**CHAPTER 225** 

## CRIMINAL LAW AND PROCEDURE

HOUSE BILL 22-1326

BY REPRESENTATIVE(S) Garnett, Herod, Sandridge, Amabile, Benavidez, Bernett, Bird, Boesenecker, Duran, Esgar, Kipp, McCormick, Michaelson Jenet, Mullica, Ortiz, Tipper, Daugherty, Sullivan; also SENATOR(S) Pettersen and Cooke, Priola, Coleman, Fields, Hansen, Moreno, Story, Fenberg.

# AN ACT

CONCERNING MEASURES TO ADDRESS SYNTHETIC OPIATES, AND, IN CONNECTION THEREWITH, CHANGING THE CRIMINAL PENALTIES ASSOCIATED WITH SYNTHETIC OPIATES; USING A SUBSTANCE ABUSE ASSESSMENT TO DIRECT APPROPRIATE TREATMENT AT SENTENCING; PROVIDING OPIATE ANTAGONISTS IN THE COMMUNITY; PROVIDING SYNTHETIC OPIATE DETECTION TESTS IN THE COMMUNITY; CREATING IMMUNITY FOR FURNISHING SYNTHETIC OPIATE DETECTION TESTS; PROVIDING TREATMENT FOR PERSONS IN THE CRIMINAL JUSTICE SYSTEM; DEVELOPING A FENTANYL PREVENTION AND EDUCATION CAMPAIGN; PROVIDING FUNDING FOR SUBSTANCE USE AND HARM REDUCTION; EVALUATING THE SUBSTANCE USE AND HARM REDUCTION NEEDS ACROSS THE STATE; REQUIRING A POST-ENACTMENT REVIEW OF THE IMPLEMENTATION OF THIS ACT; AND MAKING AN APPROPRIATION.

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

**SECTION 1. Legislative declaration.** (1) The general assembly finds and declares that:

- (a) The illegal distribution of synthetic opiates, including fentanyl, carfentanil, benzimidazole opiate, and analogs thereof, presents a serious health risk in Colorado and across the country;
- (b) The increase in the number of overdose deaths in Colorado demands a comprehensive response by communities and elected officials, designed to reduce the risks of harm to all people and recalibrate the criminal justice system's response to illegal distribution of these dangerous drugs;
- (c) Colorado has not adequately funded behavioral health interventions, treatment, overdose prevention, and other supportive services that research demonstrates reduce the risk of harm and the recovery of people suffering from a behavioral health disorder;

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

- (d) Funding for supervised-injection sites is prohibited;
- (e) The prosecution of drug dealers who manufacture, distribute, dispense, or sell fentanyl, carfentanil, benzimidazole opiate, and analogs thereof, not the prosecution of low-level drug possessors, is a priority for Colorado; and
- (f) Colorado's good samaritan law, which encourages people to seek medical assistance for people who are suffering from an overdose crisis, is an important public policy that can assist in saving lives.
  - (2) Therefore, it is the intent of the general assembly to:
- (a) Direct additional resources to communities and agencies to allow more effective and healthy interventions and treatment for people who use fentanyl, carfentanil, benzimidazole opiate, or analogs thereof, and develop an effective public education campaign about the dangers of these drugs and their presence in other drugs; and
- (b) Enact a properly calibrated sentencing scheme, prescribing specific penalties for the unlawful manufacturing, distribution, dispensing, or selling of fentanyl, carfentanil, benzimidazole opiate, and analogs thereof, including specifically designed penalties for people whose manufacturing, distribution, dispensing, or selling leads to the death of another person.
- (3) The general assembly finds that for the purpose of performing a post-enactment review of the implementation of House Bill 22-1326, it is necessary to review the following statewide data for three years subsequent to the passage of House Bill 22-1326 in order to assess its impact on sentencing and filing of counts based on the good samaritan law pursuant to section 18-1-711, Colorado Revised Statutes, and the criminal provisions designed to address the distribution of fentanyl, carfentanil, benzimidazole opiate, and analogs thereof, resulting in death:
- (a) From the judicial department, the number of cases filed that include a violation of section 18-18-405 (2)(a)(I)(D), (2)(b)(I)(D), and (2)(c)(V), Colorado Revised Statutes; the judicial district where each case was filed; and the sentence imposed upon conviction for each case:
- (b) From the judicial department, the number of cases filed that include a violation of section 18-18-405 (2)(a)(III)(A), Colorado Revised Statutes; the judicial district where the case was filed; information on other charges filed in the same case; the sentence imposed upon conviction for each case; and a summary of the facts and circumstances of the case as evidenced by the arrest warrant; and
- (c) From each district attorney, the information pursuant to section 18-1-711 (6), Colorado Revised Statutes.
- **SECTION 2.** In Colorado Revised Statutes, 18-18-403.5, **add** (2.5), (2.7), and (6) as follows:
  - 18-18-403.5. Unlawful possession of a controlled substance notice to revisor

- of statutes repeal. (2.5) (a) Notwithstanding subsection (2)(c) of this section, on or after July 1, 2022, a person who violates subsection (1) of this section by knowingly possessing:
- (I) Any material, compound, mixture, or preparation that weighs more than one gram and not more than four grams and contains any quantity of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), commits a level 4 drug felony;
- (II) Any material, compound, mixture, or preparation that weighs not more than one gram and contains any quantity of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204(2)(g), commits a level 1 drug misdemeanor; except that a fourth or subsequent offense for a violation of this subsection (2.5)(a)(II) is a level 4 drug felony.
- (b) Notwithstanding the provisions of section 18-18-403.5 (2.5)(a)(I) of this section, when a defendant shows supporting evidence to establish that he or she made a reasonable mistake of fact and did not know that the controlled substance he or she possessed contained fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), the matter shall be submitted to the finder of fact in the form of an interrogatory included in the verdict form. Should the finder of fact determine the defendant made such a reasonable mistake of fact, the defendant commits a level 1 drug misdemeanor.
- (2.7) (a) A person who violates subsection (1) of this section by possessing any material, compound, mixture, or preparation that contains a quantity of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), that is more than sixty percent of the total composition of the material, compound, mixture, or preparation, commits a level 2 drug felony.
- (b) (I) This subsection (2.7) takes effect at 12.01 a.m. Thirty days after the date identified in the notice provided to the revisor of statutes by the director of the Colorado bureau of investigation that the Colorado bureau of investigation has the resources to determine the quantity of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), compared to the total composition of the material, compound, mixture, or preparation, or on the date of the notice to the revisor of statutes if the notice does not specify a different date.
- (II) The director of the Colorado Bureau of investigation shall notify the revisor of statutes in writing when the condition specified in subsection (2.7)(b)(I) of this section has occurred by e-mailing the notice to revisorofstatutes. Ga@state.co.us.
- (III) Concurrent with the notice required in Subsection (2.7)(b)(II), the director of the Colorado Bureau of investigation shall notify the speaker of the house of representatives, the president of the senate, the

CHIEF JUSTICE OF THE SUPREME COURT, THE GOVERNOR, THE ATTORNEY GENERAL, THE STATE PUBLIC DEFENDER, AND EACH DISTRICT ATTORNEY IN THE STATE, THAT THE COLORADO BUREAU OF INVESTIGATION HAS THE RESOURCES TO DETERMINE THE QUANTITY OF FENTANYL, CARFENTANIL, BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF AS DESCRIBED IN SECTION 18-18-204 (2)(g), COMPARED TO THE TOTAL COMPOSITION OF THE MATERIAL, COMPOUND, MIXTURE, OR PREPARATION.

- (IV) This subsection (2.7)(b) is repealed, effective one year after notice to the revisor of statutes pursuant to this subsection (2.7)(b)(II).
- (6) Notwithstanding subsection (2) of this section to the contrary, a peace officer shall not arrest and a district attorney shall not charge or prosecute an employee, agent, or volunteer of an entity described in section 12-30-110 (1)(a) who, in the performance of the person's duties, is in possession of a controlled substance, including fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), for the purpose of safe disposal of the controlled substance, including fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), in accordance with applicable law. As used in this subsection (6), "safe disposal" means the procedure and process for depositing the controlled substance, including fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), in a secure container for law enforcement to subsequently access and dispose of.
- **SECTION 3.** In Colorado Revised Statutes, 18-18-405, **amend** (2)(b)(I)(B), (2)(b)(I)(C), (2)(c)(III), and (2)(c)(IV); and **add** (2)(a)(I)(D), (2)(a)(III), (2)(b)(I)(D), and (2)(c)(V) as follows:
- **18-18-405.** Unlawful distribution, manufacturing, dispensing, or sale. (2) Except as otherwise provided for an offense concerning marijuana and marijuana concentrate in section 18-18-406 and for special offenders as provided in section 18-18-407, any person who violates any of the provisions of subsection (1) of this section:
- (a) Commits a level 1 drug felony and is subject to the mandatory sentencing provisions in section 18-1.3-401.5 (7) if:
- (I) The violation involves any material, compound, mixture, or preparation that weighs:
- (D) More than fifty grams and contains fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g); or
- (III) (A) Except as provided in Section 18-1-711 (3)(i), the defendant committed a violation of Subsection (2)(a)(I)(D), (2)(b)(I)(D), or (2)(c)(V) of this Section, and the actions in violation of Subsection (2)(a)(I)(D), (2)(b)(I)(D), or (2)(c)(V) of this Section are the Proximate Cause of the Death of Another Person who used or Consumed the Material, Compound, Mixture, or Preparation that contained Fentanyl, Carfentanil,

BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF AS DESCRIBED IN SECTION 18-18-204 (2)(g).

- (B) Notwithstanding subsection (2)(a)(III)(A) of this section, a defendant who committed a violation of subsection (2)(c)(V) of this section, and the actions in violation of subsection (2)(c)(V) of this section are the proximate cause of the death of another person who used or consumed the material, compound, mixture, or preparation that contained fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), is not subject to the mandatory sentencing requirement as described in section 18-1.3-401.5(7).
  - (b) Commits a level 2 drug felony if:
- (I) The violation involves any material, compound, mixture, or preparation that weighs:
- (B) More than seven grams, but not more than one hundred twelve grams, and contains methamphetamine, heroin, ketamine, or cathinones; or
- (C) More than ten milligrams, but not more than fifty milligrams, and contains flunitrazepam; or
- (D) More than four grams, but not more than fifty grams, and contains fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g);
- (c) Commits a level 3 drug felony if the violation involves any material, compound, mixture, or preparation that weighs:
  - (III) Not more than ten milligrams and contains flunitrazepam; or
- (IV) More than four grams and contains a schedule III or schedule IV controlled substance;  $\ensuremath{\mathsf{OR}}$
- (V) Not more than four grams and contains fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g).
- **SECTION 4.** In Colorado Revised Statutes, 18-18-407, **amend** (1)(c); and **add** (1)(h) as follows:
- **18-18-407. Special offender definitions.** (1) A person who commits a felony offense pursuant to this part 4 under any one or more of the following aggravating circumstances commits a level 1 drug felony and is a special offender:
- (c) The defendant committed the violation and in the course of that violation, introduced or imported into the state of Colorado more than fourteen grams of any schedule I or II controlled substance listed in part 2 of this article or ARTICLE 18; more than seven grams of methamphetamine, heroin, ketamine, or cathinones; or ten milligrams of flunitrazepam; OR ANY MATERIAL, COMPOUND, MIXTURE, OR

PREPARATION THAT WEIGHS MORE THAN FOUR GRAMS AND CONTAINS FENTANYL, CARFENTANIL, BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF AS DESCRIBED IN SECTION 18-18-204 (2)(g);

- (h) The defendant committed a violation of section 18-18-405 (2)(a)(I)(D), (2)(b)(I)(D), or (2)(c)(V), and the defendant possessed pill or tablet manufacturing equipment with the intent to use the equipment in the manufacture of a controlled substance.
- **SECTION 5.** In Colorado Revised Statutes, 18-1-711, **amend** (3)(g) and (3)(h); and **add** (3)(i) and (6) as follows:
- **18-1-711. Immunity for persons who suffer or report an emergency drug or alcohol overdose event definitions repeal.** (3) The immunity described in subsection (1) of this section applies to the following criminal offenses:
  - (g) Possession of drug paraphernalia, as described in section 18-18-428; and
- (h) Illegal possession or consumption of ethyl alcohol or marijuana by an underage person or illegal possession of marijuana paraphernalia by an underage person, as described in section 18-13-122; AND
- (i) A VIOLATION OF SECTION 18-18-405 (2)(a)(III)(A), IF THE UNLAWFUL DISTRIBUTION, MANUFACTURING, DISPENSING, OR SALE OF THE MATERIAL, COMPOUND, MIXTURE, OR PREPARATION WEIGHS NOT MORE THAN FOUR GRAMS AND CONTAINS ANY AMOUNT OF FENTANYL, CARFENTANIL, BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF AS DESCRIBED IN SECTION 18-18-204 (2)(g).
- (6) (a) Starting on July 1, 2022, and for three years thereafter, a law enforcement agency that responds to an emergency drug or alcohol overdose event shall report to the district attorney's office in the law enforcement agency's jurisdiction whether an arrest was made as a result of the investigation of an emergency drug or alcohol overdose event or when an arrest was not made pursuant to the provisions of this section.
- (b) Starting on July 1, 2022, and for three years thereafter, each district attorney's office that receives a report regarding an arrest from law enforcement pursuant to subsection (6)(a) of this section shall prepare a report indicating each instance when a person was not prosecuted for an offense pursuant to this section if the event involved fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g). If the district attorney prosecutes a person who sought emergency assistance for an emergency drug or alcohol overdose event if the event involved fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section  $18\text{-}18\text{-}204\,(2)(g)$ , the district attorney shall prepare a report detailing the facts and circumstances for the decision that the immunity provisions of subsection (1) of this section did not apply.
  - (c) EACH DISTRICT ATTORNEY SHALL PROVIDE THE REPORTS COLLECTED

PURSUANT TO THIS SUBSECTION (6) TO THE LEGISLATIVE SERVICE AGENCIES OF THE COLORADO GENERAL ASSEMBLY FOR THE PURPOSE OF A POST-ENACTMENT REVIEW.

- (d) This subsection (6) is repealed, effective July 1, 2026.
- **SECTION 6.** In Colorado Revised Statutes, 18-1.3-401.5, **amend** (7), (10)(a)(III), and (10)(a)(IV); and **add** (2.5), (10)(a)(V), and (14) as follows:
- 18-1.3-401.5. Drug felonies classified presumptive and aggravated penalties. (2.5) It is the intent of the general assembly that sentencing for crimes that involve fentanyl, carfentanil, benzimidazole opiate, or any analog thereof, as described in section 18-18-204 (2)(g), even in small quantities, reflect the high risk of addiction and death associated with fentanyl, carfentanil, benzimidazole opiate, or any analog thereof. Therefore, the education and treatment procedures provided in section 18-1.3-410 must be implemented to address this substantial health risk.
- (7) EXCEPT AS PROVIDED IN SECTION 18-18-405 (2)(a)(III)(B), notwithstanding any provision of this section to the contrary, if the defendant is convicted of a level 1 drug felony, the court shall sentence the defendant to a term of incarceration in the department of corrections of at least eight years but not more than thirty-two years. The presence of one or more of the aggravating circumstances provided in paragraph (a) of subsection (10) subsection (10)(a) of this section or in section 18-18-407 (1) requires the court to sentence a defendant convicted of a level 1 drug felony to a term of incarceration in the department of corrections of at least twelve years but no more than thirty-two years. The court may impose a fine in addition to imprisonment.
- (10) (a) Except for a level 1 drug felony, the presence of one or more of the following aggravating circumstances at the time of the commission of a drug felony offense requires the court, if it sentences the defendant to incarceration, to sentence the defendant to a term of at least the midpoint in the presumptive range but not more than the maximum term of the aggravated range:
- (III) The defendant was under confinement, in prison, or in any correctional institution as a convicted felon, or an escapee from any correctional institution for another felony; or
- (IV) The defendant was on probation for or on bond while awaiting sentencing following revocation of probation for a delinquent act that would have constituted a felony if committed by an adult; OR
- (V) The defendant committed a violation of section 18-18-405 (2)(a)(III)(A), and the unlawful distribution, manufacturing, dispensing, or sale of the material, compound, mixture, or preparation weighed more than fifty grams and contained fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g).
- (14) (a) Notwithstanding subsection (2)(a) of this section, for the purpose of sentencing a person convicted of a level 4 drug felony committed on or after July 1,2022, in violation of section 18-18-403.5(2.5),

A COURT SHALL EITHER SENTENCE AN OFFENDER TO PROBATION FOR UP TO TWO YEARS, WITH THE POSSIBILITY OF A TOTAL OF ONE HUNDRED EIGHTY DAYS IN COUNTY JAIL, OR FOR A THIRD OR SUBSEQUENT OFFENSE, A TOTAL OF UP TO THREE HUNDRED SIXTY-FOUR DAYS IN COUNTY JAIL, WHICH MAY BE IMPOSED IN WHOLE OR IN PART DURING THE TIME PERIOD OF PROBATION AS A CONDITION OF PROBATION OR AS A SANCTION FOR A VIOLATION OF PROBATION; OR SENTENCE AN OFFENDER TO UP TO ONE HUNDRED EIGHTY DAYS IN THE COUNTY JAIL; EXCEPT THAT FOR A THIRD OR SUBSEQUENT OFFENSE, THE COURT MAY SENTENCE AN OFFENDER TO UP TO THREE HUNDRED SIXTY-FOUR DAYS IN THE COUNTY JAIL IF THE COURT SENTENCES THE OFFENDER TO JAIL. IN ADDITION TO THE SENTENCE TO PROBATION OR TO THE COUNTY JAIL, THE COURT MAY IMPOSE A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS.

- (b) A court may sentence a person convicted of a level 4 drug felony committed on or after July 1, 2022, in violation of section 18-18-403.5 (2.5), to a county jail sentencing alternative provided pursuant to section 18-1.3-106 or placement in a community corrections program as a condition of probation provided pursuant to section 18-1.3-301 (4) as a sentencing alternative.
- (c) Notwithstanding any other provision of Law to the Contrary, an offender convicted of a level 4 drug felony committed on or after July 1, 2022, in violation of section 18-18-403.5 (2.5), is not subject to the Jurisdiction of the department of corrections or a mandatory period of parole.

### **SECTION 7.** In Colorado Revised Statutes, **add** 18-1.3-410 as follows:

- 18-1.3-410. Fentanyl education and treatment program. (1) Upon conviction of any offense pursuant to part 4 of article 18 of this title 18 for a material, compound, mixture, or preparation that contains any amount of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), the court shall require a substance abuse assessment pursuant to section 18-1.3-209. The substance abuse assessment must include information regarding the person's history of substance use, specifically the use of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof; the person's amenability to treatment; and the level of treatment, if any, necessary to address the person's substance use disorder to be provided during the person's probation or deferred judgment supervision.
- (2) If the substance abuse assessment described in subsection (1) of this section recommends community-based treatment, the person shall complete the assessed level of treatment consistent with the provisions of section 18-1.3-209.
- (3) (a) If the substance abuse assessment described in subsection (1) of this section recommends as a condition of probation placement in a residential treatment facility for treatment of an addiction that includes fentanyl, carfentanil, benzimidazole opiate, or an analog thereof, the court shall order residential treatment as a condition of

PROBATION. THE RESIDENTIAL TREATMENT FACILITY MUST BE APPROVED BY THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES AND DESIGNED FOR TREATMENT OF AN ADDICTION THAT INCLUDES FENTANYL, CARFENTANIL, BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF. PLACEMENT IN A RESIDENTIAL PROGRAM AS A CONDITION OF PROBATION IS LIMITED TO THE PERIOD OF TIME THAT THE PLACEMENT IS CLINICALLY NECESSARY. THE RESIDENTIAL PLACEMENT COSTS MUST BE PAID FROM THE CORRECTIONAL TREATMENT CASH FUND, EXISTING PURSUANT TO SECTION 18-19-103 (4), FOR A PERSON ON PROBATION AND IS DETERMINED BY THE COURT TO BE INDIGENT, IS REPRESENTED BY COURT-APPOINTED COUNSEL, OR IS OTHERWISE UNABLE TO AFFORD THE COST OF THE PLACEMENT.

- (b) Notwithstanding subsection (3)(a) of this section to the contrary, the court may order non-residential treatment as a condition of probation if the court makes findings on the record that a residential treatment facility does not exist, is not accessible for the person within a reasonable period of time, or non-residential treatment is available to address the person's treatment needs.
- (4) A person, regardless of whether the person is receiving treatment in a community-based or residential treatment facility pursuant to subsection (2) or (3) of this section, must complete the fentanyle ducation program developed by the office of behavioral health pursuant to section 27-80-128. The fentanyl education program must include information regarding the nature and addictive elements of synthetic opiates, their dangers to a person's life and health, access to and administration of opiate antagonists and non-laboratory synthetic opiate detection tests, and laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711. The fentanyle ducation program costs must be paid from the correctional treatment cash fund, existing pursuant to section 18-19-103 (4), for a person on probation and is determined by the court to be indigent, is represented by court-appointed counsel, or is otherwise unable to afford the cost of placement.

#### **SECTION 8.** In Colorado Revised Statutes, add 18-1.3-410 as follows:

- 18-1.3-410. Fentanyl education and treatment program. (1) Upon conviction of any offense pursuant to part 4 of article 18 of this title 18 for a material, compound, mixture, or preparation that contains any amount of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), the court shall require a substance abuse assessment pursuant to section 18-1.3-209. The substance abuse assessment must include information regarding the person's history of substance use, specifically the use of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof; the person's amenability to treatment; and the level of treatment, if any, necessary to address the person's substance use disorder to be provided during the person's probation or deferred judgment supervision.
  - (2) If the substance abuse assessment described in subsection (1) of this

SECTION RECOMMENDS COMMUNITY-BASED TREATMENT, THE PERSON SHALL COMPLETE THE ASSESSED LEVEL OF TREATMENT CONSISTENT WITH THE PROVISIONS OF SECTION 18-1.3-209.

- (3) (a) If the substance abuse assessment described in subsection (1) of THIS SECTION RECOMMENDS AS A CONDITION OF PROBATION PLACEMENT IN A RESIDENTIAL TREATMENT FACILITY FOR TREATMENT OF AN ADDICTION THAT INCLUDES FENTANYL, CARFENTANIL, BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF, THE COURT SHALL ORDER RESIDENTIAL TREATMENT AS A CONDITION OF PROBATION. THE RESIDENTIAL TREATMENT FACILITY MUST BE APPROVED BY THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES AND DESIGNED FOR TREATMENT OF AN ADDICTION THAT INCLUDES FENTANYL, CARFENTANIL, BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF. PLACEMENT IN A RESIDENTIAL PROGRAM AS A CONDITION OF PROBATION IS LIMITED TO THE PERIOD OF TIME THAT THE PLACEMENT IS CLINICALLY NECESSARY. THE RESIDENTIAL PLACEMENT COSTS MUST BE PAID FROM THE CORRECTIONAL TREATMENT CASH FUND, EXISTING PURSUANT TO SECTION 18-19-103 (4), FOR A PERSON ON PROBATION AND IS DETERMINED BY THE COURT TO BE INDIGENT, IS REPRESENTED BY COURT-APPOINTED COUNSEL, OR IS OTHERWISE UNABLE TO AFFORD THE COST OF THE PLACEMENT.
- (b) Notwithstanding subsection (3)(a) of this section to the contrary, the court may order non-residential treatment as a condition of probation if the court makes findings on the record that a residential treatment facility does not exist, is not accessible for the person within a reasonable period of time, or non-residential treatment is available to address the person's treatment needs.
- (4) A person, regardless of whether the person is receiving treatment in a community-based or residential treatment facility pursuant to subsection (2) or (3) of this section, must complete the fentanyl education program developed by the behavioral health administration pursuant to section 27-80-128. The fentanyl education program must include information regarding the nature and addictive elements of synthetic opiates, their dangers to a person's life and health, access to and administration of opiate antagonists and non-laboratory synthetic opiate detection tests, and laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711. The fentanyl education program costs must be paid from the correctional treatment cash fund, existing pursuant to section 18-19-103 (4), for a person on probation and is determined by the court to be indigent, is represented by court-appointed counsel, or is otherwise unable to afford the cost of placement.

**SECTION 9.** In Colorado Revised Statutes, 18-1.3-501, **amend** (1)(d.5)(I) as follows:

**18-1.3-501. Misdemeanors classified - drug misdemeanors and drug petty offenses classified - penalties - legislative intent - definitions.** (1) (d.5) (I) (A) It is the intention of the general assembly to classify most drug possession on and after March 1, 2020, as a misdemeanor offense with different sentencing options and

limited incarceration penalties. The purpose of this sentencing scheme is to provide offenders who are assessed to be in need of treatment or other intervention with probation supervision in conjunction with effective medical and behavioral intervention and treatment. For those drug possessors who are not in need of treatment, sentencing by the courts system should be limited. This sentencing scheme recognizes that drug use and possession is primarily a health concern and should be treated as such by Colorado courts.

(B) Furthermore, it is the intent of the general assembly that sentencing for crimes that involve fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), even in small quantities, reflect the high risk of addiction and death associated with fentanyl, carfentanil, benzimidazole opiate, or any analog thereof. Therefore, the education and treatment procedures provided in section 18-1.3-510 must be implemented to address this substantial health risk.

#### **SECTION 10.** In Colorado Revised Statutes, add 18-1.3-510 as follows:

- 18-1.3-510. Fentanyl education and treatment program. (1) Upon conviction of any offense pursuant to part 4 of article 18 of this title 18 for a material, compound, mixture, or preparation that contains any amount of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), the court shall require a substance abuse assessment pursuant to section 18-1.3-209. The substance abuse assessment must include information regarding the person's history of substance use, specifically the use of fentanyl, carfentanil, benzimidazole opiate, or any analog thereof; the person's amenability to treatment; and the level of treatment, if any, necessary to address the person's substance use disorder to be provided during the person's probation or deferred judgment supervision.
- (2) If the substance abuse assessment described in subsection (1) of this section recommends community-based treatment, the person shall complete the assessed level of treatment consistent with the provisions of section 18-1.3-209.
- (3) (a) If the substance abuse assessment described in subsection (1) of this section recommends as a condition of probation placement in a residential treatment facility for treatment of an addiction that includes fentanyl, carfentanil, benzimidazole opiate, or an analog thereof, the court shall order residential treatment as a condition of probation. The residential treatment facility must be approved by the office of behavioral health in the department of human services and designed for treatment of an addiction that includes fentanyl, carfentanil, benzimidazole opiate, or an analog thereof. Placement in a residential program as a condition of probation is limited to the period of time that the placement is clinically necessary. The residential placement costs must be paid from the correctional treatment cash fund, existing pursuant to section 18-19-103 (4), for a person on probation and is determined by the court to be indigent, is represented by

COURT-APPOINTED COUNSEL, OR IS OTHER WISE UNABLE TO AFFORD THE COST OF THE PLACEMENT.

- (b) Notwithstanding subsection (3)(a) of this section to the contrary, the court may order non-residential treatment as a condition of probation if the court makes findings on the record that a residential treatment facility does not exist, is not accessible for the person within a reasonable period of time, or non-residential treatment is available to address the person's treatment needs.
- (4) A person, regardless of whether the person is receiving treatment in a community-based or residential treatment facility pursuant to subsection (2) or (3) of this section, must complete the fentanyl education program developed by the office of behavioral health pursuant to section 27-80-128. The fentanyl education program must include information regarding the nature and addictive elements of synthetic opiates, their dangers to a person's life and health, access to and administration of opiate antagonists and non-laboratory synthetic opiate detection tests, and laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711. The fentanyl education program costs must be paid from the correctional treatment cash fund, existing pursuant to section 18-19-103 (4), for a person on probation and is determined by the court to be indigent, is represented by court-appointed counsel, or is otherwise unable to afford the cost of placement.

### **SECTION 11.** In Colorado Revised Statutes, add 18-1.3-510 as follows:

- 18-1.3-510. Fentanyl education and treatment program. (1) Upon conviction of any offense pursuant to part 4 of article 18 of this title 18 for a material, compound, mixture, or preparation that contains any amount of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof as described in section 18-18-204 (2)(g), the court shall require a substance abuse assessment pursuant to section 18-1.3-209. The substance abuse assessment must include information regarding the person's history of substance use, specifically the use of fentanyl, carfentanil, benzimidazole opiate, or any analog thereof; the person's amenability to treatment; and the level of treatment, if any, necessary to address the person's substance use disorder to be provided during the person's probation or deferred judgment supervision.
- (2) If the substance abuse assessment described in subsection (1) of this section recommends community-based treatment, the person shall complete the assessed level of treatment consistent with the provisions of section 18-1.3-209.
- (3) (a) If the substance abuse assessment described in subsection (1) of this section recommends as a condition of probation placement in a residential treatment facility for treatment of an addiction that includes fentanyl, carfentanil, benzimidazole opiate, or an analog thereof, the court shall order residential treatment as a condition of

PROBATION. THE RESIDENTIAL TREATMENT FACILITY MUST BE APPROVED BY THE BEHAVIORAL HEALTH ADMINISTRATION IN THE DEPARTMENT OF HUMAN SERVICES AND DESIGNED FOR TREATMENT OF AN ADDICTION THAT INCLUDES FENTANYL, CARFENTANIL, BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF. PLACEMENT IN A RESIDENTIAL PROGRAM AS A CONDITION OF PROBATION IS LIMITED TO THE PERIOD OF TIME THAT THE PLACEMENT IS CLINICALLY NECESSARY. THE RESIDENTIAL PLACEMENT COSTS MUST BE PAID FROM THE CORRECTIONAL TREATMENT CASH FUND, EXISTING PURSUANT TO SECTION 18-19-103 (4), FOR A PERSON ON PROBATION AND IS DETERMINED BY THE COURT TO BE INDIGENT, IS REPRESENTED BY COURT-APPOINTED COUNSEL, OR IS OTHERWISE UNABLE TO AFFORD THE COST OF THE PLACEMENT.

- (b) Notwithstanding subsection (3)(a) of this section to the contrary, the court may order non-residential treatment as a condition of probation if the court makes findings on the record that a residential treatment facility does not exist, is not accessible for the person within a reasonable period of time, or non-residential treatment is available to address the person's treatment needs.
- (4) A person, regardless of whether the person is receiving treatment in a community-based or residential treatment facility pursuant to subsection (2) or (3) of this section, must complete the fentanyl education program developed by the behavioral health administration pursuant to section 27-80-128. The fentanyl education program must include information regarding the nature and addictive elements of synthetic opiates, their dangers to a person's life and health, access to and administration of opiate antagonists and non-laboratory synthetic opiate detection tests, and laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711. The fentanyl education program costs must be paid from the correctional treatment cash fund, existing pursuant to section 18-19-103 (4), for a person on probation and is determined by the court to be indigent, is represented by court-appointed counsel, or is otherwise unable to afford the cost of placement.
- **SECTION 12.** In Colorado Revised Statutes, 12-30-110, **amend** (1)(a)(VI), (1)(b) introductory portion, (2)(b), (3)(c), (4)(b), and (7)(a); and **add** (1)(a)(VIII), (1)(a)(IX), (1)(a)(X), (1)(a)(XI), (1)(a)(XIII), (1)(a)(XIII), (1)(a)(XIV), (1)(a)(XV), (1)(a)(XVII), (1)(a)(XVIII), (1)(a)(XIX), (1)(a)(XX), (1)(a)(XXI), (3.5), (7)(a.3), (7)(a.5), (7)(a.7), (7)(b.2), (7)(b.3), (7)(b.4), (7)(b.7), (7)(b.8), (7)(h.3), and (7)(h.7) as follows:
- **12-30-110.** Prescribing or dispensing opiate antagonists authorized recipients definitions. (1) (a) A prescriber may prescribe or dispense, directly or in accordance with standing orders and protocols, an opiate antagonist to:
  - (VI) A person described in section 25-20.5-1001; or
- (VIII) AN INSTITUTION OF HIGHER EDUCATION, OR AN EMPLOYEE OR AGENT OF THE INSTITUTION OF HIGHER EDUCATION;

- (IX) A LIBRARY, OR AN EMPLOYEE OR AGENT OF THE LIBRARY;
- (X) A COMMUNITY SERVICE ORGANIZATION, OR AN EMPLOYEE OR AGENT OF THE COMMUNITY SERVICE ORGANIZATION;
- (XI) A RELIGIOUS ORGANIZATION, OR AN EMPLOYEE OR AGENT OF THE RELIGIOUS ORGANIZATION;
  - (XII) A LOCAL JAIL, OR AN EMPLOYEE OR AGENT OF THE LOCAL JAIL;
- (XIII) A MULTIJURISDICTIONAL JAIL, OR AN EMPLOYEE OR AGENT OF THE MULTIJURISDICTIONAL JAIL;
  - (XIV) A MUNICIPAL JAIL, OR AN EMPLOYEE OR AGENT OF THE MUNICIPAL JAIL;
- (XV) A CORRECTIONAL FACILITY, OR AN EMPLOYEE OR AGENT OF THE CORRECTIONAL FACILITY;
- (XVI) A PRIVATE CONTRACT PRISON, OR AN EMPLOYEE OR AGENT OF THE PRIVATE CONTRACT PRISON;
- (XVII) A COMMUNITY CORRECTIONS PROGRAM, OR AN EMPLOYEE OR AGENT OF THE COMMUNITY CORRECTIONS PROGRAM;
- (XVIII) A PRETRIAL SERVICES PROGRAM, OR AN EMPLOYEE OR AGENT OF THE PRETRIAL SERVICES PROGRAM;
- (XIX) A PROBATION DEPARTMENT, OR AN EMPLOYEE OR AGENT OF THE PROBATION DEPARTMENT;
- (XX) A LOCAL PUBLIC HEALTH AGENCY, OR AN EMPLOYEE OR AGENT OF THE LOCAL PUBLIC HEALTH AGENCY; OR
  - (XXI) A MENTAL HEALTH PROFESSIONAL.
- (b) A law enforcement agency or first responder; an employee or volunteer of a harm reduction organization; a school district, school, or employee or agent of a school; a person described in section 25-20.5-1001; a mental health professional; or a unit of local government; A PERSON OR ENTITY DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION may, pursuant to an order or standing orders and protocols:
- (2) (b) A law enforcement agency, first responder, harm reduction organization, person described in section 25-20.5-1001, mental health professional, or unit of local government AN ENTITY DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION is strongly encouraged to educate employees, AGENTS, and volunteers, as well as persons receiving an opiate antagonist from the law enforcement agency, first responder, harm reduction organization, person described in section 25-20.5-1001, mental health professional, or unit of local government, THE ENTITY DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION on the use of an opiate antagonist for overdose, including instruction concerning risk factors for overdose, recognizing an overdose, calling emergency medical services, rescue breathing, and administering an opiate

antagonist.

- (3) A prescriber described in subsection (7)(h) of this section does not engage in unprofessional conduct or is not subject to discipline pursuant to section 12-240-121, 12-255-120, or 12-280-126, as applicable, if the prescriber issues standing orders and protocols regarding opiate antagonists or prescribes or dispenses, pursuant to an order or standing orders and protocols, an opiate antagonist in a good-faith effort to assist:
- (c) The following persons A PERSON OR ENTITY DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION in responding to, treating, or otherwise assisting an individual who is experiencing or is at risk of experiencing an opiate-related drug overdose event or a friend, family member, or other person in a position to assist an at-risk individual.
  - (I) A law enforcement agency or first responder;
  - (II) An employee or volunteer of a harm reduction organization;
  - (III) A school district, school, or employee or agent of a school;
  - (IV) A person described in section 25-20.5-1001;
  - (V) A mental health professional; or
  - (VI) A unit of local government.
- (3.5) (a) Notwithstanding any provision of this title 12 or rules implementing this title 12, a prescriber prescribing or dispensing an opiate antagonist in accordance with this section, other than a pharmacist or other prescriber prescribing and dispensing from a prescription drug outlet or pharmacy, is not required to comply with laws relating to labeling, storage, or record keeping for the opiate antagonist.
- (b) A prescriber prescribing or dispensing an opiate antagonist exempted from labeling, storage, or record-keeping requirements pursuant to this subsection (3.5):
- (I) Does not engage in unprofessional conduct or is not subject to discipline pursuant to section 12-240-121 or 12-255-120, as applicable; and
- (II) Is not subject to civil liability or criminal prosecution, as specified in section 13-21-108.7 (4) and 18-1-712 (3), respectively.
- (4) (b) A law enforcement agency or first responder; an employee or volunteer of a harm reduction organization; a school district, school, or employee or agent of a school; a person described in section 25-20.5-1001; or a unit of local government A PERSON OR ENTITY DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION acting in accordance with this section is not subject to civil liability or criminal prosecution, as specified in sections 13-21-108.7 (3) and 18-1-712 (2), respectively.

- (7) As used in this section:
- (a) "First responder" means: "Community corrections program" has the same meaning as set forth in section 17-27-102 (3).
  - (I) A peace officer, as defined in section 16-2.5-101;
  - (II) A firefighter, as defined in section 29-5-203 (10); or
  - (III) A volunteer firefighter, as defined in section 31-30-1102 (9).
- (a.3) "Community service organization" means a nonprofit organization that is in good standing and registered with the federal internal revenue service and the Colorado secretary of state's office that provides services to individuals at risk of experiencing an opiate-related drug overdose event, or to the individuals' family members, friends, or other persons in a position to assist the individual.
- (a.5) "Correctional facility" has the same meaning as set forth in section 17-1-102(1.7).
  - (a.7) "First responder" means:
  - (I) A PEACE OFFICER, AS DEFINED IN SECTION 16-2.5-101;
  - (II) A FIREFIGHTER, AS DEFINED IN SECTION 29-5-203 (10);
  - (III) A VOLUNTEER FIREFIGHTER, AS DEFINED IN SECTION 31-30-1102 (9); OR
- (IV) AN EMERGENCY MEDICAL SERVICE PROVIDER, AS DEFINED IN SECTION 25-3.5-103 (8).
- (b.2) "Institution of higher education" means a public or nonpublic institution that awards any type of postsecondary certificate, degree, or other credential, and is located in Colorado.
- (b.3) "Local jail" has the same meaning as set forth in section 17-1-102 (7).
- (b.4) "Local public health agency" means an agency established pursuant to section 25-1-506.
- (b.7) "Multijurisdictional jail" has the same meaning as described in section 17-26.5-101.
- (b.8) "Municipal jail" has the same meaning as described in section 31-15-401 (1)(j).
- (h.3) "Pretrial services program" has the same meaning as described in section 16-4-106.

- (h.7) "Private contract prison" has the same meaning as set forth in section 17-1-102 (7.3).
- **SECTION 13.** In Colorado Revised Statutes, 13-21-108.7, **amend** (3)(a) and (3)(b)(I) as follows:
- 13-21-108.7. Persons rendering emergency assistance through the administration of an opiate antagonist limited immunity legislative declaration definitions. (3) General immunity. (a) A person, other than a health-care provider or a health-care facility, who acts in good faith to furnish or administer an opiate antagonist, including an expired opiate antagonist, to an individual the person believes to be suffering an opiate-related drug overdose event or to an individual who is in a position to assist the individual at risk of experiencing an opiate-related overdose event is not liable for any civil damages for acts or omissions made as a result of the act or for any act or omission made if the opiate antagonist is stolen, DEFECTIVE, OR PRODUCES AN UNINTENDED RESULT.
  - (b) This subsection (3) also applies to:
- (I) A law enforcement agency or first responder; an employee or volunteer of a harm reduction organization; a school district, school, or employee or agent of a school acting in accordance with section 12-30-110 (1)(b), (2)(b), and (4)(b) and, as applicable, section 22-1-119.1; a mental health professional, as defined in section 12-30-110 (7)(b.5); or a unit of local government, as defined in section 29-3.5-101 (4) A PERSON OR ENTITY DESCRIBED IN SECTION 12-30-110 (1)(a); EXCEPT THAT AN EMPLOYEE OR AGENT OF A SCHOOL MUST BE ACTING IN ACCORDANCE WITH SECTION 12-30-110 (1)(b), (2)(b), AND (4)(b), AND, AS APPLICABLE, SECTION 22-1-119.1; and

**SECTION 14.** In Colorado Revised Statutes, add 13-21-108.8 as follows:

- 13-21-108.8. Persons furnishing a non-laboratory synthetic opiate detection test limited immunity definition. (1) Except as provided in subsection (2) of this section, a person who or entity that acts in good faith to furnish a non-laboratory synthetic opiate detection test, including an expired non-laboratory synthetic opiate detection test, to another person is not liable for any civil damages for acts, omissions made as a result of the act, or for any act or omission made if the non-laboratory synthetic opiate detection test is stolen, defective, or produces an inaccurate result.
- (2) A MANUFACTURER, AS DEFINED IN SECTION 13-21-401 (1), OF NON-LABORATORY SYNTHETIC OPIATE DETECTION TESTS IS NOT IMMUNE FROM LIABILITY AS DESCRIBED IN SUBSECTION (1) OF THIS SECTION.
- (3) For purposes of this section, "non-laboratory synthetic opiate detection test" means a product that is intended or designed to detect the presence of a synthetic opiate.
- **SECTION 15.** In Colorado Revised Statutes, 17-26-140, **amend** (1); and **add** (3) and (4) as follows:

- **17-26-140.** Continuity of care for persons released from jail. (1) If a person is treated for a substance use disorder throughout AT ANY TIME DURING the person's incarceration, the county jail shall, at a minimum, conduct the following before releasing the person from the county jail's custody:
- (a) Provide post-release resources developed pursuant to section 17-1-103 (1)(r) to the person; and
- (b) Provide a list of available substance use providers, to the extent the office of behavioral health in the state department has such a list available;
- (c) If the person received or has been assessed to receive medication-assisted treatment while in Jail, has a history of substance use in the community or while in Jail, or requests opiate antagonists upon release, provide the person, upon release from the Jail, at least eight milligrams of an opiate antagonist via inhalation or its equivalent and provide education to the person about the appropriate use of the medication;
- (d) If the person received medication-assisted treatment while in Jail, has a history of substance use, or requests opiate use-disorder medication, prescribe to the person, upon release from the Jail, medication for an opiate use disorder and provide education to the person about the appropriate use of the medication; and
- (e) Coordinate continued care for the person, including scheduling an appointment for the person with a substance use provider with the ability to continue the person's treatment, provide the person with detailed information about the scheduled appointment, provide the person with a prescription for the medication that the person was taking while in custody at the facility in an amount that is at least sufficient to sustain the person until the scheduled appointment, and provide the person with a referral to the care coordination infrastructure described in section 27-60-204.
- (3) As used in this section, "opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal food and drug administration for the treatment of a drug overdose.
- (4) Notwithstanding any requirement of this section, a county jail shall not delay a person's release from the county jail because the jail cannot timely comply with a requirement of this section.
- **SECTION 16.** In Colorado Revised Statutes, 17-26-140, **amend** (1); and **add** (3) and (4) as follows:
- **17-26-140.** Continuity of care for persons released from jail. (1) If a person is treated for a substance use disorder throughout AT ANY TIME DURING the person's incarceration, the county jail shall, at a minimum, conduct the following before releasing the person from the county jail's custody:

- (a) Provide post-release resources developed pursuant to section 17-1-103 (1)(r) to the person; and
- (b) Provide a list of available substance use providers, to the extent the office of behavioral health ADMINISTRATION in the state department OF HUMAN SERVICES has such a list available;
- (c) If the person received or has been assessed to receive medication-assisted treatment while in Jail, has a history of substance use in the community or while in Jail, or requests opiate antagonists upon release, provide the person, upon release from the Jail, at least eight milligrams of an opiate antagonist via inhalation or its equivalent and provide education to the person about the appropriate use of the medication;
- (d) If the person received medication-assisted treatment while in Jail, has a history of substance use, or requests opiate use-disorder medication, prescribe to the person, upon release from the Jail, medication for an opiate use disorder and provide education to the person about the appropriate use of the medication; and
- (e) Coordinate continued care for the person, including scheduling an appointment for the person with a substance use provider with the ability to continue the person's treatment, provide the person with detailed information about the scheduled appointment, provide the person with a prescription for the medication that the person was taking while in custody at the facility in an amount that is at least sufficient to sustain the person until the scheduled appointment, and provide the person with a referral to the care coordination infrastructure described in section 27-60-204.
- (3) AS USED IN THIS SECTION, "OPIATE ANTAGONIST" MEANS NALOXONE HYDROCHLORIDE OR ANY SIMILARLY ACTING DRUG THAT IS NOT A CONTROLLED SUBSTANCE AND THAT IS APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF A DRUG OVERDOSE.
- (4) Notwithstanding any requirement of this section, a county jail shall not delay a person's release from the county jail because the jail cannot timely comply with a requirement of this section.

**SECTION 17.** In Colorado Revised Statutes, 17-27-104, **amend** (12) as follows:

**17-27-104.** Community corrections programs operated by units of local government, state agencies, or nongovernmental agencies. (12) (a) The administrators of a community corrections program established pursuant to this section may implement a behavioral or mental health disorder screening program to screen the persons accepted and placed in the community corrections program. If the administrators choose to implement a behavioral or mental health disorder screening program, the administrators shall use the standardized screening instrument developed pursuant to section 16-11.9-102 and conduct the screening in accordance with procedures established pursuant to said section.

- (b) (I) Starting on or before July 1, 2023, a community corrections program established pursuant to this section shall develop protocols to identify withdrawal symptoms, determine whether a medical referral is needed, and ensure individuals have access to appropriate medical professionals as necessary. In instances when a medically supervised detoxification appears necessary, community corrections program staff shall assist the individual with accessing a local emergency provider or managed service organization for necessary treatment.
- (II) Starting on or before July 1, 2023, a community corrections program established pursuant to this section shall provide medication-assisted treatment. If a community corrections program does not provide medication-assisted treatment, community corrections program staff shall assist the individual with accessing a community-based medication-assisted treatment provider. A community corrections program that does not provide a medication-assisted treatment pursuant to this subsection (12), shall submit a report by July 1, 2023, to the division of criminal justice in the department of public safety describing the barriers to offering the services and what resources are necessary to provide medication-assisted treatment.

**SECTION 18.** In Colorado Revised Statutes, 18-1-712, **amend** (2)(b)(I) as follows:

- 18-1-712. Immunity for a person who administers an opiate antagonist during an opiate-related drug overdose event definitions. (2) General immunity. (b) This subsection (2) also applies to:
- (I) A law enforcement agency or first responder; an employee or volunteer of a harm reduction organization; a school district, school, or employee or agent of a school acting in accordance with section 12-30-110 (1)(b), (2)(b), and (4)(b) and, as applicable, section 22-1-119.1; a mental health professional, as defined in section 12-30-110 (7)(b.5); or a unit of local government, as defined in section 29-3.5-101 (4) A PERSON OR ENTITY DESCRIBED IN SECTION 12-30-110 (1)(a); EXCEPT THAT AN EMPLOYEE OR AGENT OF A SCHOOL MUST BE ACTING IN ACCORDANCE WITH SECTION 12-30-110 (1)(b), (2)(b), AND (4)(b), AND, AS APPLICABLE, SECTION 22-1-119.1; and
- **SECTION 19.** In Colorado Revised Statutes, 18-19-103, **amend** (5)(c)(VI) and (5)(c)(VII); and **add** (5)(c)(IX) as follows:
- **18-19-103.** Source of revenues allocation of money. (5) (c) The board may direct that money in the correctional treatment cash fund may be used for the following purposes:
  - (VI) Recovery support services, including offender reentry; and
- (VII) Administrative support to the correctional treatment board including, but not limited to, facilitating and coordinating data collection, conducting data analysis, developing contracts, preparing reports, scheduling and staffing board and subcommittee meetings, and engaging in budget planning and analysis; AND

(IX) Drug overdose prevention, including medication-assisted treatment for opiate dependence, opiate antagonists, and non-laboratory synthetic opiate detection tests.

**SECTION 20.** In Colorado Revised Statutes, add 22-1-119.2 as follows:

- 22-1-119.2. Policy for employee and agent furnishing non-laboratory synthetic opiate detection tests definition. (1) A SCHOOL DISTRICT BOARD OF EDUCATION OF A PUBLIC SCHOOL, THE STATE CHARTER SCHOOL INSTITUTE FOR AN INSTITUTE CHARTER SCHOOL, OR THE GOVERNING BOARD OF A NONPUBLIC SCHOOL MAY ADOPT AND IMPLEMENT A POLICY WHEREBY A SCHOOL UNDER ITS JURISDICTION MAY ACQUIRE AND MAINTAIN A SUPPLY OF NON-LABORATORY SYNTHETIC OPIATE DETECTION TESTS, AND AN EMPLOYEE OR AGENT OF THE SCHOOL MAY FURNISH NON-LABORATORY SYNTHETIC OPIATE DETECTION TESTS ON SCHOOL GROUNDS TO ANY INDIVIDUAL.
- (2) AS USED IN THIS SECTION, "NON-LABORATORY SYNTHETIC OPIATE DETECTION TEST" MEANS A PRODUCT THAT IS INTENDED OR DESIGNED TO DETECT THE PRESENCE OF A SYNTHETIC OPIATE.
- **SECTION 21.** In Colorado Revised Statutes, 25-1.5-115, **amend** (5); and **add** (6) as follows:
- **25-1.5-115.** Opiate antagonist bulk purchase fund creation rules report appropriation definition repeal. (5) As used in this section, "eligible entity" means A PERSON OR ENTITY DESCRIBED IN SECTION 12-30-110 (1)(a); EXCEPT THAT AN EMPLOYEE OR AGENT OF A SCHOOL MUST BE ACTING IN ACCORDANCE WITH SECTION 12-30-110 (1)(b), (2)(b), AND (4)(b), AND, AS APPLICABLE, SECTION 22-1-119.1.
  - (a) A unit of local government, as defined in section 29-3.5-101 (4);
- (b) A person making an opiate antagonist available pursuant to section 25-20.5-1001:
- (c) The following entities, if the entity has adopted a policy allowing the acquisition, maintenance, and administration of opiate antagonists pursuant to section 22-1-119.1:
  - (I) A school district board of education of a public school;
  - (II) The state charter school institute for an institute charter school; or
  - (III) A governing board of a nonpublic school.
  - (d) A harm reduction organization, as defined in section 12-30-110 (7)(b);
  - (e) A law enforcement agency; or
  - (f) A first responder, as defined in section 12-30-110 (7)(a).

- (6) (a) For the 2022-23 state fiscal year, the general assembly shall appropriate nineteen million seven hundred thousand dollars from the behavioral and mental health cash fund, created in section 24-75-230, to the fund.
  - (b) This subsection (6) is repealed, effective July 1, 2024.

**SECTION 22.** In Colorado Revised Statutes, **add** 25-1.5-115.3 as follows:

- **25-1.5-115.3. Non-laboratory synthetic opiate detection tests appropriation definitions repeal.** (1) For the 2022-23 state fiscal year, the general assembly shall appropriate six hundred thousand dollars to the department for the purpose of purchasing non-laboratory synthetic opiate detection tests. Any unexpended money remaining at the end of the 2022-23 state fiscal year from this appropriation:
  - (a) Does not revert to the general fund or any other fund;
- (b) May be used by the department in the 2023-24 state fiscal year without further appropriation; and
- (c) Must not be used for any other purpose other than the purpose set forth in this section.
- (2) The department shall distribute the non-laboratory synthetic opiate detection tests to eligible entities. The department may prioritize the distribution of non-laboratory synthetic opiate detection tests to eligible entities based on the need of each entity and the availability of the non-laboratory synthetic opiate detection tests as determined by the department.
  - (3) As used in this section, unless the context otherwise requires:
- (a) "Eligible entity" means a person or entity described in section 12-30-110 (1)(a); except that an employee or agent of a school must be acting in accordance with section 12-30-110 (1)(b), (2)(b), or (4)(b), and, as applicable, section 22-1-119.2.
- (b) "Non-laboratory synthetic opiate detection test" means a product that is intended or designed to detect the presence of a synthetic opiate.
  - (4) This section is repealed, effective July 1, 2024.

**SECTION 23.** In Colorado Revised Statutes, add 25-1.5-115.5 as follows:

**25-1.5-115.5.** Fentanyl prevention and education campaign - website. (1) Subject to available appropriations, beginning in the 2022-23 state fiscal year, the department shall develop, implement, and maintain an ongoing statewide prevention and education campaign to address the fentanyl education needs in the state. In the prevention and education campaign, the division shall provide information to the general public

ABOUT FENTANYL, ITS DANGERS, PRECAUTIONARY MEASURES TO AVOID RISKS AND PREVENT HARM CAUSED BY FENTANYL, RESOURCES FOR ADDICTION TREATMENT AND SERVICES, AND LAWS REGARDING FENTANYL, INCLUDING CRIMINAL PENALTIES AND IMMUNITY FOR REPORTING AN OVERDOSE EVENT PURSUANT TO SECTION 18-1-711. ANY UNEXPENDED MONEY REMAINING AT THE END OF THE 2022-23 STATE FISCAL YEAR FROM THIS APPROPRIATION:

- (a) Does not revert to the general fund or any other fund;
- (b) May be used by the department in the 2023-24 and 2024-25 state fiscal years without further appropriation; and
- (c) Must not be used for any other purpose other than the purpose set forth in this section.
- (2) IN FURTHERANCE OF THE GOALS OF THE FENTANYL PREVENTION AND EDUCATION CAMPAIGN, THE DIVISION MAY USE TELEVISION ADVERTISING, RADIO BROADCASTS, PRINT MEDIA, DIGITAL STRATEGIES, OR ANY OTHER MEDIA DEEMED NECESSARY AND APPROPRIATE BY THE DIVISION TO REACH THE TARGET AUDIENCES OF THE CAMPAIGN.
- (3) In furtherance of the goals of the fentanyl prevention and education campaign, the division shall provide at least five regional training sessions during the 2022-23 fiscal year for community partners to implement youth health development strategies.
- (4) In furtherance of the goals of the fentanyl prevention and education campaign, the division shall develop, implement, and maintain a website to serve as the state resource for the most accurate and timely information regarding fentanyl. At a minimum, the website must include information concerning fentanyl, its dangers, precautionary measures to avoid risks and prevent harm caused by fentanyl, resources for addiction treatment and services, and laws regarding fentanyl, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711.
- **SECTION 24.** In Colorado Revised Statutes, 25-20.5-1101, **amend** (1), (2), (3)(a), and (4) as follows:
- **25-20.5-1101.** Harm reduction grant program creation application permissible uses department duties. (1) Subject to available appropriations, the department shall develop and implement a harm reduction grant program, referred to in this section as the "grant program", to PREVENT OVERDOSE DEATHS AND reduce health risks associated with drug use. and improve coordination between law enforcement agencies, public health agencies, and community-based organizations. The department may contract with an independent entity for the administration of the grant program.
- (2) (a) To be eligible to receive grant funding pursuant to this part 11, an entity must be: a nonprofit organization in good standing and registered with the federal internal revenue service and the Colorado secretary of state's office, a local public

health agency established pursuant to section 25-1-506, or a law enforcement agency.

- (I) A nonprofit organization that is in good standing and registered with the federal internal revenue service and the Colorado secretary of state's office;
- (II) A local public health agency established pursuant to section 25-1-506;
  - (III) A TRIBAL AGENCY OR PROGRAM;
- (IV) A FEDERALLY QUALIFIED HEALTH CENTER, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395x (aa)(4);
- (V) A RURAL HEALTH CLINIC, AS DEFINED IN THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395x (aa)(2);
  - (VI) A BEHAVIORAL HEALTH ENTITY, AS DEFINED IN SECTION 25-27.6-102(6); OR
  - (VII) A LAW ENFORCEMENT AGENCY.
- (b) An eligible entity may submit a proposal on behalf of a group of eligible entities, and apportion grant funds accordingly, to foster community collaboration and collective impact.
- (c) Grantees must be willing to provide services to individuals who may not be ready to seek addiction treatment services or who are in recovery.
  - (3) On or before November 1, 2019, the department shall develop:
- (a) Eligibility criteria for nonprofit organizations, local public health agencies, and law enforcement agencies THE ENTITIES DESCRIBED IN SUBSECTION (2) OF THIS SECTION;
- (4) (a) Permissible uses of funding provided pursuant to this grant program include GENERAL OPERATING EXPENSES, AND DIRECT AND INDIRECT PROJECT COSTS INCLUDING, but are not limited to:
- (f) (a) Trainings relevant to the field of harm reduction which that may include how to administer naloxone overdose prevention, safer substance use practices, safe disposal, and access to and administration of opiate antagonists and non-laboratory synthetic opiate detection tests:
- (H) (b) Purchasing and providing sterile equipment, NON-LABORATORY SYNTHETIC OPIATE DETECTION TESTS, and syringe disposal equipment;
- (III) (c) Providing direct services to persons who have come into contact with or who are at risk of coming into contact with the criminal justice system, which may include accessing treatment and health-care services, overdose prevention activities, and recovery support services;

- (IV) (d) Outreach and engagement to people who come into contact with or who are at risk of coming into contact with the criminal justice system and who are in need of mental health or substance use disorder services TREATMENT, OVERDOSE PREVENTION, HARM REDUCTION, OR RECOVERY SUPPORT SERVICES;
- (V) (e) Facilitating communication, training, and technical assistance among law enforcement agencies, public health agencies, and community-based harm reduction agencies IN ORDER TO DIVERT PEOPLE FROM THE CRIMINAL JUSTICE SYSTEM;
- (VI) Coordinating local efforts regarding co-responder and diversion programs; and
  - (VII) (f) Auricular acudetox training and services;
- (g) Public education and outreach about synthetic opiates, overdose risks, recognizing an overdose event, resources for addiction treatment and services, access to and administration of opiate antagonists and non-laboratory synthetic opiate detection tests, and laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711;
- (h) Local conventions for the purpose of developing community-based approaches for overdose prevention, early intervention, and harm reduction services;
- (i) DEVELOPING, OR EXPANDING EXISTING, COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE OVERDOSE PREVENTION, EARLY INTERVENTION, AND HARM REDUCTION SERVICES;
- (j) EVIDENCE-BASED RESEARCH CONCERNING BEST OR PROMISING PRACTICES IN OVERDOSE PREVENTION, EARLY INTERVENTION, HARM REDUCTION, AND MEDICATION-ASSISTED TREATMENT PROTOCOLS;
- (k) DEVELOPING STRATEGIES FOR SERVING POPULATIONS WHO ARE AT A HIGHER RISK OF OVERDOSE AND LIVE IN UNDERSERVED AREAS; AND
- (1) SUPPORT FOR A LIAISON WITH EXPERIENCE COLLABORATING WITH COMMUNITY-BASED ORGANIZATIONS AND LOCAL PUBLIC HEALTH AGENCIES.
- (b) In order to ensure grantees are coordinating efforts across public health and criminal justice systems at the local level, funding may be used to support a harm reduction and law enforcement liaison who has experience working with community-based organizations, local public health agencies, and law enforcement agencies.
  - **SECTION 25.** In Colorado Revised Statutes, 25-20.5-1102, add (5) as follows:
- **25-20.5-1102.** Harm reduction grant program cash fund creation repeal. (5) (a) For the 2022-23 state fiscal year, the general assembly shall appropriate six million dollars from the behavioral and mental health cash fund, created in section 24-75-230, to the fund.

- (b) This subsection (5) is repealed, effective July 1, 2024.
- **SECTION 26.** In Colorado Revised Statutes, 27-60-106, **amend** (4) introductory portion, (4)(b), and (5)(a) as follows:
- **27-60-106. Jail-based behavioral health services program purpose created funding repeal.** (4) Subject to available appropriations, the office may SHALL require a county jail that receives funding through the program to:
- (b) Assess all individuals booked into the jail facility when booked into the Jail facility and at any time subsequent to booking when clinically indicated for substance use withdrawal symptoms and develop protocols for medical detoxification monitoring procedures, medication-assisted treatment, or other appropriate withdrawal management care, consistent with the requirements pursuant to sections 17-26-104.9 and 17-26-140;
- (5) (a) The office shall require a county jail that receives funding through the program to have a policy in place on or before January 1, 2020, that describes how medication-assisted treatment, as it is defined in section 23-21-803, will be provided, when necessary, to individuals confined in the county jail. The office shall require a county jail that receives funding through the program to develop, implement, and publish a policy on or before January 1, 2023, that describes the provision of medication-assisted treatment and other appropriate withdrawal management care upon release from Jail.
- **SECTION 27.** In Colorado Revised Statutes, 27-60-106, **amend** (4) introductory portion, (4)(b), and (5)(a) as follows:
- **27-60-106. Jail-based behavioral health services program purpose created funding repeal.** (4) Subject to available appropriations, the office may BHA SHALL require a county jail that receives funding through the program to:
- (b) Assess all individuals booked into the jail facility when booked into the Jail facility and at any time subsequent to booking when clinically indicated for substance use withdrawal symptoms and develop protocols for medical detoxification monitoring procedures, medication-assisted treatment, or other appropriate withdrawal management care, consistent with the requirements pursuant to sections 17-26-104.9 and 17-26-140;
- (5) (a) The office BHA shall require a county jail that receives funding through the program to have a policy in place on or before January 1, 2020, that describes how medication-assisted treatment, as it is defined in section 23-21-803, will be provided, when necessary, to individuals confined in the county jail. THE BHA SHALL REQUIRE A COUNTY JAIL THAT RECEIVES FUNDING THROUGH THE PROGRAM TO DEVELOP, IMPLEMENT, AND PUBLISH A POLICY ON OR BEFORE JANUARY 1, 2023, THAT DESCRIBES THE PROVISION OF MEDICATION-ASSISTED TREATMENT AND OTHER APPROPRIATE WITHDRAWAL MANAGEMENT CARE UPON RELEASE FROM JAIL.

**SECTION 28.** In Colorado Revised Statutes, add 27-80-107.7 as follows:

27-80-107.7. Increase synthetic opiate treatment - report. (1) On or Before

January 1,2023, each managed service organization designated pursuant to section 27-80-107 shall evaluate the current supply and necessary demand within its region for:

- (a) The number of medication-assisted treatment providers employed by the managed service organization who are trained to provide medication-assisted treatment to a person who has consumed synthetic opiates:
- (b) Ambulatory withdrawal management and medical withdrawal management specific to synthetic opiates;
  - (c) THE PROVISION OF RECOVERY SERVICES AT PUBLIC HIGH SCHOOLS; AND
- (d) The provision of recovery residences, as defined in section 25-1.5-108.5.
- (2) In its hearing for the 2024 legislative session, the department shall include as part of its "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing required by section 2-7-203, the managed service organizations' findings pursuant to subsection (1) of this section.

**SECTION 29.** In Colorado Revised Statutes, **add** 27-80-128 as follows:

**27-80-128.** Fentanyl education and treatment program. The office of Behavioral health shall develop a fentanyl education program for the purpose of sections 18-1.3-410 and 18-1.3-510. The fentanyl education program must include information regarding the nature and addictive elements of synthetic opiates, their dangers to a person's life and health, access to and administration of opiate antagonists and non-laboratory synthetic opiate detection tests, and laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711. The office of behavioral health may update the fentanyl education program curriculum as necessary.

**SECTION 30.** In Colorado Revised Statutes, **add** 27-80-128 as follows:

27-80-128. Fentanyl education and treatment program. The Behavioral Health administration shall develop a fentanyl education program for the purpose of sections 18-1.3-410 and 18-1.3-510. The fentanyl education program must include information regarding the nature and addictive elements of synthetic opiates, their dangers to a person's life and health, access to and administration of opiate antagonists and non-laboratory synthetic opiate detection tests, and laws regarding synthetic opiates, including criminal penalties and immunity for reporting an overdose event pursuant to section 18-1-711. The BHA may update the fentanyl education program curriculum as necessary.

**SECTION 31.** In Colorado Revised Statutes, 18-1.3-103.5, **amend** (3)(c) and (3)(d); and **add** (3)(e) as follows:

- **18-1.3-103.5.** Felony convictions vacate and enter conviction on misdemeanor after successful completion. (3) This section applies to convictions for the following offenses:
- (c) Possession of more than twelve ounces of marijuana or more than three ounces of marijuana concentrate; or
  - (d) A violation of section 18-18-415; OR
  - (e) A VIOLATION OF SECTION 18-18-403.5 (2.5)(a).
- **SECTION 32.** In Colorado Revised Statutes, 24-72-706, **amend** (1)(b)(II) and (1)(b)(III) as follows:
- **24-72-706.** Sealing of criminal conviction records. (1) Sealing of conviction records. (b) (II) If the offense is a class 2 or class 3 misdemeanor, or any drug misdemeanor, or A LEVEL 4 DRUG FELONY FOR A CONVICTION PURSUANT TO SECTION 18-18-403.5 (2.5), the motion may be filed two years after the later of the date of the final disposition of all criminal proceedings against the defendant or the release of the defendant from supervision concerning a criminal conviction.
- (III) If the offense is a class 4, class 5, or class 6 felony, a level 3 or level 4 drug felony EXCEPT A LEVEL 4 DRUG FELONY FOR A CONVICTION PURSUANT TO SECTION 18-18-403.5 (2.5), or a class 1 misdemeanor, the motion may be filed three years after the later of the date of the final disposition of all criminal proceedings against the defendant or the release of the defendant from supervision concerning a criminal conviction.
- **SECTION 33.** In Colorado Revised Statutes, 18-1.3-801, **amend** (2)(a)(I) introductory portion; and **add** (2)(c) as follows:
- **18-1.3-801. Punishment for habitual criminals.** (2) (a) (I) Except as otherwise provided in paragraph (b) of this subsection (2) SUBSECTIONS (2)(b), (2)(c), and in subsection (5) of this section, every person convicted in this state of any felony, who has been three times previously convicted, upon charges separately brought and tried, and arising out of separate and distinct criminal episodes, either in this state or elsewhere, of a felony or, under the laws of any other state, the United States, or any territory subject to the jurisdiction of the United States, of a crime which, if committed within this state, would be a felony, shall be adjudged an habitual criminal and shall be punished:
- (2) (c) The provisions of subsection (2)(a) of this section do not apply to a conviction for a level 4 drug felony committed on or after July 1, 2022, pursuant to section 18-18-403.5 (2.5), or a conviction for a level 4 drug felony committed on or after July 1, 2022, for attempt or conspiracy to commit unlawful possession of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof, as described in section 18-18-403.5 (2.5), even if the person has been previously convicted of three or more qualifying felony convictions.
  - SECTION 34. In Colorado Revised Statutes, add part 15 to article 20.5 of title

25 as follows:

### PART 15 HOUSE BILL 22-1326 INDEPENDENT STUDY

- **25-20.5-1501. Independent study report repeal.** (1) (a) By January 1, 2023, the department shall contract with an independent entity to conduct a study and publish a report concerning the impact and implementation of House Bill. 22-1326.
- (b) The department shall consult with the judicial department, the office of behavioral health, and other stakeholders identified by the department in developing and issuing a request for proposals to ensure candidates have expertise in data collection and program analysis, and relevant criminal law and harm reduction issues.
- (2) At a minimum, the independent entity shall identify and report findings regarding available data and information from July 1, 2019, through June 30, 2024, obtained from the Colorado judicial department and treatment providers serving the probation population. Data and information from cases filed and practices implemented prior to July 1, 2022, must be included in the study in an effort to establish baseline information, as necessary. The data and information must be reported both on a statewide basis and disaggregated by judicial district. The data and information must include, but is not limited to:
- (a) EVERY CASE WITH A CHARGE FILED PURSUANT TO SECTION 18-18-403.5 (2.5) FOR THE UNLAWFUL POSSESSION OF FENTANYL, CARFENTANIL, BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF, INCLUDING:
  - (I) WHETHER A MISDEMEANOR OR FELONY CHARGE WAS FILED;
- (II) Whether an arrest was made or a summons was issued for the charge;
- (III) WHETHER ANOTHER CRIMINAL CHARGE WAS FILED IN THE CASE, AND IF SO, WHAT CHARGE;
  - (IV) THE DISPOSITION OF THE CASE, INCLUDING THE SENTENCE IMPOSED;
- (V) WHETHER THE DEFENDANT IS CURRENTLY SERVING THE SENTENCE AND IF THE SENTENCE INCLUDES PROBATION SUPERVISION;
- (VI) WHETHER THE DEFENDANT SUCCESSFULLY COMPLETED THE SENTENCE, INCLUDING IF THE DEFENDANT SUCCESSFULLY COMPLETED AN INITIAL PROBATIONARY SENTENCE OR WHETHER PROBATION WAS REVOKED AND RESULTED IN INCARCERATION IN JAIL OR PRISON;
- (VII) IF PROBATION WAS REVOKED, WHETHER THE REVOCATION WAS FOR A NEW CRIMINAL CASE OR A TECHNICAL VIOLATION;

- (VIII) Whether substance use treatment was ordered and, if so, what type, including whether the court ordered placement in a residential treatment facility pursuant to section 18-1.3-410 or 18-1.3-510; and
- (IX) THE RACE, GENDER, AND AGE OF THE DEFENDANT, AND WHETHER THE DEFENDANT WAS REPRESENTED BY COURT-APPOINTED COUNSEL OR OTHERWISE DETERMINED TO BE INDIGENT.
- (3) At a minimum, the independent entity shall identify and report findings based on available data and information obtained from the office of behavioral health, the department of public health and environment, managed service organizations, and other applicable agencies and treatment providers, regarding:
- (a) The prevention and education campaign developed by the department pursuant to section 25-1.5-115.5 and the fentanyl education program developed by the office of behavioral health pursuant to section 27-80-128, including the method and reach of the campaign and program;
- (b) The implementation of medication-assisted treatment and other appropriate withdrawal management care by every jail;
- (c) The eligible entities that purchased opiate antagonists through the opiate antagonist bulk purchase fund pursuant to section 25-1.5-115, including the amount of opiate antagonists purchased by each eligible entity and the revenue received by the bulk purchase fund;
- (d) The eligible entities that received non-laboratory synthetic opiate detection tests pursuant to section 25-1.5-115.3 and the amount of non-laboratory synthetic opiate detection tests received by each eligible entity;
- (e) The harm reduction grant program, created in section 25-20.5-1101, including:
- (I) The grantees, the uses of each grant, the amount of the grant award, the number of people served by the grant, and any available outcome measures as a result of the grant uses:
- (II) Strategies developed and implemented through the program, if any, for serving populations who are at a higher risk of overdose and live in underserved areas; and
- (III) EVIDENCE-BASED RESEARCH DEVELOPED THROUGH THE PROGRAM CONCERNING BEST OR PROMISING PRACTICES IN OVERDOSE PREVENTION, EARLY INTERVENTION, HARM REDUCTION, AND MEDICATION-ASSISTED TREATMENT;
- (f) EVERY OVERDOSE DEATH CAUSED BY FENTANYL, CARFENTANIL, BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF, OCCURRING IN A JAIL, PRISON, OR RESIDENTIAL COMMUNITY CORRECTIONS FACILITY OR WHILE UNDER PROBATION,

#### PAROLE, OR PRETRIAL RELEASE;

- (g) The managed service organizations contracts developed pursuant to section 27-80-107.8 to provide short-term residential placement for withdrawal management, crisis stabilization, or medication-assisted treatment, including the number of facilities, their location, services provided, and the number of persons served; and
- (h) The training and coordination efforts developed and implemented by the managed service organizations with first responders and referring entities regarding the available services to be utilized in lieu of arrest and transport to jail.
- (4) The independent entity shall request all necessary data necessary to complete the study, and each agency or organization shall establish any data sharing agreement necessary, subject to all federal and state privacy laws necessary to protect privacy, to support the study.
- (5) By December 31, 2024, the independent entity shall submit a completed comprehensive report of its findings pursuant to subsection (2) of this section to the department.
- (6) By January 31, 2025, the department shall publish the report on its website and shall submit the report to the judiciary committees of the house of representatives and the senate, or any successor committees.
  - (7) This part 15 is repealed, effective July 1, 2025.

**SECTION 35.** In Colorado Revised Statutes, **add** part 15 to article 20.5 of title 25 as follows:

## PART 15 HOUSE BILL 22-1326 INDEPENDENT STUDY

- **25-20.5-1501. Independent study report repeal.** (1) (a) By January 1, 2023, the department shall contract with an independent entity to conduct a study and publish a report concerning the impact and implementation of House Bill 22-1326.
- (b) The department shall consult with the judicial department, the behavioral health administration, and other stakeholders identified by the department in developing and issuing a request for proposals to ensure candidates have expertise in data collection and program analysis, and relevant criminal law and harm reduction issues.
- (2) At a minimum, the independent entity shall identify and report findings regarding available data and information from July 1, 2019, through June 30, 2024, obtained from the Colorado judicial department and treatment providers serving the probation population. Data and information from cases filed and practices implemented prior to July 1, 2022, must be included in the study in an effort to establish baseline

INFORMATION, AS NECESSARY. THE DATA AND INFORMATION MUST BE REPORTED BOTH ON A STATEWIDE BASIS AND DISAGGREGATED BY JUDICIAL DISTRICT. THE DATA AND INFORMATION MUST INCLUDE, BUT IS NOT LIMITED TO:

- (a) Every case with a charge filed pursuant to section 18-18-403.5 (2.5) for the unlawful possession of fentanyl, carfentanil, benzimidazole opiate, or an analog thereof, including:
  - (I) WHETHER A MISDEMEANOR OR FELONY CHARGE WAS FILED;
- (II) WHETHER AN ARREST WAS MADE OR A SUMMONS WAS ISSUED FOR THE CHARGE;
- (III) WHETHER ANOTHER CRIMINAL CHARGE WAS FILED IN THE CASE, AND IF SO, WHAT CHARGE;
  - (IV) THE DISPOSITION OF THE CASE, INCLUDING THE SENTENCE IMPOSED;
- (V) WHETHER THE DEFENDANT IS CURRENTLY SERVING THE SENTENCE AND IF THE SENTENCE INCLUDES PROBATION SUPERVISION;
- (VI) Whether the defendant successfully completed the sentence, including if the defendant successfully completed an initial probationary sentence or whether probation was revoked and resulted in incarceration in jail or prison;
- (VII) IF PROBATION WAS REVOKED, WHETHER THE REVOCATION WAS FOR A NEW CRIMINAL CASE OR A TECHNICAL VIOLATION;
- (VIII) Whether substance use treatment was ordered and, if so, what type, including whether the court ordered placement in a residential treatment facility pursuant to section 18-1.3-410 or 18-1.3-510; and
- (IX) THE RACE, GENDER, AND AGE OF THE DEFENDANT, AND WHETHER THE DEFENDANT WAS REPRESENTED BY COURT-APPOINTED COUNSEL OR OTHERWISE DETERMINED TO BE INDIGENT.
- (3) At a minimum, the independent entity shall identify and report findings based on available data and information obtained from the behavioral health administration, the department of public health and environment, managed service organizations, and other applicable agencies and treatment providers, regarding:
- (a) The prevention and education campaign developed by the department pursuant to section 25-1.5-115.5 and the fentanyl education program developed by the behavioral health administration pursuant to section 27-80-128, including the method and reach of the campaign and program;
- (b) The implementation of medication-assisted treatment and other appropriate withdrawal management care by every jail;

- (c) The eligible entities that purchased opiate antagonists through the opiate antagonist bulk purchase fund pursuant to section 25-1.5-115, including the amount of opiate antagonists purchased by each eligible entity and the revenue received by the bulk purchase fund;
- (d) The eligible entities that received non-laboratory synthetic opiate detection tests pursuant to section 25-1.5-115.3 and the amount of non-laboratory synthetic opiate detection tests received by each eligible entity;
- (e) The Harm reduction grant program, created in Section 25-20.5-1101, including:
- (I) The grantees, the uses of each grant, the amount of the grant award, the number of people served by the grant, and any available outcome measures as a result of the grant uses;
- (II) STRATEGIES DEVELOPED AND IMPLEMENTED THROUGH THE PROGRAM, IF ANY, FOR SERVING POPULATIONS WHO ARE AT A HIGHER RISK OF OVERDOSE AND LIVE IN UNDERSERVED AREAS; AND
- (III) EVIDENCE-BASED RESEARCH DEVELOPED THROUGH THE PROGRAM CONCERNING BEST OR PROMISING PRACTICES IN OVERDOSE PREVENTION, EARLY INTERVENTION, HARM REDUCTION, AND MEDICATION-ASSISTED TREATMENT;
- (f) EVERY OVERDOSE DEATH CAUSED BY FENTANYL, CARFENTANIL, BENZIMIDAZOLE OPIATE, OR AN ANALOG THEREOF, OCCURRING IN A JAIL, PRISON, OR RESIDENTIAL COMMUNITY CORRECTIONS FACILITY OR WHILE UNDER PROBATION, PAROLE, OR PRETRIAL RELEASE;
- (g) The managed service organization contracts developed pursuant to section 27-80-107.8 to provide short-term residential placement for withdrawal management, crisis stabilization, or medication-assisted treatment, including the number of facilities, their location, services provided, and the number of persons served; and
- (h) The training and coordination efforts developed and implemented between managed service organizations, first responders, and referring entities regarding the available services to be utilized in lieu of arrest and transport to jail.
- (4) THE INDEPENDENT ENTITY SHALL REQUEST ALL NECESSARY DATA NECESSARY TO COMPLETE THE STUDY, AND EACH AGENCY OR ORGANIZATION SHALL ESTABLISH ANY DATA-SHARING AGREEMENT NECESSARY, SUBJECT TO ALL FEDERAL AND STATE PRIVACY LAWS NECESSARY TO PROTECT PRIVACY, TO SUPPORT THE STUDY.
- (5) By December 31, 2024, the independent entity shall submit a completed comprehensive report of its findings pursuant to subsection (2) of this section to the department.
  - (6) By January 31, 2025, the department shall publish the report on its

WEBSITE AND SHALL SUBMIT THE REPORT TO THE JUDICIARY COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE SENATE, OR ANY SUCCESSOR COMMITTEES.

(7) This part 15 is repealed, effective July 1, 2025.

**SECTION 36.** In Colorado Revised Statutes, **add** 27-80-107.8 as follows:

- **27-80-107.8.** Withdrawal management and crisis service expansion appropriation. (1) On or before January 1, 2023, each managed service organization shall:
- (a) Contract to provide short-term residential placement for withdrawal management, crisis stabilization, or medication-assisted treatment for persons in immediate need of detoxification and stabilization services, with a provider who is licensed by the state of Colorado to provide those services. The managed service organization is encouraged to contract with crisis service providers that have existing contracts with administrative services organizations for the purpose of providing crisis stabilization services for individuals who need substance use services.
- (b) DEVELOP A PAYMENT SCHEDULE THAT INCLUDES ADMISSION AND SERVICE RATES FROM THE MANAGED SERVICE ORGANIZATION TO THE PROVIDER, AND ORGANIZATIONAL FUNDING FOR TRAINING AND COORDINATION WITH FIRST RESPONDERS OR REFERRING ENTITIES; AND
- (c) Provide training to, and ongoing coordination with, first responders or referring entities concerning the available services to be utilized in lieu of arrest and transport to jail, to the greatest extent possible.
- (2) For the 2022-23 state fiscal year, the general assembly shall appropriate ten million dollars to the office of behavioral health to be distributed to managed service organizations for the purpose of implementing this section. Any unexpended money remaining at the end of the 2022-23 state fiscal year from this appropriation:
  - (a) Does not revert to the general fund or any other fund;
- (b) May be used by the office of behavioral health in the 2023-24 or 2024-25 state fiscal years without further appropriation; and
- (c) MUST NOT BE USED FOR ANY OTHER PURPOSE OTHER THAN THE PURPOSES SET FORTH IN THIS SECTION.

**SECTION 37.** In Colorado Revised Statutes, **add** 27-80-107.8 as follows:

**27-80-107.8.** Withdrawal management and crisis service expansion - appropriation. (1) On or before January 1, 2023, each managed service organization shall:

- (a) Contract to provide short-term residential placement for withdrawal management, crisis stabilization, or medication-assisted treatment for persons in immediate need of detoxification and stabilization services, with a provider who is licensed by the state of Colorado to provide those services. The managed service organization is encouraged to contract with crisis service providers that have existing contracts with administrative services organizations for the purpose of providing crisis stabilization services for individuals who need substance use services.
- (b) DEVELOP A PAYMENT SCHEDULE THAT INCLUDES ADMISSION AND SERVICE RATES FROM THE MANAGED SERVICE ORGANIZATION TO THE PROVIDER, AND ORGANIZATIONAL FUNDING FOR TRAINING AND COORDINATION WITH FIRST RESPONDERS OR REFERRING ENTITIES; AND
- (c) Provide training to, and ongoing coordination with, first responders or referring entities concerning the available services to be utilized in lieu of arrest and transport to jail, to the greatest extent possible.
- (2) FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE TEN MILLION DOLLARS TO THE BEHAVIORAL HEALTH ADMINISTRATION TO BE DISTRIBUTED TO MANAGED SERVICE ORGANIZATIONS FOR THE PURPOSE OF IMPLEMENTING THIS SECTION. ANY UNEXPENDED MONEY REMAINING AT THE END OF THE 2022-23 STATE FISCAL YEAR FROM THIS APPROPRIATION:
  - (a) Does not revert to the general fund or any other fund;
- (b) May be used by the behavioral health administration in the 2023-24 or 2024-25 state fiscal years without further appropriation; and
- (c) Must not be used for any other purpose other than the purposes set forth in this section.

**SECTION 38.** In Colorado Revised Statutes, **add** 24-33.5-533 as follows:

- 24-33.5-533. Synthetic opiate poisoning investigation and distribution interdiction grant program creation duties rules reports appropriation definition repeal. (1) There is created in the division the synthetic opiate poisoning investigation and distribution interdiction grant program, referred to in this section as the "grant program", to provide grants to law enforcement agencies for the purpose of investigating deaths caused by synthetic opiate poisoning and disrupting synthetic opiate supplies.
- (2) A LAW ENFORCEMENT AGENCY MAY APPLY FOR A GRANT FOR THE FOLLOWING PURPOSES ONLY:
- (a) Investigating deaths and serious injuries caused by illegal synthetic opiate poisoning;
  - (b) INVESTIGATING, ENFORCING, AND PROSECUTING SYNTHETIC OPIATE

IMPORTATION AND HIGH-LEVEL DISTRIBUTION NETWORKS, INCLUDING MULTIJURISDICTIONAL AND MULTISTATE INVESTIGATIONS AND ENFORCEMENT OPERATIONS, TO REDUCE THE SUPPLY OF ILLEGAL SYNTHETIC OPIATES AND PRECURSOR CHEMICALS IN COLORADO;

- (c) Technology, equipment, and training to enhance intelligence, information-sharing capabilities, and interagency collaboration among federal, state, and local law enforcement partners regarding synthetic opiate importation and high-level distribution networks; and
- (d) Analyzing emergent trends in Markets, including the use of the Postal Service, private courier, commercial cargo, and the internet, for the import and distribution of illegal synthetic opiates through a systematic and standardized approach, including the use of novel, high-frequency, and real-time systems to enhance market surveillance.
- (3) (a) Subject to available appropriations, gifts, grants, or donations, the division shall administer the grant program and shall award grants as provided in this section.
- (b) THE DIVISION MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSES OF THIS SECTION.
- (4) The division may promulgate such rules as may be necessary to implement the grant program, including rules concerning required performance metrics, data collection, and other relevant information that grantees are required to report pursuant to subsection (5) of this section.
- (5) (a) On or before August 1, 2023, and on or before August 1 each year thereafter, each grant recipient that received a grant through the grant program in the preceding state fiscal year shall submit a narrative and financial report of grant expenses to the division in a format required by the division. At a minimum, the report must include a description of the uses of the grant money, including metrics, data, and other relevant information required by the division, during the applicable grant term. The division may promulgate rules regarding reporting requirements, including additional information to be included in the report.
- (b) On or before December 1, 2023, and on or before December 1 each year thereafter for the duration of the grant program, the division shall submit a summarized report to the judiciary committees of the house of representatives and the senate, or any successor committees. At a minimum, the report must include the information provided by grant recipients to the division pursuant to this subsection (5).
- (6) The division shall consult the P.O.S.T. board director, or the director's designee, and the deputy attorney general of the division of criminal justice within the department of Law, created in section 24-31-102 (2), concerning the implementation of this section, including

RECOMMENDATIONS FOR POTENTIAL GRANT RECIPIENTS AND EXPENDITURES.

- (7) The division shall consult the opioid crisis recovery funds advisory committee, created in section 27-81-118, concerning the implementation of this section, including recommendations for potential grant recipients and expenditures, and assistance seeking gifts, grants, and donations pursuant to subsection (3)(b) of this section.
- (8) As used in this section, unless the context otherwise requires, "law enforcement agency" has the same meaning set forth in section 24-32-124 (1)(e), and includes a district attorney's office, a multijurisdictional law enforcement task force that includes a law enforcement agency as defined by section 24-32-124 (1)(e), or a police department for a private or state institution of higher education.
  - (9) This section is repealed, effective July 1, 2026.

**SECTION 39.** In Colorado Revised Statutes, **add** 24-31-116 as follows:

- **24-31-116.** Online fentanyl trafficking study report appropriation repeal. (1) The attorney general shall study the use of the internet, including retail, payment, and social media platforms, for the purpose of trafficking fentanyl, fentanyl analogs or compounds thereof, synthetic opiates, and counterfeit prescription drugs.
  - (2) THE STUDY MUST, AT A MINIMUM:
- (a) Examine the prevalence of the availability and accessibility for fentanyl, fentanyl analogs or compounds thereof, synthetic opiates, and counterfeit prescription drugs through the internet;
- (b) Identify website policies and practices intended to prevent the use of the website for trafficking fentanyl, fentanyl analogs or compounds thereof, synthetic opiates, and counterfeit prescription drugs;
- (c) IDENTIFY LAWS IMPLEMENTED BY OTHER STATES OR THE FEDERAL GOVERNMENT INTENDED TO PREVENT THE USE OF THE INTERNET FOR TRAFFICKING FENTANYL, FENTANYL ANALOGS OR COMPOUNDS THEREOF, SYNTHETIC OPIATES, AND COUNTERFEIT PRESCRIPTION DRUGS; AND
- (d) Examine any other relevant data, information, or resources, as deemed necessary by the department of law, concerning the use of the internet for trafficking fentanyl, fentanyl analogs or compounds thereof, synthetic opiates, and counterfeit prescription drugs.
- (3) By March 1,2023, the attorney general shall complete and publish a report of its findings pursuant to subsection (2) of this section. The report must also include recommendations for potential state legislation:
  - (a) To prevent the use of the internet for trafficking, distributing, or

SUPPLYING FENTANYL, FENTANYL ANALOGS OR COMPOUNDS THEREOF, SYNTHETIC OPIATES, AND COUNTERFEIT PRESCRIPTION DRUGS;

- (b) CONCERNING CRIMINAL AND CIVIL LIABILITY FOR THE USE OF THE INTERNET FOR TRAFFICKING, DISTRIBUTING, OR SUPPLYING FENTANYL, FENTANYL ANALOGS OR COMPOUNDS THEREOF, SYNTHETIC OPIATES, AND COUNTERFEIT PRESCRIPTION DRUGS;
- (c) REGARDING CONSUMER REPORTING MECHANISMS FOR REPORTING TO LAW ENFORCEMENT OR THE ONLINE PLATFORM THE USE OF A WEBSITE OR ONLINE ACCOUNT FOR TRAFFICKING FENTANYL, FENTANYL ANALOGS OR COMPOUNDS THEREOF, SYNTHETIC OPIATES, AND COUNTERFEIT PRESCRIPTION DRUGS; AND
- (d) REGARDING ANY OTHER PUBLIC POLICY CHANGES NECESSARY TO REDUCE OR ELIMINATE THE USE OF THE INTERNET FOR TRAFFICKING, DISTRIBUTING, OR SUPPLYING FENTANYL, FENTANYL ANALOGS OR COMPOUNDS THEREOF, SYNTHETIC OPIATES, AND COUNTERFEIT PRESCRIPTION DRUGS.
- (4) The attorney general shall invite the United States attorney for the district of Colorado to collaborate, consult, or provide any available assistance in the performance of the attorney general's duties pursuant to this section.
- (5) By March 1,2023, the attorney general shall submit the completed report pursuant to subsection (3) of this section to the house of representatives and senate judiciary committees, or any successor committees.
- (6) For the 2022-23 state fiscal year, the general assembly shall appropriate at least one hundred fifty thousand dollars to the department of law for the purposes of this section.
  - (7) This section is repealed, effective July 1, 2023.
- **SECTION 40.** In Colorado Revised Statutes, 18-18-204, **amend** (2)(b)(V) as follows:
- **18-18-204. Schedule II.** (2) Unless specifically excepted by Colorado or federal law or Colorado or federal regulation or more specifically included in another schedule, the following controlled substances are listed in schedule II:
- (b) Any of the following synthetic opiates, including any isomers, esters, ethers, salts, and salts of isomers, esters, and ethers of them that are theoretically possible within the specific chemical designation:
  - (V) Carfentanal CARFENTANIL;

**SECTION 41.** In Colorado Revised Statutes, **add** 27-60-115 as follows:

**27-60-115.** Study of health effects of felonizing fentanyl possession - repeal. (1) No later than November 1, 2022, the office shall contract with an

INDEPENDENT NONPROFIT OR EDUCATIONAL ENTITY THAT HAS EXPERTISE IN CLINICAL EPIDEMIOLOGY, BIOSTATISTICS, SUBSTANCE USE AND ADDICTION, DATA COLLECTION AND ANALYSIS, AND, IF POSSIBLE, THE INTERSECTION BETWEEN THE CRIMINAL JUSTICE SYSTEM AND SUBSTANCE USE, TO CONDUCT AN INDEPENDENT STUDY OF THE HEALTH EFFECTS OF CRIMINAL PENALTIES PURSUANT TO CHANGES TO SECTION 18-18-403.5 (2.5) IN HOUSE BILL 22-1326, ENACTED IN 2022. AT A MINIMUM, THE STUDY MUST ADDRESS THE FOLLOWING:

- (a) Whether the Penalties pursuant to section 18-18-403.5 (2.5):
- (I) Decreased or increased fentanyl-related overdoses, both fatal and nonfatal, among individuals charged with a felony compared to individuals charged with misdemeanor pursuant to section 18-18-403.5 (2.5), and compared to individuals with opiate misuse or use disorder not charged with criminal possession of opiates; and
- (II) Increased or decreased initiation and retention of evidence-based, effective treatment for individuals charged with an opiate use disorder among individuals charged with a felony compared to individuals charged with misdemeanor pursuant to section 18-18-403.5 (2.5), and compared to individuals with opiate misuse or use disorder who were not charged with criminal possession of opiates;
- (b) Differential health outcomes for individuals based on the individual's race, gender, ethnicity, age, economic status, pregnancy or postpartum status, or housing status, for individuals charged with a felony pursuant to section 18-18-403.5 (2.5), compared to individuals charged with a misdemeanor pursuant to section 18-18-403.5 (2.5), and compared to individuals with opiate misuse or use disorders who were not charged pursuant to section 18-18-403.5 (2.5). Differential health outcomes to consider include, but are not limited to, fatal and nonfatal overdoses and initiation and retention on medications for opiate use disorder.
- (c) Whether effective, evidence-based treatment for opiate use disorder in the general population diminished in quality or quantity as a result of individuals ordered by the court into treatment based on charges brought pursuant to section 18-18-403.5 (2.5); and
- (d) Whether penalties pursuant to section 18-18-403.5 (2.5) impact the likelihood of individuals addicted to fentanyl to seek or receive treatment, provide help to another person in the case of an overdose, or utilize naloxone, non-laboratory synthetic opiate detection tests, and other harm reduction resources.
- (2) (a) The office shall make reasonable efforts to provide necessary data requested by the independent entity to complete the study required pursuant to subsection (1) of this section. The office shall establish a data-sharing agreement with, at a minimum, the department of public health and environment, the department of health care policy and financing, the judicial department, the department of corrections, the

DEPARTMENT OF REGULATORY AGENCIES, AND, IF FEASIBLE, COUNTY SHERIFFS AND COUNTY CORONERS, TO PROVIDE DATA TO THE INDEPENDENT ENTITY INCLUDING, BUT NOT LIMITED TO:

- (I) ALL REASONABLY AVAILABLE CRIMINAL JUSTICE DATA REQUESTED BY THE INDEPENDENT ENTITY;
- (II) OPIATE OVERDOSE DEATH RECORDS, INCLUDING TOXICOLOGY REPORTS, IF AVAILABLE;
- (III) Prescription data for medication for opiate use disorder, including for individuals in Jail or Prison charged pursuant to Section 18-18-403.5 (2.5);
- (IV) Encounters with emergency medical services providers, law enforcement agencies, or health-care facilities for fatal and nonfatal fentanyl or other opiate-related overdose; and
- (V) Available information regarding the history of overdose, incarceration, and substance use treatment for individuals charged pursuant to section 18-18-403.5 (2.5), including whether the individual has sought and been denied on-demand treatment.
- (b) The independent entity may perform a qualitative assessment by, at a minimum, conducting focus groups or interviews with a representative sample of individuals who use drugs and substance use disorder care providers and harm reduction providers across the state and continuum.
- (c) No later than December 31, 2024, the independent entity shall submit a comprehensive report of the entity's findings to the office.
- (d) No later than January 31, 2025, the office shall publish the report on the office's website and submit the report to the house of representatives judiciary committee, the house of representatives public and behavioral health and human services committee, the senate health and human services committee, or their successor committees.
- (3) The costs associated with performing the study pursuant to this section must be paid from the correctional treatment cash fund created in section 18-19-103 (4).
  - (4) This section is repealed, effective July 1, 2025.
- **SECTION 42.** In Colorado Revised Statutes, 18-19-103, **amend** (5)(c)(VI) and (5)(c)(VII); and **add** (5)(c)(VIII) as follows:
- **18-19-103. Source of revenues allocation of money repeal.** (5) (c) The board may direct that money in the correctional treatment cash fund may be used for the following purposes:

- (VI) Recovery support services, including offender reentry; and
- (VII) Administrative support to the correctional treatment board including, but not limited to, facilitating and coordinating data collection, conducting data analysis, developing contracts, preparing reports, scheduling and staffing board and subcommittee meetings, and engaging in budget planning and analysis; AND
- (VIII) (A) THE STUDY OF HEALTH EFFECTS OF FELONIZING FENTANYL POSSESSION PURSUANT TO SECTION 27-60-115.
  - (B) This subsection (5)(c)(VIII) is repealed, effective July 1, 2025.
- **SECTION 43.** In Colorado Revised Statutes, **add** 27-50-802, **as part 8 of article 50 of title 27 is added by House Bill 22-1278**, as follows:
- 27-50-802. Study of health effects of felonizing fentanyl possession repeal. (1) No later than November 1, 2022, the BHA shall contract with an independent nonprofit or educational entity that has expertise in clinical epidemiology, biostatistics, substance use and addiction, data collection and analysis, and, if possible, the intersection between the criminal justice system and substance use, to conduct an independent study of the health effects of criminal penalties pursuant to changes to section 18-18-403.5 (2.5) in House Bill 22-1326, enacted in 2022. At a minimum, the study must address the following:
  - (a) Whether the penalties pursuant to section 18-18-403.5 (2.5):
- (I) Decreased or increased fentanyl-related overdoses, both fatal and nonfatal, among individuals charged with a felony compared to individuals charged with misdemeanor pursuant to section 18-18-403.5 (2.5), and compared to individuals with opiate misuse or use disorder not charged with criminal possession of opiates; and
- (II) Increased or decreased initiation and retention of evidence-based, effective treatment for individuals charged with an opiate use disorder among individuals charged with a felony compared to individuals charged with misdemeanor pursuant to section 18-18-403.5 (2.5), and compared to individuals with opiate misuse or use disorder who were not charged with criminal possession of opiates;
- (b) Differential health outcomes for individuals based on the individual's race, gender, ethnicity, age, economic status, pregnancy or postpartum status, or housing status, for individuals charged with a felony pursuant to section 18-18-403.5 (2.5), compared to individuals charged with a misdemeanor pursuant to section 18-18-403.5 (2.5), and compared to individuals with opiate misuse or use disorders who were not charged pursuant to section 18-18-403.5 (2.5). Differential health outcomes to consider include, but are not limited to, fatal and nonfatal overdoses and initiation and retention on medications for opiate use disorder.

- (c) Whether effective, evidence-based treatment for opiate use disorder in the general population diminished in quality or quantity as a result of individuals ordered by the court into treatment based on charges brought pursuant to section 18-18-403.5 (2.5); and
- (d) Whether penalties pursuant to section 18-18-403.5 (2.5) impact the likelihood of individuals addicted to fentanyl to seek or receive treatment, provide help to another person in the case of an overdose, or utilize naloxone, non-laboratory synthetic opiate detection tests, and other harm reduction resources.
- (2) (a) The BHA shall make reasonable efforts to provide necessary data requested by the independent entity to complete the study required pursuant to subsection (1) of this section. The BHA shall establish a data-sharing agreement with, at a minimum, the department of public health and environment, the department of health care policy and financing, the judicial department, the department of corrections, the department of regulatory agencies, and, if feasible, county sheriffs and county coroners, to provide data to the independent entity including, but not limited to:
- (I) All reasonably available criminal justice data requested by the independent entity;
- (II) OPIATE OVERDOSE DEATH RECORDS, INCLUDING TOXICOLOGY REPORTS, IF AVAILABLE;
- (III) PRESCRIPTION DATA FOR MEDICATION FOR OPIATE USE DISORDER, INCLUDING FOR INDIVIDUALS IN JAIL OR PRISON CHARGED PURSUANT TO SECTION 18-18-403.5 (2.5);
- (IV) Encounters with emergency medical services providers, law enforcement agencies, or health-care facilities for fatal and nonfatal fentanyl or other opiate-related overdose; and
- (V) Available information regarding the history of overdose, incarceration, and substance use treatment for individuals charged pursuant to section 18-18-403.5(2.5), including whether the individual has sought and been denied on-demand treatment.
- (b) The independent entity may perform a qualitative assessment by, at a minimum, conducting focus groups or interviews with a representative sample of individuals who use drugs and substance use disorder care providers and harm reduction providers across the state and continuum.
- (c) No later than December 31, 2024, the independent entity shall submit a comprehensive report of the entity's findings to the BHA.
- (d) No later than January 31, 2025, the BHA shall publish the report on the BHA's website and submit the report to the house of representatives judiciary committee, the house of representatives public

AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, AND THE SENATE JUDICIARY COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AS PART OF ITS "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" PRESENTATION REQUIRED PURSUANT TO SECTION 2-7-203.

- (3) The costs associated with performing the study pursuant to this section must be paid from the correctional treatment cash fund created in section 18-19-103 (4).
  - (4) This section is repealed, effective July 1, 2025.
- **SECTION 44.** In Colorado Revised Statutes, 18-19-103, **amend** (5)(c)(VI) and (5)(c)(VII); and **add** (5)(c)(VIII) as follows:
- **18-19-103. Source of revenues allocation of money repeal.** (5) (c) The board may direct that money in the correctional treatment cash fund may be used for the following purposes:
  - (VI) Recovery support services, including offender reentry; and
- (VII) Administrative support to the correctional treatment board including, but not limited to, facilitating and coordinating data collection, conducting data analysis, developing contracts, preparing reports, scheduling and staffing board and subcommittee meetings, and engaging in budget planning and analysis; AND
- (VIII) (A) THE STUDY OF HEALTH EFFECTS OF FELONIZING FENTANYL POSSESSION PURSUANT TO SECTION 27-50-802.
  - (B) This subsection (5)(c)(VIII) is repealed, effective July 1, 2025.
- **SECTION 45.** In Colorado Revised Statutes, 17-26-104.9, **amend** (1), (2), and (3); and **add** (1.5) and (4) as follows:
- 17-26-104.9. Opioid treatment for a person in custody definitions repeal. (1) (a) A facility, whether operated by a governmental entity or private contractor, may make available opioid agonists and opioid antagonists to a person in custody with an opioid use disorder. The facility is strongly encouraged to maintain the treatment of the person throughout the duration of the person's incarceration, as medically necessary.
  - (b) This subsection (1) is repealed effective July 1, 2023.
- (1.5) By July 1, 2023, a facility, whether operated by a governmental entity or private contractor, shall provide medication-assisted treatment, and other appropriate withdrawal management care to a person with a substance use disorder through the duration of the person's incarceration, as medically necessary. At a minimum:
- (a) The facility shall perform a nonmedical evaluation, consistent with guidelines developed by the behavioral health administration, of

THE PERSON UPON ENTRY INTO CUSTODY AT THE FACILITY FOR RECENT SUBSTANCE USE.

- (b) The facility shall offer medication approved by the federal food and drug administration that are approved to treat opiate use disorder, which must include agonists, partial agonists, and antagonists, to a person in custody with an opiate use disorder. The person, in collaboration with the treating provider, must be given a choice concerning what medication is prescribed, and the facility must provide the medication requested. A person may request to change their medication at any time while in custody.
- (c) If the person indicates that the person has a substance use disorder, or the non-medical evaluation performed pursuant to subsection (1.5)(a) indicates that the person may have recently used a substance, the facility shall refer the person to the facility's medical provider for an evaluation, and subsequent diagnosis, prescription, or induction of medication-assisted treatment.
- (d) If the person indicates that the person was taking medication that is approved by the federal food and drug administration prior to entry into custody at the facility to treat a substance use disorder, the facility shall provide the same medication to the person while the person is in custody.
- (2) Qualified medication administration personnel may, in accordance with a written physician's order, administer opioid agonists and opioid antagonists pursuant to subsection (1) AND (1.5) of this section.
- (3) A facility may contract with community-based health providers, LOCAL PROVIDERS, OR STATE MOBILE MEDICATION-ASSISTED TREATMENT UNIT PROVIDERS for the implementation of this section.
- (4) COUNTIES ARE ENCOURAGED TO USE COUNTY FUNDING AVAILABLE FROM A SETTLEMENT OR DAMAGE AWARD FROM OPIATE-RELATED LITIGATION TO SUPPORT JAILS IN COMPLYING WITH THE REQUIREMENTS OF THIS SECTION.

## **SECTION 46.** In Colorado Revised Statutes, add 27-60-106.7 as follows:

- **27-60-106.7. Technical assistance to jails appropriation repeal.** (1) The office of behavioral health shall provide technical assistance to facilities in meeting their requirements pursuant to section 17-26-104.9 (1.5). Technical assistance includes development and implementation of medication-assisted treatment, approval of prescribers by the United States drug enforcement agency, and other appropriate withdrawal management care, and assistance with identifying bulk purchasing opportunities for necessary services.
- (2) (a) For the 2022-23 state fiscal year, the general assembly shall appropriate three million dollars from the behavioral health and mental health cash fund, created in section 24-75-230, to the office of

Behavioral health for the purpose of providing technical assistance to jails with meeting their requirements pursuant to section 17-26-104.9, including providing funding to jails to cover the services required pursuant to section 17-26-104.9.

(b) This subsection (2) is repealed, effective July 1, 2024.

**SECTION 47.** In Colorado Revised Statutes, **add** 27-50-803, **as part 8 of article 50 of title 27 is added by House Bill 22-1278, as follows:** 

- 27-50-803. Technical assistance to jails appropriation repeal. (1) The behavioral health administration shall provide technical assistance to facilities in meeting their requirements pursuant to section 17-26-104.9 (1.5). Technical assistance includes development and implementation of medication-assisted treatment, development of guidelines for nonmedical evaluations, including timelines for performing a subsequent medical evaluation and administering medical withdrawal management, approval of prescribers by the United States drug enforcement agency, and other appropriate withdrawal management care, and assistance with identifying bulk purchasing opportunities for necessary services.
- (2) (a) For the 2022-23 state fiscal year, the general assembly shall appropriate three million dollars from the behavioral health and mental health cash fund, created in section 24-75-230, to the behavioral health administration for the purpose of providing technical assistance to jails with meeting their requirements pursuant to section 17-26-104.9, including providing funding to jails to cover the services required pursuant to section 17-26-104.9.
  - (b) This subsection (2) is repealed, effective July 1, 2024.

**SECTION 48.** In Colorado Revised Statutes, **add** part 16 to article 20.5 of title 25 as follows:

## PART 16 OVERDOSE DETECTION MAPPING APPLICATION PROGRAM

25-20.5-1601. Overdose detection mapping application program. On or before January 1, 2023, emergency medical service providers, emergency departments, state and local law enforcement agencies, sheriffs' offices, and coroners may participate in the web-based overdose detection mapping application program to report incidences of fatal and non-fatal drug overdoses and synthetic opiate poisonings. Emergency departments, state and local law enforcement agencies, sheriffs' offices, and coroners are encouraged to report data not more than twenty-four hours after the incident or after receiving the incident toxicology report. All incident data must be made available to the department. Notwithstanding any law to the contrary, law enforcement shall not use data from the overdose detection mapping application program for welfare checks, warrant checks, or criminal investigations.

**SECTION 49.** In Colorado Revised Statutes, **add** part 17 to article 20.5 of title 25 as follows:

## PART 17 OVERDOSE TRENDS REVIEW COMMITTEE

- **25-20.5-1701.** Colorado overdose trends review committee recommendations report repeal. (1) The department shall convene interested stakeholders for the purpose of developing recommendations for the establishment of an overdose trends review committee that would be responsible for:
- (a) Identifying and reviewing certain cases of non-fatal and fatal drug-related overdoses that occur in Colorado;
- (b) IDENTIFYING THE CAUSES OF OVERDOSES AND OVERDOSE-RELATED DEATHS, AND CONDUCTING A REVIEW OF OTHER FACTORS INCLUDING, BUT NOT LIMITED TO, HOUSING STATUS OR CRIMINAL JUSTICE SYSTEM INVOLVEMENT;
- (c) Developing evidence-based recommendations to address preventable overdose-related deaths, including legislation, policies, areas for scientific research, rules, training, and best practices that support the health and safety of individuals who use substances that may cause overdoses in Colorado, and prevent overdose-related deaths;
- (d) Making annual policy-related and funding-related recommendations to the governor and the general assembly about drug trends, including synthetic drugs that may impact the health and well-being of Coloradans and that present a high risk for causing overdose-related deaths; and
- (e) ESTABLISHING A PROCESS FOR DATA SHARING BETWEEN STATE DEPARTMENTS, COUNTIES, AND OTHER RELEVANT ENTITIES IN ORDER TO ACCESS NECESSARY DATA CONCERNING NON-FATAL AND FATAL DRUG-RELATED OVERDOSES IN COLORADO.
- (2) In convening the interested stakeholders pursuant to subsection (1) of this section, the department shall invite a variety of interested stakeholders, including public health experts, physicians, law enforcement, coroners, and persons who have experienced an overdose.
- (3) On or before September 1, 2023, the department shall submit a report of its recommendations regarding the establishment of an overdose trends review committee to the joint budget committee and any substance use interim committee existing at that time.
- (4) The department shall establish an overdose trends review committee by September 1, 2024.

**SECTION 50.** In Colorado Revised Statutes, **amend** 25.5-5-509 as follows:

25.5-5-509. Substance use disorder - prescription drugs - opiate antagonist.

- (1) Notwithstanding any provisions of this part 5 to the contrary, for the treatment of a substance use disorder, in promulgating rules, and subject to any necessary federal authorization, the state board shall authorize reimbursement for at least one federal food and drug administration-approved ready-to-use opioid overdose reversal drug without prior authorization.
- (2) (a) AS USED IN THIS SUBSECTION (2), UNLESS THE CONTEXT OTHERWISE REQUIRES, "OPIATE ANTAGONIST" HAS THE SAME MEANING AS SET FORTH IN SECTION 12-30-110 (7)(d).
- (b) A hospital or emergency department shall receive reimbursement under the medical assistance program for the cost of an opiate antagonist if, in accordance with section 12-30-110, a prescriber, as defined in section 12-30-110 (7)(h), dispenses an opiate antagonist upon discharge to a medical assistance recipient who is at risk of experiencing an opiate-related drug overdose event or to a family member, friend, or other person in a position to assist a medical assistance recipient who is at risk of experiencing an opiate-related drug overdose event.
- (c) The state department shall seek federal financial participation for the cost of reimbursement for the opiate antagonist, but shall provide reimbursement to the hospital or emergency department for the opiate antagonist using state money until federal financial participation is available.
- **SECTION 51.** In Colorado Revised Statutes, 27-81-104, **amend** (1)(q) and (1)(r); and **add** (1)(s) 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:
- (q) Encourage all health and disability insurance programs to include 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; AND
- (s) Train emergency departments and certified peace officers in the procedures required pursuant to sections 27-81-111 and 27-81-112.
- **SECTION 52.** In Colorado Revised Statutes, 27-81-104, **amend** (1)(q) and (1)(r); and **add** (1)(s) 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 THE BHA shall:
- (q) Encourage all health and disability insurance programs to include 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 BHA; AND

(s) Train emergency departments and certified peace officers in the procedures required pursuant to sections 27-81-111 and 27-81-112.

**SECTION 53.** In Colorado Revised Statutes, 27-81-112, **amend** (1) 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, A CERTIFIED PEACE OFFICER, 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 THE PERSON'S SELF or on another and that unless committed, the person is likely to inflict physical harm on himself or herself the Person's self or on another or that the person is incapacitated by 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 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.

**SECTION 54.** In Colorado Revised Statutes, 27-81-112, **amend** (1) 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 BHA 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, A CERTIFIED PEACE OFFICER, 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 THE PERSON'S SELF or on another and that unless committed, the person is likely to inflict physical harm on himself or herself the Person's self or on another or that the person is incapacitated by 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 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.

**SECTION 55.** Accountability. Notwithstanding the requirement to conduct a review of the implementation of this act either two or five years after the enactment of this act, three years after this act becomes law and in accordance with section 2-2-1201, Colorado Revised Statutes, the legislative service agencies of the Colorado general assembly shall conduct a post-enactment review of the

implementation of this act utilizing the information contained in the legislative declaration set forth in section 1 of this act.

- **SECTION 56. Appropriation.** (1) For the 2022-23 state fiscal year, \$14,389,055 is appropriated to the department of human services for use by the behavioral health administration. This appropriation consists of \$10,986,092 from the general fund, \$402,963 from the correctional treatment cash fund created in section 18-19-103 (4)(a), C.R.S., and \$3,000,000 from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., which is of money the state received from the federal coronavirus state fiscal recovery fund. To implement this act, the administration may use this appropriation as follows:
- (a) \$286,092 from the general fund for program administration related to community behavioral health administration, which amount is based on an assumption that the administration will require an additional 3.6 FTE;
- (b) \$10,000,000 from the general fund for treatment and detoxification programs related to substance use treatment and prevention services pursuant to section 27-80-107.8 (2), C.R.S.;
- (c) \$700,000 from the general fund for managed service organization regional evaluations related to substance use treatment and prevention services;
- (d) \$252,963 from the correctional treatment cash fund created in section 18-19-103 (4)(a), C.R.S., for a study on the health effects of criminal penalties related to substance use treatment and prevention services, which amount is based on an assumption that the administration will require an additional 0.5 FTE;
- (e) \$150,000 from the correctional treatment cash fund created in section 18-19-103 (4)(a), C.R.S., for a fentanyl education program related to substance use treatment and prevention services; and
- (f) \$3,000,000 from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., for jail-based behavioral health services related to integrated behavioral health services. Any money appropriated in this subsection (1)(d) not expended prior to July 1, 2023, is further appropriated to the administration from July 1, 2023, through December 30, 2024, for the same purpose.
- (2) Pursuant to section 27-80-107.8 (2)(b), C.R.S., any money appropriated in subsection (1)(b) not expended prior to July 1, 2023, is further appropriated to the division through June 30, 2025, for the same purpose.
- (3) For the 2022-23 state fiscal year, \$869,288 is appropriated to the judicial department for use by probation and related services. This appropriation consists of \$138,362 from the general fund and \$730,926 from the correctional treatment cash fund created in section 18-19-103 (4)(a), C.R.S. To implement this act, the department may use this appropriation as follows:
- (a) \$138,362 for probation programs, which amount is based on an assumption that the department will require an additional 1.6 FTE; and

- (b) \$730,926 from the correctional treatment cash fund created in section 18-19-103 (4)(a), C.R.S., for offender treatment and services.
- (4) For the 2022-23 state fiscal year, \$150,000 is appropriated to the department of law for use by administration. This appropriation is from the general fund. To implement this act, the department may use this appropriation for operating expenses.
- (5) For the 2022-23 state fiscal year, \$5,792,413 is appropriated to the department of public health and environment for use by the prevention services division. This appropriation is from the general fund. To implement this act, the division may use this appropriation for administration as follows:
- (a) \$112,413 for personal services and related operating expenses, which amount is based on an assumption that the division will require an additional 1.5 FTE;
- (b) \$300,000 for non-laboratory synthetic opiate detection tests pursuant to section 25-1.5-115.3 (1), C.R.S.;
- (c) \$5,000,000 for an education campaign pursuant to section 25-1.5-115.5 (1), C.R.S.;
  - (d) \$50,000 for regional trainings pursuant to section 25-1.5-115.5 (3), C.R.S.;
- (e) \$30,000 for website development pursuant to section 25-1.5-115.5 (4), C.R.S.; and
  - (f) \$300,000 for an independent study pursuant to section 25-20.5-1501, C.R.S.
- (6) Any money appropriated in subsection (5)(b) not expended prior to July 1, 2023, is further appropriated to the division for the 2023-24 state fiscal year.
- (7) Any money appropriated in subsection (5)(c) not expended prior to July 1, 2023, is further appropriated to the division through June 30, 2025, for the same purpose.
- (8) For the 2022-23 state fiscal year, \$7,000,000 is appropriated to the department of public safety for use by the division of criminal justice. This appropriation is from the general fund and is based on an assumption that the division will require an additional 1.8 FTE. To implement this act, the division may use this appropriation for DCJ administrative services. Any money appropriated in this subsection (8) not expended prior to July 1, 2023, is further appropriated to the division for the 2023-24 state fiscal year.
- (9) For the 2022-23 state fiscal year, \$360,000 is appropriated to the department of health care policy and financing. This appropriation is from the general fund. To implement this act, the department may use this appropriation for medical services premiums.
- (10) For the 2022-23 state fiscal year, \$19,700,000 is appropriated to the opiate antagonist bulk purchase fund created in section 25-1.5-115 (1)(a), C.R.S. This

appropriation is from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., and is of money the state received from the federal coronavirus state fiscal recovery fund. The department of public health and environment is responsible for the accounting related to this appropriation.

- (11) For the 2022-23 state fiscal year, \$6,000,000 is appropriated to the harm reduction grant program cash fund created in section 25-20.5-1102 (1), C.R.S. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., and is of money the state received from the federal coronavirus state fiscal recovery fund. The department of public health and environment is responsible for the accounting related to this appropriation.
- (12) For the 2022-23 state fiscal year, \$300,000 is appropriated to the department of public health and environment for use by the prevention services division. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., which is of money the state received from the federal coronavirus state fiscal recovery fund. To implement this act, the division may use this appropriation for administration. Any money appropriated in this subsection (6) not expended prior to July 1, 2023, is further appropriated to the division from July 1, 2023, through December 30, 2024.

**SECTION 57.** Effective date - applicability. (1) This act takes effect July 1, 2022; except that:

- (a) Sections 26, 29, 34, 36, 41, 42, 46, 51, and 53 of this act take effect only if House Bill 22-1278 does not become law;
- (b) Sections 27, 30, 35, 37, 43, 44, 47, 52, and 54 of this act take effect only if House Bill 22-1278 becomes law, in which case they take effect on the effective date of this act or House Bill 22-1278, whichever is later;
  - (c) Sections 9, 17, and 19 of this act take effect January 1, 2023;
- (d) Sections 7, 10, and 15 of this act take effect only if House Bill 22-1278 does not become law, in which case they take effect January 1, 2023; and
- (e) Sections 8, 11, and 16 of this act take effect only if House Bill 22-1278 becomes law, in which case they take effect January 1, 2023, or on the effective date of House Bill 22-1278, whichever is later.
- (2) Sections 2, 3, 4, 5, 6, 31, 32, and 33 of this act apply to offenses committed on or after July 1, 2022.
- **SECTION 58. 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.

Approved: May 25, 2022