First Regular Session
Seventy-third General Assembly
STATE OF COLORADO

PREAMENDED

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

LLS NO. 21-0135.02 Kristen Forrestal x4217

HOUSE BILL 21-1276

HOUSE SPONSORSHIP

Kennedy and Herod,

SENATE SPONSORSHIP

Pettersen and Priola,

House Committees
Health & Insurance
Appropriations

Senate Committees

A BILL FOR AN ACT

CONCERNING THE PREVENTION OF SUBSTANCE USE DISORDERS.

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.)

Section 2 of the bill requires a health benefit plan issued or renewed on or after January 1, 2023, to provide coverage for nonpharmacological treatment as an alternative to opioids. The required coverage must include, at a cost-sharing amount not to exceed the cost-sharing amount for a primary care visit for nonpreventive services and without a prior authorization requirement, at least 6 physical therapy visits, 6 occupational therapy visits, 6 chiropractic visits, and 6 acupuncture visits per year.

Section 3 requires an insurance carrier (carrier) that provides prescription drug benefits to provide coverage, beginning January 1, 2023, for at least one atypical opioid that is approved by the federal food and drug administration (FDA) for the treatment of acute or chronic pain, which coverage must be at the lowest cost-sharing tier of the carrier's formulary with no requirement for step therapy or prior authorization. Additionally, a carrier cannot require step therapy for any additional FDA-approved atypical opioids.

Section 4 precludes a carrier that has a contract with a physical therapist, occupational therapist, chiropractor, or acupuncturist from:

- Prohibiting the physical therapist, occupational therapist, chiropractor, or acupuncturist from, or penalizing the physical therapist, occupational therapist, chiropractor, or acupuncturist for, providing a covered person information on the amount of the covered person's financial responsibility for the covered person's physical therapy, occupational therapy, chiropractic services, or acupuncture services; or
- Requiring the physical therapist, occupational therapist, chiropractor, or acupuncturist to charge a covered person an amount or collect a copayment from a covered person that exceeds the total charges submitted to the carrier by the physical therapist, occupational therapist, chiropractor, or acupuncturist.

The commissioner is required to take action against a carrier that the commissioner determines is not complying with these prohibitions.

Current law limits specified prescribers from prescribing more than a 7-day supply of an opioid to a patient who has not obtained an opioid prescription from that prescriber within the previous 12 months unless certain conditions apply. This prescribing limitation is set to repeal on September 1, 2021. **Sections 5 through 13** continue the prescribing limitation indefinitely.

Section 5 also requires the executive director of the department of regulatory agencies to promulgate rules that limit the supply of a benzodiazepine, which is a sedative commonly prescribed for anxiety and as a sleep aid, that a prescriber may prescribe to a patient who has not had a prescription for a benzodiazepine in the last 12 months.

Section 14 requires a licensed physician and licensed physician assistant to demonstrate compliance with continuing medical education concerning prescribing practices for opioids as a condition of license renewal.

Section 15 requires the Colorado medical board (board) to consult with the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to promulgate rules establishing competency-based continuing education requirements for

physicians and physician assistants concerning prescribing practices for opioids.

Section 16 continues indefinitely the requirement that a health-care provider query the prescription drug monitoring program (program) before prescribing an opioid, including a benzodiazepine, and changes current law to require the query on every prescription fill, not just the second fill.

In addition to current law allowing medical examiners and coroners to query the program when conducting an autopsy, section 16 allows medical examiners and coroners to query the program when conducting a death investigation.

Section 16 also authorizes the board to provide a means of sharing prescription information from the program with the health information organization network in order to work collaboratively with statewide health information exchanges designated by the department of health care policy and financing.

Section 17 requires the center to include in its continuing education activities the best practices for prescribing benzodiazepines and the potential harm of inappropriately limiting prescriptions to chronic pain patients and makes an appropriation for this purpose.

Section 18 directs the office of behavioral health in the department of human services to convene a collaborative with institutions of higher education, nonprofit agencies, and state agencies for the purpose of gathering feedback from local public health agencies, institutions of higher education, nonprofit agencies, and state agencies concerning evidence-based prevention practices.

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 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;

(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 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 for treating chronic pain, such as safer drugs, occupational and physical therapy, and chiropractic and acupuncture services, often includes barriers to safer treatment, like prior authorization and step therapy;

(f) Chances of overdose increase when opioids are taken with benzodiazepines, which are 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) In order to enhance collaboration with health-care providers, promote alternatives to opioids, and prevent more tragic deaths from opioid use and abuse, 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, chiropractic services, and acupuncture services;

(b) Expand health benefit 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) Extend the requirement that providers check the prescription drug monitoring program before prescribing opioids and benzodiazepines, with certain exceptions;

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

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

SECTION 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.** (a) A HEALTH BENEFIT PLAN ISSUED OR RENEWED ON OR AFTER JANUARY 1, 2023, MUST PROVIDE A COST-SHARING BENEFIT FOR NONPHARMACOLOGICAL TREATMENT FOR A PATIENT WITH A PAIN DIAGNOSIS WHERE AN OPIOID MIGHT BE PRESCRIBED.

(b) THE COST-SHARING BENEFIT MUST 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.

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

(d) (I) WITHIN ONE HUNDRED TWENTY DAYS AFTER THE EFFECTIVE DATE OF THIS SUBSECTION (24), THE DIVISION SHALL SUBMIT TO THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES:

(A) ITS DETERMINATION AS TO WHETHER THE COST-SHARING BENEFIT SPECIFIED IN THIS SUBSECTION (24) IS IN ADDITION TO ESSENTIAL HEALTH BENEFITS AND WOULD BE SUBJECT TO DEFRAYAL BY THE STATE PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B); AND

(B) A REQUEST THAT THE FEDERAL DEPARTMENT CONFIRM THE DIVISION'S DETERMINATION WITHIN SIXTY DAYS AFTER RECEIPT OF THE DIVISION'S REQUEST AND SUBMISSION OF ITS DETERMINATION.

(II) THIS SUBSECTION (24) APPLIES TO LARGE EMPLOYER POLICIES

OR CONTRACTS ISSUED OR RENEWED ON OR AFTER JANUARY 1, 2022, AND TO INDIVIDUAL AND SMALL GROUP POLICIES AND CONTRACTS ISSUED ON OR AFTER JANUARY 1, 2023, AND THE DIVISION SHALL IMPLEMENT THE REQUIREMENTS OF THIS SUBSECTION (24), IF:

(A) THE DIVISION RECEIVES CONFIRMATION FROM THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT THE COVERAGE SPECIFIED IN THIS SUBSECTION (24) DOES NOT CONSTITUTE AN ADDITIONAL BENEFIT THAT REQUIRES DEFRAYAL BY THE STATE PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B); OR

(B) MORE THAN THREE HUNDRED SIXTY-FIVE DAYS HAVE PASSED SINCE THE DIVISION SUBMITTED ITS DETERMINATION AND REQUEST FOR CONFIRMATION THAT THE COVERAGE SPECIFIED IN THIS SUBSECTION (24) IS NOT AN ADDITIONAL BENEFIT THAT REQUIRES STATE DEFRAYAL PURSUANT TO 42 U.S.C. SEC. 18031 (d)(3)(B), AND THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS FAILED TO RESPOND TO THE REQUEST WITHIN THAT PERIOD, IN WHICH CASE THE DIVISION SHALL CONSIDER THE FEDERAL DEPARTMENT'S UNREASONABLE DELAY A PRECLUSION FROM REQUIRING DEFRAYAL BY THE STATE.

(e) THE DIVISION SHALL CONDUCT AN ACTUARIAL STUDY TO DETERMINE THE EFFECT, IF ANY, THE COST-SHARING BENEFIT REQUIRED BY THIS SUBSECTION (24) HAS ON PREMIUMS.

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 - definitions. (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~~ FDA 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~~ FDA-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~~ AS USED IN THIS 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 FDA 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, AS DEFINED IN SECTION 10-16-112.5 (7)(d), 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 FDA FOR THE TREATMENT OF ACUTE OR CHRONIC PAIN.

(b) AS USED IN 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** 10-16-154 as follows:

10-16-154. Disclosures - physical therapists - occupational therapists - chiropractors - acupuncturists - patients - carrier prohibitions - enforcement. (1) A CARRIER THAT HAS A CONTRACT WITH A PHYSICAL THERAPIST, AN OCCUPATIONAL THERAPIST, A CHIROPRACTOR, OR AN ACUPUNCTURIST SHALL NOT:

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

(b) PENALIZE THE PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, CHIROPRACTOR, 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, OCCUPATIONAL THERAPIST, CHIROPRACTOR, OR ACUPUNCTURIST TO CHARGE AN AMOUNT TO A COVERED PERSON OR COLLECT A COPAYMENT FROM A COVERED PERSON THAT EXCEEDS THE TOTAL CHARGES SUBMITTED TO THE CARRIER BY THE PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, CHIROPRACTOR, OR ACUPUNCTURIST.

(2) IF THE COMMISSIONER DETERMINES THAT A CARRIER HAS NOT COMPLIED WITH THIS SECTION, THE COMMISSIONER SHALL REQUIRE THE

CARRIER TO DEVELOP AND PROVIDE TO THE DIVISION FOR APPROVAL A CORRECTIVE ACTION PLAN OR USE ANY OF THE COMMISSIONER'S ENFORCEMENT POWERS UNDER THIS TITLE 10 TO ENSURE 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; **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~~ OBTAINED an opioid prescription ~~in~~ FROM THAT PRESCRIBER WITHIN 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 registered 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 12-220-201, 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.

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

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

(6) ON OR BEFORE NOVEMBER 1, 2021, THE APPLICABLE BOARD FOR EACH PRESCRIBER SHALL, BY RULE, LIMIT THE SUPPLY OF A BENZODIAZEPINE THAT A PRESCRIBER MAY PRESCRIBE TO A PATIENT WHO HAS NOT OBTAINED A BENZODIAZEPINE PRESCRIPTION FROM THAT PRESCRIBER WITHIN THE LAST TWELVE MONTHS; EXCEPT THAT THE RULES MUST NOT LIMIT THE SUPPLY OF A BENZODIAZEPINE PRESCRIBED TO TREAT A SEIZURE DISORDER, ALCOHOL WITHDRAWAL, OR A NEUROLOGICAL EMERGENCY EVENT INCLUDING A POSTTRAUMATIC BRAIN INJURY.

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, 12-30-114, **amend** (1)(a) as follows:

12-30-114. Demonstrated competency - opiate prescribers - rules - definition. (1) (a) The applicable licensing board for each licensed health-care provider, IN CONSULTATION WITH THE CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SUPPORT STRATEGIES CREATED IN SECTION 27-80-118, shall promulgate rules that require each licensed health-care provider, as a condition of renewing, reactivating, or reinstating a license on or after October 1, ~~2019~~ 2022, to complete up to four credit hours of training per licensing cycle in order to demonstrate competency regarding: Best practices for opioid prescribing, according to the most recent version of the division's guidelines for the safe prescribing and dispensing of opioids; THE POTENTIAL HARM OF INAPPROPRIATELY LIMITING PRESCRIPTIONS TO CHRONIC PAIN PATIENTS; BEST PRACTICES FOR PRESCRIBING BENZODIAZEPINES; recognition of substance use disorders; referral of patients with substance use disorders for treatment; and the use of the electronic prescription drug monitoring program created in part 4 of article 280 of this title 12.

SECTION 9. In Colorado Revised Statutes, 12-220-306, **amend** (2) as follows:

12-220-306. 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 10. 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 11. In Colorado Revised Statutes, 12-255-112, **amend** (6) as follows:

12-255-112. Prescriptive authority - advanced practice registered nurses - limits on prescriptions - rules - financial benefit for prescribing prohibited. (6) ~~(a)~~ An advanced practice registered 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 12. 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 13. 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 14. 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 15. In Colorado Revised Statutes, 12-280-404, **amend** (3)(l)(I), (4)(a) introductory portion, (4)(c), and (7); **repeal** (4)(e); and **add** (4)(a.5) 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:

(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) Each practitioner or ~~his or her~~ THE PRACTITIONER'S designee shall query the program prior to prescribing ~~the second fill for~~ an opioid unless the patient receiving the prescription:

(a.5) EACH PRACTITIONER OR THE PRACTITIONER'S DESIGNEE SHALL QUERY THE PROGRAM BEFORE PRESCRIBING 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 POSTTRAUMATIC 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.~~

(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 AND ELECTRONIC HEALTH RECORDS THROUGH A BOARD-APPROVED VENDOR AND METHOD 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 16. 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 17. In Colorado Revised Statutes, **add** 27-80-124 as follows:

27-80-124. Colorado substance use disorders prevention collaborative - created - mission - administration - repeal. (1) THE OFFICE OF BEHAVIORAL HEALTH SHALL CONVENE AND ADMINISTER A COLORADO SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE WITH INSTITUTIONS OF HIGHER EDUCATION, NONPROFIT AGENCIES, AND STATE AGENCIES, REFERRED TO IN THIS SECTION AS THE "COLLABORATIVE", FOR THE PURPOSE OF GATHERING FEEDBACK FROM LOCAL PUBLIC HEALTH AGENCIES, INSTITUTIONS OF HIGHER EDUCATION, NONPROFIT AGENCIES, AND STATE AGENCIES CONCERNING EVIDENCE-BASED PREVENTION PRACTICES TO FULFILL THE MISSION STATED IN SUBSECTION (2) OF THIS SECTION.

(2) THE MISSION OF THE COLLABORATIVE IS TO:

(a) COORDINATE WITH AND ASSIST STATE AGENCIES AND COMMUNITIES TO STRENGTHEN COLORADO'S PREVENTION INFRASTRUCTURE AND TO IMPLEMENT A STATEWIDE STRATEGIC PLAN FOR PRIMARY PREVENTION OF SUBSTANCE USE DISORDERS FOR STATE FISCAL YEARS 2021-22 THROUGH 2024-25;

(b) ADVANCE THE USE OF TESTED AND EFFECTIVE PREVENTION PROGRAMS AND PRACTICES THROUGH EDUCATION, OUTREACH, ADVOCACY, AND TECHNICAL ASSISTANCE, WITH AN EMPHASIS ON ADDRESSING THE NEEDS OF UNDERSERVED POPULATIONS AND COMMUNITIES;

(c) DIRECT EFFORTS TO RAISE PUBLIC AWARENESS OF THE COST SAVINGS OF PREVENTION MEASURES;

(d) PROVIDE DIRECT TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITIES REGARDING SELECTION, IMPLEMENTATION, AND SUSTAINMENT OF TESTED AND EFFECTIVE PRIMARY PREVENTION PROGRAMS;

(e) PURSUE LOCAL AND STATE POLICY CHANGES THAT ENHANCE THE USE OF TESTED AND EFFECTIVE PRIMARY PREVENTION PROGRAMS;

(f) ADVISE STATE AGENCIES AND COMMUNITIES REGARDING NEW AND INNOVATIVE PRIMARY PREVENTION PROGRAMS AND PRACTICES;

(g) SUPPORT FUNDING EFFORTS IN ORDER TO ALIGN FUNDING AND SERVICES AND COMMUNICATE WITH COMMUNITIES ABOUT FUNDING STRATEGIES;

(h) WORK WITH KEY STATE AND COMMUNITY STAKEHOLDERS TO ESTABLISH A MINIMUM STANDARD FOR PRIMARY PREVENTION PROGRAMS IN COLORADO; AND

(i) WORK WITH PREVENTION SPECIALISTS AND EXISTING TRAINING AGENCIES TO PROVIDE AND SUPPORT TRAINING TO STRENGTHEN

COLORADO'S PREVENTION WORKFORCE.

(3) THE OFFICE OF BEHAVIORAL HEALTH AND THE COLLABORATIVE SHALL:

(a) ESTABLISH COMMUNITY-BASED PREVENTION COALITIONS AND DELIVERY SYSTEMS TO REDUCE SUBSTANCE MISUSE;

(b) IMPLEMENT EFFECTIVE PRIMARY PREVENTION PROGRAMS IN COLORADO COMMUNITIES WITH THE GOAL OF INCREASING THE NUMBER OF PROGRAMS TO REACH THOSE IN NEED STATEWIDE; AND

(c) COORDINATE WITH DESIGNATED STATE AGENCIES AND OTHER ORGANIZATIONS TO PROVIDE PREVENTION SCIENCE TRAINING TO SYSTEMIZE, UPDATE, EXPAND, AND STRENGTHEN PREVENTION CERTIFICATION TRAINING AND PROVIDE CONTINUING EDUCATION TO PREVENTION SPECIALISTS.

(4) IN ORDER TO IMPLEMENT AND PROVIDE SUSTAINABILITY TO THE COLLABORATIVE, FOR STATE FISCAL YEARS 2021-22 THROUGH 2024-25, THE GENERAL ASSEMBLY SHALL APPROPRIATE MONEY FROM THE MARIJUANA TAX CASH FUND CREATED IN SECTION 39-28.8-501 (1) TO THE OFFICE OF BEHAVIORAL HEALTH TO ACCOMPLISH THE MISSION OF THE COLLABORATIVE.

(5) THE OFFICE OF BEHAVIORAL HEALTH SHALL REPORT ITS PROGRESS TO THE GENERAL ASSEMBLY ON OR BEFORE SEPTEMBER 1, 2022, AND EACH SEPTEMBER 1 THROUGH SEPTEMBER 1, 2025.

(6) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 30, 2025.

SECTION 18. Effective date. (1) Except as provided in subsections (2) and (3) of this section, this act takes effect July 1, 2021.

(2) Sections 2 and 3 of this act take effect January 1, 2023.

(3) Section 15 of this act takes effect only if Senate Bill 21-098

becomes law and takes effect either upon the effective date of this act or Senate Bill 21-098, whichever is later.

SECTION 19. 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.