TO IMPLEMENT THE GRANT PROGRAM.

4 (6) (a) TO RECEIVE A GRANT, A RECOVERY COMMUNITY
5 ORGANIZATION MUST SUBMIT AN APPLICATION TO THE OFFICE OF
6 BEHAVIORAL HEALTH IN ACCORDANCE WITH RULES PROMULGATED BY THE
7 OFFICE. AT A MINIMUM, THE APPLICATION MUST INCLUDE:

8 (I) A BUSINESS PLAN, INCLUDING A BUDGET, OPERATIONS, AND
9 SUSTAINABILITY PLAN;

10 (II) A PLAN FOR EDUCATING THE PUBLIC ABOUT BEHAVIORAL
11 HEALTH DISORDERS AND RECOVERY PATHWAYS; AND

12 (III) A MECHANISM FOR TRACKING RECOVERY CAPITAL MEASURES
13 FOR PARTICIPANTS.

14 (b) THE OFFICE SHALL REVIEW THE APPLICATIONS RECEIVED
15 PURSUANT TO THIS SECTION. IN AWARDING GRANTS, THE OFFICE SHALL
16 CONSIDER THE FOLLOWING CRITERIA:

17 (I) PRIORITY SHOULD BE GIVEN TO AN APPLICANT WHOSE PROGRAM
18 OUTLINES THE CAPACITY TO DELIVER RECOVERY SUPPORT SERVICES TO
19 MEET THE NEEDS OF DIVERSE RACIAL, CULTURAL, INCOME, ABILITY, AND
20 OTHER UNDERSERVED GROUPS;

21 (II) IN THE FIRST YEAR OF AWARDING GRANTS, A MINIMUM OF
22 SIXTY PERCENT OF FUNDING SHOULD BE USED TO SUPPORT THE
23 DEVELOPMENT OF NEW RECOVERY COMMUNITY ORGANIZATION SERVICES;
24 AND

25 (III) IN THE SECOND YEAR OF AWARDING GRANTS, A MINIMUM OF
26 FORTY PERCENT OF FUNDING SHOULD BE USED TO SUPPORT THE
27 DEVELOPMENT OF NEW RECOVERY COMMUNITY ORGANIZATION SERVICES.

1 (c) SUBJECT TO AVAILABLE APPROPRIATIONS, ON OR BEFORE
2 DECEMBER 1 EACH YEAR OF THE GRANT PROGRAM, THE OFFICE SHALL
3 AWARD GRANTS AS PROVIDED IN THIS SECTION. THE OFFICE SHALL
4 DISTRIBUTE THE GRANT MONEY WITHIN FORTY-FIVE DAYS AFTER
5 AWARDING THE GRANTS.

6 (7) (a) ON OR BEFORE DECEMBER 1, 2021, AND ON OR BEFORE
7 DECEMBER 1 EACH YEAR THEREAFTER, EACH RECOVERY COMMUNITY
8 ORGANIZATION THAT RECEIVES A GRANT THROUGH THE GRANT PROGRAM
9 SHALL SUBMIT A REPORT TO THE OFFICE OF BEHAVIORAL HEALTH. AT A
10 MINIMUM, THE REPORT MUST INCLUDE THE FOLLOWING INFORMATION:

11 (I) THE NUMBER OF COMMUNITY MEMBERS INVOLVED IN THE
12 ORGANIZATION;

13 (II) A DETAILED DESCRIPTION OF THE ORGANIZATION'S ADVOCACY
14 EFFORTS;

15 (III) ANY COLLABORATIVE PROJECTS WITH OTHER RECOVERY
16 COMMUNITY ORGANIZATIONS ACROSS THE STATE;

17 (IV) EFFORTS TO CAPTURE RECOVERY CAPITAL MEASURES AS
18 DESCRIBED IN SUBSECTION (6)(a)(III) OF THIS SECTION; AND

19 (V) ANY OTHER INFORMATION REQUIRED BY THE OFFICE.

20 (b) ON OR BEFORE MARCH 1, 2021, AND ON OR BEFORE MARCH 1
21 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT PROGRAM,
22 THE OFFICE SHALL SUBMIT A SUMMARIZED REPORT ON THE GRANT
23 PROGRAM TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
24 SENATE AND THE HEALTH AND INSURANCE AND THE PUBLIC HEALTH CARE
25 AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES,
26 OR ANY SUCCESSOR COMMITTEES, AND TO THE OPIOID AND OTHER
27 SUBSTANCE USE DISORDERS STUDY COMMITTEE CREATED IN SECTION

1 10-22.3-101.

2 (c) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE
3 REPORTING REQUIREMENTS SET FORTH IN THIS SUBSECTION (7) CONTINUE
4 INDEFINITELY.

5 (8) FOR THE 2020-21 STATE FISCAL YEAR AND EACH STATE FISCAL
6 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE THREE
7 MILLION FIVE HUNDRED THOUSAND DOLLARS FROM THE GENERAL FUND TO
8 THE OFFICE OF BEHAVIORAL HEALTH TO IMPLEMENT THE GRANT PROGRAM.
9 THE OFFICE MAY USE A PORTION OF THE MONEY APPROPRIATED FOR THE
10 GRANT PROGRAM TO PAY THE DIRECT AND INDIRECT COSTS OF
11 ADMINISTERING THE GRANT PROGRAM.

12 **SECTION 13. Safety clause.** The general assembly hereby finds,
13 determines, and declares that this act is necessary for the immediate
14 preservation of the public peace, health, or safety.

Sen. Brittany Pettersen, Chair
Rep. Perry Buck
Rep. Bri Buentello
Rep. Leslie Herod
Sen. Dominick Moreno

Opioid and Other Substance Use Disorders Study Committee

Rep. Chris Kennedy, Vice-Chair
Sen. Kevin Priola
Sen. Jack Tate
Rep. James Wilson
Sen. Faith Winter



State Capitol Building, Room 029
Denver, Colorado 80203-1784
(303) 866-3521



December 4, 2019

Senator Dominick Moreno, Chair
Joint Budget Committee
200 E. 14th Ave
Floor 3
Denver, CO 80203

Dear Senator Moreno:

We, the members of the Opioid and Other Substance Use Disorders Study Committee (Committee), respectfully request that you continue to support the committee's efforts to reduce the impact of the public health crisis related to substance use disorders in Colorado. The state response to this crisis requires a sustained financial commitment from the General Assembly. By joining us in prioritizing state funding for substance use disorder prevention, harm reduction, treatment, and recovery, and supporting the committee's 2020 legislative priorities, we can all continue to make a difference in the lives of those directly affected by this crisis.

In the 2018 and 2019 legislative sessions, committee members championed a number of bills which expanded Colorado's response to this crisis by increasing access to treatment, prevention, and recovery services, and expanding harm reduction efforts. Understanding that the crisis is not over and many Coloradans still need help to overcome substance use disorders, during the 2019 interim, we focused on identifying the gaps that remain in the state's ability to provide supports and services to this vulnerable population.

As a result, the committee has proposed five bills for introduction during the 2020 legislative session. These bills focus on expanding current programs and supports to people with substance use disorders, as well as:

- ensuring access to non-pharmacological therapies for the treatment of pain;
- extending prescribing limits and enhancing prescriber education programs;
- expanding funding for harm reduction, prevention, and treatment services;
- enhancing substance use disorder treatment options and resources for offenders in county jails and state prisons; and
- providing additional funding to support individuals in recovery through housing and recovery support strategies.

We are confident that the solutions established in the bills will bring us closer to reducing the negative impact of this public health crisis on our state. We are committed to supporting these strategies and realize that the cost to the state is substantial. We expect the overall cost to fund our priorities to be \$14.1 million

for FY 2020-21: \$5.6 million from the General Fund; \$8.4 million from the Marijuana Tax Cash Fund; and \$76,316 from other cash funds.

While we understand the state's competing needs, we look forward to your continued support of our efforts to address substance use disorders in the state and ask that you prioritize state financial resources towards these solutions; lives depend on it.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brittany Pettersen".

Senator Brittany Pettersen, Chair, and members of the Opioid and Other Substance Use Disorders Committee

cc: Representative Daneya Esgar
Representative Chris Hansen
Senator Bob Rankin
Representative Kim Ransom
Senator Rachel Zenzinger
Governor Jared Polis

Sen. Brittany Pettersen, Chair
Rep. Perry Buck
Rep. Bri Buentello
Rep. Leslie Herod
Sen. Dominick Moreno



Opioid and Other Substance Use Disorders Study Committee

State Capitol Building, Room 029
Denver, Colorado 80203-1784
(303) 866-3521

Rep. Chris Kennedy, Vice-Chair
Sen. Kevin Priola
Sen. Jack Tate
Rep. James Wilson
Sen. Faith Winter



December 4, 2019

The Honorable Michael Bennet
The Honorable Cory Gardner
The Honorable Diana DeGette
The Honorable Joe Neguse
The Honorable Scott Tipton
The Honorable Ken Buck
The Honorable Doug Lamborn
The Honorable Jason Crow
The Honorable Ed Perlmutter

Dear members of the Colorado Congressional delegation:

During the legislative interim in 2017, 2018, and 2019, a joint committee of the Colorado General Assembly was appointed to study Colorado's public health crisis related to substance use disorders.

In 2017, there were 1,012 drug overdose deaths in Colorado, with 600 of those deaths from opioids or heroin. Colorado is currently experiencing a "third wave" of overdoses, also seen in other states: first prescription opioids, then heroin, then fentanyl. Colorado is not the only state urgently addressing this issue; the crisis is a nationwide problem. More than 399,000 Americans died from overdoses involving opioids between 1999 and 2017. The Centers for Disease Control and Prevention has declared the opioid crisis a "top four" crisis facing our nation, to be viewed as seriously as the other top national health threats: cancer, heart disease, and obesity.

For the past three years, the committee, state agencies, and stakeholders have collaborated to identify and implement several innovative policies and programs in Colorado to assist people with substance use disorders and their families. Some notable achievements of the committee include:

- expanding the safe disposal program to collect unused drugs across the state;
- conducting a robust public awareness campaigns to reduce the stigma of seeking treatment;
- expanding training programs and continuing education opportunities for prescribers of pain medication;
- funding programs to support pregnant women with substance use disorders;
- funding loan repayment and scholarships for behavioral health care providers;
- creating a web-based capacity tracking system for facilities that provide services and a care navigation program for individuals in need of substance use disorder services;
- directing Colorado's Medicaid program to apply for a federal waiver to provide coverage for inpatient and residential substance use disorder services;
- funding a grant program to increase substance use disorder services in rural and frontier communities;

- funding criminal justice diversion programs and jail-based behavioral health, including medication-assisted treatment programs; and
- equipping local public health and law enforcement agencies with opioid antagonists.

While Colorado has made great progress, the crisis is expected to get worse before it gets better, and Colorado is not likely to see a substantial reduction in the rate of overdose deaths for another six to seven years. Many of those who died of an opioid overdose in 2018 had reported their "first use" over ten years ago, and while opioid prescribing is declining, we still have tens of thousands of Coloradans who need, or will need, treatment.

Throughout its work, the committee has identified changes in law or policy that would benefit Coloradans struggling with substance use disorder that require federal intervention. Specifically, the committee requests that Colorado congressional delegation consider the requested changes to federal law or federal policy related to the crisis in Colorado and the United States:

- Remove the requirement that states apply for a Medicaid waiver to cover detoxification services and inpatient residential treatment for substance use disorder. The current waiver process takes multiple years to complete and delays implementation of this crucial benefit.
- Remove the requirement that medical practitioners obtain a federal waiver from the U.S. Department of Health and Human Services (HHS) and complete training to prescribe buprenorphine medications, which are used in medication-assisted treatment for substance use disorder.
- Remove federal requirements to administer or dispense methadone, an opioid agonist used in medication-assisted treatment, only at Opioid Treatment Programs (OTP). In addition to licensing by the state of Colorado, OTPs must obtain certification and registration from both HHS and the Drug Enforcement Administration (DEA).
- Ensure that all persons with substance use disorders receive coverage for treatment regardless of payer and regardless of setting, including requiring that the Medicare program cover all forms of medication-assisted treatment.
- Ensure that the DEA does not arbitrarily cap or prevent shipments of buprenorphine medications for medication-assisted treatment to pharmacies.
- Allow correctional facility inmates on work release to gain Medicaid coverage in order to access substance use disorder treatment, including medication-assisted treatment.
- Allow the use of opioid antagonist naloxone past the medication's expiration date, without liability.
- Encourage innovation and competition in Prescription Data Monitoring Program technology marketplace, including promoting access to the state-owned data and enforcing newly proposed rules from HHS to improve the interoperability of health information.

With the cooperation of the congressional delegation, Colorado can do even more to ensure that those with substance use disorders and their families are not left behind. The committee urges you to support federal changes that can reduce the negative impacts of this public health crisis on our state and in our country.

Sincerely,



Senator Brittany Pettersen, Chair, and members of the Opioid and Other Substance Use Disorders Committee