

**First Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 19-1084.01 Kristen Forrestal x4217

SENATE BILL 19-228

SENATE SPONSORSHIP

Winter and Moreno,

HOUSE SPONSORSHIP

Buentello and Singer,

Senate Committees

Health & Human Services
Appropriations

House Committees

Health & Insurance
Appropriations

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO PREVENT SUBSTANCE ABUSE, AND, IN**
102 **CONNECTION THEREWITH, REQUIRING CERTAIN PRESCRIBERS TO**
103 **COMPLETE SUBSTANCE USE DISORDER TRAINING; PROHIBITING**
104 **PHYSICIANS AND PHYSICIAN ASSISTANTS FROM ACCEPTING**
105 **BENEFITS FOR PRESCRIBING SPECIFIC MEDICATIONS; REQUIRING**
106 **OPIOID PRESCRIPTIONS TO BEAR WARNING LABELS; ALLOWING**
107 **MEDICAL EXAMINERS ACCESS TO THE PRESCRIPTION DRUG**
108 **MONITORING PROGRAM; PROVIDING FUNDING TO ADDRESS**
109 **OPIOID AND SUBSTANCE USE DISORDERS THROUGH PUBLIC**
110 **HEALTH INTERVENTIONS IN LOCAL COMMUNITIES; REQUIRING**
111 **STATE DEPARTMENTS TO REPORT RECEIPT AND ELIGIBILITY FOR**
112 **FEDERAL FUNDS FOR HIV AND HEPATITIS TESTING; ■ ■ ■**
113 **REQUIRING THE CENTER FOR RESEARCH INTO SUBSTANCE USE**

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.

SENATE
Amended 3rd Reading
April 25, 2019

SENATE
Amended 2nd Reading
April 24, 2019

101 DISORDER PREVENTION, TREATMENT, AND RECOVERY SUPPORT
102 STRATEGIES TO DEVELOP AND IMPLEMENT A PROGRAM TO
103 INCREASE PUBLIC AWARENESS CONCERNING THE SAFE USE,
104 STORAGE, AND DISPOSAL OF ANTAGONIST DRUGS; AND MAKING
105 AN 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>.)

The bill:

- ! Requires certain health care providers who have prescriptive authority to complete substance use disorder training as part of continuing education required to renew the provider's license. Specifically, the requirement applies to podiatrists (**section 1** of the bill), dentists (**section 2**), advanced practice nurses (**section 3**), optometrists (**section 4**), and veterinarians (**section 5**).
- ! Prohibits a physician or physician assistant from accepting any direct or indirect benefits for prescribing a specific medication (**section 6**);
- ! Requires a prescription for an opioid for outpatient use to bear a warning label (**section 7**);
- ! Allows medical examiners access to the prescription drug monitoring program under specified circumstances (**section 8**);
- ! For the 2019-20 fiscal year, appropriates \$5 million from the general fund to the department of public health and environment for the purpose of working at state and local levels to address opioid and other substance use disorder priorities (**section 9**);
- ! Requires specified state departments to report to the health committees of the general assembly by December 31, 2019, the amount of federal funds that each is receiving or is eligible to receive for use in testing for hepatitis and HIV and the number of individuals currently and anticipated to be tested. The departments are also required to share eligibility standards for treatment with primary care providers (**section 10**).

- ! Creates 2 grant programs in the office of behavioral health in the department of human services to address opioid and other substance use disorder prevention and recovery. The grant programs focus on at-risk youth and their families affected by substance use disorders and who have not been successful in seeking aid through existing resources. The general assembly is required to appropriate \$3 million to the youth opioid and substance use prevention fund from the marijuana tax cash fund and \$3 million to the local substance use disorder prevention and recovery pilot program fund from the general fund to administer the programs (**section 11**).
- ! Requires the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to develop and implement a program to increase public awareness about the safe use, storage, and disposal of opioids, and about the availability of antagonist drugs. The general assembly is required to annually appropriate \$750,000 to the center from the marijuana tax cash fund to implement the program (**section 12**).
- ! Requires the center to hire additional staff to assist local communities in applying for grants, and requires the general assembly to appropriate general funds for the 2019-20 fiscal year to enable the center to hire staff for this purpose (section 12);
- ! Requires the center to conduct a statewide maternal and perinatal population-based needs assessment to gather information regarding substance use disorders among mothers and pregnant women and other mental health issues. For the 2019-20 and 2020-21 fiscal years, the general assembly is directed to appropriate \$100,000 per year from the general fund for allocation to the center to conduct the needs assessment (**section 14**).
- ! Requires the center to establish a pilot program to test the implementation of screening, brief intervention, and referral to treatment (SBIRT) for women's health and prenatal and postpartum care in 5 counties. The general assembly is directed to appropriate \$228,000 from the marijuana tax cash fund to implement SBIRT in the 2019-20 fiscal year (section 14).
- ! Requires the college of nursing to implement and provide a training and technical assistance program for health care and mental health care providers in specified counties regarding SBIRT online training and tools to teach women of the risks of alcohol and substance use during pregnancy.

For the 2019-20 and 2020-21 fiscal years, the general assembly is directed to appropriate \$172,000 per year from the marijuana tax cash fund to implement the program (section 14).

- ! Requires the office of behavioral health in the department of human services to administer a pilot program to integrate substance use disorder and medication-assisted treatment with obstetric and gynecological health care and requires the general assembly to appropriate money from the general fund in the 2019-20, 2020-21, and 2021-22 fiscal years to fund the pilot program (**section 15**).

Sections 16 through 23 make conforming amendments to harmonize the bill with the title 12 recodification bill, House Bill 19-1172.

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

2 **SECTION 1. In Colorado Revised Statutes, amend 10-16-143.5**

3 as follows:

4 **10-16-143.5. Pharmacy reimbursement - substance use**
5 **disorders - injections - patient counseling.** (1) If a pharmacy has
6 entered into a collaborative pharmacy practice agreement with one or
7 more physicians pursuant to section 12-42.5-602 to administer injectable
8 antagonist medication for medication-assisted treatment for substance use
9 disorders, the pharmacy administering the drug shall receive an enhanced
10 dispensing fee.

11 (2) IF A PHARMACY DISPENSES AN OPIOID THAT IS A SCHEDULE II
12 OR SCHEDULE III DRUG PURSUANT TO SECTION 18-18-204 OR 18-18-205 TO
13 A PATIENT WHO HAS NOT PREVIOUSLY RECEIVED AN OPIOID PRESCRIPTION
14 AND THE PHARMACY PROVIDES COUNSELING CONCERNING THE RISK OF
15 OPIOIDS TO THE PATIENT, THE DISPENSING PHARMACY SHALL RECEIVE AN
16 ENHANCED DISPENSING FEE.

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1 **SECTION 2.** In Colorado Revised Statutes, **add** 12-36-117.8 as
2 follows:

3 **12-36-117.8. Prescription medications - financial benefit for**
4 **prescribing prohibited.** A PHYSICIAN OR PHYSICIAN ASSISTANT SHALL
5 NOT ACCEPT ANY DIRECT OR INDIRECT BENEFIT FROM A PHARMACEUTICAL
6 MANUFACTURER OR PHARMACEUTICAL REPRESENTATIVE FOR PRESCRIBING
7 A SPECIFIC MEDICATION TO A PATIENT. FOR THE PURPOSES OF THIS
8 SECTION, A DIRECT OR INDIRECT BENEFIT DOES NOT INCLUDE A BENEFIT
9 OFFERED TO A PHYSICIAN OR PHYSICIAN ASSISTANT REGARDLESS OF
10 WHETHER THE SPECIFIC MEDICATION IS BEING PRESCRIBED.

11 **SECTION 3.** In Colorado Revised Statutes, **12-42.5-121, add (3)**
12 **as follows:**

13 **12-42.5-121. Labeling - rules. (3)** THE BOARD SHALL
14 **PROMULGATE RULES CONCERNING THE LABELING REQUIREMENTS FOR A**
15 **PRESCRIPTION DRUG THAT IS DISPENSED TO A PATIENT FOR OUTPATIENT**
16 **USE AND CONTAINS AN OPIOID, EXCEPT FOR AN OPIOID PRESCRIBED FOR**
17 **TREATMENT OF A SUBSTANCE USE DISORDER OR THAT IS A PARTIAL OPIOID**
18 **ANTAGONIST, WHICH RULES MUST INCLUDE A WARNING TO INDICATE RISKS**
19 **SUCH AS OVERDOSE AND ADDICTION.**

20 **SECTION 4.** In Colorado Revised Statutes, 12-42.5-404, **add**
21 (3)(j) as follows:

22 **12-42.5-404. Program operation - access - rules - definitions -**
23 **repeal.** (3) The program is available for query only to the following
24 persons or groups of persons:

25 (j) A MEDICAL EXAMINER WHO IS A PHYSICIAN LICENSED
26 PURSUANT TO ARTICLE 36 OF THIS TITLE 12 WHOSE LICENSE IS IN GOOD
27 STANDING, AND WHO IS LOCATED AND EMPLOYED IN THE STATE OF

1 COLORADO, OR A CORONER ELECTED PURSUANT TO SECTION 30-10-601,

2 IF:

3 (I) THE INFORMATION RELEASED IS SPECIFIC TO AN INDIVIDUAL
4 WHO IS THE SUBJECT OF AN AUTOPSY CONDUCTED BY THE MEDICAL
5 EXAMINER OR CORONER;

6 (II) THE MEDICAL EXAMINER OR THE CORONER HAS LEGITIMATE
7 ACCESS TO THE INDIVIDUAL'S MEDICAL RECORD; AND

8 (III) THE INDIVIDUAL'S DEATH OR INJURY OCCURRED UNDER
9 UNUSUAL, SUSPICIOUS, OR UNNATURAL CIRCUMSTANCES.

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11 **SECTION 5.** In Colorado Revised Statutes, **add** 25-1-521 as
12 follows:

13 **25-1-521. State department - local public health agencies -**
14 **address substance use disorders - appropriation - repeal.** (1) FOR THE
15 2019-20 FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE TWO
16 MILLION DOLLARS TO THE STATE DEPARTMENT TO ADDRESS OPIOID AND
17 SUBSTANCE USE DISORDERS THROUGH PUBLIC HEALTH INTERVENTIONS
18 AND TO WORK WITH COMMUNITY PARTNERS, INCLUDING COUNTY AND
19 DISTRICT PUBLIC HEALTH AGENCIES, TO ADDRESS OPIOID AND OTHER
20 SUBSTANCE USE PRIORITIES THROUGHOUT THE STATE. THE STATE
21 DEPARTMENT MAY USE THE MONEY FOR DATA COLLECTION, ANALYSIS,
22 AND DISSEMINATION ACTIVITIES RELATED TO OPIOID AND OTHER
23 SUBSTANCE USE DISORDERS AT THE STATE AND LOCAL LEVELS, INCLUDING
24 COMMUNITY HEALTH ASSESSMENTS AND IMPROVEMENT PLANNING. THE
25 STATE DEPARTMENT MAY USE UP TO FIVE HUNDRED THOUSAND DOLLARS
26 OF THE MONEY FOR ADMINISTRATIVE COSTS AND OTHER ACTIVITIES
27 RELATED TO THE PURPOSES OF THIS SECTION.

1 (2) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2020.

2 **SECTION 6.** In Colorado Revised Statutes, **add 26-1-141** as
3 follows:

4 **26-1-141. Departments - report required - hepatitis and HIV**
5 **tests - definitions.** (1) ON OR BEFORE DECEMBER 31, 2019, THE
6 EXECUTIVE DIRECTORS OF THE DEPARTMENT OF HUMAN SERVICES, THE
7 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, AND THE
8 DEPARTMENT OF CORRECTIONS SHALL SUBMIT A REPORT TO THE PUBLIC
9 HEALTH CARE AND HUMAN SERVICES COMMITTEE AND THE HEALTH AND
10 INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE
11 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE CONCERNING:

12 (a) THE AMOUNT OF FEDERAL FUNDS THAT EACH DEPARTMENT IS
13 ELIGIBLE TO RECEIVE OR IS CURRENTLY RECEIVING THAT MAY BE USED FOR
14 TESTING FOR HEPATITIS B, HEPATITIS C, OR HIV;

15 (b) THE NUMBER OF INDIVIDUALS CURRENTLY BEING TESTED FOR
16 EACH DISEASE LISTED IN SUBSECTION (1)(a) OF THIS SECTION; AND

17 (c) WHETHER EACH DEPARTMENT IS PLANNING TO INCREASE THE
18 NUMBER OF PEOPLE BEING TESTED FOR EACH DISEASE LISTED IN
19 SUBSECTION (1)(a) OF THIS SECTION.

20 (2) THE DEPARTMENTS SPECIFIED IN SUBSECTION (1) OF THIS
21 SECTION SHALL PREPARE MATERIALS DESCRIBING THE ELIGIBILITY
22 STANDARDS CURRENTLY IN USE FOR TREATMENT OF HEPATITIS B,
23 HEPATITIS C, AND HIV AND DISTRIBUTE MATERIALS TO PRIMARY CARE
24 PROVIDERS IN THE STATE. THE DEPARTMENTS MAY DISTRIBUTE THE
25 MATERIALS BY PROVIDING THE MATERIALS TO THE RELEVANT
26 PROFESSIONAL ASSOCIATION FOR THE PROVIDERS, AT PROFESSIONAL
27 ASSOCIATION MEETINGS AND CONFERENCES, OR BY OTHER APPROPRIATE

1 MEANS AS DETERMINED BY EACH DEPARTMENT.

2 (3) AS USED IN THIS SECTION:

3 (a) "ARRANGING FOR THE PROVISION" MEANS DEMONSTRATING
4 ESTABLISHED REFERRAL RELATIONSHIPS WITH HEALTH CARE PROVIDERS
5 FOR ANY OF THE COMPREHENSIVE PRIMARY CARE SERVICES NOT DIRECTLY
6 PROVIDED BY AN ENTITY.

7 (b) (I) "PRIMARY CARE" MEANS THE BASIC ENTRY-LEVEL HEALTH
8 CARE PROVIDED BY PHYSICIAN OR NONPHYSICIAN HEALTH CARE
9 PRACTITIONERS THAT IS GENERALLY PROVIDED IN AN OUTPATIENT
10 SETTING.

11 (II) "PRIMARY CARE" INCLUDES:

12 (A) PROVIDING OR ARRANGING FOR THE PROVISION OF PRIMARY
13 HEALTH CARE;

14 (B) MATERNITY CARE, INCLUDING PRENATAL CARE;

15 (C) PREVENTIVE, DEVELOPMENTAL, AND DIAGNOSTIC SERVICES
16 FOR INFANTS AND CHILDREN;

17 (D) ADULT PREVENTIVE SERVICES;

18 (E) DIAGNOSTIC LABORATORY AND RADIOLOGY SERVICES;

19 (F) EMERGENCY CARE FOR MINOR TRAUMA;

20 (G) PHARMACEUTICAL SERVICES; AND

21 (H) COORDINATION AND FOLLOW-UP FOR HOSPITAL CARE.

22 (III) "PRIMARY CARE" MAY ALSO INCLUDE OPTIONAL SERVICES
23 BASED ON A PATIENT'S NEEDS.

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25 **SECTION 7. In Colorado Revised Statutes, 27-80-106, add (3)**
26 **as follows:**

27 **27-80-106. Purchase of prevention and treatment services.**

1 (3) (a) THERE IS CREATED IN THE OFFICE OF BEHAVIORAL HEALTH,
2 REFERRED TO IN THIS SECTION AS THE "OFFICE", THE CHARLIE HUGHES
3 AND NATHAN GAUNA OPIOID PREVENTION GRANT PROGRAM TO IMPROVE
4 YOUNG LIVES, REFERRED TO IN THIS SECTION AS THE "PROGRAM", FOR
5 PREVENTING OPIOID USE AMONG THE STATE'S YOUTH POPULATION.

6 (b) THE OFFICE SHALL, IN COORDINATION WITH THE STATE PLAN
7 FORMULATED PURSUANT TO SECTION 27-80-102, PURCHASE PREVENTION
8 SERVICES FROM ONE OR MORE COMMUNITY-BASED YOUTH DEVELOPMENT
9 ORGANIZATIONS THAT ADMINISTER EVIDENCE-BASED SUBSTANCE USE
10 PREVENTION PROGRAMS TO YOUTH AND FAMILIES. THE OFFICE SHALL
11 PRIORITIZE THE AMOUNTS OF FUNDING REQUESTED IN THEIR ENTIRETY OR
12 IN AMOUNTS SUFFICIENT TO ENSURE THAT GRANT RECIPIENTS ARE ABLE TO
13 FULLY OR SUBSTANTIALLY IMPLEMENT PROGRAMS TO FIDELITY. THE
14 OFFICE MAY USE UP TO TEN PERCENT OF THE MONEY APPROPRIATED TO
15 THE PROGRAM FOR ADMINISTRATION AND EVALUATION OF THE PROGRAM.

16 (c) THIS SUBSECTION (3) IS REPEALED, EFFECTIVE SEPTEMBER 1,
17 2020.

18 **SECTION 8.** In Colorado Revised Statutes, 27-80-118, **add** (5)
19 and (6) as follows:

20 **27-80-118. Center for research into substance use disorder**
21 **prevention, treatment, and recovery support strategies - legislative**
22 **declaration - established - repeal.** (5) (a) THE CENTER SHALL DEVELOP
23 AND IMPLEMENT A PROGRAM TO INCREASE PUBLIC AWARENESS
24 CONCERNING THE SAFE USE, STORAGE, AND DISPOSAL OF OPIOIDS AND THE
25 AVAILABILITY OF NALOXONE AND OTHER DRUGS USED TO BLOCK THE
26 EFFECTS OF AN OPIOID OVERDOSE.

27 (b) (I) FOR THE 2019-20 FISCAL YEAR AND EACH FISCAL YEAR

1 THEREAFTER THROUGH THE 2023-24 FISCAL YEAR, THE GENERAL
2 ASSEMBLY SHALL APPROPRIATE SEVEN HUNDRED FIFTY THOUSAND
3 DOLLARS PER YEAR TO THE CENTER FROM THE MARIJUANA TAX CASH FUND
4 CREATED IN SECTION 39-28.8-501 (1) FOR THE PURPOSES OF THIS
5 SUBSECTION (5).

6 (II) THIS SUBSECTION (5) IS REPEALED, EFFECTIVE SEPTEMBER 1,
7 2024. BEFORE ITS REPEAL, THE PROGRAM CREATED IN THIS SUBSECTION
8 (5) IS SCHEDULED FOR REVIEW PURSUANT TO SECTION 24-34-104.

9 (6) (a) THE CENTER MAY EMPLOY UP TO **THREE** ADDITIONAL
10 EMPLOYEES TO WORK AS GRANT WRITERS IN ORDER TO AID LOCAL
11 COMMUNITIES IN NEED OF ASSISTANCE IN APPLYING FOR GRANTS TO
12 ACCESS STATE AND FEDERAL MONEY TO ADDRESS OPIOID AND OTHER
13 SUBSTANCE USE DISORDERS IN THEIR COMMUNITIES. THE CENTER SHALL
14 DETERMINE THE COMMUNITIES IN WHICH TO PROVIDE THE GRANT WRITING
15 ASSISTANCE.

16 (b) FOR THE FISCAL YEAR 2019-20, THE GENERAL ASSEMBLY
17 SHALL APPROPRIATE MONEY FROM THE **MARIJUANA TAX CASH FUND**
18 **CREATED IN SECTION 39-28.8-501 (1)** TO THE DEPARTMENT FOR
19 ALLOCATION TO THE CENTER FOR THE PURPOSES OF THIS SUBSECTION (6).
20 THE CENTER MAY USE THE MONEY TO HIRE NEW EMPLOYEES AND FOR THE
21 DIRECT AND INDIRECT COSTS ASSOCIATED WITH THIS SUBSECTION (6).

22 **SECTION 9.** In Colorado Revised Statutes, 24-34-104, **add**
23 **(25)(a)(XX)** **as follows:**

24 **24-34-104. General assembly review of regulatory agencies**
25 **and functions for repeal, continuation, or reestablishment - legislative**
26 **declaration.** (25) (a) The following agencies, functions, or both, are
27 scheduled for repeal on September 1, 2024:

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(XX) THE PROGRAM TO INCREASE PUBLIC AWARENESS CONCERNING THE SAFE USE, STORAGE, AND DISPOSAL OF OPIOIDS AND THE AVAILABILITY OF NALOXONE AND OTHER DRUGS USED TO BLOCK THE EFFECTS OF AN OPIOID OVERDOSE DEVELOPED PURSUANT TO SECTION 27-80-118 (5).

SECTION 10. In Colorado Revised Statutes, add 27-80-119 as follows:

27-80-119. Perinatal substance use data linkage project - center for research into substance use disorder prevention, treatment, and recovery support strategies - report. (1) THE CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SUPPORT STRATEGIES ESTABLISHED IN SECTION 27-80-118, REFERRED TO IN THIS SECTION AS THE "CENTER", IN PARTNERSHIP WITH AN INSTITUTION OF HIGHER EDUCATION AND THE STATE SUBSTANCE ABUSE TREND AND RESPONSE TASK FORCE ESTABLISHED IN SECTION 18-18.5-103, MAY CONDUCT A STATEWIDE PERINATAL SUBSTANCE USE DATA LINKAGE PROJECT THAT USES ONGOING COLLECTION, ANALYSIS, INTERPRETATION, AND DISSEMINATION OF DATA FOR THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PUBLIC HEALTH ACTIONS TO IMPROVE OUTCOMES FOR FAMILIES IMPACTED BY SUBSTANCE USE DURING PREGNANCY. THE DATA LINKAGE PROJECT MAY CONSIDER STATE-ADMINISTERED DATA SOURCES THAT INCLUDE:

(a) HEALTH CARE UTILIZATION BY PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS;

1 (b) HUMAN SERVICE AND PUBLIC HEALTH PROGRAM UTILIZATION
2 BY PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS
3 AND THEIR INFANTS;

4 (c) HEALTH CARE, HUMAN SERVICE, AND PUBLIC HEALTH PROGRAM
5 OUTCOMES AMONG PREGNANT AND POSTPARTUM WOMEN WITH
6 SUBSTANCE USE DISORDERS AND THEIR INFANTS; AND

7 (d) COSTS ASSOCIATED WITH HEALTH CARE, HUMAN SERVICE, AND
8 PUBLIC HEALTH PROGRAM PROVISION FOR PREGNANT AND POSTPARTUM
9 WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS.

10 (2) THE DATA LINKAGE PROJECT SHALL USE VITAL RECORDS TO
11 ESTABLISH MATERNAL AND INFANT DYADS BEGINNING AT THE BIRTH
12 HOSPITALIZATION AND RETROSPECTIVELY LINK THE PRENATAL PERIOD
13 AND PROSPECTIVELY LINK THE FIRST YEAR POSTPARTUM.

14 (3) THE GOVERNOR'S OFFICE OF INFORMATION TECHNOLOGY WILL
15 OBTAIN DATA AND PERFORM SECURE LINKAGE AND ANONYMIZATION ON
16 BEHALF OF THE STATE.

17 (4) ON OR BEFORE JANUARY 1, 2021, THE CENTER SHALL REPORT
18 PROGRESS ON THE DATA LINKAGE PROJECT AND THE RESULTS, IF
19 AVAILABLE, TO THE HEALTH AND INSURANCE COMMITTEE AND THE PUBLIC
20 HEALTH CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
21 REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE
22 OF THE SENATE OR THEIR SUCCESSOR COMMITTEES.

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24 **SECTION 11.** In Colorado Revised Statutes, **add** part 2 to article
25 82 of title 27 as follows:

26 PART 2
27 MATERNAL AND CHILD HEALTH PILOT PROGRAM

1 **27-82-201. Legislative declaration.** THE GENERAL ASSEMBLY
2 FINDS AND DECLARES THAT FACILITIES THAT PROVIDE TREATMENT TO
3 INDIVIDUALS WITH A SUBSTANCE USE DISORDER, INCLUDING
4 MEDICATION-ASSISTED TREATMENT, AND CLINICS THAT PROVIDE
5 OBSTETRIC AND GYNECOLOGICAL HEALTH CARE SERVICES WOULD BETTER
6 SERVE PREGNANT AND POSTPARTUM WOMEN IF THE SERVICES COULD BE
7 COORDINATED AND PROVIDED TO WOMEN AT THE SAME LOCATION. IT IS
8 THE INTENT OF THE GENERAL ASSEMBLY TO ■ FUND A PILOT PROGRAM TO
9 INTEGRATE THESE HEALTH CARE SERVICES AT SPECIFIED FACILITIES AND
10 CLINICS AND REQUIRE THE OFFICE OF BEHAVIORAL HEALTH TO EVALUATE
11 THE PILOT PROGRAM AND REPORT THE RESULTS OF THE PILOT PROGRAM TO
12 THE GENERAL ASSEMBLY.

13 **27-82-202. Definitions.** AS USED IN THIS PART 2, UNLESS THE
14 CONTEXT OTHERWISE REQUIRES:

15 (1) "CLINIC" MEANS A SITE THAT PROVIDES OBSTETRIC AND
16 GYNECOLOGICAL HEALTH CARE.

17 (2) "LICENSED HEALTH CARE PROVIDER" MEANS A PHYSICIAN OR
18 PHYSICIAN ASSISTANT LICENSED PURSUANT TO ARTICLE 36 OF TITLE 12 OR
19 A NURSE LICENSED PURSUANT TO ARTICLE 38 OF TITLE 12.

20 (3) "PILOT PROGRAM" MEANS THE MATERNAL AND CHILD HEALTH
21 PILOT PROGRAM CREATED IN SECTION 27-82-203.

22 (4) "TREATMENT FACILITY" MEANS A HEALTH CARE FACILITY THAT
23 PROVIDES SUBSTANCE USE DISORDER OR MEDICATION-ASSISTED
24 TREATMENT AND THAT IS APPROVED BY THE OFFICE OF BEHAVIORAL
25 HEALTH PURSUANT TO SECTION 27-82-103.

26 **27-82-203. Maternal and child health pilot program - created**
27 **- eligibility of grant recipients - rules - report.** (1) THERE IS CREATED

1 IN THE DEPARTMENT THE MATERNAL AND CHILD HEALTH PILOT PROGRAM.
2 THE OFFICE OF BEHAVIORAL HEALTH SHALL ADMINISTER THE PILOT
3 PROGRAM. THE PURPOSE OF THE PILOT PROGRAM IS TO:

4 (a) PROVIDE GRANTS TO TWO TREATMENT FACILITIES TO
5 FACILITATE THE INTEGRATION OF OBSTETRIC AND GYNECOLOGICAL
6 HEALTH CARE; AND

7 (b) PROVIDE GRANTS TO FOUR CLINICS TO FACILITATE THE
8 INTEGRATION OF BEHAVIORAL HEALTH, INCLUDING SUBSTANCE USE
9 DISORDER TREATMENT OR MEDICATION-ASSISTED TREATMENT, INTO
10 OBSTETRIC AND GYNECOLOGICAL HEALTH CARE AT THE CLINICS.

11 (2) THE OFFICE OF BEHAVIORAL HEALTH SHALL DETERMINE THE
12 CRITERIA FOR TREATMENT FACILITIES AND CLINICS TO BE ELIGIBLE TO
13 RECEIVE THE GRANTS.

14 (3) (a) (I) A TREATMENT FACILITY THAT IS AWARDED A GRANT
15 SHALL INTEGRATE PRENATAL, POSTPARTUM, AND OTHER HEALTH CARE
16 SERVICES DELIVERED BY LICENSED HEALTH CARE PROVIDERS INTO THE
17 SERVICES CURRENTLY PROVIDED AT THE TREATMENT FACILITY.

18 (II) A TREATMENT FACILITY THAT IS AWARDED A GRANT MAY USE
19 THE GRANT TO HIRE CLINICAL STAFF AND TO PROVIDE CLINICAL UPDATES,
20 INCLUDING TRAINING STAFF AND UPGRADING AND CHANGING
21 TECHNOLOGY PLATFORMS TO SUPPORT INTEGRATED CARE, IN ORDER TO
22 PERFORM OBSTETRIC AND GYNECOLOGICAL HEALTH CARE WITHIN THE
23 TREATMENT FACILITY. A TREATMENT FACILITY WITH LOW PATIENT
24 VOLUME MAY PARTNER WITH OTHER TREATMENT FACILITIES AND CLINICS
25 TO PROVIDE INTEGRATED CARE.

26 (b) (I) A CLINIC THAT IS AWARDED A GRANT SHALL INTEGRATE
27 BEHAVIORAL HEALTH CARE SERVICES PROVIDED BY SOCIAL WORKERS AND

1 OTHER BEHAVIORAL HEALTH CARE PROFESSIONALS LICENSED PURSUANT
2 TO ARTICLE 43 OF TITLE 12, INCLUDING MENTAL HEALTH SERVICES,
3 SUBSTANCE USE DISORDER TREATMENT, OR MEDICATION-ASSISTED
4 TREATMENT, INTO THE HEALTH CARE SERVICES CURRENTLY PROVIDED AT
5 THE CLINIC.

6 (II) A CLINIC MAY USE THE GRANT FOR SERVICES INCLUDING
7 TRAINING CLINICAL STAFF, UPGRADING AND CHANGING TECHNOLOGY
8 PLATFORMS TO SUPPORT INTEGRATED CARE, EMPLOYING BEHAVIORAL
9 HEALTH CARE PROVIDERS, AND COORDINATING AND REFERRING PATIENTS
10 TO BEHAVIORAL HEALTH CARE PROVIDERS OUTSIDE THE CLINIC.

11 (4) THE STATE BOARD OF HUMAN SERVICES WITHIN THE
12 DEPARTMENT, IN CONSULTATION WITH THE OFFICE OF BEHAVIORAL
13 HEALTH, MAY PROMULGATE RULES TO IMPLEMENT THE PILOT PROGRAM.
14 THE RULES MUST INCLUDE:

15 (a) THE PROCEDURES AND TIMELINES BY WHICH A TREATMENT
16 FACILITY OR CLINIC MAY APPLY FOR A GRANT;

17 (b) GRANT APPLICATION CONTENTS; AND

18 (c) CRITERIA FOR DETERMINING ELIGIBILITY FOR AND THE AMOUNT
19 OF EACH GRANT AWARDED TO A TREATMENT FACILITY OR CLINIC.

20 (5) THE EXECUTIVE DIRECTOR SHALL DETERMINE A PROCESS TO
21 EVALUATE THE GRANT RECIPIENTS AND THE INTEGRATION OF HEALTH
22 CARE RESULTING FROM THE PILOT PROGRAM. THE OFFICE OF BEHAVIORAL
23 HEALTH SHALL REPORT THE RESULTS OF THE PILOT PROGRAM TO THE
24 HEALTH CARE AND HUMAN SERVICES AND THE HEALTH AND INSURANCE
25 COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE HEALTH AND
26 HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR
27 COMMITTEES.

1 **27-82-204. Funding for pilot program.** (1)(a) FOR THE 2019-20
2 THROUGH 2021-22 FISCAL YEARS, THE GENERAL ASSEMBLY SHALL
3 APPROPRIATE MONEY EACH FISCAL YEAR FROM THE MARIJUANA TAX CASH
4 FUND CREATED IN SECTION 39-28.8-501 (1) TO THE DEPARTMENT, FOR
5 ALLOCATION TO THE OFFICE OF BEHAVIORAL HEALTH TO IMPLEMENT THE
6 PILOT PROGRAM. THE OFFICE OF BEHAVIORAL HEALTH MAY USE A PORTION
7 OF THE MONEY ANNUALLY APPROPRIATED FOR THE PILOT PROGRAM TO
8 PAY THE DIRECT AND INDIRECT COSTS INCURRED TO ADMINISTER THE
9 PILOT PROGRAM.

10 (b) IF ANY UNEXPENDED OR UNCOMMITTED MONEY APPROPRIATED
11 FOR THE 2019-20 OR 2020-21 FISCAL YEAR REMAINS AT THE END OF
12 EITHER FISCAL YEAR, THE OFFICE OF BEHAVIORAL HEALTH MAY EXPEND
13 THE MONEY IN ACCORDANCE WITH THIS SECTION IN THE SUCCEEDING
14 FISCAL YEAR WITHOUT FURTHER APPROPRIATION. ANY UNEXPENDED OR
15 UNCOMMITTED MONEY REMAINING AT THE END OF THE 2021-22 FISCAL
16 YEAR REVERTS TO THE MARIJUANA TAX CASH FUND CREATED IN SECTION
17 39-28.8-501 (1).

18 (2) THE DEPARTMENT MAY SOLICIT, ACCEPT, AND EXPEND ANY
19 GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES TO
20 IMPLEMENT OR ADMINISTER THE PILOT PROGRAM.

21 **27-82-205. Repeal of part.** THIS PART 2 IS REPEALED, EFFECTIVE
22 DECEMBER 31, 2022.

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24 =====

25 **SECTION 12.** In Colorado Revised Statutes, add to article 30
26 **as relocated by House Bill 19-1172 12-30-111 as follows:**

27 **12-30-111. Demonstrated competency - opiate prescribers -**

1 rules - definition - repeal. (1) (a) THE APPLICABLE LICENSING BOARD
2 FOR EACH LICENSED HEALTH CARE PROVIDER SHALL PROMULGATE RULES
3 THAT REQUIRE EACH LICENSED HEALTH CARE PROVIDER, AS A CONDITION
4 OF RENEWING, REACTIVATING, OR REINSTATING A LICENSE ON OR AFTER
5 OCTOBER 1, 2019, TO COMPLETE UP TO FOUR CREDIT HOURS OF TRAINING
6 PER LICENSING CYCLE IN ORDER TO DEMONSTRATE COMPETENCY
7 REGARDING: BEST PRACTICES FOR OPIOID PRESCRIBING, ACCORDING TO
8 THE MOST RECENT VERSION OF THE DIVISION'S GUIDELINES FOR THE SAFE
9 PRESCRIBING AND DISPENSING OF OPIOIDS; RECOGNITION OF SUBSTANCE
10 USE DISORDERS; REFERRAL OF PATIENTS WITH SUBSTANCE USE DISORDERS
11 FOR TREATMENT; AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG
12 MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF THIS TITLE
13 12.

14 (b) THE RULES PROMULGATED BY EACH BOARD SHALL EXEMPT A
15 LICENSED HEALTH CARE PROVIDER WHO:

16 (I) MAINTAINS A NATIONAL BOARD CERTIFICATION THAT REQUIRES
17 EQUIVALENT SUBSTANCE USE PREVENTION TRAINING; OR

18 (II) ATTESTS TO THE APPROPRIATE BOARD THAT THE HEALTH CARE
19 PROVIDER DOES NOT PRESCRIBE OPIOIDS.

20 (2) FOR THE PURPOSES OF THIS SECTION, "LICENSED HEALTH CARE
21 PROVIDER" INCLUDES A PHYSICIAN, PHYSICIAN ASSISTANT, PODIATRIST,
22 DENTIST, ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY,
23 OPTOMETRIST, AND VETERINARIAN LICENSED PURSUANT TO THIS TITLE 12.

24 ==
25 **SECTION 13.** In Colorado Revised Statutes, **add to article 240**
26 **as relocated by House Bill 19-1172 12-240-145** as follows:
27 **12-240-145. Prescription medications - financial benefit for**

1 **prescribing prohibited.** A PHYSICIAN OR PHYSICIAN ASSISTANT SHALL
2 NOT ACCEPT ANY DIRECT OR INDIRECT BENEFIT FROM A PHARMACEUTICAL
3 MANUFACTURER OR PHARMACEUTICAL REPRESENTATIVE FOR PRESCRIBING
4 A SPECIFIC MEDICATION TO A PATIENT. FOR THE PURPOSES OF THIS
5 SECTION, A DIRECT OR INDIRECT BENEFIT DOES NOT INCLUDE A BENEFIT
6 OFFERED TO A PHYSICIAN OR PHYSICIAN ASSISTANT REGARDLESS OF
7 WHETHER THE SPECIFIC MEDICATION IS BEING PRESCRIBED.

8 **SECTION 14.** In Colorado Revised Statutes, 12-280-124, add as
9 **relocated by House Bill 19-1172 (3) as follows:**

10 **12-280-124. Labeling - rules. (3) THE BOARD SHALL**
11 **PROMULGATE RULES CONCERNING THE LABELING REQUIREMENTS FOR A**
12 **PRESCRIPTION DRUG THAT IS DISPENSED TO A PATIENT FOR OUTPATIENT**
13 **USE AND CONTAINS AN OPIOID, EXCEPT FOR AN OPIOID PRESCRIBED FOR**
14 **TREATMENT OF A SUBSTANCE USE DISORDER OR THAT IS A PARTIAL OPIOID**
15 **ANTAGONIST, WHICH RULES MUST INCLUDE A WARNING TO INDICATE RISKS**
16 **SUCH AS OVERDOSE AND ADDICTION.**

17 **SECTION 15.** In Colorado Revised Statutes, 12-280-404, **add as**
18 **relocated by House Bill 19-1172 (3)(l) as follows:**

19 **12-280-404. Program operation - access - rules - definitions -**
20 **repeal.** (3) The program is available for query only to the following
21 persons or groups of persons:

22 (l) A MEDICAL EXAMINER WHO IS A PHYSICIAN LICENSED
23 PURSUANT TO ARTICLE 240 OF THIS TITLE 12, WHOSE LICENSE IS IN GOOD
24 STANDING, AND WHO IS LOCATED AND EMPLOYED IN THE STATE OF
25 COLORADO, OR A CORONER ELECTED PURSUANT TO SECTION 30-10-601,
26 IF:

27 (I) THE INFORMATION RELEASED IS SPECIFIC TO AN INDIVIDUAL

1 WHO IS THE SUBJECT OF AN AUTOPSY CONDUCTED BY THE MEDICAL
2 EXAMINER OR CORONER;

3 (II) THE MEDICAL EXAMINER OR THE CORONER HAS LEGITIMATE
4 ACCESS TO THE INDIVIDUAL'S MEDICAL RECORD; AND

5 (III) THE INDIVIDUAL'S DEATH OR INJURY OCCURRED UNDER
6 UNUSUAL, SUSPICIOUS, OR UNNATURAL CIRCUMSTANCES.

7 **SECTION 16. Appropriation.** (1) For the 2019-20 state fiscal
8 year, \$1,192,367 is appropriated to the department of human services for
9 use by the office of behavioral health. This appropriation is from the
10 marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To
11 implement this act, the office may use this appropriation as follows:

12 (a) \$692,367 for the maternal and child health pilot program,
13 which amount is based on an assumption that the office will require an
14 additional 1.6 FTE; and

15 (b) \$500,000 for the Charlie Hughes and Nathan Guana opioid
16 prevention grant program to improve young lives, which amount is based
17 on an assumption that the office will require an additional 0.5 FTE.

18 (2) For the 2019-20 state fiscal year, \$1,100,000 is appropriated
19 to the department of higher education for use by the regents of the
20 university of Colorado. This appropriation is from the marijuana tax cash
21 fund created in section 39-28.8-501 (1), C.R.S. To implement this act, the
22 regents may use this appropriation for allocation to the center for research
23 into substance use disorder prevention, treatment, and recovery support
24 strategies.

25 (3) For the 2019-20 state fiscal year, \$2,000,000 is appropriated
26 to the department of public health and environment. This appropriation
27 is from the marijuana tax cash fund created in section 39-28.8-501 (1),

1 C.R.S. To implement this act, the office may use this appropriation as
2 follows:

3 (a) \$71,852 for use by the prevention services division for
4 administration, which amount is based on an assumption that the division
5 will require an additional 0.9 FTE;

6 (b) \$1,564,148 for distributions to local public health agencies;
7 and

8 (c) \$364,000 for personal services related to health statistics and
9 vital records.

10

11 **SECTION 17. Effective date - applicability.** (1) This act takes
12 effect upon passage; except that sections 12 to 15 of this act take effect
13 only if House Bill 19-1172 becomes law, in which case sections 12 to 15
14 take effect October 1, 2019.

15 (2) This act applies to conduct occurring on or after the effective
16 date of this act.

17 **SECTION 18. Safety clause.** The general assembly hereby finds,
18 determines, and declares that this act is necessary for the immediate
19 preservation of the public peace, health, and safety.