

NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.

An Act

HOUSE BILL 20-1085

BY REPRESENTATIVE(S) Kennedy and Herod, Bird, Buentello, Caraveo, Cutter, Duran, Esgar, Gonzales-Gutierrez, Jackson, Kipp, Lontine, McCluskie, Michaelson Jenet, Mullica, Roberts, Singer, Sirota, Snyder, Tipper, Titone, Valdez A., Valdez D., Weissman, Woodrow, Young, Becker;
also SENATOR(S) Winter and Priola, Donovan, Pettersen, Danielson, Gonzales, Lee, Moreno, Story, Zenzinger, Garcia.

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

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

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

(a) The opioid epidemic continues to be a tragic and preventable cause of death and harm in Colorado and nationwide;

(b) Vulnerable populations prone to opioid and substance use disorders are in particular need of help during and after the COVID-19 pandemic;

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.

(c) Atypical opioids, such as buprenorphine, tramadol, and tapentadol, exist on the market as safer alternatives to conventional opioids;

(d) According to *Medicine Today*, a peer reviewed journal of clinical practice, buprenorphine, tramadol, and tapentadol exhibit superior efficacy in treating chronic pain when compared to conventional opioids by demonstrating in users:

(I) Improved function and quality of life;

(II) Less serious adverse effects on immune function and the endocrine system;

(III) Lower rates of some other adverse effects, such as gastrointestinal effects;

(IV) A reduced risk of opioid-induced ventilatory impairment, and thereby death, in high doses; and

(V) Lower abuse potential than conventional opioids and, therefore, a lower risk of misuse, abuse, and diversion into black markets;

(e) Insurance coverage for alternatives to opioids, including safer drugs and physical therapy, often includes barriers to safer treatment, like prior authorization and step therapy;

(f) Chances of overdose increase when opioids are taken with benzodiazepines, sedatives commonly prescribed for anxiety and as sleep aids;

(g) More than 30% of overdoses involving opioids also involved benzodiazepines, according to the National Institute on Drug Abuse;

(h) Since 2016, the federal Centers for Disease Control and Prevention has recommended that clinicians avoid prescribing benzodiazepines concurrently with opioids whenever possible;

(i) Both prescription opioids and benzodiazepines carry warnings on their labels highlighting the dangers of using these drugs together; and

(j) Medical education standards are in need of continuous development.

(2) Therefore, in order to enhance collaboration with health care providers, promote alternatives to opioids, and prevent more tragic deaths as a result of opioids, it is the intent of the general assembly to:

(a) Mandate that health benefit plans provide coverage for a minimum amount of physical therapy, occupational therapy, and acupuncture treatments;

(b) Expand health plan coverage to include atypical opioids, such as buprenorphine, tramadol, and tapentadol, at a low cost;

(c) Extend the seven-day limit on opioid prescriptions indefinitely;

(d) Establish competency-based continuing medical education requirements that concern opioid prescription practices for physicians, physician assistants, and other health care professionals;

(e) Incorporate the risk of benzodiazepines usage into provider education programs;

(f) Mandate the designation of additional controlled substances and other prescription drugs to be tracked by the prescription drug monitoring program;

(g) Extend the requirement that providers must check the prescription drug monitoring program before prescribing a second fill for an opioid and before prescribing benzodiazepines, with certain exceptions; and

(h) Allow medical examiners and coroners to query the prescription drug monitoring program during death investigations.

SECTION 2. In Colorado Revised Statutes, 10-16-104, **add** (24) as follows:

10-16-104. Mandatory coverage provisions - definitions - rules.
(24) Nonpharmacological alternative treatment to opioids - rules.

(a) ANY HEALTH BENEFIT PLAN, EXCEPT SUPPLEMENTAL POLICIES COVERING A SPECIFIED DISEASE OR OTHER LIMITED BENEFIT, MUST PROVIDE COVERAGE FOR NONPHARMACOLOGICAL TREATMENT AS AN ALTERNATIVE TO OPIOIDS.

(b) THE COVERAGE REQUIRED BY THIS SUBSECTION (24) MUST:

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

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

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

SECTION 3. In Colorado Revised Statutes, **amend** 10-16-145.5 as follows:

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

(a) (I) The United States food and drug administration-approved indication or the national comprehensive cancer network drugs and biologics compendium indication for the treatment of stage four advanced metastatic cancer; or

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

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

(2) (a) NOTWITHSTANDING SECTION 10-16-145, A CARRIER THAT PROVIDES PRESCRIPTION DRUG BENEFITS SHALL:

(I) PROVIDE COVERAGE FOR AT LEAST ONE ATYPICAL OPIOID THAT HAS BEEN APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF ACUTE OR CHRONIC PAIN AT THE LOWEST TIER OF THE CARRIER'S DRUG FORMULARY AND NOT REQUIRE STEP THERAPY OR PRIOR AUTHORIZATION FOR THAT ATYPICAL OPIOID; AND

(II) NOT REQUIRE STEP THERAPY FOR THE PRESCRIPTION AND USE OF ANY ADDITIONAL ATYPICAL OPIOID MEDICATIONS THAT HAVE BEEN APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF ACUTE OR CHRONIC PAIN.

(b) FOR THE PURPOSES OF THIS SUBSECTION (2), "ATYPICAL OPIOID" MEANS A NONOPIOID ANALGESIC WITH FAR LOWER FATALITY RATES THAN PURE OPIOID AGONISTS.

SECTION 4. In Colorado Revised Statutes, **add** 10-16-153 as follows:

10-16-153. Disclosures - physical therapists - occupational therapists - acupuncturists - patients - carrier prohibitions - enforcement. (1) A CARRIER THAT HAS A CONTRACT WITH A PHYSICAL THERAPIST, AN OCCUPATIONAL THERAPIST, OR AN ACUPUNCTURIST SHALL NOT:

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

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

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

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

SECTION 5. In Colorado Revised Statutes, 12-30-109, **amend** (1)(a) introductory portion, (1)(a)(I), (1)(a)(IV), (1)(b), and (4) introductory portion; **amend as it exists until July 1, 2021**, (2); **repeal** (5); and **add** (6) as follows:

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

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

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

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

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

(2) ~~An opioid~~ A prescriber licensed pursuant to article 220, 240, 255, 275, 290, or 315 of this title 12 may prescribe opioids AND BENZODIAZEPINES electronically.

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

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

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

SECTION 6. In Colorado Revised Statutes, 12-30-109, **amend as it exists from July 1, 2021, until July 1, 2023,** (2) as follows:

12-30-109. Prescriptions - limitations - definition - rules. (2) ~~An opioid~~ A prescriber licensed pursuant to article 220 or 315 of this title 12 may prescribe opioids AND BENZODIAZEPINES electronically.

SECTION 7. In Colorado Revised Statutes, 12-30-109, **amend as it will become effective July 1, 2023,** (2) as follows:

12-30-109. Prescriptions - limitations - definition - rules. (2) ~~An opioid~~ A prescriber licensed pursuant to article 315 of this title 12 may prescribe opioids AND BENZODIAZEPINES electronically.

SECTION 8. In Colorado Revised Statutes, 12-220-111, **amend** (2) as follows:

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

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

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

SECTION 9. In Colorado Revised Statutes, **amend** 12-240-123 as follows:

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

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

SECTION 10. In Colorado Revised Statutes, 12-255-112, **amend** (6) as follows:

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

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

SECTION 11. In Colorado Revised Statutes, 12-275-113, **amend** (5) as follows:

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

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

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

12-290-111. Prescriptions - requirement to advise patients - limits on prescriptions. (3) ~~(a)~~ A podiatrist is subject to the limitations on

~~prescribing opioids~~ PRESCRIPTIONS specified in section 12-30-109.

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

SECTION 13. In Colorado Revised Statutes, **amend** 12-315-126 as follows:

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

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

SECTION 14. In Colorado Revised Statutes, 12-240-130, **repeal** (3) as follows:

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

SECTION 15. In Colorado Revised Statutes, **add** 12-240-146 as follows:

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

SECTION 16. In Colorado Revised Statutes, 12-280-403, **amend** (1) introductory portion, (1)(c), (1)(e), (1)(f), (3), and (4); and **add** (1)(g) and (2)(e) as follows:

12-280-403. Prescription drug use monitoring program - registration required. (1) The board shall develop or procure a

prescription ~~controlled substance~~ DRUG electronic program to track information regarding prescriptions for controlled substances AND OTHER DRUGS AS REQUIRED BY RULES PROMULGATED BY THE BOARD dispensed in Colorado, including the following information:

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

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

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

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

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

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

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

DISPENSED.

SECTION 17. In Colorado Revised Statutes, 12-280-404, **amend** (3)(b), (3)(c)(I), (3)(h), (3)(l)(I), (4)(c), (5), and (7); **repeal** (4)(e); and **add** (4)(a.5) and (4)(f) as follows:

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

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

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

(c) (I) Any veterinarian with statutory authority to prescribe controlled substances OR OTHER DRUGS THAT MAY BE SUBJECT TO A PROGRAM QUERY, to the extent the query relates to a current patient or to a client and if the veterinarian, in the exercise of professional judgment, has a reasonable basis to suspect the client has committed drug abuse or has mistreated an animal.

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

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

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

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

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

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

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

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

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

(b) THE BOARD MAY, WITHIN EXISTING FUNDS AVAILABLE FOR OPERATION OF THE PROGRAM, PROVIDE A MEANS OF SHARING PRESCRIPTION INFORMATION WITH THE HEALTH INFORMATION ORGANIZATION NETWORK, AS DEFINED IN SECTION 25-3.5-103 (8.5), IN ORDER TO WORK COLLABORATIVELY WITH THE STATEWIDE HEALTH INFORMATION EXCHANGES DESIGNATED BY THE DEPARTMENT OF HEALTH CARE POLICY

AND FINANCING. USE OF THE INFORMATION MADE AVAILABLE PURSUANT TO THIS SUBSECTION (7)(b) IS SUBJECT TO PRIVACY AND SECURITY PROTECTIONS IN STATE LAW AND THE FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L.104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS.

SECTION 18. In Colorado Revised Statutes, 12-280-407, **amend** (2) as follows:

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

SECTION 19. In Colorado Revised Statutes, 12-280-408, **amend** (2) as follows:

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

SECTION 20. In Colorado Revised Statutes, 27-80-118, **amend** (4)(a) as follows:

27-80-118. Center for research into substance use disorder prevention, treatment, and recovery support strategies - legislative declaration - established - repeal. (4) (a) The center shall develop and implement a series of continuing education activities designed to help a prescriber of pain medication to safely and effectively manage patients with pain and, when appropriate, prescribe opioids or medication-assisted treatment. THE EDUCATIONAL ACTIVITIES MUST ALSO INCLUDE BEST PRACTICES FOR PRESCRIBING BENZODIAZEPINES AND THE POTENTIAL HARM OF INAPPROPRIATELY LIMITING PRESCRIPTIONS TO CHRONIC PAIN PATIENTS. The educational activities must apply to physicians, physician assistants, nurses, and dentists, WITH AN EMPHASIS ON PHYSICIANS, PHYSICIAN

ASSISTANTS, NURSES, AND DENTISTS SERVING UNDERSERVED POPULATIONS AND COMMUNITIES.

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

- (a) \$2,550 for the Colorado medical board; and
- (b) \$15,990 for the purchase of legal services.

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

SECTION 22. Act subject to petition - effective date - applicability. (1) This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2022 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

(2) Sections 2 and 3 of this act apply to health benefit plans issued or renewed on or after January 1, 2022.

KC Becker
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Leroy M. Garcia
PRESIDENT OF
THE SENATE

Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO