INTRODUCED

LS NO. 20-0297.01 Brita Darling x2241

SENATE BILL 20-007

SENATE SPONSORSHIP
Pettersen and Winter, Donovan, Priola

HOUSE SPONSORSHIP
Buentello and Wilson, Herod, Kennedy

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT
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.

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

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

27-80-107.5. Increasing access to effective substance use disorder services act - managed service organizations - substance use disorder services - community assessment - community action plan - allocations - reporting requirements - evaluation. (2) (a) On or before February 1, 2017, and on or before September 1, 2020, and on or before September 1 every two years thereafter, each managed
service organization designated pursuant to section 27-80-107 shall assess the sufficiency of substance use disorder services within its geographic region for adolescents ages seventeen and younger; young adults ages eighteen through twenty-five; pregnant women; women who are postpartum and parenting; and other adults, INCLUDING INDIVIDUALS WITH CO-OCCURRING OR COMPLEX CONDITIONS, who are in need of such services. BEGINNING WITH THE 2020 ASSESSMENT, during the community assessment process, each managed service organization shall seek input and information from appropriate entities, such as community mental health centers, behavioral health organizations, county departments of human or social services, local public health agencies, substance use disorder treatment providers, law enforcement agencies, probation departments, organizations that serve veterans or homeless individuals, and other relevant stakeholders CONTRACT WITH AN INDEPENDENT ORGANIZATION TO COMPILE A COMMUNITY ASSESSMENT. THE DEPARTMENT MAY REQUIRE STANDARDIZATION OF THE COMMUNITY ASSESSMENT AND SHALL DISSEMINATE THE REQUIREMENT TO THE MANAGED SERVICE ORGANIZATIONS WITHIN A REASONABLE TIME PRIOR TO THE COMMENCEMENT OF THE COMMUNITY ASSESSMENT.

(b) The community assessment must include:

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

(II) A REVIEW OF THE ADEQUACY OF THE continuum of substance use disorder services, including prevention, intervention, treatment, and recovery support services, for:
(A) Adolescents ages seventeen and younger;
(B) Young adults ages eighteen through twenty-five;
(C) Pregnant women;
(D) Women who are postpartum and parenting; and
(E) Other adults who are in need of such services, INCLUDING INDIVIDUALS WITH CO-OCCURRING OR COMPLEX CONDITIONS.

(c) The community assessment must include input, and provide opportunity for review and comment, from appropriate entities, such as people with lived experience; community mental health centers; regional accountable entities; county departments of human or social services; local public health agencies; probation departments; schools; tribal leaders; and other community organizations that serve veterans, youth, families, or homeless individuals, as well as other relevant stakeholders.

(d) The independent contractor, in conducting the community assessment, and the managed service organization, in developing a draft community action plan, shall use best practices to ensure feedback from underserved populations and communities and to identify and address health inequities in communities.

(2.5) On or before February 1, 2021, and on or before February 1 every two years thereafter, each managed service organization shall develop and disseminate for feedback the community assessment and a draft community action plan to stakeholders that participated in the community assessment. The managed service organization shall provide at least thirty
(3) (a) On or before March 1, 2017, AND ON OR BEFORE MAY 1, 2021, AND ON OR BEFORE MAY 1 EVERY TWO YEARS THEREAFTER, each managed service organization that has completed a community assessment pursuant to subsection (2) of this section shall prepare and submit in electronic format to the department and the department of health care policy and financing the community assessment; AND the community action plan to increase access to effective substance use disorder services, referred to in this section as the "community action plan". The community action plan must summarize the results of the community assessment and include a description of how the managed service organization will utilize its allocation of funding from the marijuana tax cash fund, created in section 39-28.8-501, C.R.S., to address the most critical service gaps in its geographic region and a timeline for implementation of the community action plan. The department shall post on its website the updated community action plans received from each managed service organization.

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

(5) (a) On or before September 1, 2017, and on or before each September 1 thereafter, each designated managed service organization shall submit an annual report to the department, including the amount and purpose of actual expenditures made using money from the marijuana tax cash fund, created in section 39-28.8-501, in the
PREVIOUS STATE FISCAL YEAR, AND SHALL JOINTLY DEVELOP A
COMMUNICATION PLAN WITH THE DEPARTMENT FOR DISSEMINATION OF
THE REPORT. NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136
(11)(a)(I), THE COMMUNICATION PLAN MUST INCLUDE THE PROCESS FOR
DISSEMINATING THE REPORT TO LOCAL COUNTY GOVERNMENTS. THE
DEPARTMENT SHALL ALSO SUBMIT A REPORT TO THE JOINT BUDGET
COMMITTEE, THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, AND
THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
REPRESENTATIVES, OR THEIR ANY SUCCESSOR COMMITTEES, CONCERNING THE
AMOUNT AND PURPOSE OF ACTUAL EXPENDITURES MADE USING MONEY FROM THE
MARIJUANA TAX CASH FUND, CREATED IN SECTION 39-28.8-501, IN THE
PREVIOUS STATE FISCAL YEAR. THE REPORT MUST CONTAIN A DESCRIPTION OF THE
IMPACT OF THE EXPENDITURES ON ADDRESSING THE NEEDS THAT WERE IDENTIFIED
IN THE INITIAL AND ANY SUBSEQUENT COMMUNITY ASSESSMENTS AND COMMUNITY
ACTION PLANS DEVELOPED PURSUANT TO SUBSECTION (3) OF THIS SECTION, AS WELL
AS ANY OTHER REQUIREMENTS ESTABLISHED FOR THE CONTENTS OF THE REPORT BY THE
DEPARTMENT.

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

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

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

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

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

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

(B) AT A MINIMUM, FOR THE TREATMENT OF SUBSTANCE USE DISORDERS IN ACCORDANCE WITH THE AMERICAN SOCIETY OF ADDICTION MEDICINE CRITERIA FOR PLACEMENT, MEDICAL NECESSITY, AND UTILIZATION MANAGEMENT DETERMINATIONS AS SET FORTH IN THE MOST RECENT EDITION OF "THE ASAM CRITERIA FOR ADDICTIVE, SUBSTANCE-RELATED, AND CO-OCCURRING CONDITIONS"; EXCEPT THAT THE COMMISSIONER MAY IDENTIFY BY RULE, IN CONSULTATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, AN ALTERNATE NATIONALLY RECOGNIZED AND EVIDENCE-BASED
SUBSTANCE-USE-DISORDER-SPECIFIC CRITERIA FOR PLACEMENT, MEDICAL NECESSITY, OR UTILIZATION MANAGEMENT, IF AMERICAN SOCIETY OF ADDICTION MEDICINE CRITERIA ARE NO LONGER AVAILABLE, RELEVANT, OR DO NOT FOLLOW BEST PRACTICES FOR SUBSTANCE USE DISORDER TREATMENT.

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

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

(b) In reviewing applications and selecting participants for the program, the primary care office and the advisory council shall consider the goal of creating a diverse health care workforce that is able to address the needs of underserved populations and communities. Upon request, the primary care office shall provide nonidentifying demographic information concerning all applicants and those selected for awards.

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

25-1.5-503.5. Scholarship program for addiction counselors - creation - eligibility - conditions. (1.5) The primary care office shall administer the scholarship program utilizing best practices for increasing diversity in applicants for the
SCHOLARSHIP PROGRAM, INCLUDING APPLICANTS FROM UNDERREPRESENTED POPULATIONS AND PERSONS IN RECOVERY, AND SHALL CONSIDER THE NEEDS OF THE POPULATIONS AND COMMUNITIES BEING SERVED IN SELECTING SCHOLARSHIP RECIPIENTS. UPON REQUEST, THE PRIMARY CARE OFFICE SHALL PROVIDE NONIDENTIFYING DEMOGRAPHIC INFORMATION CONCERNING ALL APPLICANTS AND THOSE SELECTED FOR SCHOLARSHIPS.

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

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

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

25.5-5-510. Pharmacy reimbursement - substance use disorder - injections. If a pharmacy has entered into a collaborative pharmacy practice agreement with one or more physicians pursuant to section 12-280-602 to administer AN injectable antagonist medication for medication-assisted treatment for substance use disorders THAT IS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, the pharmacy administering the drug shall receive an enhanced dispensing fee
that aligns with the administration fee paid to a provider in a clinical setting.

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


(1) (a) The Executive Director, in consultation with the Executive Director of the Department of Health Care Policy and Financing, shall commission a State child care and treatment study and final report. At a minimum, the study and final report must:

(I) Make findings and recommendations concerning the needs and gaps in family-centered substance use disorder treatment in the state; and

(II) Identify alternative payment structures for funding child care and children's services alongside a parent's treatment for a substance use disorder.

(b) The Executive Director shall issue a request for proposals for the study and final report to be conducted by an entity that is independent of the Department.

(2) The final report, setting forth the study's methodologies, findings, and recommendations, must be provided on or before March 31, 2021, to:

(a) The members of the General Assembly;

(b) The Executive Director, who shall transmit a copy of the final report to the office within the Department concerned with early childhood; and

(c) The Executive Director of the Department of Health
CARE POLICY AND FINANCING.

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

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

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

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

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

(c) Requirements for public and private agencies, organizations, and institutions from which the office of behavioral health may purchase services pursuant to section 27-80-106 (1), WHICH REQUIREMENTS MUST
INCLUDE PROHIBITING THE PURCHASE OF SERVICES FROM ENTITIES THAT
DENY OR PROHIBIT ACCESS TO MEDICAL SERVICES OR SUBSTANCE USE
DISORDER TREATMENT AND SERVICES TO PERSONS WHO ARE
PARTICIPATING IN PRESCRIBED MEDICATION-ASSISTED TREATMENT, AS
DEFINED IN SECTION 23-21-803, FOR A SUBSTANCE USE DISORDER;

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

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

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

13-1-139. Court limitations on medication-assisted treatment - prohibited. A COURT SHALL NOT CONDITION PARTICIPATION IN A DRUG OR PROBLEM-SOLVING COURT OR OTHER JUDICIAL PROGRAM, OR ENTER ORDERS RELATING TO PROBATION OR PAROLE OR PLACEMENT IN COMMUNITY CORRECTIONS, BASED ON THE REQUIREMENT THAT A PERSON CEASE PARTICIPATING IN PRESCRIBED MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS, AS DEFINED IN SECTION 23-21-803, UNLESS THE PERSON OR THE PRESCRIBER DETERMINES THAT MEDICATION-ASSISTED TREATMENT IS NO LONGER NECESSARY OR IS NO LONGER AN EFFECTIVE TREATMENT FOR THE PERSON.
SECTION 12. In Colorado Revised Statutes, 17-27-104, add (13) as follows:

17-27-104. Community corrections programs operated by units of local government, state agencies, or nongovernmental agencies. (13) The administrator of any community corrections program established pursuant to this section shall not reject any offender referred for placement based on the offender’s participation in medication-assisted treatment, as defined in section 23-21-803, or establish any rule or condition or guideline for the conduct of an offender that prohibits or significantly impairs an offender’s ability to participate in prescribed medication-assisted treatment.

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

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

(c.5) Provide coordination of care for the full continuum of substance use disorder and mental health treatment and recovery, including support for individuals transitioning between levels of care;

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

27-80-118. Center for research into substance use disorder prevention, treatment, and recovery support strategies - established - legislative declaration - repeal. (6) (a) The center may employ up to three additional employees to work as grant writers in order to aid local
communities in need of assistance in applying for grants to access state and federal money to address opioid and other substance use disorders in their communities. The center shall determine the communities in which to provide the grant writing assistance. In reviewing and selecting applications for grant writing assistance, the center shall consider the goal of addressing the needs of underserved populations and communities.

(c) For state fiscal years 2020-21 through 2024-25, the general assembly shall appropriate two hundred fifty thousand dollars from the marijuana tax cash fund created in section 39-28.8-501 (1) to the department for allocation to the center for the purposes of this subsection (6). The center may use the money to hire new employees and for the direct and indirect costs associated with this subsection (6).

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

10-16-148. Medication-assisted treatment - limitations on carriers - rules - definition. (1.5) The commissioner, in consultation with the department of public health and environment, may promulgate rules or seek a revision to the prescription drug benefits required under the essential health benefits package concerning prescription medications that must be included on a carrier's formulary for medication-assisted treatment of substance use disorders.

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

10-16-710. Reporting to commissioner - medication-assisted
treatment - rules. (1) A CARRIER SHALL REPORT TO THE COMMISSIONER:

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

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

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

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

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

(C) A HEALTH BENEFIT PLAN SUBJECT TO THIS SUBSECTION (5.5) MUST PROVIDE COVERAGE FOR AN OPIATE ANTAGONIST, AS DEFINED IN
SECTION 12-30-110 (7)(d), WITHOUT PRIOR AUTHORIZATION AND WITHOUT IMPOSING ANY DEDUCTIBLE, COPAYMENT, COINSURANCE, OR OTHER COST-SHARING REQUIREMENT.

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

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


(2) THE TRAINING AND OUTREACH PROGRAM MUST PROVIDE TRAINING AND OUTREACH TO FIRST RESPONDERS, LAW ENFORCEMENT AND CRIMINAL JUSTICE AGENCIES, EMERGENCY DEPARTMENTS, HOSPITALS, TREATMENT FACILITIES, PRIMARY CARE PROVIDERS, BEHAVIORAL HEALTH PROVIDERS, COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES, PERSONS AND FAMILIES OF PERSONS WITH A SUBSTANCE USE DISORDER, AND ORGANIZATIONS WORKING WITH PERSONS AND FAMILIES OF PERSONS
SECTION 19. In Colorado Revised Statutes, repeal and reenact, with amendments, 27-81-101 as follows:

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

(1) The General Assembly recognizes the character and pervasiveness of substance use disorders and that substance use disorders are serious problems. The General Assembly further finds and declares that these problems have been very seriously neglected and that the social and economic costs and the waste of human resources caused by substance use disorders are massive, tragic, and no longer acceptable. The General Assembly believes that the best interests of this state demand an across-the-board, locally oriented attack on the massive problems of drug abuse and substance use disorders. The attack includes prevention, education, and treatment, and this article 81 provides a base from which to launch the attack and reduce the tragic human loss.

(2) It is the policy of this state that persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of drugs should be afforded treatment so they may lead normal lives as productive members of society. The General Assembly finds and declares that substance use disorders are matters of statewide concern.

SECTION 20. In Colorado Revised Statutes, 27-81-102, amend (14); amend as it exists until July 1, 2022, (1); amend as it will become effective July 1, 2022, (1); add (9.4); add with amended and relocated provisions (6.5), (9.2), (13.6), and (13.9); add with amended and
relocated provisions as it exists until July 1, 2022, (1.2); and add with amended and relocated provisions as they will become effective July 1, 2022, (1.2) and (13.8) as follows:

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

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

(1.2) [Formerly 27-81-102 (1) as it is effective until July 1, 2022] "Alcohol use disorder" means a condition by which a person habitually lacks self-control as to the use of alcoholic beverages or uses
alcoholic beverages to the extent that his or her THE PERSON'S health is substantially impaired or endangered or his or her THE PERSON'S social or economic function is substantially disrupted. Nothing in this subsection (1) precludes the denomination of a person with an alcohol use disorder as intoxicated by alcohol or incapacitated by alcohol.

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

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

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

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

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

(13.8) [Formerly 27-82-102 (13.5) as it will become effective
July 1, 2022] "Substance use disorder" means a chronic relapsing brain
disease, characterized by recurrent use of alcohol, drugs, or both, causing
clinically significant impairment, including health problems, disability,
and failure to meet major responsibilities at work, school, or home.

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

(14) "Treatment" means the broad range of emergency, outpatient,
intermediate, and inpatient services and care, including diagnostic
evaluation, medical, psychiatric, psychological, and social service care,
vocational rehabilitation, and career counseling that may be extended to
a person with an alcohol use disorder, a person incapacitated by substances, a person under the influence of
drugs, and a person intoxicated by alcohol.

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

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

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

(b) Make contracts necessary or incidental to the performance of
its duties and the execution of its powers, including contracts with public
and private agencies, organizations, and individuals to pay them for
services rendered or furnished to persons with alcohol use disorders, or persons intoxicated by alcohol, or persons
under the influence of drugs;
(d) Administer or supervise the administration of the provisions relating to persons with alcohol substance use disorders, and intoxicated persons INTOXICATED BY ALCOHOL, AND PERSONS UNDER THE INFLUENCE OF DRUGS of any state plan submitted for federal funding pursuant to federal health, welfare, or treatment legislation;

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

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

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

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

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

(a) Develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcohol substance use disorders and treatment of persons with alcohol substance use disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE
INFLUENCE OF DRUGS, in cooperation with public and private agencies, organizations, and individuals and provide technical assistance and consultation services for these purposes;
(b) Coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcohol substance use disorders and treatment of persons with alcohol substance use disorders, persons intoxicated by alcohol, and intoxicated persons under the influence of drugs;
(c) [Editor's note: This version of subsection (1)(c) is effective until July 1, 2022.] Utilize community mental health centers and clinics, or other approved treatment facilities, whenever feasible;
(c) [Editor's note: This version of subsection (1)(c) is effective July 1, 2022.] Utilize behavioral health entities, community mental health centers and clinics, or other approved treatment facilities, whenever feasible;
(d) Cooperate with the department of corrections in establishing and conducting programs for the prevention of alcohol substance use disorders and treatment of persons with alcohol substance use disorders, persons intoxicated by alcohol, and intoxicated persons under the influence of drugs in appropriate agencies and institutions and for persons with alcohol substance use disorders, persons intoxicated by alcohol, and intoxicated persons under the influence of drugs in or on parole from correctional institutions and in carrying out duties specified in subsections (1)(i) and (1)(k) of this section;
(e) Cooperate with the department of education, schools, police departments, courts, and other public and private agencies, organizations, and individuals in establishing programs for the prevention of alcohol
SUBSTANCE use disorders and treatment of persons with alcohol use disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE INFLUENCE OF DRUGS and preparing curriculum materials for use at all levels of school education;

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

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

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

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

(j) Specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals and collect and make available relevant statistical information, including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;
(k) Advise the governor in the preparation of a comprehensive plan for treatment of persons with alcohol substance use disorders, persons intoxicated by alcohol, and intoxicated persons under the influence of drugs for inclusion in the state's comprehensive health plan;

(l) Review all state health, welfare, and treatment plans to be submitted for federal funding under federal legislation and advise the governor on provisions to be included relating to alcohol substance use disorders, persons with alcohol substance use disorders, and intoxicated persons under the influence of drugs;

(m) Assist in the development of, and cooperate with, alcohol substance use education and treatment programs for employees of state and local governments and businesses and industries in this state;

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

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

(p) Encourage general hospitals and other appropriate health facilities to admit without discrimination persons with alcohol substance use disorders, persons intoxicated by alcohol, and intoxicated persons under the influence of drugs and to provide them with adequate and appropriate treatment;

(q) Encourage all health and disability insurance programs to
include alcohol SUBSTANCE use disorders as a covered illness; and

(r) Submit to the governor an annual report covering the activities of the office of behavioral health.

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

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

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

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

27-81-106. Standards for public and private treatment facilities - fees - enforcement procedures - penalties. (6) [Similar to 27-82-103 (6)] A PERSON SHALL NOT OPERATE A PRIVATE OR PUBLIC TREATMENT FACILITY IN THIS STATE WITHOUT APPROVAL FROM THE OFFICE OF BEHAVIORAL HEALTH; EXCEPT THAT THIS ARTICLE 81 DOES NOT APPLY TO A PRIVATE TREATMENT FACILITY THAT ACCEPTS ONLY PRIVATE MONEY AND DOES NOT DISPENSE CONTROLLED SUBSTANCES. THE DISTRICT COURT MAY RESTRAIN ANY VIOLATION OF, REVIEW ANY DENIAL,
RESTRICTION, OR REVOCATION OF APPROVAL UNDER, AND GRANT OTHER RELIEF REQUIRED TO ENFORCE THE PROVISIONS OF THIS SECTION.

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

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

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

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

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

VOLUNTARY TREATMENT DIRECTLY TO AN APPROVED TREATMENT FACILITY.

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

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

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

27-81-110. [Similar to 27-82-106] Voluntary treatment for persons intoxicated by alcohol, under the influence of drugs, or incapacitated by substances. (1) A PERSON INTOXICATED BY ALCOHOL, UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY SUBSTANCES, INCLUDING A MINOR IF PROVIDED BY RULES OF THE OFFICE OF BEHAVIORAL HEALTH, MAY VOLUNTARILY ADMIT HIMSELF OR HERSELF TO AN APPROVED TREATMENT FACILITY FOR AN EMERGENCY EVALUATION TO DETERMINE NEED FOR TREATMENT.
(2) The Administrator shall immediately evaluate or examine a person who voluntarily enters an approved treatment facility. If the person is found to be in need of treatment, the Administrator shall admit the person or refer the person to another appropriate facility. If a person is found not to be in need of treatment, the Administrator shall release the person and may refer the person to another appropriate facility.

(3) Except as provided in subsection (7) of this section, a treatment facility shall immediately release a voluntarily admitted person upon the person's request.

(4) A person who is not admitted to an approved treatment facility or referred to another health facility, and who has no money, may be taken to the person's home, if any. If the person has no home, the approved treatment facility may assist the person in obtaining shelter.

(5) If a person is admitted to an approved treatment facility, the person's family or next of kin must be notified as promptly as possible in accordance with federal confidentiality regulations for substance use disorder patient records, which regulations are found at 42 CFR part 2, as amended. If an adult person requests that there be no notification, the adult person's request must be respected.

(6) If the Administrator determines that it is for the person's benefit, the person must be encouraged to agree to further diagnosis and appropriate voluntary treatment.

(7) Nothing in this section precludes the Administrator from seeking emergency commitment of a person as provided in
SECTION 27-81-111 OR INVOLUNTARY COMMITMENT OF A PERSON AS PROVIDED IN SECTION 27-81-112, REGARDLESS OF WHETHER THE PERSON HAS BEEN VOLUNTARILY ADMITTED UNDER THIS SECTION. IN SUCH CASE, THE ADMINISTRATOR'S FURTHER CONDUCT IS GOVERNED BY SECTION 27-81-111 OR 27-81-112, AS APPLICABLE.

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

27-81-111. Emergency commitment. (1) (a) When a person is intoxicated UNDER THE INFLUENCE OF or incapacitated by alcohol SUBSTANCES and clearly dangerous to the health and safety of himself, herself, or others, he or she shall be taken into protective custody by law enforcement authorities or an emergency service patrol, acting with probable cause, and placed SHALL TAKE THE PERSON INTO PROTECTIVE CUSTODY in an approved treatment facility. If no such facilities are available, he or she THE PERSON may be detained in an emergency medical facility or jail, but only for so long as may be necessary to prevent injury to himself, herself, or others or to prevent a breach of the peace. If the person being detained is a juvenile, as defined in section 19-1-103 (68), C.R.S., the juvenile shall be placed in a setting that is nonsecure and physically segregated by sight and sound from the adult offenders. A law enforcement officer or emergency service patrol officer, in detaining the person, is taking him or her THE PERSON into protective custody. In so doing, the detaining officer may protect himself or herself by reasonable methods but shall make every reasonable effort to protect the detainee's health and safety. A taking into protective custody under this section is not an arrest, and no entry or other record shall be made to indicate that the person has been arrested or charged with a crime. Law
enforcement or emergency service personnel who act in compliance with this section are acting in the course of their official duties and are not criminally or civilly liable therefor. Nothing in this subsection (1) shall preclude an intoxicated or incapacitated person intoxicated by alcohol, under the influence of drugs, or incapacitated by substances who is not dangerous to the health and safety of himself, herself, or others from being assisted to his or her person's home or like location by the law enforcement officer or emergency service patrol officer.

(b) A sheriff or police chief who violates the provisions of paragraph (a) of this subsection (1) of this section related to detaining juveniles may be subject to a civil fine of no more than one thousand dollars. The decision to fine shall be based on prior violations of the provisions of paragraph (a) of this subsection (1) of this section by the sheriff or police chief and the willingness of the sheriff or police chief to address the violations in order to comply with paragraph (a) of this subsection (1) of this section.

(2) A law enforcement officer, emergency service patrol officer, physician, spouse, guardian, or relative of the person to be committed or any other responsible person may make a written application for emergency commitment under this section, directed to the administrator of the approved treatment facility. The application shall state the circumstances requiring emergency commitment, including the applicant's personal observations and the specific statements of others, if any, upon which he or she relies in making the application. A copy of the application shall be furnished to the
person to be committed.

(3) If the approved treatment facility administrator or his or her authorized designee approves the application, the person shall be committed, evaluated, and treated for a period not to exceed five days. The person shall be brought to the facility by a peace officer, the emergency service patrol, or any interested person. If necessary, the court may be contacted to issue an order to the police, the peace officer's department, or the sheriff's department to transport the person to the facility.

(4) If the approved treatment facility administrator or his or her authorized designee determines that the application fails to sustain the grounds for emergency commitment as set forth in subsection (1) of this section, the commitment shall be refused and the person detained immediately released, and the person shall be encouraged to seek voluntary treatment if appropriate.

(5) When the administrator determines that the grounds for commitment no longer exist, he or she shall discharge the person committed under this section. A person committed under this section may not be detained in any treatment facility for more than five days; except that a person may be detained for longer than five days at the approved treatment facility if, in that period of time, a petition for involuntary commitment has been filed pursuant to section 27-81-112. A person may not be detained longer than ten days, excluding weekends and holidays, after the date of filing of the
petition for involuntary commitment UNLESS A VALID MEDICAL REASON EXISTS FOR DETAINING A PERSON LONGER.

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

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

27-81-112. Involuntary commitment of a person with a substance use disorder. (1) The court may commit a person to the custody of the office of behavioral health upon the petition of the person's spouse or guardian, a relative, a physician, an advanced practice nurse, the administrator in charge of an approved treatment facility, or any other responsible person. The petition must allege that the person HAS A SUBSTANCE use disorder and that the person has threatened or attempted to inflict or inflicted physical harm on himself or herself or on another and that unless committed the person is likely to inflict physical harm on himself or herself or on another or that the person is incapacitated by alcohol SUBSTANCES. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for
treatment. The petition must be accompanied by a certificate of a licensed physician who has examined the person within two ten days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal must be alleged in the petition, OR AN EXAMINATION CANNOT BE MADE OF THE PERSON DUE TO THE PERSON'S CONDITION. The certificate must set forth the physician's findings in support of the petition's allegations.

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

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

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

(II) TO CONTEST THE COMMITMENT PROCEEDING.

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

(c) IF THE PERSON WHOSE COMMITMENT IS SOUGHT EXERCISES THE
RIGHT TO CONTEST THE PETITION, the court shall fix a date for a hearing no later than ten days, EXCLUDING WEEKENDS AND HOLIDAYS, after the date the petition was filed. A copy of the petition and the notice of the hearing, including the date fixed by the court, must be personally served on the petitioner, the person whose commitment is sought, and one of his or her THE PERSON'S parents or his or her THE PERSON'S legal guardian if he or she THE PERSON is a minor. A copy of the petition and notice of hearing must be mailed PROVIDED to the office of behavioral health, to counsel for the person whose commitment is sought, to the administrator in charge of the approved treatment facility to which the person may have been committed for emergency treatment, and to any other person the court believes advisable.

(4) At the hearing, the court shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person shall MUST be present unless the court believes that the person's presence is likely to be injurious to the person; in this event, the court shall appoint a guardian ad litem to represent the person throughout the proceeding. If the person has refused to be examined by a licensed physician, he or she shall THE PERSON MUST be given an opportunity to be examined by a court-appointed licensed physician. If the person refuses and there is sufficient evidence to believe that the allegations of the petition are true or if the court believes that more medical evidence is necessary, the court may commit the person to a licensed hospital for a period of not more than five days for a diagnostic examination. In such event, the court shall schedule a further hearing for final determination of commitment, in no event later than five days after the first hearing.
If after hearing all relevant evidence, including the results of any diagnostic examination by the licensed hospital, the court finds that grounds for involuntary commitment have been established by clear and convincing proof, the court shall make an order of commitment to the office of behavioral health. The office of behavioral health has the right to delegate physical custody of the person to an appropriate approved treatment facility. The court may not order commitment of a person unless it determines that the office of behavioral health is able to provide adequate and appropriate treatment for the person, and the treatment is likely to be beneficial.

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

A person committed as provided for in this section remains in the custody of the office of behavioral health for treatment for a period of thirty days unless discharged sooner. At the end of the thirty-day period, the person shall be discharged automatically. The treatment facility shall automatically discharge the person unless the office of behavioral health, before expiration of the thirty-day period, obtains a court order for the person's recommitment on the grounds set forth in subsection (1) of this section for a further period of ninety days unless discharged sooner. If a person has been committed because the person is a person with an alcohol substance use disorder who is likely to inflict physical harm on another, the office of behavioral health shall apply for recommitment if, after examination, it is determined that the likelihood to inflict physical harm on another still exists.
(8) A person who is recommitted as provided for in subsection (7) of this section and who has not been discharged by the office of behavioral health before the end of the ninety-day period is discharged at the expiration of that ninety-day period unless the office of behavioral health, before expiration of the ninety-day period, obtains a court order on the grounds set forth in subsection (1) of this section for recommittal for a further period, not to exceed ninety days. If a person has been committed because he or she is a person with an alcohol use disorder who is likely to inflict physical harm on another, the office of behavioral health shall apply for recommittal if, after examination, it is determined that the likelihood to inflict physical harm on another still exists. Only two recommittal orders pursuant to subsection (7) of this section and this subsection (8) are permitted.

(9) Upon the filing of a petition for recommittal under subsections (7) and (8) of this section, the court shall fix a date for hearing no later than ten days, EXCLUDING WEEKENDS AND HOLIDAYS, after the date the petition was filed UNLESS A VALID MEDICAL REASON EXISTS FOR DELAYING THE HEARING. A copy of the petition and of the notice of hearing shall be served and mailed as required in subsection (3) of this section. At the hearing, the court shall proceed as provided in subsection (4) of this section.

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

(11) The office of behavioral health shall discharge a person committed to its custody for treatment at any time before the end of the
period for which he or she THE PERSON has been committed if either of
the following conditions is met:

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

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

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

(13) If a private treatment facility agrees with the request of a competent patient or his or her THE PATIENT’s parent, sibling, adult child, or guardian to accept the patient for treatment, the administrator of the public treatment facility shall transfer him or her THE PATIENT to the private treatment facility.

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

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

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

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

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

(2) Notwithstanding subsection (1) of this section, the director may make available information from patients' records for purposes of research into the causes and treatment of alcohol substance use disorders. Information made available pursuant to this subsection (2) must not be published in a way that discloses patients' names or other identifying information.

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

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

27-81-114. Rights of persons receiving evaluation, care, or treatment. (1) A facility shall immediately advise each person receiving evaluation, care, or treatment under any provision of this Article 81, orally and in writing, that the person has and is afforded the following rights:

(a) To be evaluated to determine the person's behavioral health treatment needs relating to the use of substances, including alcohol or drugs;

(b) If under an emergency commitment pursuant to section 27-81-111, to refuse to be examined by a licensed physician for certification. A person's refusal to be examined for certification may be alleged in a petition for involuntary commitment. A person may request to be examined by the person's physician, or a court may order a person to be evaluated by a licensed
PHYSICIAN FOR CERTIFICATION.

(c) To receive timely medical and behavioral health care and treatment, as specified in law, that is determined based on the person's needs and that is delivered in the least restrictive treatment setting possible, as set forth in department rules;

(d) To be treated fairly and to receive the same consideration and access to appropriate services as others, regardless of race, color, national origin, age, gender identity, sexual orientation, political affiliation, religious beliefs, financial status, or disability;

(e) To contest a commitment proceeding or to enter into a stipulated order of the court for committed treatment;

(f) To retain and consult with an attorney at any time and to have an attorney appointed by or provided by the court in a timely manner in any proceedings relating to commitment or recommitment, if the person wants the assistance of an attorney and is unable to obtain an attorney;

(g) To at any time seek to be discharged from commitment by an order in the nature of habeas corpus;

(h) Once no longer under the influence of drugs or intoxicated by alcohol, to sign in and seek voluntary substance use disorder treatment, unless the administrator determines in writing that reasonable grounds exist to believe that the person will not remain in voluntary treatment or that the person is clearly dangerous to the health and safety of himself or herself or others;

(i) If in committed treatment, to receive
TWENTY-FOUR-HOUR NOTICE PRIOR TO BEING TRANSFERRED TO ANOTHER FACILITY;

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

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

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

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

(n) TO HAVE ACCESS TO MEDICAL RECORDS;

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

(p) TO NOT BE FINGERPRINTED, UNLESS REQUIRED BY LAW;
(q) To refuse to be photographed, except for treatment facility identification purposes;
(r) To have the opportunity to register and vote by absentee ballot with the assistance of facility staff;
(s) To have appropriate access to adequate food, water, and hygiene products;
(t) To have physical privacy in showering, changing, and using the restroom; and
(u) To be free of restraints and solitary confinement.

(2) Only qualified staff providing evaluation, treatment, or care for a person may deny or restrict the person's rights under subsection (1) of this section if the person's health or safety would be clearly endangered if the rights were not denied or restricted. If a person's rights are denied or restricted, the reason for the denial or restriction must be explained to the person and entered into the person's treatment record. The facility shall provide the person and the person's attorney the information pertaining to a denial or restriction of rights contained in the person's treatment record. The person's rights must be immediately restored as soon as the person's health and safety are no longer clearly endangered.

(3) A person receiving evaluation, care, or treatment under any provision of this Article 81 may submit a grievance or complaint against the facility or facility staff pursuant to a grievance or complaint process, which is explained to the person in detail and included with the oral and written explanation of rights.
(4) As part of the immediate oral and written adviseement of the rights enumerated in this section, a facility shall also include the telephone number and e-mail address for the office of the ombudsman for behavioral health access to care, created in section 27-80-303. The written adviseements must be translated if the person cannot read or understand English. The administrator shall cause the rights enumerated in this section to be posted in a prominent location where clients in the facility reside, which posting must also include the number and e-mail address for the office of the ombudsman for behavioral health access to care, created in section 27-80-303.

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

(1) The office of behavioral health and cities, counties, city and counties, and regional service authorities may establish emergency service patrols. A patrol consists of persons trained to give assistance in the streets and in other public places to persons who are intoxicated or incapacitated by alcohol, under the influence of drugs, or incapacitated by substances. Members of an emergency service patrol must be capable of providing first aid in emergency situations and are authorized to transport a person intoxicated or incapacitated by alcohol, under the influence of drugs, or incapacitated by substances to his or her home and to and from treatment facilities.

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

27-81-117. Criminal laws - limitations. (1) A county,
municipality, or other political subdivision may not adopt or enforce a local law, ordinance, resolution, or rule having the force of law that includes drinking, being a person with an alcohol use disorder, or being found in an intoxicated condition as one of the elements of the offense giving rise to a criminal or civil penalty or sanction.

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

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

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

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

SECTION 34. In Colorado Revised Statutes, add with amended and relocated provisions 27-81-118 as follows:
27-81-118. [Formerly 27-82-114] Opioid crisis recovery funds
advisory committee - creation - membership - purpose. (1) There is
hereby created the opioid crisis recovery funds advisory committee,
referred to in this section as the "committee", which is created to advise
and collaborate with the department of law on uses of any custodial funds
received by the state as the result of opioid-addiction-related litigation
and for which the use of the funds is not predetermined or committed by
court order or other action by a state or federal court of law.

(2) (a) The committee consists of members appointed as follows:

(I) Thirteen members appointed by the governor, including:

(A) One member licensed to practice medicine pursuant to article
240 of title 12;

(B) One member licensed to practice pharmacy pursuant to article
280 of title 12;

(C) One member licensed to practice as a nurse pursuant to article
255 of title 12;

(D) One member licensed as a dentist pursuant to article 220 of
title 12;

(E) One member licensed as a veterinarian pursuant to article 315
of title 12;

(F) One member licensed as a physical therapist pursuant to article
285 of title 12;

(G) One member representing a local public health agency;

(H) One member who has been affected by the opioid crisis;

(I) One family member of a person who has been affected by the
opioid crisis;

(J) One member representing an advocacy organization for people
with substance use disorders;

(K) Two members appointed from nominees submitted by statewide organizations representing counties, with one member representing the western slope and one member representing the eastern part of the state; and

(L) One member from an association that represents behavioral health providers;

(II) Two members appointed by the executive director of the department of human services, one of whom must represent an association of substance use providers;

(III) Two members appointed by the executive director of the department of public health and environment, one of whom is a pain management patient;

(IV) One member appointed by the executive director of the department of regulatory agencies;

(V) One member appointed by the executive director of the department of health care policy and financing;

(VI) One member from the state substance abuse trend and response task force, created in section 18-18.5-103, appointed by the attorney general;

(VII) One member from the center for research into substance use disorder prevention, treatment, and recovery support strategies, created in section 27-80-118 (3), appointed by the director of the center;

(VIII) One member from each safety net hospital that provides addiction services, appointed by the hospital;

(IX) One member from the Colorado district attorneys' council, or any successor organization, appointed by its executive director;
(X) Two members representing law enforcement agencies, one of whom is appointed by the Colorado association of chiefs of police, or any successor organization, and one of whom is appointed by the county sheriffs of Colorado, or any successor organization; and

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

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

(3) Each member of the committee who is appointed pursuant to subsection (2) of this section serves at the pleasure of the appointing authority that appointed the member. The appointing authority shall fill a vacancy in the same manner as the initial appointment.

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

(5) (a) Each member of the committee shall maintain confidentiality throughout the process of determining the proper
expenditure of custodial funds. Members shall not disclose the contents of any requests for funding with anyone outside of the committee.

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

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

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

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

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

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

(l) An alcohol use disorder, as defined in section 27-81-102, or a substance use disorder, as defined in section 27-82-102;

or an excessive use of a habit-forming drug, controlled substance, as defined in section 18-18-102 (5), or alcohol beverage that renders the certified public accountant unfit to practice public accounting;

SECTION 37. In Colorado Revised Statutes, 12-110-111, amend (1)(d) as follows:
12-110-111. Grounds for discipline. (1) The director may take disciplinary or other action as authorized in section 12-20-404 against a license or an application for a license if the applicant or licensee:

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

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

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

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

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

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

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

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

(2) The following acts constitute grounds for discipline:

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

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

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

(d) A substance use disorder, as defined in section 27-82-102
SECTION 27-81-102, or excessive use by the licensee of a controlled
substance, as defined in section 18-18-102 (5), or a habit-forming drug;

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

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

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

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

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

(g) Has an alcohol A SUBSTANCE use disorder, as defined in
section 27-81-102, or a substance use disorder, as defined in section
27-82-102, or excessively uses any habit-forming drug or any controlled
substance, as defined in section 18-18-102 (5), or other drugs having
similar effects, or is diverting controlled substances, as defined in section 18-18-102 (5), or other drugs having similar effects from the person's place of employment;

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

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

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

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

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

(d) The applicant does not have an alcohol A SUBSTANCE use disorder, as defined in section 27-81-102, or a substance use disorder, as defined in section 27-82-102; or has not habitually or excessively used or abused alcohol, habit-forming drugs, or controlled substances as defined
SECTION 46. In Colorado Revised Statutes, 12-280-126, amend (1)(e) as follows:

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

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

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

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

   (a) Acknowledge the existence or the potential existence of a psychiatric, psychological, or emotional problem; excessive alcohol or drug use; or alcohol substance use disorder, as defined in section 27-81-102; or a substance use disorder, as defined in section 27-82-102;

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

12-300-109. Grounds for action - disciplinary proceedings. (2) The director has the power to take disciplinary or other action as authorized in section 12-20-404 against a licensee in accordance with subsections (4), (5), (6), and (8) of this section upon proof that the person:
(h) Has an alcohol use disorder, as defined in section 27-81-102, or a substance use disorder, as defined in section 27-82-102, or is an excessive or habitual user or abuser of alcohol or habit-forming drugs or is a habitual user of a controlled substance, as defined in section 18-18-102 (5), or other drugs having similar effects; except that the director has the discretion not to discipline the license holder if he or she is participating in good faith in an alcohol or substance use disorder treatment program approved by the director;

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

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

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

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

12-310-106. Grounds for discipline - disciplinary proceedings - judicial review. (2) The director may take disciplinary or other action
as authorized in section 12-20-404 against, or issue a cease-and-desist
order in accordance with section 12-20-405 to, a registrant in accordance
with this section and section 12-20-403, upon proof that the registrant:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13-90-107. Who may not testify without consent - definitions.
(1) There are particular relations in which it is the policy of the law to
encourage confidence and to preserve it inviolate; therefore, a person
shall not be examined as a witness in the following cases:

(m) (IV) This subsection (1)(m) does not apply in cases in which:
(C) Due to INTOXICATION BY alcohol, or other substance
intoxication or abuse BEING UNDER THE INFLUENCE OF DRUGS, OR
INCAPACITATION BY SUBSTANCES as described in sections 27-81-111 and
27-82-107, C.R.S. SECTION 27-81-111, the person receiving peer support
is a clear and immediate danger to the person's self or others;

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

25-1-1202. Index of statutory sections regarding medical
record confidentiality and health information. (1) Statutory provisions
concerning policies, procedures, and references to the release, sharing,
and use of medical records and health information include the following:
(vv) Sections 27-82-106 and 27-82-109 SECTIONS 27-81-109 AND
27-81-113, concerning the treatment of persons with substance use
disorders;

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

25-3.5-208. Emergency medical service providers' peer health
assistance program - fund - rules. (7) (a) Any certificate holder who does not have access to an employee assistance program may apply to the department for participation in a qualified peer health assistance program. In order to be eligible for participation, a certificate holder shall:

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

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

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

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

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

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

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

SECTION 61. In Colorado Revised Statutes, 27-60-104.5, amend (3)(e)(I) as follows:
27-60-104.5. Behavioral health capacity tracking system - legislative declaration - definitions - rules. (3) Pursuant to subsection (8) of this section, the state department shall implement a behavioral health capacity tracking system, which must include the following:

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

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

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

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

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

(a) Is under:

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

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

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

27-82-202. Definitions. As used in this part 2, unless the context otherwise requires:
"Treatment facility" means a health care facility that provides substance use disorder or medication-assisted treatment and that is approved by the office of behavioral health pursuant to section 27-82-103.

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

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

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

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

42-4-1301.3. Alcohol and drug driving safety program - definition. (4) (a) There is created an alcohol and drug driving safety program fund in the office of the state treasurer, referred to in this subsection (4) as the "fund". The fund consists of money deposited in it as directed by this subsection (4)(a). The assessment in effect on July 1, 1998, remains in effect unless the judicial department and the office of behavioral health in the department of human services have provided the general assembly with a statement of the cost of the program, including costs of administration for the past and current fiscal year to include a proposed change in the assessment. The general assembly shall then consider the proposed new assessment and approve the amount to be
assessed against each person during the following fiscal year in order to ensure that the alcohol and drug driving safety program established in this section is financially self-supporting. Any adjustment in the amount to be assessed must be noted in the appropriation to the judicial department and the office of behavioral health in the department of human services as a footnote or line item related to this program in the general appropriation bill. The state auditor shall periodically audit the costs of the programs to determine that they are reasonable and that the rate charged is accurate based on these costs. Any other fines, fees, or costs levied against a person are not part of the program fund. The court shall transmit to the state treasurer the amount assessed for the alcohol and drug evaluation to be credited to the fund. Fees charged pursuant to sections 27-81-106 (1) and 27-82-103 (1) SECTION 27-81-106 (1) to approved alcohol and drug treatment facilities that provide level I and level II programs as provided in subsection (3)(c) of this section must be transmitted to the state treasurer, who shall credit the fees to the fund. Upon appropriation by the general assembly, the money must be expended by the judicial department and the office of behavioral health in the department of human services for the administration of the alcohol and drug driving safety program. In administering the alcohol and drug driving safety program, the judicial department is authorized to contract with any agency for any services the judicial department deems necessary. Money deposited in the fund remains in the fund to be used for the purposes set forth in this section and must not revert or transfer to the general fund except by further act of the general assembly.

SECTION 66. Safety clause. The general assembly hereby finds,
determines, and declares that this act is necessary for the immediate
preservation of the public peace, health, or safety.