

Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 18-0634.01 Kristen Forrestal x4217

SENATE BILL 18-153

SENATE SPONSORSHIP

Kefalas,

HOUSE SPONSORSHIP

(None),

Senate Committees

State, Veterans, & Military Affairs

House Committees

A BILL FOR AN ACT

101 **CONCERNING THE QUALITY OF BEHAVIORAL HEALTH CARE RELATED**
102 **TO SUICIDE, AND, IN CONNECTION THEREWITH, IMPROVING CARE**
103 **COORDINATION BETWEEN BEHAVIORAL HEALTH**
104 **PROFESSIONALS.**

Bill Summary

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

The department is required to study and address gaps in suicide prevention issues and to collaborate with other offices and the community to evaluate best practices for suicide prevention and intervention and

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

opioid abuse issues. The department is required to report findings to the general assembly.

The bill requires the department of public health and environment (department) to work with Colorado hospitals to evaluate the Colorado suicide prevention plan. The department is also required to develop a health authorization release form to improve communication between behavioral health professionals regarding the person giving consent.

A health care facility is required to have a plan for individuals transitioning from inpatient to outpatient care.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25-1.5-110.5 as
3 follows:

4 **25-1.5-110.5. Suicide prevention and intervention - legislative**
5 **declaration.** (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES
6 THAT:

7 (a) ACCORDING TO THE DEPARTMENT'S OFFICE OF SUICIDE
8 PREVENTION ANNUAL REPORT FOR 2016-17, THE NUMBER OF SUICIDES IN
9 COLORADO AND THE SUICIDE DEATH RATES HAVE BEEN INCREASING SINCE
10 2009, WITH THE HIGHEST NUMBER OF SUICIDES RECORDED IN 2016;

11 (b) THERE IS A NEED FOR EDUCATIONAL CORE PRINCIPLES RELATED
12 TO SUICIDE PREVENTION AND INTERVENTION AND MEASURES TO ADDRESS
13 THE OPIOID EPIDEMIC IN ORDER TO ENHANCE THE TRAINING OF
14 UNDERGRADUATE AND GRADUATE STUDENTS IN COLORADO COLLEGES
15 AND UNIVERSITIES THAT OFFER MENTAL HEALTH AND BEHAVIORAL
16 HEALTH PROGRAMS;

17 (c) THERE ARE NO EDUCATION AND TRAINING STANDARDS
18 CONCERNING SUICIDE IDEATION AND OPIOID AND SUBSTANCE ABUSE AS A
19 REQUIREMENT FOR THE INITIAL AND RENEWAL LICENSURE, CERTIFICATION,
20 OR REGISTRATION OF MENTAL HEALTH PROFESSIONALS REGULATED UNDER

1 ARTICLE 43 OF TITLE 12;

2 (d) THERE ARE MANY TRAINING OPPORTUNITIES TO MEET THE
3 CONTINUING PROFESSIONAL COMPETENCY REQUIREMENTS OF MENTAL
4 HEALTH PROFESSIONALS, BUT THERE ARE NO REQUIREMENTS OR
5 STANDARDS THAT THE MENTAL HEALTH PROFESSIONALS BE TRAINED IN
6 THE HIGH-PRIORITY AREAS OF SUICIDE MANAGEMENT AND OPIOID AND
7 OTHER SUBSTANCE USE DISORDERS THROUGH EVIDENCE-BASED TRAINING;

8 (e) IT IS IMPORTANT THAT THE OFFICE OF BEHAVIORAL HEALTH
9 INCENTIVE PROGRAM IN THE DEPARTMENT OF HUMAN SERVICES THAT
10 TOOK EFFECT IN 2017, PERTAINING TO FOLLOW-UP CARE AND
11 ENGAGEMENT, CARE PLANNING FOR INDIVIDUALS WITH DUAL DIAGNOSIS
12 AND DEVELOPMENTAL DISABILITIES, AND SUICIDE PREVENTION IS
13 IMPLEMENTED AND EVALUATED EFFECTIVELY; AND

14 (f) IT IS IMPORTANT THAT RULES AND PROTOCOLS REGARDING
15 PROPER CONSENT FORMS AND DISCLOSURE STATEMENTS PRESENTED TO
16 PATIENTS ARE ENFORCED TO ENSURE CLEAR COMMUNICATION TO THE
17 PATIENT FROM THE MENTAL HEALTH PROFESSIONAL REGARDING THEIR
18 TRAINING, CERTIFICATIONS, CREDENTIALS, AND LICENSING.

19 (2) THEREFORE, IT IS THE INTENT OF THE GENERAL ASSEMBLY FOR
20 THE STATE TO COLLABORATE WITH MENTAL HEALTH PROFESSIONALS TO
21 COORDINATE BEHAVIORAL HEALTH CARE RELATED TO SUICIDE
22 PREVENTION BY:

23 (a) ESTABLISHING QUALITY METRICS FOR SUICIDE IDEATION AND
24 SUBSTANCE USE DISORDER TRAINING AS PART OF DEMONSTRATING
25 PROFESSIONAL COMPETENCY IN THE PARTICULAR PRACTICE AREA;

26 (b) ESTABLISHING PROCESSES FOR PRIORITIZING SOCIAL WELFARE
27 ISSUES REGARDING TRAINING AND PROFESSIONAL DEVELOPMENT OF

1 MENTAL HEALTH PROFESSIONALS; AND

2 (c) ENCOURAGING MENTAL HEALTH PROFESSIONALS TO RECEIVE
3 TRAINING IN EVIDENCE-BASED PRACTICES AND TREATMENTS TO ADDRESS
4 SUICIDE IDEATION AND SUBSTANCE USE DISORDERS.

5 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-112, **add** (5.5)
6 and (7) as follows:

7 **25-1.5-112. Colorado suicide prevention plan - established -**
8 **goals - responsibilities - funding - evaluation of plan - definition.**

9 (5.5) (a) ON OR BEFORE DECEMBER 1, 2019, THE DEPARTMENT SHALL:

10 (I) IDENTIFY AND ADDRESS DATA GAPS THAT MAY EXIST IN THE
11 DEPARTMENT'S OFFICE OF SUICIDE PREVENTION; AND ANALYZE SUICIDE
12 TRENDS, DEMOGRAPHICS, AND PATIENT-CENTERED, EVIDENCE-BASED,
13 INFORMED TREATMENT CONCERNING SUICIDE IDEATION, AND THE NEED TO
14 BETTER UNDERSTAND ATTEMPTED SUICIDES;

15 (II) COLLABORATE WITH COMMUNITY PARTNERS, THE
16 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, AND THE
17 GOVERNOR'S OFFICE TO EVALUATE BEHAVIORAL HEALTH CARE
18 EVIDENCE-BASED STANDARDS AND BEST PRACTICES FOR PREVENTION AND
19 INTERVENTION FOR SUICIDE IDEATION AND OPIOID ABUSE ISSUES;

20 (III) IMPLEMENT THE NEW MEDICARE PAYMENT CODES FOR
21 COLLABORATIVE CARE AND IMPLEMENT AN EVIDENCE-BASED MODEL FOR
22 TREATING BEHAVIORAL HEALTH ISSUES IN PRIMARY CARE IN FEDERALLY
23 QUALIFIED HEALTH CENTERS AND RURAL HEALTH CENTERS; AND

24 (IV) PROVIDE INFORMATION AND ANALYSIS WHEN THERE IS AN
25 UNATTENDED DEATH OF A RECIPIENT OF MEDICAL ASSISTANCE, INCLUDING
26 HOW OFTEN UNATTENDED DEATHS OCCUR AND THE DEVELOPMENT AND
27 IMPLEMENTATION OF IMPROVEMENT PLANS FOR PATIENTS WITH SUICIDE

1 IDEATION. FOR THE PURPOSES OF THIS SUBSECTION (5.5), "UNATTENDED
2 DEATH" MEANS A PERSON COMMITS SUICIDE AND IS NOT FOUND FOR DAYS,
3 WEEKS, OR A LONGER PERIOD.

4 (b) THE DEPARTMENT SHALL INCLUDE THE RESULTS OF ITS
5 FINDINGS IN THE REPORT SUBMITTED IN 2019 PURSUANT TO SUBSECTION
6 (5) OF THIS SECTION.

7 (7) THE DEPARTMENT SHALL WORK WITH COLORADO HOSPITALS
8 TO EVALUATE THE EFFECTIVENESS OF THE COLORADO PLAN AND INCLUDE
9 THE RESULTS OF THE EVALUATION IN THE REPORT SUBMITTED PURSUANT
10 TO SUBSECTION (5) OF THIS SECTION.

11 **SECTION 3.** In Colorado Revised Statutes, **add 25-1.5-113** as
12 follows:

13 **25-1.5-113. Mental health authorization form - transition plan**
14 **required by licensed facilities.** (1) THE DEPARTMENT SHALL DEVELOP
15 A UNIVERSAL OUTPATIENT MENTAL HEALTH AUTHORIZATION FORM THAT,
16 TO THE EXTENT PERMITTED UNDER SECTION 12-43-218 AND THE FEDERAL
17 "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996",
18 AS AMENDED, PUB.L. 104-191, ALLOWS AN INDIVIDUAL TO CONSENT TO
19 THE RELEASE OF HEALTH CARE INFORMATION TO MENTAL HEALTH
20 PROFESSIONALS LICENSED, CERTIFIED, OR REGISTERED PURSUANT TO
21 ARTICLE 43 OF TITLE 12 IN ORDER TO IMPROVE THE QUALITY AND
22 COORDINATION OF CARE FOR AN INDIVIDUAL WHO IS EXPERIENCING
23 SUICIDE IDEATION OR SUBSTANCE USE DISORDERS. THE FORM MUST ALLOW
24 FOR COMMUNICATION BETWEEN COMMUNITY- AND SCHOOL-BASED
25 MENTAL HEALTH PROFESSIONALS TO ENSURE THAT AT-RISK STUDENTS
26 WHO ARE TRANSITIONING FROM SCHOOL TO THE COMMUNITY RECEIVE THE
27 PROPER TREATMENT AND SUPPORT WITHIN THE COMMUNITY. THE INTENT

1 OF THE FORM IS TO ALLOW AN INDIVIDUAL TO CONSENT TO THE RELEASE
2 OF BEHAVIORAL HEALTH RECORDS TO COORDINATE CARE.

3 (2) A HEALTH FACILITY LICENSED PURSUANT TO SECTION
4 25-1.5-103 SHALL HAVE A PLAN IN PLACE FOR INDIVIDUALS WHO ARE
5 BEING TREATED FOR SUICIDE IDEATION AND WHO ARE TRANSITIONING
6 FROM INPATIENT CARE AT THE HEALTH FACILITY TO COMMUNITY-BASED
7 CARE. THE PLAN MUST FOCUS ON MAKING HIGHER LEVELS OF
8 COMMUNITY-BASED CARE AND SUPPORT AVAILABLE TO INDIVIDUALS
9 TRANSITIONING FROM INPATIENT TO COMMUNITY-BASED CARE AND ON
10 IMPROVING COMMUNICATION BETWEEN MENTAL HEALTH PROFESSIONALS
11 IN THOSE SETTINGS AT THE TIME AND AFTER A PATIENT IS DISCHARGED
12 FROM THE HEALTH FACILITY.

13 **SECTION 4. Act subject to petition - effective date.** This act
14 takes effect at 12:01 a.m. on the day following the expiration of the
15 ninety-day period after final adjournment of the general assembly (August
16 8, 2018, if adjournment sine die is on May 9, 2018); except that, if a
17 referendum petition is filed pursuant to section 1 (3) of article V of the
18 state constitution against this act or an item, section, or part of this act
19 within such period, then the act, item, section, or part will not take effect
20 unless approved by the people at the general election to be held in
21 November 2018 and, in such case, will take effect on the date of the
22 official declaration of the vote thereon by the governor.