

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

**PREAMENDED**

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

LLS NO. 20-0155.02 Kristen Forrestal x4217

**HOUSE BILL 20-1085**

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**HOUSE SPONSORSHIP**

**Kennedy and Herod,**

**SENATE SPONSORSHIP**

**Winter and Priola, Donovan, Pettersen**

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**House Committees**

Health & Insurance  
Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING THE PREVENTION OF SUBSTANCE USE DISORDERS, AND, IN**  
102 **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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**Bill Summary**

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

**Opioid and Other Substance Use Disorders Study Committee.**

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

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.

per year, with a maximum of one copayment per year for 12 covered visits. The bill requires the commissioner to conduct an actuarial study to determine the economic feasibility prior to including acupuncture as a covered alternative treatment. (**section 1** of the bill).

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

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

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

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

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

The bill continues indefinitely the requirement that a health care provider query the program before prescribing a second fill for an opioid and requires each health care provider to query the program before

prescribing a benzodiazepine, unless certain exceptions apply. The bill also requires the director of the division of professions and occupations in the department to promulgate rules designating additional controlled substances and other prescription drugs to be tracked by the program. In addition to current law allowing medical examiners and coroners to query the program when conducting an autopsy, the bill allows medical examiners and coroners to query the program when conducting a death investigation (**sections 13 through 15**).

The bill appropriates money to:

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

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

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

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

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

10           **(b) THE COVERAGE REQUIRED BY THIS SUBSECTION (23) MUST:**

1 (I) INCLUDE, AT A COST-SHARING AMOUNT NOT TO EXCEED THE  
2 COST-SHARING AMOUNT FOR A PRIMARY CARE VISIT FOR NONPREVENTIVE  
3 SERVICES, A MINIMUM OF SIX PHYSICAL THERAPY VISITS, SIX  
4 OCCUPATIONAL THERAPY VISITS, SIX CHIROPRACTIC VISITS, AND SIX  
5 ACUPUNCTURE VISITS; AND

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

9 (c) AT THE TIME OF A COVERED PERSON'S INITIAL VISIT FOR  
10 TREATMENT, A PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST,  
11 ACUPUNCTURIST, OR CHIROPRACTOR SHALL NOTIFY THE COVERED  
12 PERSON'S CARRIER THAT THE COVERED PERSON HAS STARTED TREATMENT  
13 WITH THE PROVIDER.

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

16 **10-16-145.5. Step therapy - prior authorization - prohibited -**  
17 **stage four advanced metastatic cancer - opioid prescription -**  
18 **definition - rules.** (1) (a) Notwithstanding section 10-16-145, a carrier  
19 that provides coverage under a health benefit plan for the treatment of  
20 stage four advanced metastatic cancer shall not limit or exclude coverage  
21 under the health benefit plan for a drug THAT IS approved by the United  
22 States food and drug administration and that is on the carrier's  
23 prescription drug formulary by mandating that a covered person with  
24 stage four advanced metastatic cancer undergo step therapy if the use of  
25 the approved drug is consistent with:

26 (a) (I) The United States food and drug administration-approved  
27 indication or the national comprehensive cancer network drugs and

1 biologics compendium indication for the treatment of stage four advanced  
2 metastatic cancer; or

3 ~~(b)~~ (II) Peer-reviewed medical literature.

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

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

14 (I) MANDATING THAT A COVERED PERSON UNDERGO STEP  
15 THERAPY FOR MORE THAN ONE NONOPIOID OR ATYPICAL OPIOID; OR

16 (II) REQUIRING PRIOR AUTHORIZATION FOR THE NONOPIOID OR  
17 ATYPICAL OPIOID.

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

22 (c) FOR THE PURPOSES OF THIS SECTION, "NONOPIOID OR AN  
23 ATYPICAL OPIOID" MEANS A NONOPIOID ANALGESIC WITH FAR LOWER  
24 FATALITY RATES THAN PURE OPIOID AGONISTS.

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

27 **10-16-152. Disclosures - physical therapists - occupational**

1 **therapists - acupuncturists - patients - carrier prohibitions -**  
2 **enforcement.** (1) A CARRIER THAT HAS A CONTRACT WITH A PHYSICAL  
3 THERAPIST, AN OCCUPATIONAL THERAPIST, OR AN ACUPUNCTURIST SHALL  
4 NOT:

5 (a) PROHIBIT THE PHYSICAL THERAPIST, OCCUPATIONAL  
6 THERAPIST, OR ACUPUNCTURIST FROM PROVIDING A COVERED PERSON  
7 INFORMATION ON THE AMOUNT OF THE COVERED PERSON'S FINANCIAL  
8 RESPONSIBILITY FOR THE COVERED PERSON'S PHYSICAL THERAPY,  
9 OCCUPATIONAL THERAPY, OR ACUPUNCTURE SERVICES;

10 (b) PENALIZE THE PHYSICAL THERAPIST, OCCUPATIONAL  
11 THERAPIST, OR ACUPUNCTURIST FOR DISCLOSING THE INFORMATION  
12 DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION TO A COVERED PERSON  
13 OR PROVIDING A MORE AFFORDABLE ALTERNATIVE TO A COVERED PERSON;  
14 OR

15 (c) REQUIRE THE PHYSICAL THERAPIST, THE OCCUPATIONAL  
16 THERAPIST, OR THE ACUPUNCTURIST TO CHARGE OR COLLECT A  
17 COPAYMENT FROM A COVERED PERSON THAT EXCEEDS THE TOTAL  
18 CHARGES SUBMITTED BY THE PHYSICAL THERAPIST, OCCUPATIONAL  
19 THERAPIST, OR ACUPUNCTURIST.

20 (2) IF THE COMMISSIONER DETERMINES THAT A CARRIER HAS NOT  
21 COMPLIED WITH THIS SECTION, THE COMMISSIONER SHALL INSTITUTE A  
22 CORRECTIVE ACTION PLAN FOR THE CARRIER TO FOLLOW OR USE ANY OF  
23 THE COMMISSIONER'S ENFORCEMENT POWERS UNDER THIS TITLE 10 TO  
24 OBTAIN THE CARRIER'S COMPLIANCE WITH THIS SECTION.

25 **SECTION 4.** In Colorado Revised Statutes, 12-30-109, **amend**  
26 **(1)(a) introductory portion, (1)(a)(I), (1)(a)(IV), (1)(b), and (4)**  
27 **introductory portion; amend as it exists until July 1, 2021, (2); repeal**

1 (5); and **add** (6) as follows:

2

3 **12-30-109. Prescriptions - limitations - definition - rules.**

4 (1) (a) ~~An opioid~~ A prescriber shall not prescribe more than a seven-day  
5 supply of an opioid to a patient who has not had an opioid prescription in  
6 the last twelve months by that ~~opioid~~ prescriber and may exercise  
7 discretion to include a second fill for a seven-day supply. The limits on  
8 initial prescribing do not apply if, in the judgment of the ~~opioid~~  
9 prescriber, the patient:

10 (I) Has chronic pain that typically lasts longer than ninety days or  
11 past the time of normal healing, as determined by the ~~opioid~~ prescriber,  
12 or following transfer of care from another ~~opioid~~ prescriber who practices  
13 the same profession and who prescribed an opioid to the patient;

14 (IV) Is undergoing palliative care or hospice care focused on  
15 providing the patient with relief from symptoms, pain, and stress resulting  
16 from a serious illness in order to improve quality of life; except that this  
17 subsection (1)(a)(IV) applies only if the ~~opioid~~ prescriber is a physician,  
18 a physician assistant, or an advanced practice nurse.

19 (b) Prior to prescribing the second fill of any opioid OR  
20 BENZODIAZEPINE prescription pursuant to this section, ~~an opioid~~ A  
21 prescriber must comply with the requirements of section 12-280-404 (4).  
22 Failure to comply with section 12-280-404 (4) constitutes unprofessional  
23 conduct or grounds for discipline, as applicable, under section  
24 12-220-130, 12-240-121, 12-255-120, 12-275-120, 12-290-108, or  
25 12-315-112, as applicable to the particular ~~opioid~~ prescriber, only if the  
26 ~~opioid~~ prescriber repeatedly fails to comply.

27 (2) ~~An opioid~~ A prescriber licensed pursuant to article 220, 240,

1 255, 275, 290, or 315 of this title 12 may prescribe opioids AND  
2 BENZODIAZEPINES electronically.

3 (4) As used in this section, "~~opioid prescriber~~" "PRESCRIBER"  
4 means:

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

6 (6) THE EXECUTIVE DIRECTOR SHALL, BY RULE, LIMIT THE SUPPLY  
7 OF A BENZODIAZEPINE THAT A PRESCRIBER MAY PRESCRIBE TO A PATIENT  
8 WHO HAS NOT HAD A BENZODIAZEPINE PRESCRIPTION IN THE LAST TWELVE  
9 MONTHS BY THAT PRESCRIBER.

10 **SECTION 5.** In Colorado Revised Statutes, 12-30-109, **amend**  
11 **as it exists from July 1, 2021, until July 1, 2023,** (2) as follows:

12 **12-30-109. Prescriptions - limitations - definition - rules.**

13 (2) ~~An opioid~~ A prescriber licensed pursuant to article 220 or 315 of this  
14 title 12 may prescribe opioids AND BENZODIAZEPINES electronically.

15 **SECTION 6.** In Colorado Revised Statutes, 12-30-109, **amend**  
16 **as it will become effective July 1, 2023,** (2) as follows:

17 **12-30-109. Prescriptions - limitations - definition - rules.**

18 (2) ~~An opioid~~ A prescriber licensed pursuant to article 315 of this title 12  
19 may prescribe opioids AND BENZODIAZEPINES electronically.

20 **SECTION 7.** In Colorado Revised Statutes, 12-220-111, **amend**  
21 (2) as follows:

22 **12-220-111. Dentists may prescribe drugs - surgical operations**

23 **- anesthesia - limits on prescriptions.** (2) (a) A dentist is subject to the  
24 limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified in section  
25 12-30-109.

26 (b) ~~This subsection (2) is repealed, effective September 1, 2021.~~

27 **SECTION 8.** In Colorado Revised Statutes, **amend** 12-240-123

1 as follows:

2 **12-240-123. Prescriptions - limitations.** ~~(1)~~ A physician or  
3 physician assistant is subject to the limitations on ~~prescribing opioids~~  
4 ~~PRESCRIPTIONS~~ specified in section 12-30-109.

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

6 **SECTION 9.** In Colorado Revised Statutes, 12-255-112, **amend**  
7 **(6)** as follows:

8 **12-255-112. Prescriptive authority - advanced practice nurses**  
9 **- limits on prescriptions - rules - financial benefit for prescribing**  
10 **prohibited.** (6) ~~(a)~~ An advanced practice nurse with prescriptive  
11 authority pursuant to this section is subject to the limitations on  
12 ~~prescribing opioids~~ ~~PRESCRIPTIONS~~ specified in section 12-30-109.

13 ~~(b) This subsection (6) is repealed, effective September 1, 2021.~~

14 **SECTION 10.** In Colorado Revised Statutes, 12-275-113, **amend**  
15 **(5)** as follows:

16 **12-275-113. Use of prescription and nonprescription drugs -**  
17 **limits on prescriptions.** (5) ~~(a)~~ An optometrist is subject to the  
18 limitations on ~~prescribing opioids~~ ~~PRESCRIPTIONS~~ specified in section  
19 12-30-109.

20 ~~(b) This subsection (5) is repealed, effective September 1, 2021.~~

21 **SECTION 11.** In Colorado Revised Statutes, 12-290-111, **amend**  
22 **(3)** as follows:

23 **12-290-111. Prescriptions - requirement to advise patients -**  
24 **limits on prescriptions.** (3) ~~(a)~~ A podiatrist is subject to the limitations  
25 on ~~prescribing opioids~~ ~~PRESCRIPTIONS~~ specified in section 12-30-109.

26 ~~(b) This subsection (3) is repealed, effective September 1, 2021.~~

27 **SECTION 12.** In Colorado Revised Statutes, **amend** 12-315-126

1 as follows:

2 **12-315-126. Prescriptions - limitations.** ~~(1)~~ A veterinarian is  
3 subject to the limitations on ~~prescribing opioids~~ PRESCRIPTIONS specified  
4 in section 12-30-109.

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

6 **SECTION 13.** In Colorado Revised Statutes, 12-240-130, **repeal**  
7 (3) as follows:

8 **12-240-130. Procedure - registration - fees.** (3) Applicants for  
9 relicensure ~~shall not be required to attend and complete continuing~~  
10 ~~medical education programs, except as directed by the board to correct~~  
11 ~~deficiencies of training or education as directed under section 12-240-125~~  
12 ~~(5)(c)(III)(B).~~

13 **SECTION 14.** In Colorado Revised Statutes, **add** 12-240-146 as  
14 follows:

15 **12-240-146. Continuing education - competency standards for**  
16 **prescribing opioids - rules.** THE BOARD, IN CONSULTATION WITH THE  
17 CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION,  
18 TREATMENT, AND RECOVERY SUPPORT STRATEGIES ESTABLISHED IN  
19 SECTION 27-80-118, SHALL PROMULGATE RULES TO ESTABLISH  
20 COMPETENCY-BASED STANDARDS FOR CONTINUING MEDICAL EDUCATION  
21 FOR PHYSICIANS AND PHYSICIAN ASSISTANTS CONCERNING THE  
22 PRESCRIBING PRACTICES FOR OPIOIDS. THE BOARD SHALL REQUIRE  
23 FULFILLMENT OF THE CONTINUING EDUCATION REQUIREMENTS AS A  
24 REQUIREMENT FOR LICENSURE RENEWAL.

25 **SECTION 15.** In Colorado Revised Statutes, 12-280-403, **amend**  
26 (1) introductory portion, (1)(c), (1)(e), (1)(f), (3), and (4); and **add** (1)(g)  
27 and (2)(e) as follows:

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

7           (c) The name and amount of the controlled substance OR OTHER  
8 PRESCRIPTION DRUG AS REQUIRED BY RULES OF THE BOARD;

9           (e) The name of the dispensing pharmacy; and

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

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

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

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

26           (4) The board shall establish a method and format for  
27 PHARMACISTS, PHARMACISTS' DESIGNEES, AND prescription drug outlets

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

10 **SECTION 16.** In Colorado Revised Statutes, 12-280-404, **amend**  
11 (3)(b), (3)(c)(I), (3)(h), (3)(l)(I), (4)(c), (5), and (7); **repeal** (4)(e); and  
12 **add** (4)(a.5) and (4)(f) as follows:

13 **12-280-404. Program operation - access - rules - definitions.**

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

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

24 (c) (I) Any veterinarian with statutory authority to prescribe  
25 controlled substances OR OTHER DRUGS THAT MAY BE SUBJECT TO A  
26 PROGRAM QUERY, to the extent the query relates to a current patient or to  
27 a client and if the veterinarian, in the exercise of professional judgment,

1 has a reasonable basis to suspect the client has committed drug abuse or  
2 has mistreated an animal.

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

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

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

14

15 (4) (a.5) EACH PRACTITIONER OR THE PRACTITIONER'S DESIGNEE  
16 SHALL QUERY THE PROGRAM BEFORE PRESCRIBING A SECOND FILL FOR A  
17 BENZODIAZEPINE TO A PATIENT UNLESS THE BENZODIAZEPINE IS  
18 PRESCRIBED TO TREAT A PATIENT IN HOSPICE OR TO TREAT A SEIZURE OR  
19 SEIZURE DISORDER, ALCOHOL WITHDRAWAL, OR A NEUROLOGICAL [REDACTED]  
20 EMERGENCY EVENT INCLUDING A POST-TRAUMATIC BRAIN INJURY.

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

26 (e) ~~This subsection (4) is repealed, effective September 1, 2021.~~

27 (f) THE BOARD SHALL PROMULGATE RULES DESIGNATING

1 ADDITIONAL CONTROLLED SUBSTANCES AND OTHER PRESCRIPTION DRUGS  
2 TO BE TRACKED THROUGH THE PROGRAM PURSUANT TO SECTION  
3 12-280-403 (1) THAT HAVE POTENTIAL FOR ABUSE OR HAVE POTENTIAL  
4 FOR AN ADVERSE DRUG INTERACTION WITH A CONTROLLED SUBSTANCE.

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

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

17 (b) THE BOARD MAY, WITHIN EXISTING FUNDS AVAILABLE FOR  
18 OPERATION OF THE PROGRAM, PROVIDE A MEANS OF SHARING  
19 PRESCRIPTION INFORMATION WITH THE HEALTH INFORMATION  
20 ORGANIZATION NETWORK, AS DEFINED IN SECTION 25-3.5-103 (8.5), IN  
21 ORDER TO WORK COLLABORATIVELY WITH THE STATEWIDE HEALTH  
22 INFORMATION EXCHANGES DESIGNATED BY THE DEPARTMENT OF HEALTH  
23 CARE POLICY AND FINANCING. USE OF THE INFORMATION MADE  
24 AVAILABLE PURSUANT TO THIS SUBSECTION (7)(b) IS SUBJECT TO PRIVACY  
25 AND SECURITY PROTECTIONS IN STATE LAW AND THE FEDERAL "HEALTH  
26 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996",  
27 PUB.L.104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS.

1           **SECTION 17.** In Colorado Revised Statutes, 12-280-407, **amend**  
2 (2) as follows:

3           **12-280-407. Prescription drug outlets - prescribers -**  
4 **responsibilities - liability.** (2) A practitioner who has, in good faith,  
5 written a prescription for a controlled substance OR OTHER DRUG THAT  
6 MAY BE SUBJECT TO A PROGRAM QUERY to a patient is not liable for  
7 information submitted to the program. A practitioner WHO or prescription  
8 drug outlet ~~who~~ THAT has, in good faith, submitted the required  
9 information to the program is not liable for participation in the program.

10           **SECTION 18.** In Colorado Revised Statutes, 12-280-408, **amend**  
11 (2) as follows:

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

17           ■ ■ ■

18           **SECTION 19.** In Colorado Revised Statutes, 27-80-118, **amend**  
19 (4)(a) as follows:

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

1 OF INAPPROPRIATELY LIMITING PRESCRIPTIONS TO CHRONIC PAIN  
2 PATIENTS. The educational activities must apply to physicians, physician  
3 assistants, nurses, and dentists, WITH AN EMPHASIS ON PHYSICIANS,  
4 PHYSICIAN ASSISTANTS, NURSES, AND DENTISTS SERVING UNDERSERVED  
5 POPULATIONS AND COMMUNITIES.

6

7 **SECTION 20. Appropriation.** (1) For the 2020-21 state fiscal  
8 year, \$18,540 is appropriated to the department of regulatory agencies.  
9 This appropriation is from the division of professions and occupations  
10 cash fund created in section 12-20-105 (3), C.R.S. To implement this act,  
11 the department may use this appropriation as follows:

12 (a) \$2,550 for the colorado medical board; and

13 (b) \$15,990 for the purchase of legal services.

14 (2) For the 2020-21 state fiscal year, \$15,990 is appropriated to  
15 the department of law. This appropriation is from reappropriated funds  
16 received from the department of regulatory agencies under subsection  
17 (1)(b) of this section. To implement this act, the department of law may  
18 use this appropriation to provide legal services for the department of  
19 regulatory agencies.

20 **SECTION 21. Act subject to petition - effective date.** This act  
21 takes effect at 12:01 a.m. on the day following the expiration of the  
22 ninety-day period after final adjournment of the general assembly; except  
23 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
24 of the state constitution against this act or an item, section, or part of this  
25 act within such period, then the act, item, section, or part will not take  
26 effect unless approved by the people at the general election to be held in

- 1 November 2022 and, in such case, will take effect on the date of the
- 2 official declaration of the vote thereon by the governor.