

HOUSE COMMITTEE OF REFERENCE REPORT

\_\_\_\_\_  
Chair of Committee

\_\_\_\_\_  
April 29, 2024  
Date

Committee on Health & Human Services.

After consideration on the merits, the Committee recommends the following:

SB24-047 be amended as follows, and as so amended, be referred to the Committee on Appropriations with favorable recommendation:

1 Amend reengrossed bill, page 12, strike lines 3 and 4 and substitute "BY  
2 A LOCAL OR DISTRICT PUBLIC HEALTH AGENCY."

3 Page 12, after line 9 insert:

4 **"25-20.5-2202. Establishment of overdose fatality review**  
5 **teams.** (1) COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES WITHIN THE  
6 STATE MAY ESTABLISH A MULTIDISCIPLINARY AND MULTIAGENCY  
7 OVERDOSE FATALITY REVIEW LOCAL TEAM. A LOCAL TEAM MUST BE  
8 CREATED PURSUANT TO THIS ARTICLE 20.5.

9 (2) TWO OR MORE COUNTIES MAY AGREE TO JOINTLY ESTABLISH  
10 A SINGLE MULTICOUNTY TEAM.

11 (3) MULTICOUNTY OR MULTIDISTRICT TEAM MEMBERS SHALL  
12 ENTER INTO A MEMORANDUM OF UNDERSTANDING AMONG THE COUNTIES  
13 OR DISTRICTS REGARDING TEAM MEMBERSHIP, STAFFING, AND  
14 OPERATIONS.

15 **25-20.5-2203. Composition of overdose fatality review teams**  
16 **- required members - additional members - responsibilities of the**  
17 **chair.** (1) EACH LOCAL TEAM MUST CONSIST OF AT LEAST FIVE OF THE  
18 FOLLOWING INDIVIDUALS, ORGANIZATIONS, AGENCIES, AND AREAS OF  
19 EXPERTISE, IF AVAILABLE; EXCEPT THAT THERE SHALL NOT BE MORE THAN  
20 ONE REPRESENTATIVE FROM LAW ENFORCEMENT:

21 (a) THE COUNTY OR DISTRICT HEALTH OFFICER, OR THE OFFICER'S  
22 DESIGNEE;

23 (b) THE DIRECTOR OF THE LOCAL DEPARTMENT OF HUMAN  
24 SERVICES, OR THE DIRECTOR'S DESIGNEE;

25 (c) THE LOCAL DISTRICT ATTORNEY, OR THE DISTRICT ATTORNEY'S  
26 DESIGNEE;

- 1 (d) THE DIRECTOR OF BEHAVIORAL HEALTH SERVICES IN THE  
2 COUNTY, OR THE DIRECTOR'S DESIGNEE;
- 3 (e) A STATE, COUNTY, OR MUNICIPAL LAW ENFORCEMENT OFFICER;  
4 (f) A REPRESENTATIVE OF A LOCAL JAIL OR DETENTION CENTER;  
5 (g) THE LOCAL MEDICAL EXAMINER OR CORONER, OR ITS DESIGNEE;  
6 (h) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN THE  
7 PREVENTION, DIAGNOSIS, AND TREATMENT OF SUBSTANCE USE DISORDERS;  
8 (i) A MENTAL HEALTH PROVIDER WHO SPECIALIZES IN SUBSTANCE  
9 USE DISORDERS;
- 10 (j) A REPRESENTATIVE OF AN EMERGENCY MEDICAL SERVICES  
11 PROVIDER IN THE COUNTY;
- 12 (k) A REPRESENTATIVE FROM PAROLE, PROBATION, AND  
13 COMMUNITY CORRECTIONS;
- 14 (l) A REPRESENTATIVE FROM A HARM REDUCTION PROVIDER; AND  
15 (m) A RECOVERY COACH, PEER SUPPORT WORKER, OR OTHER  
16 REPRESENTATIVE OF THE RECOVERY COMMUNITY.
- 17 (2) A LOCAL TEAM MAY INCLUDE THE FOLLOWING ADDITIONAL  
18 INDIVIDUALS, ORGANIZATIONS, AGENCIES, AND AREAS OF EXPERTISE, IF  
19 AVAILABLE, AS EITHER PERMANENT OR AUXILIARY MEMBERS:
- 20 (a) THE LOCAL SUPERINTENDENT OF SCHOOLS, OR THE  
21 SUPERINTENDENT'S DESIGNEE;
- 22 (b) A REPRESENTATIVE OF A LOCAL HOSPITAL;
- 23 (c) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN EMERGENCY  
24 MEDICINE;
- 25 (d) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN PAIN  
26 MANAGEMENT;
- 27 (e) A PHARMACIST WITH A BACKGROUND IN PRESCRIPTION DRUG  
28 MISUSE AND DIVERSION;
- 29 (f) A SUBSTANCE USE DISORDER TREATMENT PROVIDER FROM A  
30 LICENSED SUBSTANCE USE DISORDER TREATMENT PROGRAM;
- 31 (g) A POISON CONTROL CENTER REPRESENTATIVE;
- 32 (h) A MENTAL HEALTH PROVIDER WHO IS A GENERALIST;
- 33 (i) A PRESCRIPTION DRUG MONITORING PROGRAM ADMINISTRATOR;
- 34 (j) A REPRESENTATIVE FROM A LOCAL DRUG COURT; AND  
35 (k) ANY OTHER INDIVIDUAL NECESSARY FOR THE WORK OF THE  
36 LOCAL TEAM, RECOMMENDED BY THE LOCAL TEAM AND APPOINTED BY  
37 THE CHAIR.
- 38 (3) (a) (I) THE CHAIR OF THE LOCAL TEAM MUST BE THE COUNTY  
39 OR DISTRICT PUBLIC HEALTH DIRECTOR. IF THE COUNTY OR DISTRICT  
40 PUBLIC HEALTH DIRECTOR IS UNABLE TO PARTICIPATE, THE DIRECTOR MAY  
41 DESIGNATE A PERSON EMPLOYED BY THE COUNTY OR DISTRICT HEALTH  
42 AGENCY THAT HOUSES THE LOCAL TEAM TO SERVE AS THE CHAIR OF THE  
43 LOCAL TEAM.

1 (II) IF A LOCAL TEAM IS A MULTICOUNTY OR MULTIDISTRICT TEAM,  
2 THE MEMBERS OF THE TEAM MAY VOTE TO APPOINT ONE OF THE COUNTY  
3 OR DISTRICT PUBLIC HEALTH DIRECTORS TO SERVE AS CHAIR, OR APPOINT  
4 THE DIRECTOR'S DESIGNEE, OR THE COUNTY OR DISTRICT PUBLIC HEALTH  
5 DIRECTORS OR DESIGNEES MAY SERVE AS CO-CHAIRS.

6 (b) THE CHAIR OF THE LOCAL TEAM IS RESPONSIBLE FOR THE  
7 FOLLOWING:

8 (I) SOLICITING AND RECRUITING THE NECESSARY AND  
9 APPROPRIATE MEMBERS TO SERVE ON THE LOCAL TEAM PURSUANT TO  
10 SUBSECTIONS (1) AND (2) OF THIS SECTION;

11 (II) FACILITATING EACH LOCAL TEAM MEETING AND  
12 IMPLEMENTING THE PROTOCOLS AND PROCEDURES OF THE LOCAL TEAM;

13 (III) ENSURING THAT ALL MEMBERS OF THE LOCAL TEAM AND ALL  
14 GUEST OBSERVERS SIGN CONFIDENTIALITY FORMS;

15 (IV) REQUESTING AND COLLECTING THE INFORMATION NEEDED  
16 FOR THE LOCAL TEAM'S CASE REVIEW;

17 (V) FILLING VACANCIES ON THE LOCAL TEAM WHEN A MEMBER IS  
18 NO LONGER ABLE TO FULFILL THE MEMBER'S DUTIES AND OBLIGATIONS TO  
19 THE LOCAL TEAM. WHEN A MEMBER LEAVES, THE MEMBER SHOULD BE  
20 REPLACED WITH AN INDIVIDUAL FROM THE SAME OR EQUIVALENT POSITION  
21 OR DISCIPLINE; AND

22 (VI) SERVING AS A LIAISON FOR THE LOCAL TEAM WHEN  
23 NECESSARY.

24 **25-20.5-2204. Purposes and duties of overdose fatality review**  
25 **teams.** (1) (a) THE PURPOSE OF EACH LOCAL TEAM IS TO:

26 (I) PROMOTE COOPERATION AND COORDINATION AMONG AGENCIES  
27 INVOLVED IN THE INVESTIGATION OF DRUG OVERDOSE FATALITIES;

28 (II) DEVELOP AN UNDERSTANDING OF THE CAUSES AND INCIDENCE  
29 OF DRUG OVERDOSE FATALITIES IN THE JURISDICTION WHERE THE LOCAL  
30 TEAM OPERATES;

31 (III) PLAN FOR AND RECOMMEND CHANGES WITHIN THE AGENCIES  
32 REPRESENTED ON THE LOCAL TEAM TO PREVENT DRUG OVERDOSE  
33 FATALITIES; AND

34 (IV) ADVISE LOCAL, REGIONAL, AND STATE POLICYMAKERS ABOUT  
35 POTENTIAL CHANGES TO LAW, POLICY, FUNDING, OR PRACTICE TO PREVENT  
36 DRUG OVERDOSES.

37 (b) TO ACHIEVE ITS PURPOSE, EACH LOCAL TEAM SHALL:

38 (I) ESTABLISH AND IMPLEMENT PROTOCOLS AND PROCEDURES;

39 (II) CONDUCT A MULTIDISCIPLINARY REVIEW OF INFORMATION  
40 RECEIVED PURSUANT TO 25-20.5-2205 REGARDING A DECEDENT, WHICH  
41 SHALL INCLUDE, BUT NOT BE LIMITED TO:

42 (A) CONSIDERATION OF THE DECEDENT'S POINTS OF CONTACT WITH  
43 HEALTH-CARE SYSTEMS, SOCIAL SERVICES, EDUCATIONAL INSTITUTIONS,

1 CHILD AND FAMILY SERVICES, THE CRIMINAL JUSTICE SYSTEM, INCLUDING  
2 LAW ENFORCEMENT, AND ANY OTHER SYSTEMS WITH WHICH THE  
3 DECEDENT HAD CONTACT PRIOR TO THE DECEDENT'S DEATH; AND  
4 (B) IDENTIFICATION OF THE SPECIFIC FACTORS AND SOCIAL  
5 DETERMINANTS OF HEALTH THAT PUT THE DECEDENT AT RISK FOR AN  
6 OVERDOSE;  
7 (III) RECOMMEND PREVENTION AND INTERVENTION STRATEGIES  
8 TO IMPROVE COORDINATION OF SERVICES AND INVESTIGATIONS AMONG  
9 MEMBER AGENCIES TO REDUCE OVERDOSE DEATHS; AND  
10 (IV) COLLECT, ANALYZE, INTERPRET, AND MAINTAIN LOCAL DATA  
11 ON OVERDOSE DEATHS.  
12 (c) THE LOCAL TEAM SHALL AGGREGATE ALL INFORMATION AND  
13 MAY NOT SHARE OR OTHERWISE DISSEMINATE PERSONALLY IDENTIFIABLE  
14 INFORMATION WITHOUT A SIGNED CONSENT FORM FROM THE DECEDENT'S  
15 NEXT OF KIN.  
16 (2) EACH LOCAL TEAM SHALL SUBMIT AN ANNUAL REPORT TO THE  
17 COUNTY OR DISTRICT PUBLIC HEALTH AGENCY OR AGENCIES SERVED BY  
18 THE LOCAL TEAM CONTAINING DE-IDENTIFIED INFORMATION SPECIFIED IN  
19 SUBSECTION (4) OF THIS SECTION."

20 Renumber succeeding C.R.S. sections accordingly.

21 Page 14, line 17, strike "FIVE" and substitute "TEN".

22 Page 15, line 15, strike "2203," and substitute "2206,".

\*\* \*\* \*\* \*\* \*\*