

## CHAPTER 470

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**HEALTH CARE POLICY AND FINANCING**

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**HOUSE BILL 24-1045**

BY REPRESENTATIVE(S) Armagost and deGruy Kennedy, Young, Epps, Amabile, Bird, Boesenecker, Brown, Clifford, Daugherty, Duran, Froelich, Garcia, Hamrick, Hernandez, Jodeh, Joseph, Kipp, Lieder, Lindsay, Lindstedt, Lynch, Mabrey, Martinez, Ortiz, Parenti, Rutinel, Sirota, Snyder, Story, Titone, Valdez, Vigil, Willford, Woodrow, McCluskie; also SENATOR(S) Mullica and Will, Jaquez Lewis, Priola, Bridges, Cutter, Exum, Gonzales, Kolker, Michaelson Jenet, Winter F.

**AN ACT**

**CONCERNING TREATMENT FOR SUBSTANCE USE DISORDERS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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

**SECTION 1.** In Colorado Revised Statutes, **add** 10-16-124.6 as follows:

**10-16-124.6. Drugs used for substance use disorder - prior authorization prohibited.** A CARRIER THAT PROVIDES COVERAGE UNDER A HEALTH BENEFIT PLAN FOR A DRUG USED TO TREAT A SUBSTANCE USE DISORDER SHALL NOT REQUIRE PRIOR AUTHORIZATION, AS DEFINED IN SECTION 10-16-112.5 (7)(d), FOR THE DRUG BASED SOLELY ON THE DOSAGE AMOUNT.

**SECTION 2.** In Colorado Revised Statutes, 10-16-144, **add** (3) as follows:

**10-16-144. Health-care services provided by pharmacists.** (3) (a) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (1) OF THIS SECTION TO THE CONTRARY, A HEALTH BENEFIT PLAN DESCRIBED IN SUBSECTION (1) OF THIS SECTION THAT PROVIDES TREATMENT FOR SUBSTANCE USE DISORDERS SHALL REIMBURSE A LICENSED PHARMACIST ACTING WITHIN THE LICENSED PHARMACIST'S SCOPE OF PRACTICE, AND IN ACCORDANCE WITH THE REQUIREMENTS IN PART 6 OF ARTICLE 280 OF TITLE 12, FOR THE PROVISION OF MEDICATION-ASSISTED TREATMENT SERVICES IF THE HEALTH BENEFIT PLAN PROVIDES COVERAGE FOR THE SAME SERVICES PROVIDED BY A LICENSED PHYSICIAN OR AN ADVANCED PRACTICE REGISTERED NURSE.

(b) A HEALTH BENEFIT PLAN REIMBURSING A LICENSED PHARMACIST PURSUANT

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*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.*

TO SUBSECTION (3)(a) OF THIS SECTION SHALL REIMBURSE A LICENSED PHARMACIST AT THE SAME RATE THAT THE HEALTH BENEFIT PLAN REIMBURSES A LICENSED PHYSICIAN OR AN ADVANCED PRACTICE REGISTERED NURSE WITHIN THE HEALTH BENEFIT PLAN'S NETWORK OF PARTICIPATING PROVIDERS FOR THE SAME SERVICES.

**SECTION 3.** In Colorado Revised Statutes, 12-245-403, **add** (5) as follows:

**12-245-403. Social work practice defined.** (5) SOCIAL WORK PRACTICE INCLUDES THE CLINICAL SUPERVISION BY A LICENSED CLINICAL SOCIAL WORKER OF A PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST PURSUANT TO SECTION 12-245-804 (3.5), IF THE LICENSED CLINICAL SOCIAL WORKER HAS MET THE EDUCATION REQUIREMENTS FOR A LICENSED ADDICTION COUNSELOR, OR THE EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE BOARD OF HUMAN SERVICES PURSUANT TO SECTION 27-80-108 (1)(e.5) OR 27-50-107 (3)(e)(II), AS APPLICABLE.

**SECTION 4.** In Colorado Revised Statutes, 12-245-503, **add** (5) as follows:

**12-245-503. Marriage and family therapy practice defined.** (5) MARRIAGE AND FAMILY THERAPY PRACTICE INCLUDES THE CLINICAL SUPERVISION BY A LICENSED MARRIAGE AND FAMILY THERAPIST OF A PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST PURSUANT TO SECTION 12-245-804 (3.5), IF THE LICENSED MARRIAGE AND FAMILY THERAPIST HAS MET THE EDUCATION REQUIREMENTS FOR A LICENSED ADDICTION COUNSELOR, OR THE EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE BOARD OF HUMAN SERVICES PURSUANT TO SECTION 27-80-108 (1)(e.5) OR 27-50-107 (3)(e)(II), AS APPLICABLE.

**SECTION 5.** In Colorado Revised Statutes, 12-245-504, **add** (1.5) as follows:

**12-245-504. Qualifications - examination - licensure and registration.** (1.5) A LICENSED ADDICTION COUNSELOR WHO POSSESSES A VALID, UNSUSPENDED, AND UNREVOKED LICENSE MAY PROVIDE CLINICAL SUPERVISION OF AN INDIVIDUAL WORKING TOWARD LICENSURE AS A MARRIAGE AND FAMILY THERAPIST IF THE LICENSED ADDICTION COUNSELOR HAS MET THE EDUCATION REQUIREMENTS FOR A LICENSED MARRIAGE AND FAMILY THERAPIST, OR THE EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE BOARD OF MARRIAGE AND FAMILY THERAPIST EXAMINERS CREATED IN SECTION 12-245-502.

**SECTION 6.** In Colorado Revised Statutes, 12-245-603, **add** (3) as follows:

**12-245-603. Practice of licensed professional counseling defined.** (3) THE PRACTICE OF PROFESSIONAL COUNSELING INCLUDES THE CLINICAL SUPERVISION BY A LICENSED PROFESSIONAL COUNSELOR OF A PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST PURSUANT TO SECTION 12-245-804 (3.5), IF THE LICENSED PROFESSIONAL COUNSELOR HAS MET THE EDUCATION REQUIREMENTS FOR A LICENSED ADDICTION COUNSELOR, OR THE EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE BOARD OF HUMAN SERVICES PURSUANT TO SECTION 27-80-108 (1)(e.5) OR 27-50-107 (3)(e)(II), AS APPLICABLE.

**SECTION 7.** In Colorado Revised Statutes, 12-245-604, **add** (1.5) as follows:

**12-245-604. Licensure - examination - licensed professional counselors.**

(1.5) A LICENSED ADDICTION COUNSELOR WHO POSSESSES A VALID, UNSUSPENDED, AND UNREVOKED LICENSE MAY PROVIDE CLINICAL SUPERVISION OF AN INDIVIDUAL WORKING TOWARD LICENSURE AS A LICENSED PROFESSIONAL COUNSELOR IF THE LICENSED ADDICTION COUNSELOR HAS MET THE EDUCATION REQUIREMENTS FOR A LICENSED PROFESSIONAL COUNSELOR, OR THE EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE BOARD OF LICENSED PROFESSIONAL COUNSELOR EXAMINERS CREATED IN SECTION 12-245-602.

**SECTION 8.** In Colorado Revised Statutes, 12-285-803, **add** (5) as follows:

**12-245-803. Practice of addiction counseling defined - scope of practice.**

(5) THE PRACTICE OF ADDICTION COUNSELING INCLUDES CLINICAL SUPERVISION BY A LICENSED ADDICTION COUNSELOR OF A PERSON WORKING TOWARD LICENSURE AS A MARRIAGE AND FAMILY THERAPIST, PURSUANT TO SECTION 12-245-504 (1), OR A LICENSED PROFESSIONAL COUNSELOR, PURSUANT TO SECTION 12-245-604 (1), IF THE LICENSED ADDICTION COUNSELOR HAS MET THE EDUCATION REQUIREMENTS FOR A LICENSED MARRIAGE AND FAMILY THERAPIST OR LICENSED PROFESSIONAL COUNSELOR, OR THE EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE BOARD OF MARRIAGE AND FAMILY THERAPIST EXAMINERS CREATED IN SECTION 12-245-502 OR THE STATE BOARD OF LICENSED PROFESSIONAL COUNSELOR EXAMINERS CREATED IN SECTION 12-245-602, AS APPLICABLE.

**SECTION 9.** In Colorado Revised Statutes, 12-245-805, **add** (2.5)(c) as follows:

**12-245-805. Rights and privileges of certification and licensure - titles - clinical supervision.** (2.5) (c) NOTWITHSTANDING ANY PROVISION OF THIS TITLE 12 TO THE CONTRARY, A LICENSED CLINICAL SOCIAL WORKER, PURSUANT TO SECTION 12-245-403 (5), A LICENSED MARRIAGE AND FAMILY THERAPIST, PURSUANT TO SECTION 12-245-503 (5), OR A LICENSED PROFESSIONAL COUNSELOR, PURSUANT TO SECTION 12-245-603 (3), WHO POSSESSES A VALID, UNSUSPENDED, AND UNREVOKED LICENSE MAY PROVIDE CLINICAL SUPERVISION OF AN INDIVIDUAL WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION TECHNICIAN OR CERTIFIED ADDICTION SPECIALIST IF THE LICENSED CLINICAL SOCIAL WORKER, LICENSED MARRIAGE AND FAMILY THERAPIST, OR LICENSED PROFESSIONAL COUNSELOR HAS MET THE EDUCATION REQUIREMENTS FOR A LICENSED ADDICTION COUNSELOR, OR THE EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE BOARD OF HUMAN SERVICES PURSUANT TO SECTION 27-80-108 (1)(e.5) OR 27-50-107 (3)(e)(II), AS APPLICABLE.

**SECTION 10.** In Colorado Revised Statutes, 12-280-103, **amend** (39)(g)(III), (39)(g)(IV)(C), (39)(j), and (39)(k); and **add** (27.5), (39)(g)(V), and (39)(l) as follows:

**12-280-103. Definitions - rules.** As used in this article 280, unless the context otherwise requires or the term is otherwise defined in another part of this article 280:

(27.5) "MEDICATIONS FOR OPIOID USE DISORDER" OR "MOUD" MEANS

TREATMENT FOR AN OPIOID USE DISORDER USING MEDICATIONS APPROVED BY THE FDA FOR THAT PURPOSE AND PRESCRIBED, DISPENSED, OR ADMINISTERED IN ACCORDANCE WITH NATIONAL, EVIDENCE-BASED PUBLISHED GUIDANCE.

(39) "Practice of pharmacy" means:

(g) Exercising independent prescriptive authority:

(III) As authorized pursuant to sections 12-30-110 and 12-280-123 (3) regarding opiate antagonists; ~~or~~

(IV) For drugs that are not controlled substances, drug categories, or devices that are prescribed in accordance with the product's FDA-approved labeling and to patients who are at least twelve years of age and that are limited to conditions that:

(C) Have a test that is used to guide diagnosis or clinical decision-making and is waived under the federal "Clinical Laboratory Improvement Amendments of 1988", Pub.L. 100-578, as amended; OR

(V) FOR ANY FDA-APPROVED PRODUCT INDICATED FOR OPIOID USE DISORDER IN ACCORDANCE WITH FEDERAL LAW AND REGULATIONS, INCLUDING MEDICATIONS FOR OPIOID USE DISORDER, IF AUTHORIZED PURSUANT TO PART 6 OF THIS ARTICLE 280.

(j) Performing other tasks delegated by a licensed physician; ~~and~~

(k) Providing treatment that is based on national, evidence-based, published guidance; AND

(l) DISPENSING OR ADMINISTERING ANY FDA-APPROVED PRODUCT FOR OPIOID USE DISORDER IN ACCORDANCE WITH FEDERAL LAW AND REGULATIONS, INCLUDING MEDICATIONS FOR OPIOID USE DISORDER.

**SECTION 11.** In Colorado Revised Statutes, **add** 12-280-604 as follows:

**12-280-604. Collaborative pharmacy practice agreement - statewide drug therapy protocol for medication-assisted treatment for opioid use disorder - rules - definition.** (1) AS USED IN THIS SECTION, "MEDICATION-ASSISTED TREATMENT" MEANS A COMBINATION OF MEDICATIONS AND BEHAVIORAL THERAPY, SUCH AS BUPRENORPHINE AND ALL OTHER MEDICATIONS AND THERAPIES APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, TO TREAT OPIOID USE DISORDER.

(2) (a) PURSUANT TO SECTION 12-280-603, THE BOARD, IN CONJUNCTION WITH THE COLORADO MEDICAL BOARD CREATED IN SECTION 12-240-105 AND THE STATE BOARD OF NURSING CREATED IN SECTION 12-255-105, SHALL PROMULGATE RULES NO LATER THAN MAY 1, 2025, DEVELOPING A STATEWIDE DRUG THERAPY PROTOCOL FOR PHARMACISTS TO PRESCRIBE, DISPENSE, AND ADMINISTER ONLY FEDERAL DRUG ENFORCEMENT ADMINISTRATION SCHEDULE III, IV, AND V FDA-APPROVED PRODUCTS AS MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER.

(b) IN DEVELOPING THE STATEWIDE DRUG THERAPY PROTOCOL, THE APPLICABLE

BOARDS SHALL CONSIDER REQUIREMENTS FOR TRAINING, INCLUDING A PROGRAM ACCREDITED BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION, OR ITS SUCCESSOR ENTITY; PATIENT NOTICE AND CONSENT; PROVIDER REFERRAL CRITERIA; LAB SCREENING AND TESTING; MONITORING; PATIENT PRIVACY; AND PATIENT FOLLOW-UP CARE AND COUNSELING. THE RULES DEVELOPED PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION MUST SPECIFY THAT ANY COLLABORATING ENTITIES UTILIZING THE PROTOCOL ARE CLEARLY IDENTIFIED.

(3) THIS SECTION DOES NOT REQUIRE A STATEWIDE DRUG THERAPY PROTOCOL OR COLLABORATIVE PHARMACY PRACTICE AGREEMENT BEFORE A PHARMACIST MAY PRESCRIBE, DISPENSE, OR ADMINISTER ONLY FEDERAL DRUG ENFORCEMENT ADMINISTRATION SCHEDULE III, IV, AND V FDA-APPROVED PRODUCTS AS MEDICATION-ASSISTED TREATMENT, IF THE PRESCRIBING, DISPENSING, OR ADMINISTERING MEDICATION-ASSISTED TREATMENT IS OTHERWISE AUTHORIZED UNDER LAW.

**SECTION 12.** In Colorado Revised Statutes, 23-21-802, **amend** (1)(h)(I) as follows:

**23-21-802. Legislative declaration.** (1) The general assembly finds that:

(h) In order to increase access to addiction treatment in areas of the state where opioid addiction is prevalent, it is necessary to establish a pilot program to award grants to:

(I) Organizations, ~~or~~ practices, OR PHARMACIES with nurse practitioners, ~~and~~ physician assistants, OR PHARMACISTS to enable them to obtain the training and ongoing support required to prescribe medications, such as buprenorphine and all other medications and therapies approved by the federal food and drug administration, to treat opioid use disorders; and

**SECTION 13.** In Colorado Revised Statutes, 23-21-803, **add** (5.3) as follows:

**23-21-803. Definitions.** As used in this part 8, unless the context otherwise requires:

(5.3) "PHARMACIST" MEANS AN INDIVIDUAL LICENSED IN COLORADO TO ENGAGE IN THE PRACTICE OF PHARMACY WHO IS PRESCRIBING MEDICATION-ASSISTED TREATMENT PURSUANT TO PART 6 OF ARTICLE 280 OF TITLE 12.

**SECTION 14.** In Colorado Revised Statutes, 23-21-804, **amend** (1) and (2) as follows:

**23-21-804. Medication-assisted treatment expansion pilot program - created - pilot program location - eligible grant recipients - rules.** (1)(a) There is ~~hereby~~ created the medication-assisted treatment expansion pilot program to provide grants to community agencies, office-based practices, behavioral health organizations, ~~and~~ substance abuse treatment organizations, AND PHARMACIES to enable:

(I) Nurse practitioners or physician assistants working in those settings to obtain training and ongoing support required under the federal act in order to prescribe

buprenorphine and all other medications and therapies approved by the federal food and drug administration as part of medication-assisted treatment provided to individuals with an opioid use disorder; ~~and~~

(II) Those agencies, practices, and organizations to provide behavioral therapies and support in conjunction with medication-assisted treatment for individuals with an opioid use disorder; AND

(III) PHARMACISTS AUTHORIZED UNDER A STATEWIDE DRUG THERAPY PROTOCOL PURSUANT TO SECTION 12-280-605, A COLLABORATIVE PHARMACY PRACTICE AGREEMENT PURSUANT TO PART 6 OF ARTICLE 280 OF TITLE 12, OR OTHERWISE AUTHORIZED UNDER LAW TO PRESCRIBE, DISPENSE, OR ADMINISTER MEDICATION-ASSISTED TREATMENT FOR INDIVIDUALS WITH AN OPIOID USE DISORDER.

(b) The MAT expansion pilot program is available to provide grants to community agencies, office-based practices, behavioral health organizations, ~~and~~ substance abuse treatment organizations practicing or providing treatment in Pueblo county or Routt county, and, starting in the 2019-20 fiscal year, the San Luis valley and ~~up to two~~ additional counties selected by the center for participation based on demonstrated need. THE MAT EXPANSION PILOT PROGRAM MAY ALSO PROVIDE GRANTS TO PHARMACIES FOR THE PURPOSES ALLOWED UNDER THE GRANT PROGRAM ONCE THE CONDITIONS DESCRIBED IN SUBSECTION (1)(a)(III) OF THIS SECTION ARE MET.

(2) A grant recipient may use the money received through the pilot program for the following purposes:

(a) To enable nurse practitioners or physician assistants practicing or working in the grant recipient's setting in the pilot program area to obtain the training required to be a qualified nurse practitioner or physician assistant in order to prescribe buprenorphine and all other medications and therapies approved by the federal food and drug administration as part of medication-assisted treatment for individuals with opioid use disorders; ~~and~~

(b) To increase access to medication-assisted treatment for individuals with opioid use disorders in the pilot program area; AND

(c) TO OBTAIN TRAINING FOR PHARMACISTS TO PROVIDE MEDICATION-ASSISTED TREATMENT SERVICES.

**SECTION 15.** In Colorado Revised Statutes, 23-21-805, **amend** (2)(a)(V) and (2)(a)(VI); and **add** (2)(a)(VII) as follows:

**23-21-805. MAT expansion advisory board - created - duties.** (2) (a) The advisory board consists of representatives of the following entities or organizations who are designated by the entity or organization:

(V) The Colorado Academy of Physician Assistants; ~~and~~

(VI) The physician assistant program at the university of Colorado; AND

## (VII) THE COLORADO PHARMACISTS SOCIETY.

**SECTION 16.** In Colorado Revised Statutes, 23-21-806, **amend** (1) introductory portion, (1)(c), (2)(b), (2)(d), and (3); and **repeal** (1)(d) as follows:

**23-21-806. Grant application - criteria - awards.** (1) To receive a grant, an eligible organization, ~~or practice, OR PHARMACY~~ must submit an application to the center in accordance with pilot program guidelines and procedures established by the center. At a minimum, the application must include the following information:

(c) The number of nurse practitioners, ~~or physician assistants, OR PHARMACISTS~~ willing to complete the required training;

~~(d) Identification of any incentives to assist nurse practitioners or physician assistants in completing the required training and becoming certified to prescribe buprenorphine;~~

(2) The advisory board shall review the applications received pursuant to this section and make recommendations to the center regarding grant recipients and awards. In recommending grant awards and in awarding grants, the advisory board and the center shall consider the following criteria:

(b) The number of opioid-dependent patients ~~that~~ WHO could be served by nurse practitioners, ~~or physician assistants, OR PHARMACISTS~~ working in or with a practice or organization applying for a grant;

(d) The written commitment of the applicant to have nurse practitioners, ~~or physician assistants, OR PHARMACISTS~~ participate in periodic consultations with center staff; and

(3) Subject to available appropriations, ~~in the 2019-20 and 2020-21 fiscal years,~~ the center shall award grants to applicants approved in accordance with this section and shall distribute the grant money to grant recipients within ninety days after issuing the grant awards.

**SECTION 17.** In Colorado Revised Statutes, 23-21-807, **amend** (1) introductory portion, (1)(c), (2) introductory portion, (2)(e), and (2)(g); **repeal** (2)(c); and **add** (1)(e) as follows:

**23-21-807. Reporting requirements.** (1) Each organization, ~~or practice, OR PHARMACY~~ that receives a grant through the pilot program shall submit an annual report to the center by a date set by the center. At a minimum, the report must include the following information:

(c) The number of nurse practitioners, ~~or physician assistants, OR PHARMACISTS~~ who were trained; and who received certification to prescribe buprenorphine and all other medications and therapies approved by the federal food and drug administration to treat opioid use disorder; and

(e) A DETAILED DESCRIPTION OF THE TRAINING RECEIVED BY PHARMACISTS; WHETHER THE PHARMACISTS WHO RECEIVED TRAINING ARE CURRENTLY ABLE TO

PROVIDE AND ARE PROVIDING MEDICATION-ASSISTED TREATMENT TO OPIOID-DEPENDENT PATIENTS; AND THE NUMBER OF OPIOID-DEPENDENT PATIENTS TREATED DURING THE PILOT PROGRAM PERIOD BY EACH PHARMACIST.

~~(2) On or before June 30, 2018, and on or before each June 30 through June 30, 2021,~~ The center shall ANNUALLY submit a summarized report on the pilot program to the health and human services committee of the senate and the health and insurance and the public health care and human services committees of the house of representatives, or any successor committees, and to the governor. At a minimum, the report must include:

~~(c) The total number of nurse practitioners and physician assistants who completed the required training and became certified to prescribe buprenorphine, listed by county participating in the pilot program;~~

(e) A summary of policies and procedures instituted by grant recipients related to the provision of MAT by qualified nurse practitioners, ~~and~~ physician assistants, AND PHARMACISTS;

(g) A summary of lessons learned and recommendations for implementing MAT as provided by nurse practitioners, ~~and~~ physician assistants, and PHARMACISTS in other communities in the state.

**SECTION 18.** In Colorado Revised Statutes, **add** 25.5-4-505.5 as follows:

**25.5-4-505.5. Federal authorization related to persons involved in the criminal justice system - report - rules - legislative declaration.** (1) (a) THE GENERAL ASSEMBLY FINDS THAT:

(I) FOR DECADES, FEDERAL MEDICAID POLICY PROHIBITED THE USE OF FEDERAL FUNDING FOR INCARCERATED MEDICAID MEMBERS;

(II) WITH THE EMERGING OPPORTUNITY TO ALLOW FOR COVERAGE OF INCARCERATED MEDICAID MEMBERS, COLORADO IS SUPPORTIVE OF ENSURING THESE MEMBERS HAVE ACCESS TO NEEDED SERVICES AND TREATMENT; AND

(III) COLORADO IS COMMITTED TO ENSURING MEDICAID MEMBERS HAVE ACCESS TO A CIVIL, COMMUNITY-BASED SYSTEM THAT MEETS MEMBERS' NEEDS AND ENSURES COLORADO'S COUNTY JAILS, JUVENILE FACILITIES, AND PRISONS DO NOT BECOME PRIMARY ACCESS POINTS FOR HEALTH-CARE SERVICES FOR PEOPLE EXPERIENCING BEHAVIORAL HEALTH CONDITIONS.

(b) THEREFORE, THE GENERAL ASSEMBLY DECLARES IT IS IN THE BEST INTEREST OF ALL COLORADANS, AND ESPECIALLY COLORADANS LIVING WITH BEHAVIORAL HEALTH CONDITIONS, TO REQUIRE THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO SEEK A FEDERAL WAIVER OF THE MEDICAID INMATE EXCLUSION POLICY THAT INCLUDES ANNUAL DATA REPORTING REQUIREMENTS THAT:

(I) INFORM COLORADANS REGARDING THE UNMET HEALTH NEEDS OF INDIVIDUALS INVOLVED IN THE CRIMINAL JUSTICE SYSTEM;



(II) PROMOTE THE ESTABLISHMENT OF CONTINUOUS CIVIL SYSTEMS OF CARE WITHIN COMMUNITIES DEMONSTRABLY COMMITTED TO DIVERSION OR DEFLECTION EFFORTS, INCLUDING BUT NOT LIMITED TO MOBILE OUTREACH, CO-RESPONDER PROGRAMS, AND PROSECUTOR- OR JUDICIAL-LED INITIATIVES; AND

(III) AIM TO REDUCE UNNECESSARY INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM AND INCREASE ACCESS TO COMMUNITY-BASED HOUSING, HEALTH CARE, SUPPORTS, AND SERVICES.

(2) (a) NO LATER THAN APRIL 1, 2024, THE STATE DEPARTMENT SHALL SEEK A FEDERAL AUTHORIZATION TO PROVIDE, THROUGH THE STATE MEDICAL ASSISTANCE PROGRAM, MEDICATION-ASSISTED TREATMENT AND CASE MANAGEMENT TO A MEMBER PRIOR TO THE MEMBER'S RELEASE AND A THIRTY-DAY SUPPLY OF PRESCRIPTION MEDICATIONS TO A MEMBER UPON THE MEMBER'S RELEASE FROM A JUVENILE INSTITUTIONAL FACILITY, AS DEFINED IN SECTION 25-1.5-301 (2)(b), OR A DEPARTMENT OF CORRECTIONS FACILITY.

(b) BEGINNING JULY 1, 2025, AND SUBJECT TO AVAILABLE APPROPRIATIONS, THE SERVICES DESCRIBED IN SUBSECTION (2)(a) OF THIS SECTION ARE AVAILABLE UPON RECEIPT OF THE NECESSARY FEDERAL AUTHORIZATION.

(3) (a) (I) NO LATER THAN APRIL 1, 2025, THE STATE DEPARTMENT SHALL SEEK A FEDERAL AUTHORIZATION TO PROVIDE, THROUGH THE STATE MEDICAL ASSISTANCE PROGRAM, MEDICATION-ASSISTED TREATMENT AND CASE MANAGEMENT TO A MEMBER PRIOR TO THE MEMBER'S RELEASE FROM JAIL AND A THIRTY-DAY SUPPLY OF PRESCRIPTION MEDICATIONS TO A MEMBER UPON THE MEMBER'S RELEASE FROM JAIL.

(II) THE STATE DEPARTMENT SHALL IMPLEMENT SUBSECTION (3)(a)(I) OF THIS SECTION ONLY IF THE STATE DEPARTMENT DETERMINES THAT PROVIDING THE SERVICES DESCRIBED IN SUBSECTION (3)(a)(I) OF THIS SECTION IS BUDGET NEUTRAL.

(b) BEGINNING JULY 1, 2026, AND SUBJECT TO AVAILABLE APPROPRIATIONS, THE SERVICES DESCRIBED IN SUBSECTION (3)(a) OF THIS SECTION ARE AVAILABLE UPON RECEIPT OF THE NECESSARY FEDERAL AUTHORIZATION.

(4) UPON RECEIPT OF THE NECESSARY FEDERAL AUTHORIZATION, THE STATE DEPARTMENT SHALL:

(a) CONDUCT A RIGOROUS STAKEHOLDER PROCESS THAT INCLUDES, BUT IS NOT LIMITED TO, RECEIVING FEEDBACK FROM INDIVIDUALS WITH LIVED EXPERIENCE IN ACCESSING, OR THE INABILITY TO ACCESS, BEHAVIORAL HEALTH SERVICES IN CIVIL SETTINGS, COUNTY JAILS, JUVENILE INSTITUTIONAL FACILITIES, AND THE DEPARTMENT OF CORRECTIONS; AND

(b) REQUIRE EACH COUNTY WITH A COUNTY JAIL SEEKING TO PROVIDE SERVICES PURSUANT TO THIS SECTION TO DEMONSTRATE A COMMITMENT TO DIVERSION OR DEFLECTION EFFORTS, INCLUDING BUT NOT LIMITED TO MOBILE OUTREACH, CO-RESPONDER PROGRAMS, AND PROSECUTOR- OR JUDICIAL-LED INITIATIVES THAT AIM TO REDUCE UNNECESSARY INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM

AND INCREASE ACCESS TO COMMUNITY-BASED HOUSING, HEALTH CARE, SUPPORTS, AND SERVICES.

(5) (a) THE STATE DEPARTMENT SHALL ONLY REIMBURSE AN OPIOID TREATMENT PROGRAM, AS DEFINED IN SECTION 27-80-203, FOR ADMINISTERING MEDICATION-ASSISTED TREATMENT IN A JAIL SETTING. AT A MINIMUM, AN OPIOID TREATMENT PROGRAM THAT ADMINISTERS MEDICATION-ASSISTED TREATMENT SHALL:

(I) EMPLOY A PHYSICIAN MEDICAL DIRECTOR;

(II) ENSURE THE INDIVIDUAL RECEIVING MEDICATION-ASSISTED TREATMENT UNDERGOES A MINIMUM OBSERVATION PERIOD AFTER RECEIVING MEDICATION-ASSISTED TREATMENT, AS DETERMINED BY BEHAVIORAL HEALTH ADMINISTRATION RULE PURSUANT TO SECTION 27-80-204; AND

(III) MEET ALL CRITICAL INCIDENT REPORTING REQUIREMENTS AS DETERMINED BY BEHAVIORAL HEALTH ADMINISTRATION RULE PURSUANT TO SECTION 27-80-204.

(b) THE STATE DEPARTMENT SHALL ENSURE AS PART OF THE STATE DEPARTMENT'S QUALITY OVERSIGHT THAT OPIOID TREATMENT PROGRAMS THAT ADMINISTER MEDICATION-ASSISTED TREATMENT IN A JAIL SETTING MAINTAIN EMERGENCY POLICIES AND PROCEDURES THAT ADDRESS ADVERSE OUTCOMES.

(6) THE STATE DEPARTMENT MAY EXPAND SERVICES AVAILABLE PURSUANT TO THIS SECTION AS AUTHORIZED PURSUANT TO FEDERAL LAW AND REGULATIONS. IF THE STATE DEPARTMENT SEEKS TO EXPAND SERVICES, THE STATE DEPARTMENT SHALL DEMONSTRATE HOW THE STATE DEPARTMENT WILL ENSURE QUALITY OF CARE AND CLIENT SAFETY, WHICH MUST INCLUDE ADDRESSING QUALITY AND SAFETY IN ADMINISTERING MEDICATIONS IN A JAIL SETTING.

(7) (a) BEGINNING JULY 1, 2025, AND EACH JULY 1 THEREAFTER, THE STATE DEPARTMENT SHALL ANNUALLY REPORT TO THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, THE FOLLOWING INFORMATION:

(I) DE-IDENTIFIED INFORMATION OF INDIVIDUALS WHO HAVE ACCESSED SERVICES, INCLUDING EACH INDIVIDUAL'S DEMOGRAPHICS, THE TYPE OF SERVICES THE INDIVIDUAL ACCESSED, THE DURATION OF THE SERVICES OFFERED IN A CARCERAL SETTING COMPARED TO THE DURATION OF THE SAME SERVICES OFFERED IN A CIVIL SETTING, AND THE INDIVIDUAL'S EXPERIENCES BEFORE AND AFTER INCARCERATION, INCLUDING BUT NOT LIMITED TO:

(A) EMERGENCY ROOM OR CRISIS SYSTEM VISITS;

(B) INPATIENT STAYS FOR A PRIMARY BEHAVIORAL HEALTH CONDITION; AND

(C) SERVICES ACCESSED IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM, AS DEFINED IN SECTION 19-1-103, OR A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY, AS DEFINED IN SECTION 25.5-4-103;

(II) THE TOTAL NUMBER OF MEDICAID MEMBERS WHO WERE UNHOUSED BEFORE OR AFTER INCARCERATION, IF AVAILABLE;

(III) THE TOTAL NUMBER OF UNIQUE INCARCERATION STAYS BY MEDICAID MEMBERS, AS DEMONSTRATED BY THE SERVICES ACCESSED;

(IV) THE TOTAL NUMBER OF INDIVIDUALS WHO ACCESSED SERVICES IN A CIVIL SETTING PRIOR TO ARREST OR DETAINMENT AND WERE SUBSEQUENTLY EVALUATED FOR COMPETENCY, ORDERED TO COMPETENCY RESTORATION, RESTORED TO COMPETENCY, OR FOUND INCOMPETENT TO PROCEED IN A FORENSIC SETTING; AND

(V) PERSISTENT GAPS IN CONTINUITY OF CARE IN LEAST-RESTRICTIVE CIVIL SETTINGS.

(b) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I) TO THE CONTRARY, THE STATE DEPARTMENT'S REPORT CONTINUES INDEFINITELY.

(8) THE STATE DEPARTMENT MAY PROMULGATE RULES FOR THE IMPLEMENTATION OF THIS SECTION.

**SECTION 19.** In Colorado Revised Statutes, 25.5-5-320, **amend** (7) as follows:

**25.5-5-320. Telemedicine - reimbursement - disclosure statement - rules - definition.** (7) As used in this section, "health-care or mental health-care services" includes speech therapy, physical therapy, occupational therapy, dental care, hospice care, home health care, SUBSTANCE USE DISORDER TREATMENT, and pediatric behavioral health care.

**SECTION 20.** In Colorado Revised Statutes, 25.5-5-325, **amend** (1); and **add** (2.5) as follows:

**25.5-5-325. Partial hospitalization and residential and inpatient substance use disorder treatment - medical detoxification services - federal approval - performance review report.** (1) Subject to available appropriations and to the extent permitted under federal law, the medical assistance program pursuant to this article 5 and articles 4 and 6 of this title 25.5 includes PARTIAL HOSPITALIZATION AND residential and inpatient substance use disorder treatment and medical detoxification services. Participation in PARTIAL HOSPITALIZATION AND the residential and inpatient substance use disorder treatment and medical detoxification services benefit is limited to persons who meet nationally recognized, evidence-based level of care criteria for PARTIAL HOSPITALIZATION OR residential and inpatient substance use disorder treatment and medical detoxification services. The benefit ~~shall~~ MUST serve persons with substance use disorders, including those with co-occurring mental health disorders. All levels of nationally recognized, evidence-based levels of care for PARTIAL HOSPITALIZATION AND residential and inpatient substance use disorder treatment and medical detoxification services must be included in the benefit.

(2.5) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE PARTIAL HOSPITALIZATION FOR SUBSTANCE USE DISORDER TREATMENT WITH FULL FEDERAL FINANCIAL PARTICIPATION. PARTIAL

HOSPITALIZATION FOR SUBSTANCE USE DISORDER TREATMENT SHALL NOT TAKE EFFECT UNTIL FEDERAL APPROVAL HAS BEEN OBTAINED.

**SECTION 21.** In Colorado Revised Statutes, 25.5-5-422, **amend** (2) as follows:

**25.5-5-422. Medication-assisted treatment - limitations on MCEs - definition.**

(2) Notwithstanding any provision of law to the contrary, ~~beginning January 1, 2020~~; each MCE that provides prescription drug benefits OR METHADONE ADMINISTRATION for the treatment of substance use disorders shall:

(a) Not impose any prior authorization requirements on any prescription medication approved by the FDA for the treatment of substance use disorders, REGARDLESS OF THE DOSAGE AMOUNT;

(b) Not impose any step therapy requirements as a prerequisite to authorizing coverage for a prescription medication approved by the FDA for the treatment of substance use disorders; ~~and~~

(c) Not exclude coverage for any prescription medication approved by the FDA for the treatment of substance use disorders and any associated counseling or wraparound services solely on the grounds that the medications and services were court ordered; AND

(d) SET THE REIMBURSEMENT RATE FOR TAKE-HOME METHADONE TREATMENT AND OFFICE-ADMINISTERED METHADONE TREATMENT AT THE SAME RATE.

**SECTION 22.** In Colorado Revised Statutes, **add** 27-60-116 as follows:

**27-60-116. Withdrawal management facilities - data collection - approval of admission criteria - definition - repeal.** (1) (a) NO LATER THAN JULY 1, 2025, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL COLLECT DATA FROM EACH WITHDRAWAL MANAGEMENT FACILITY ON THE TOTAL NUMBER OF INDIVIDUALS WHO WERE DENIED ADMITTANCE OR TREATMENT FOR WITHDRAWAL MANAGEMENT DURING THE PREVIOUS CALENDAR YEAR AND THE REASON FOR THE DENIAL.

(b) THE BHA SHALL SHARE THE DATA RECEIVED FROM WITHDRAWAL MANAGEMENT FACILITIES PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION WITH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS.

(2) BEGINNING JANUARY 1, 2025, THE BHA SHALL REVIEW AND APPROVE ANY ADMISSION CRITERIA ESTABLISHED BY A WITHDRAWAL MANAGEMENT FACILITY, AS DEFINED IN SECTION 27-66.5-102.

(3) AS USED IN THIS SECTION, "WITHDRAWAL MANAGEMENT FACILITY" HAS THE SAME MEANING AS SET FORTH IN SECTION 27-66.5-102.

**SECTION 23.** In Colorado Revised Statutes, **add** 25.5-5-427 as follows:

**25.5-5-427. Managed care entities - behavioral health providers - disclosure of reimbursement rates.** (1) THE STATE DEPARTMENT SHALL REQUIRE EACH MCE THAT CONTRACTS WITH THE STATE DEPARTMENT TO DISCLOSE THE AGGREGATED

AVERAGE AND LOWEST RATES OF REIMBURSEMENT FOR A SET OF BEHAVIORAL HEALTH SERVICES DETERMINED BY THE STATE DEPARTMENT.

(2) BEHAVIORAL HEALTH PROVIDERS ARE AUTHORIZED TO DISCLOSE THE REIMBURSEMENT RATES PAID BY AN MCE TO THE BEHAVIORAL HEALTH PROVIDER.

**SECTION 24.** In Colorado Revised Statutes, **amend** 25.5-5-510 as follows:

**25.5-5-510. Pharmacy reimbursement - substance use disorder - injections.**

~~If a pharmacy has entered into a collaborative pharmacy practice agreement with one or more physicians pursuant to section 12-280-602 to administer~~ A PHARMACY ADMINISTERING injectable antagonist medication for medication-assisted treatment for substance use disorders ~~the pharmacy administering the drug~~ shall receive an enhanced dispensing fee that aligns with the administration fee paid to a provider in a clinical setting.

**SECTION 25.** In Colorado Revised Statutes, **add** 25.5-5-512.5 as follows:

**25.5-5-512.5. Medications for opioid use disorder - pharmacists - reimbursement - definition.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "MEDICATIONS FOR OPIOID USE DISORDER" OR "MOUD" HAS THE MEANING AS SET FORTH IN SECTION 12-280-103 (27.5).

(2) THE STATE DEPARTMENT SHALL REIMBURSE A LICENSED PHARMACIST FOR PRESCRIBING OR ADMINISTERING MEDICATIONS FOR AN OPIOID USE DISORDER, IF THE PHARMACIST IS AUTHORIZED PURSUANT TO ARTICLE 280 OF TITLE 12, AT A RATE EQUAL TO THE REIMBURSEMENT PROVIDED TO A PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE FOR THE SAME SERVICES.

(3) THE STATE DEPARTMENT SHALL SEEK ANY FEDERAL AUTHORIZATION NECESSARY TO IMPLEMENT THIS SECTION.

**SECTION 26.** In Colorado Revised Statutes, 26.5-3-206, **add** (4) as follows:

**26.5-3-206. Colorado child abuse prevention trust fund - creation - source of funds - repeal.** (4) (a) FOR THE 2024-25 STATE FISCAL YEAR AND EACH STATE FISCAL YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE HUNDRED FIFTY THOUSAND DOLLARS TO THE TRUST FUND. THE BOARD SHALL DISTRIBUTE THE MONEY APPROPRIATED PURSUANT TO THIS SUBSECTION (4)(a) FOR PROGRAMS TO REDUCE THE OCCURRENCE OF PRENATAL SUBSTANCE EXPOSURE IN ACCORDANCE WITH SECTION 26.5-3-205 (1)(h)(III).

(b) (I) FOR THE 2024-25 AND 2025-26 STATE FISCAL YEARS, THE GENERAL ASSEMBLY SHALL ANNUALLY APPROPRIATE FIFTY THOUSAND DOLLARS TO THE TRUST FUND. THE BOARD SHALL DISTRIBUTE THE MONEY APPROPRIATED PURSUANT TO THIS SUBSECTION (4)(b) TO CONVENE A STAKEHOLDER GROUP TO IDENTIFY STRATEGIES TO INCREASE ACCESS TO CHILD CARE FOR FAMILIES SEEKING SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SERVICES.

(II) THIS SUBSECTION (4)(b) IS REPEALED, EFFECTIVE JUNE 30, 2027.

**SECTION 27.** In Colorado Revised Statutes, **add 27-50-305** as follows:

**27-50-305. Resources to support behavioral health safety net providers - independent third-party contract.** (1) NO LATER THAN JULY 1, 2025, THE BHA SHALL CONTRACT WITH AN INDEPENDENT THIRD-PARTY ENTITY TO PROVIDE SERVICES AND SUPPORTS TO BEHAVIORAL HEALTH PROVIDERS SEEKING TO BECOME A BEHAVIORAL HEALTH SAFETY NET PROVIDER WITH THE GOAL OF THE PROVIDER BECOMING SELF-SUSTAINING.

(2) THE INDEPENDENT THIRD-PARTY ENTITY SHALL ASSIST BEHAVIORAL HEALTH PROVIDERS IN ACCESSING ALTERNATIVE PAYMENT MODELS AND ENHANCED REIMBURSEMENT RATES THROUGH THE BHA AND MEDICAID BY PROVIDING:

(a) SUPPORT TO PROVIDERS IN COMPLETING THE ANNUAL COST REPORTING TO INFORM MEDICAID RATE-SETTING;

(b) ANALYSIS OF CURRENT ACCOUNTING PRACTICES AND RECOMMENDATIONS ON IMPLEMENTING NEW OR MODIFIED PRACTICES TO SUPPORT THE SOUNDNESS OF COST REPORTING;

(c) ADMINISTRATIVE SUPPORT FOR ENROLLING IN DIFFERENT PAYER TYPES, INCLUDING, BUT NOT LIMITED TO, MEDICAID, MEDICARE, AND COMMERCIAL INSURANCE;

(d) BILLING AND CODING SUPPORT;

(e) CLAIMS PROCESSING;

(f) DATA ANALYSIS;

(g) COMPLIANCE AND TRAINING ON POLICIES AND PROCEDURES;

(h) SHARED PURCHASING FOR TECHNOLOGY;

(i) ASSISTANCE IN BUILDING PROVIDER CAPACITY TO BECOME A BEHAVIORAL HEALTH SAFETY NET PROVIDER; AND

(j) ANY OTHER SERVICE AND SUPPORT APPROVED BY THE BHA.

(3) THE INDEPENDENT THIRD-PARTY ENTITY SHALL PRIORITIZE PROVIDING SERVICES AND SUPPORTS TO A BEHAVIORAL HEALTH PROVIDER THAT HAS NOT PREVIOUSLY USED THE STATE COST REPORT PROCESS TO SET MEDICAID RATES.

(4) THE INDEPENDENT THIRD-PARTY ENTITY SHALL BE NONPARTISAN AND SHALL NOT LOBBY, PERSONALLY OR IN ANY OTHER MANNER, DIRECTLY OR INDIRECTLY, FOR OR AGAINST ANY PENDING LEGISLATION BEFORE THE GENERAL ASSEMBLY.

**SECTION 28.** In Colorado Revised Statutes, **add 27-50-805** as follows:

**27-50-805. Contingency management grant program - creation - definitions - repeal.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "CONTINGENCY MANAGEMENT PROGRAM" MEANS AN EVIDENCE-BASED TREATMENT PROGRAM THAT PROVIDES MOTIVATIONAL INCENTIVES TO TREAT INDIVIDUALS WITH A STIMULANT USE DISORDER.

(b) "GRANT PROGRAM" MEANS THE CONTINGENCY MANAGEMENT GRANT PROGRAM CREATED IN SUBSECTION (2) OF THIS SECTION.

(c) "STIMULANT USE DISORDER" MEANS A SUBSTANCE USE DISORDER, AS DEFINED IN SECTION 27-80-203 (23.3), INVOLVING A CLASS OF DRUGS THAT INCLUDES COCAINE, METHAMPHETAMINE, OR PRESCRIPTION STIMULANTS.

(d) "SUBSTANCE USE DISORDER TREATMENT PROGRAM" HAS THE SAME MEANING AS SET FORTH IN SECTION 27-80-203 (23.5).

(2) THERE IS CREATED IN THE BEHAVIORAL HEALTH ADMINISTRATION THE CONTINGENCY MANAGEMENT GRANT PROGRAM TO PROVIDE GRANTS TO SUBSTANCE USE DISORDER TREATMENT PROGRAMS THAT IMPLEMENT A CONTINGENCY MANAGEMENT PROGRAM FOR INDIVIDUALS WITH A STIMULANT USE DISORDER.

(3)(a) GRANT RECIPIENTS MAY USE THE MONEY RECEIVED THROUGH THE GRANT PROGRAM FOR STAFFING, TRAINING, SUPPLIES, ADMINISTRATIVE COSTS, THE COSTS OF VOUCHERS AND PRIZES UP TO FIVE HUNDRED NINETY-NINE DOLLARS PER CLIENT DURING THE TREATMENT PERIOD, AND OTHER RELATED EXPENSES AS APPROVED BY THE BHA.

(b) ANY MONEY RECEIVED THROUGH THE GRANT PROGRAM MUST SUPPLEMENT AND NOT SUPPLANT EXISTING SUBSTANCE USE DISORDER TREATMENT AND OTHER HEALTH-CARE SERVICES. GRANT RECIPIENTS SHALL NOT USE MONEY RECEIVED THROUGH THE GRANT PROGRAM FOR ONGOING OR EXISTING EXECUTIVE AND SENIOR STAFF SALARIES OR SERVICES ALREADY COVERED BY MEDICAID OR A CLIENT'S INSURANCE.

(4) THE BHA SHALL ADMINISTER THE GRANT PROGRAM AND, SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD GRANTS AS PROVIDED IN THIS SECTION.

(5) IN SELECTING GRANT RECIPIENTS, THE BHA SHALL PRIORITIZE APPLICANTS THAT RESIDE IN A JURISDICTION WITH DEMONSTRATED NEED TO HELP MITIGATE OVERDOSE INCIDENTS AND OVERDOSE DEATHS.

(6) THE BHA MAY CONTRACT WITH A GRANT APPLICATION AND SUPPORT TEAM TO ASSIST THE BHA WITH DRAFTING THE GRANT APPLICATION, REVIEWING APPLICATIONS, AND ADMINISTERING AND PROCESSING GRANT AWARDS.

(7) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2027.

**SECTION 29.** In Colorado Revised Statutes, 27-80-116, **add** (5) as follows:

**27-80-116. Fetal alcohol spectrum disorders - legislative declaration - health warning signs - federal funding.** (5) THE BEHAVIORAL HEALTH ADMINISTRATION IS AUTHORIZED TO APPLY FOR FEDERAL FUNDING FOR FETAL ALCOHOL SPECTRUM

DISORDER PROGRAMS AND TO RECEIVE AND DISBURSE THE FEDERAL FUNDS TO PUBLIC AND PRIVATE NONPROFIT ORGANIZATIONS.

**SECTION 30.** In Colorado Revised Statutes, **amend** 10-22.3-102 as follows:

**10-22.3-102. Repeal of article.** This article 22.3 is repealed, effective ~~September 1, 2024~~ SEPTEMBER 1, 2026.

**SECTION 31. Appropriation.** (1) For the 2024-25 state fiscal year, \$250,000 is appropriated to the department of human services. This appropriation is from the general fund. To implement this act, the department may use this appropriation for criminal justice diversion programs.

(2) For the 2024-25 state fiscal year, \$250,000 is appropriated to the judicial department. This appropriation is from the general fund. To implement this act, the department may use this appropriation for district attorney adult pretrial diversion programs.

(3) For the 2024-25 state fiscal year, \$1,325,647 is appropriated to the department of human services for use by the behavioral health administration. This appropriation is from the general fund. To implement this act, the administration may use this appropriation as follows:

(a) \$30,152 for program administration related the community behavioral health administration, which amount is based on an assumption that the administration will require an additional 0.3 FTE;

(b) \$545,495 for contract and data management related to substance use treatment and prevention services; and

(c) \$750,000 for the contingency management grant related to substance use treatment and prevention services, which amount is based on an assumption that the administration will require an additional 1.0 FTE.

(4) For the 2024-25 state fiscal year, \$176,831 is appropriated to the department of health care policy and financing for use by the executive director's office. This appropriation consists of \$155,946 from the general fund and \$20,885 from the healthcare affordability and sustainability cash fund created in section 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the office may use this appropriation as follows:

(a) \$117,563 general fund for personal services, which amount is based on an assumption that the office will require an additional 2.7 FTE;

(b) \$11,733 general fund for operating expenses; and

(c) \$47,535, which consists of \$26,650 general fund and \$20,885 from the healthcare affordability and sustainability cash fund, for medicaid management information system maintenance and projects.

(5) For the 2024-25 state fiscal year, the general assembly anticipates that the



department of health care policy and financing will receive \$525,189 in federal funds for use by the executive director's office to implement this act, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year. The appropriation in subsection (4) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

- (a) \$117,562 for personal services;
- (b) \$11,733 for operating expenses; and
- (c) \$395,894 for medicaid management information system maintenance and projects.

(6) For the 2024-25 state fiscal year, \$25,060 is appropriated to the department of health care policy and financing for use by the executive director's office. This appropriation consists of \$14,049 from the general fund, and is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year, and \$11,011 from the healthcare affordability and sustainability cash fund created in section 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the office may use this appropriation for the Colorado benefits management systems, operating and contract expenses.

(7) For the 2024-25 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$208,705 in federal funds for use by the executive director's office to implement this act. The appropriation in subsection (6) of this section is based on the assumption that the department will receive this amount of federal funds to be used for the Colorado benefits management systems, operating and contract expenses.

(8) For the 2024-25 state fiscal year, \$200,000 is appropriated to the Colorado child abuse prevention trust fund created in section 26.5-3-206 (1), C.R.S. This appropriation is from the general fund. The department of early childhood is responsible for the accounting related to this appropriation.

(9) For the 2024-25 state fiscal year, \$200,000 is appropriated to the department of early childhood for use by the community and family support division. This appropriation is from reappropriated funds in the Colorado child abuse prevention trust fund under subsection (8) of this section. To implement this act, the division may use this appropriation for the child maltreatment prevention.

(10) For the 2024-25 state fiscal year, \$36,514 is appropriated to the department of regulatory agencies for use by the division of insurance. This appropriation is from the division of insurance cash fund created in section 10-1-103 (3)(a)(I), C.R.S. To implement this act, the division may use this appropriation as follows:

- (a) \$29,332 for personal services, which amount is based on an assumption that the division will require an additional 0.4 FTE; and
- (b) \$7,182 for operating expenses.

**SECTION 32. Act subject to petition - effective date.** Section 27-60-116 (1)(b), as enacted in section 22 of this act, takes effect July 1, 2025, and the remainder of 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 2024 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor; except that section 27-60-116 (1)(b), as enacted in section 22 of this act, takes effect July 1, 2025.

Approved: June 6, 2024