

CHAPTER 440

HEALTH AND ENVIRONMENT

SENATE BILL 24-047

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also REPRESENTATIVE(S) Young and Epps, Kipp, Amabile, Bacon, Boesenecker, Brown, Clifford, Daugherty, deGruy
Kennedy, Garcia, Herod, Jodeh, Lindsay, Mabrey, McLachlan, Ortiz, Ricks, Rutinel, Sirota, Story, Titone, Valdez, Velasco, Vigil,
Willford.

AN ACT**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. In Colorado Revised Statutes, 12-30-109, **amend** (4)(e); and
repeal (4)(f) as follows:

12-30-109. Prescriptions - limitations - definition - rules. (4) As used in this
section, "prescriber" means:

- (e) A podiatrist licensed pursuant to article 290 of this title 12; OR
- (f) ~~A veterinarian licensed pursuant to part 1 of article 315 of this title 12; or~~

SECTION 2. In Colorado Revised Statutes, 12-280-402, **add** (2.3) and (2.5) as
follows:

12-280-402. Definitions. As used in this part 4, unless the context otherwise
requires:

(2.3) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED PURSUANT TO
SECTION 25-1.5-103.

(2.5) "MEDICAL DIRECTOR" MEANS A MEDICAL DIRECTOR OR NURSE MEDICAL
DIRECTOR OF A MEDICAL PRACTICE OR HOSPITAL IN THIS STATE WHO IS A
"PRESCRIBER" AS DEFINED IN SECTION 12-30-111 (4).

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words or numbers indicate deletions from existing law and such material is not part of the act.*

SECTION 3. In Colorado Revised Statutes, 12-280-403, **amend** (1) introductory portion, (2)(a), (2)(b), (2)(c), and (3) as follows:

12-280-403. Prescription drug use monitoring program - registration required - applications - rules - appropriation - repeal. (1) The board shall develop or procure a ~~prescription controlled substance~~ PRESCRIPTION DRUG electronic program to track information regarding prescriptions for controlled substances dispensed in Colorado, including the following information:

(2) (a) Each practitioner licensed in this state who holds a current registration issued by the federal drug enforcement administration, ~~and~~ each pharmacist licensed in this state, ~~AND EACH MEDICAL DIRECTOR~~ shall register and maintain a user account with the program.

(b) When registering with the program or at any time ~~thereafter~~ AFTER REGISTRATION, a practitioner may authorize designees to access the program under section 12-280-404 (3)(b) or (3)(d) on behalf of the practitioner, ~~and~~ a pharmacist may authorize designees to access the program under section 12-280-404 (3)(f), ~~AND A MEDICAL DIRECTOR MAY AUTHORIZE DESIGNEES TO ACCESS THE PROGRAM UNDER SECTION 12-280-404 (3)(m)~~ if:

(I) (A) The authorized designee ~~of the practitioner~~ is employed by, or is under contract with, the same professional practice as the practitioner ~~OR MEDICAL DIRECTOR~~; or

(B) The authorized designee of the pharmacist is employed by, or is under contract with, the same prescription drug outlet as the pharmacist; and

(II) The practitioner, ~~or~~ pharmacist, ~~OR MEDICAL DIRECTOR~~ takes reasonable steps to ensure that the designee is sufficiently competent in the use of the program; and

(III) The practitioner, ~~or~~ pharmacist, ~~OR MEDICAL DIRECTOR~~ remains responsible for:

(A) Ensuring that access to the program by the practitioner's ~~OR MEDICAL DIRECTOR~~'s designee is limited to the purposes authorized in section 12-280-404 ~~(3)(b) or (3)(d)~~ (3)(b), (3)(d), ~~OR~~ (3)(m), or that access to the program by the pharmacist's designee is limited to the purposes authorized in section 12-280-404 (3)(f), as the case may be, and that access to the program occurs in a manner that protects the confidentiality of the information obtained from the program; and

(B) Any negligent breach of confidentiality of information obtained from the program by the ~~practitioner's or pharmacist's~~ designee when the designee accessed the program on behalf of ~~the~~ A supervising practitioner, ~~or~~ pharmacist, ~~OR MEDICAL DIRECTOR~~.

(c) A practitioner, ~~or~~ pharmacist, OR MEDICAL DIRECTOR is subject to penalties pursuant to section 12-280-406 for violating the requirements of subsection (2)(b) of this section.

(3) Each practitioner and each dispensing pharmacy shall disclose to a patient receiving a controlled substance 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.

SECTION 4. In Colorado Revised Statutes, 12-280-404, **amend** (2)(c), (3)(b), (3)(c)(I), (3)(d), (3)(f), (4)(a) introductory portion, (4)(a.5), and (4)(c); **repeal** (2)(b)(I); and **add** (3)(m) and (3)(n) as follows:

12-280-404. Program operation - access - rules - definitions. (2) (b) The rules adopted pursuant to subsection (2)(a) of this section may:

(I) ~~Identify prescription drugs and substances by using evidence-based practices, in addition to controlled substances, that have a substantial potential for abuse and must require pharmacists and prescription drug outlets to report those prescription drugs and substances to the program when they are dispensed to a patient; and~~

(c) ~~The board shall determine if the program should track all prescription drugs prescribed in this state. If the board makes such determination, the board shall promulgate rules on or before June 1, 2022, to include all prescription drugs in the program. If the board determines that one or more prescription drugs should not be tracked through the program, the board shall publicly note the justification for such exclusion during the rule-making process. THE PROGRAM SHALL TRACK ALL CONTROLLED SUBSTANCES DISPENSED IN THIS STATE. EACH PHARMACY SHALL UPLOAD ALL CONTROLLED SUBSTANCES DISPENSED IN EACH PHARMACY IN ACCORDANCE WITH ALL APPLICABLE REPORTING REQUIREMENTS.~~

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

(b) ~~Any~~ A practitioner with the statutory authority to prescribe controlled substances PRESCRIPTIVE AUTHORITY, or an individual designated by the practitioner OR A MEDICAL DIRECTOR to act on ~~his or her~~ THE PRACTITIONER'S OR MEDICAL DIRECTOR'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~~ THE PERSON's area of health-care specialty or practice upon the initial query of the program.

(c) (I) ~~Any~~ A veterinarian with statutory authority to prescribe controlled substances, 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 A SUBSTANCE USE DISORDER or has mistreated an animal.

(d) A practitioner OR MEDICAL DIRECTOR, or an individual designated by the practitioner OR MEDICAL DIRECTOR to act on ~~his or her~~ THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with section 12-280-403 (2)(b), engaged in a legitimate program to monitor a patient's drug abuse SUBSTANCE USE DISORDER;

(f) A pharmacist, an individual designated by a pharmacist in accordance with section 12-280-403 (2)(b) to act on ~~his or her~~ THE PHARMACIST'S behalf, or a pharmacist licensed in another state, to the extent the information requested relates specifically to a current patient to whom the pharmacist is dispensing or considering dispensing a controlled substance or prescription drug or a patient to whom the pharmacist is currently providing clinical patient care services;

(m) THE MEDICAL DIRECTOR IN EACH DIRECTOR'S ROLE AT A MEDICAL PRACTICE OR HOSPITAL WITH RESPECT TO ANY CURRENT PATIENT OF THE MEDICAL PRACTICE OR HOSPITAL UNDER THE DIRECTOR'S SUPERVISION; AND

(n) (I) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING OR THE EXECUTIVE DIRECTOR'S DESIGNEE, FOR THE PURPOSES OF CARE COORDINATION, UTILIZATION REVIEW, AND FEDERALLY REQUIRED REPORTING PERTAINING TO RECIPIENTS OF BENEFITS UNDER THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND 6 OF TITLE 25.5, AND ENROLLEES UNDER THE "CHILDREN'S BASIC HEALTH PLAN ACT", ARTICLE 8 OF TITLE 25.5, AS LONG AS THE DEPARTMENT'S USE OF THE PROGRAM DATA IS CONSISTENT WITH THE FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS, INCLUDING THE REQUIREMENT TO REMOVE ANY PERSONALLY IDENTIFYING INFORMATION UNLESS EXEMPTED FROM THE REQUIREMENT.

(II) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL USE THE DATA COLLECTED PURSUANT TO SUBSECTION (3)(n)(I) OF THIS SECTION TO REVIEW AND ANALYZE CURRENT RULES AND OTHER POLICIES, APPROPRIATE UTILIZATION, AND SAFE PRESCRIBING PRACTICES.

(4) (a) ~~Each~~ A practitioner, EXCEPT FOR A VETERINARIAN LICENSED PURSUANT TO PART 1 OF ARTICLE 315 OF THIS TITLE 12, or the ~~practitioner's~~ designee OF A PRACTITIONER OR MEDICAL DIRECTOR shall query the program prior to prescribing an opioid unless the patient receiving the prescription:

(a.5) ~~Each~~ A practitioner, EXCEPT A VETERINARIAN LICENSED PURSUANT TO PART 1 OF ARTICLE 315 OF THIS TITLE 12, or the ~~practitioner's~~ designee OF A PRACTITIONER OR MEDICAL DIRECTOR 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 epilepsy, a seizure or seizure disorder, a suspected seizure disorder,

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spasticity, alcohol withdrawal, or a neurological condition, including a posttraumatic brain injury or catatonia.

(c) A practitioner or the ~~practitioner's~~ designee OF A PRACTITIONER OR OF A MEDICAL DIRECTOR complies with this subsection (4) if the practitioner or THE practitioner's OR MEDICAL DIRECTOR's designee attempts to access the program before prescribing an opioid or a benzodiazepine and the program is not available or is inaccessible due to technical failure.

SECTION 5. 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 to a patient is not liable for information submitted to the program. A practitioner, THE DESIGNEE OF A PRACTITIONER OR MEDICAL DIRECTOR, 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 6. In Colorado Revised Statutes, **repeal** 12-315-126 as follows:

12-315-126. Prescriptions - limitations. ~~A veterinarian is subject to the limitations on prescriptions specified in section 12-30-109.~~

SECTION 7. In Colorado Revised Statutes, **add** part 22 to article 20.5 of title 25 as follows:

PART 22 LOCAL OVERDOSE FATALITY REVIEW

25-20.5-2201. Definitions. AS USED IN THIS PART 22, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "BEHAVIORAL HEALTH ENTITY" HAS THE SAME MEANING AS SET FORTH IN SECTION 27-50-101 (4).

(2) "HEALTH-CARE FACILITY" MEANS A FACILITY LICENSED OR CERTIFIED BY THE DEPARTMENT PURSUANT TO SECTION 25-1.5-103.

(3) "LOCAL TEAM" MEANS A MULTIDISCIPLINARY AND MULTIAGENCY DRUG OVERDOSE FATALITY REVIEW TEAM ESTABLISHED BY A LOCAL OR DISTRICT PUBLIC HEALTH AGENCY.

(4) "OVERDOSE FATALITY REVIEW" MEANS A PROCESS IN WHICH A MULTIDISCIPLINARY TEAM PERFORMS A SERIES OF INDIVIDUAL OVERDOSE FATALITY REVIEWS TO EFFECTIVELY IDENTIFY SYSTEM GAPS AND INNOVATIVE COMMUNITY-SPECIFIC OVERDOSE PREVENTION AND INTERVENTION STRATEGIES.

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25-20.5-2202. Establishment of overdose fatality review teams. (1) COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES WITHIN THE STATE MAY ESTABLISH A MULTIDISCIPLINARY AND MULTIAGENCY OVERDOSE FATALITY REVIEW LOCAL TEAM. A LOCAL TEAM MUST BE CREATED PURSUANT TO THIS PART 22.

(2) TWO OR MORE COUNTIES MAY AGREE TO JOINTLY ESTABLISH A SINGLE MULTICOUNTY TEAM.

(3) MULTICOUNTY OR MULTIDISTRICT TEAM MEMBERS SHALL ENTER INTO A MEMORANDUM OF UNDERSTANDING AMONG THE COUNTIES OR DISTRICTS REGARDING TEAM MEMBERSHIP, STAFFING, AND OPERATIONS.

25-20.5-2203. Composition of overdose fatality review teams - required members - additional members - responsibilities of the chair. (1) EACH LOCAL TEAM MUST CONSIST OF AT LEAST FIVE OF THE FOLLOWING INDIVIDUALS, ORGANIZATIONS, AGENCIES, AND AREAS OF EXPERTISE, IF AVAILABLE; EXCEPT THAT THERE SHALL NOT BE MORE THAN ONE REPRESENTATIVE FROM LAW ENFORCEMENT:

- (a) THE COUNTY OR DISTRICT HEALTH OFFICER, OR THE OFFICER'S DESIGNEE;
- (b) THE DIRECTOR OF THE LOCAL DEPARTMENT OF HUMAN SERVICES, OR THE DIRECTOR'S DESIGNEE;
- (c) THE LOCAL DISTRICT ATTORNEY, OR THE DISTRICT ATTORNEY'S DESIGNEE;
- (d) THE DIRECTOR OF BEHAVIORAL HEALTH SERVICES IN THE COUNTY, OR THE DIRECTOR'S DESIGNEE;
- (e) A STATE, COUNTY, OR MUNICIPAL LAW ENFORCEMENT OFFICER;
- (f) A REPRESENTATIVE OF A LOCAL JAIL OR DETENTION CENTER;
- (g) THE LOCAL MEDICAL EXAMINER OR CORONER, OR THEIR DESIGNEE;
- (h) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN THE PREVENTION, DIAGNOSIS, AND TREATMENT OF SUBSTANCE USE DISORDERS;
- (i) A MENTAL HEALTH PROVIDER WHO SPECIALIZES IN SUBSTANCE USE DISORDERS;
- (j) A REPRESENTATIVE OF AN EMERGENCY MEDICAL SERVICES PROVIDER IN THE COUNTY;
- (k) A REPRESENTATIVE FROM PAROLE, PROBATION, AND COMMUNITY CORRECTIONS;

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- (l) A REPRESENTATIVE FROM A HARM REDUCTION PROVIDER;
- (m) A REPRESENTATIVE WITH LIVED OR LIVING EXPERIENCE; AND
- (n) A RECOVERY COACH, PEER SUPPORT WORKER, OR OTHER REPRESENTATIVE OF THE RECOVERY COMMUNITY.

(2) A LOCAL TEAM MAY INCLUDE THE FOLLOWING ADDITIONAL INDIVIDUALS, ORGANIZATIONS, AGENCIES, AND AREAS OF EXPERTISE, IF AVAILABLE, AS EITHER PERMANENT OR AUXILIARY MEMBERS:

- (a) THE LOCAL SUPERINTENDENT OF SCHOOLS, OR THE SUPERINTENDENT'S DESIGNEE;
- (b) A REPRESENTATIVE OF A LOCAL HOSPITAL;
- (c) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN EMERGENCY MEDICINE;
- (d) A HEALTH-CARE PROVIDER WHO SPECIALIZES IN PAIN MANAGEMENT;
- (e) A PHARMACIST WITH A BACKGROUND IN PRESCRIPTION DRUG MISUSE AND DIVERSION;
- (f) A SUBSTANCE USE DISORDER TREATMENT PROVIDER FROM A LICENSED SUBSTANCE USE DISORDER TREATMENT PROGRAM;
- (g) A POISON CONTROL CENTER REPRESENTATIVE;
- (h) A MENTAL HEALTH PROVIDER WHO IS A GENERALIST;
- (i) A PRESCRIPTION DRUG MONITORING PROGRAM ADMINISTRATOR;
- (j) A REPRESENTATIVE FROM A LOCAL DRUG COURT; AND
- (k) ANY OTHER INDIVIDUAL NECESSARY FOR THE WORK OF THE LOCAL TEAM, RECOMMENDED BY THE LOCAL TEAM AND APPOINTED BY THE CHAIR.

(3) (a) (I) THE CHAIR OF THE LOCAL TEAM MUST BE THE COUNTY OR DISTRICT PUBLIC HEALTH DIRECTOR. IF THE COUNTY OR DISTRICT PUBLIC HEALTH DIRECTOR IS UNABLE TO PARTICIPATE, THE DIRECTOR MAY DESIGNATE A PERSON EMPLOYED BY THE COUNTY OR DISTRICT HEALTH AGENCY THAT HOUSES THE LOCAL TEAM TO SERVE AS THE CHAIR OF THE LOCAL TEAM.

(II) IF A LOCAL TEAM IS A MULTICOUNTY OR MULTIDISTRICT TEAM, THE MEMBERS OF THE TEAM MAY VOTE TO APPOINT ONE OF THE COUNTY OR DISTRICT PUBLIC HEALTH DIRECTORS TO SERVE AS CHAIR, OR APPOINT THE DIRECTOR'S DESIGNEE, OR

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THE COUNTY OR DISTRICT PUBLIC HEALTH DIRECTORS OR DESIGNEES MAY SERVE AS CO-CHAIRS.

(b) THE CHAIR OF THE LOCAL TEAM IS RESPONSIBLE FOR THE FOLLOWING:

(I) SOLICITING AND RECRUITING THE NECESSARY AND APPROPRIATE MEMBERS TO SERVE ON THE LOCAL TEAM PURSUANT TO SUBSECTIONS (1) AND (2) OF THIS SECTION;

(II) FACILITATING EACH LOCAL TEAM MEETING AND IMPLEMENTING THE PROTOCOLS AND PROCEDURES OF THE LOCAL TEAM;

(III) ENSURING THAT ALL MEMBERS OF THE LOCAL TEAM AND ALL GUEST OBSERVERS SIGN CONFIDENTIALITY FORMS;

(IV) REQUESTING AND COLLECTING THE INFORMATION NEEDED FOR THE LOCAL TEAM'S CASE REVIEW;

(V) FILLING VACANCIES ON THE LOCAL TEAM WHEN A MEMBER IS NO LONGER ABLE TO FULFILL THE MEMBER'S DUTIES AND OBLIGATIONS TO THE LOCAL TEAM. WHEN A MEMBER LEAVES, THE MEMBER SHOULD BE REPLACED WITH AN INDIVIDUAL FROM THE SAME OR EQUIVALENT POSITION OR DISCIPLINE.

(VI) SERVING AS A LIAISON FOR THE LOCAL TEAM WHEN NECESSARY.

25-20.5-2204. Purposes and duties of overdose fatality review teams.

(1) (a) THE PURPOSE OF EACH LOCAL TEAM IS TO:

(I) PROMOTE COOPERATION AND COORDINATION AMONG AGENCIES INVOLVED IN THE INVESTIGATION OF DRUG OVERDOSE FATALITIES;

(II) DEVELOP AN UNDERSTANDING OF THE CAUSES AND INCIDENCE OF DRUG OVERDOSE FATALITIES IN THE JURISDICTION WHERE THE LOCAL TEAM OPERATES;

(III) PLAN FOR AND RECOMMEND CHANGES WITHIN THE AGENCIES REPRESENTED ON THE LOCAL TEAM TO PREVENT DRUG OVERDOSE FATALITIES; AND

(IV) ADVISE LOCAL, REGIONAL, AND STATE POLICYMAKERS ABOUT POTENTIAL CHANGES TO LAW, POLICY, FUNDING, OR PRACTICE TO PREVENT DRUG OVERDOSES.

(b) TO ACHIEVE ITS PURPOSE, EACH LOCAL TEAM SHALL:

(I) ESTABLISH AND IMPLEMENT PROTOCOLS AND PROCEDURES;

(II) CONDUCT A MULTIDISCIPLINARY REVIEW OF INFORMATION RECEIVED

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PURSUANT TO SECTION 25-20.5-2205 REGARDING A DECEDENT, WHICH SHALL INCLUDE, BUT NOT BE LIMITED TO:

(A) CONSIDERATION OF THE DECEDENT'S POINTS OF CONTACT WITH HEALTH-CARE SYSTEMS, SOCIAL SERVICES, EDUCATIONAL INSTITUTIONS, CHILD AND FAMILY SERVICES, THE CRIMINAL JUSTICE SYSTEM, INCLUDING LAW ENFORCEMENT, AND ANY OTHER SYSTEMS WITH WHICH THE DECEDENT HAD CONTACT PRIOR TO THE DECEDENT'S DEATH; AND

(B) IDENTIFICATION OF THE SPECIFIC FACTORS AND SOCIAL DETERMINANTS OF HEALTH THAT PUT THE DECEDENT AT RISK FOR AN OVERDOSE;

(III) RECOMMEND PREVENTION AND INTERVENTION STRATEGIES TO IMPROVE COORDINATION OF SERVICES AND INVESTIGATIONS AMONG MEMBER AGENCIES TO REDUCE OVERDOSE DEATHS; AND

(IV) COLLECT, ANALYZE, INTERPRET, AND MAINTAIN LOCAL DATA ON OVERDOSE DEATHS.

(c) THE LOCAL TEAM SHALL AGGREGATE ALL INFORMATION AND MAY NOT SHARE OR OTHERWISE DISSEMINATE PERSONALLY IDENTIFIABLE INFORMATION WITHOUT A SIGNED CONSENT FORM FROM THE DECEDENT'S NEXT OF KIN.

(2) EACH LOCAL TEAM SHALL SUBMIT AN ANNUAL REPORT TO THE COUNTY OR DISTRICT PUBLIC HEALTH AGENCY OR AGENCIES SERVED BY THE LOCAL TEAM CONTAINING DE-IDENTIFIED INFORMATION SPECIFIED IN SUBSECTION (1) OF THIS SECTION.

25-20.5-2205. Overdose fatality review access to information - fees - disclosure - no liability for sharing records. (1) THE CHAIR OF A LOCAL TEAM MAY REQUEST INFORMATION FROM A PERSON, AGENCY, OR ENTITY DESCRIBED IN SUBSECTION (2) OF THIS SECTION AS NECESSARY TO CARRY OUT THE PURPOSES AND DUTIES OF THE LOCAL TEAM THAT ARE SET FORTH IN THE ORDER, AGREEMENT, OR OTHER DOCUMENT ESTABLISHING THE LOCAL TEAM, SUBJECT TO SUBSECTION (4) OF THIS SECTION, BUT NOTWITHSTANDING ANY OTHER PROVISION OF STATE OR LOCAL LAW TO THE CONTRARY, UPON WRITTEN REQUEST OF THE CHAIR OF A LOCAL TEAM, A PERSON, AGENCY, OR ENTITY SHALL PROVIDE THE LOCAL TEAM WITH THE FOLLOWING:

(a) IF THE PERSON, AGENCY, OR ENTITY IS A HEALTH-CARE PROVIDER, SUBSTANCE USE DISORDER TREATMENT PROVIDER, HOSPITAL, OR OTHER HEALTH-CARE FACILITY OR BEHAVIORAL HEALTH ENTITY, INFORMATION AND RECORDS MAINTAINED BY THE PERSON, AGENCY, OR ENTITY REGARDING THE PHYSICAL HEALTH, MENTAL HEALTH, AND SUBSTANCE USE DISORDER TREATMENT FOR A PERSON WHOSE DEATH OR NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM; AND

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(b) IF THE AGENCY OR ENTITY IS A STATE OR LOCAL GOVERNMENT AGENCY OR ENTITY THAT PROVIDED SERVICES TO A PERSON WHOSE DEATH OR NEAR DEATH IS BEING REVIEWED BY THE LOCAL TEAM OR PROVIDED SERVICES TO THE FAMILY OF THE PERSON, INFORMATION AND RECORDS MAINTAINED BY THE AGENCY OR ENTITY ABOUT THE PERSON, INCLUDING DEATH INVESTIGATIVE INFORMATION, MEDICAL EXAMINER INVESTIGATIVE INFORMATION, LAW ENFORCEMENT INVESTIGATIVE INFORMATION, EMERGENCY MEDICAL SERVICES REPORTS, FIRE DEPARTMENT RECORDS, PROSECUTORIAL RECORDS, PAROLE AND PROBATION INFORMATION AND RECORDS, COURT RECORDS, SCHOOL RECORDS, AND INFORMATION AND RECORDS OF A DEPARTMENT OF HUMAN OR SOCIAL SERVICES, INCLUDING THE LOCAL HUMAN SERVICES AND PUBLIC HEALTH AGENCIES.

(2) THE FOLLOWING PERSONS, AGENCIES, OR ENTITIES SHALL COMPLY WITH A RECORDS REQUEST BY THE CHAIR OF A LOCAL TEAM MADE PURSUANT TO SUBSECTION (1) OF THIS SECTION:

(a) A CORONER OR MEDICAL EXAMINER;

(b) A FIRE DEPARTMENT;

(c) A HEALTH-CARE FACILITY;

(d) A HOSPITAL;

(e) A STATE OR LOCAL LAW ENFORCEMENT AGENCY;

(f) A STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING THE DEPARTMENT OF HUMAN SERVICES, INCLUDING THE BEHAVIORAL HEALTH ADMINISTRATION; THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, SO LONG AS THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT CREATED OR HOLDS THE RECORDS AND THE RELEASE DOES NOT VIOLATE ANY AGREEMENT NOT TO RELEASE THE RECORDS; THE DEPARTMENT OF LAW; THE OFFICE OF STATE PUBLIC DEFENDER; THE DEPARTMENT OF CORRECTIONS; AND THE STATE BOARD OF PAROLE;

(g) A BEHAVIORAL HEALTH ENTITY;

(h) A HEALTH-CARE PROVIDER;

(i) A SUBSTANCE USE DISORDER TREATMENT PROVIDER;

(j) A SCHOOL, INCLUDING A PUBLIC OR PRIVATE ELEMENTARY, MIDDLE, JUNIOR HIGH, OR HIGH SCHOOL, OR A PUBLIC OR PRIVATE INSTITUTION OF POSTSECONDARY EDUCATION DESCRIBED IN TITLE 23, INCLUDING THE AURARIA HIGHER EDUCATION CENTER CREATED IN ARTICLE 70 OF TITLE 23;

(k) A SOCIAL SERVICES PROVIDER;

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(l) GROUND OR AIR AMBULANCE SERVICE AGENCIES; AND

(m) ANY OTHER PERSON OR ENTITY THAT IS IN POSSESSION OF RECORDS THAT ARE, AS DETERMINED BY THE LOCAL TEAM, PERTINENT TO THE LOCAL TEAM'S INVESTIGATION OF AN OVERDOSE FATALITY.

(3)(a) A PERSON, AGENCY, OR ENTITY SHALL PROVIDE REQUESTED INFORMATION TO THE LOCAL TEAM WITHIN TEN BUSINESS DAYS AFTER RECEIPT OF THE WRITTEN REQUEST, EXCLUDING WEEKENDS AND HOLIDAYS, UNLESS AN EXTENSION IS GRANTED BY THE CHAIR OF THE LOCAL TEAM. WRITTEN REQUESTS MAY INCLUDE A REQUEST SUBMITTED VIA E-MAIL OR FACSIMILE TRANSMISSION.

(b) A PERSON, AGENCY, OR ENTITY THAT RECEIVES A RECORDS REQUEST FROM A LOCAL TEAM PURSUANT TO THIS SECTION MAY CHARGE THE LOCAL TEAM A REASONABLE FEE FOR THE SERVICE OF DUPLICATING ANY RECORDS REQUESTED BY THE LOCAL TEAM.

(4) THE DISCLOSURE OR REDISCLOSURE, IN ACCORDANCE WITH THIS SECTION, OF A MEDICAL RECORD DEVELOPED IN CONNECTION WITH THE PROVISION OF SUBSTANCE USE TREATMENT SERVICES, WITHOUT THE AUTHORIZATION OF A PERSON IN INTEREST, IS SUBJECT TO ANY LIMITATIONS THAT EXIST PURSUANT TO APPLICABLE STATE OR FEDERAL LAW, INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C. SEC. 290dd-2, AND 42 CFR 2.

(5) NOTWITHSTANDING ANY LAW TO THE CONTRARY, THE LOCAL TEAM DOES NOT NEED AN ADMINISTRATIVE SUBPOENA OR OTHER FORM OF LEGAL COMPELSION TO RECEIVE REQUESTED RECORDS.

(6) THE CHAIR OF A LOCAL TEAM, OR THE CHAIR'S DESIGNEE, MAY REQUEST A PERSON WHOSE OVERDOSE IS UNDER REVIEW OR, IF DECEASED, THE PERSON'S NEXT OF KIN TO SIGN A CONSENT FORM FOR THE RELEASE OF CONFIDENTIAL INFORMATION.

(7) SO LONG AS EACH INDIVIDUAL PRESENT AT A LOCAL TEAM MEETING HAS SIGNED THE CONFIDENTIALITY FORM DESCRIBED IN SECTION 25-20.5-2206, ANY INFORMATION RECEIVED BY THE CHAIR OF THE LOCAL TEAM IN RESPONSE TO A REQUEST UNDER THIS SECTION MAY BE SHARED AT A LOCAL TEAM MEETING WITH LOCAL TEAM MEMBERS AND ANY NONMEMBER ATTENDEES.

(8) A PERSON, AGENCY, OR ENTITY THAT PROVIDES INFORMATION OR RECORDS TO A LOCAL TEAM PURSUANT TO THIS PART 22 IS NOT SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR ANY PROFESSIONAL DISCIPLINARY ACTION PURSUANT TO STATE LAW AS A RESULT OF PROVIDING THE INFORMATION OR RECORD.

(9) A MEMBER OF THE LOCAL TEAM MAY CONTACT, INTERVIEW, OR OBTAIN INFORMATION BY REQUEST FROM A FAMILY MEMBER OR FRIEND OF A PERSON WHOSE DEATH IS BEING REVIEWED BY THE LOCAL TEAM.

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25-20.5-2206. Confidentiality - closed meetings - records not open to inspection - civil liability. (1) LOCAL TEAM MEETINGS IN WHICH CONFIDENTIAL INFORMATION IS DISCUSSED ARE EXEMPT FROM THE OPEN MEETINGS PROVISIONS OF THE "COLORADO SUNSHINE ACT OF 1972", PART 4 OF ARTICLE 6 OF TITLE 24, AND MUST BE CLOSED TO THE PUBLIC.

(2) (a) UPON REQUEST OF A LOCAL TEAM, A PERSON WHO IS NOT A MEMBER OF A LOCAL TEAM MAY ATTEND AND PARTICIPATE IN A MEETING AT WHICH A LOCAL TEAM REVIEWS CONFIDENTIAL INFORMATION AND CONSIDERS A PLAN, AN INTERVENTION, OR OTHER COURSE OF CONDUCT BASED ON THAT REVIEW.

(b) A LOCAL TEAM MEMBER AND ANY NONMEMBER IN ATTENDANCE AT A LOCAL TEAM MEETING SHALL SIGN A CONFIDENTIALITY FORM AND REVIEW THE PURPOSE AND GOAL OF THE LOCAL TEAM BEFORE THE PERSON MAY PARTICIPATE IN THE REVIEW OF CONFIDENTIAL INFORMATION. THE CONFIDENTIALITY FORM MUST SET OUT THE REQUIREMENTS FOR MAINTAINING THE CONFIDENTIALITY OF ANY INFORMATION DISCLOSED DURING THE MEETING AND ANY PENALTIES ASSOCIATED WITH FAILURE TO MAINTAIN CONFIDENTIALITY.

(3) INFORMATION AND RECORDS ACQUIRED BY A LOCAL TEAM ARE CONFIDENTIAL AND ARE NOT SUBJECT TO SUBPOENA, DISCOVERY, OR INTRODUCTION INTO EVIDENCE IN A CIVIL OR CRIMINAL PROCEEDING OR DISCIPLINARY ACTION. INFORMATION AND RECORDS THAT ARE OTHERWISE AVAILABLE FROM OTHER SOURCES ARE NOT IMMUNE FROM SUBPOENA, DISCOVERY, OR INTRODUCTION INTO EVIDENCE THROUGH THOSE SOURCES SOLELY BECAUSE THE INFORMATION OR RECORD WAS PRESENTED TO OR REVIEWED BY A LOCAL TEAM.

(4) INFORMATION AND RECORDS ACQUIRED OR CREATED BY A LOCAL TEAM ARE NOT SUBJECT TO INSPECTION PURSUANT TO THE "COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE 24.

(5) SUBSTANCE USE DISORDER TREATMENT RECORDS REQUESTED OR PROVIDED TO THE LOCAL TEAM ARE SUBJECT TO ANY ADDITIONAL LIMITATIONS ON REDISCLOSURE OF A MEDICAL RECORD DEVELOPED IN CONNECTION WITH THE PROVISIONS OF SUBSTANCE USE DISORDER TREATMENT SERVICES PURSUANT TO APPLICABLE STATE OR FEDERAL LAW, INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C. SEC. 290dd-2, AND 42 CFR 2.

(6) LOCAL TEAM MEMBERS AND A PERSON WHO PRESENTS OR PROVIDES INFORMATION TO A LOCAL TEAM MAY NOT BE QUESTIONED IN ANY CIVIL OR CRIMINAL PROCEEDING OR DISCIPLINARY ACTION REGARDING THE INFORMATION PRESENTED OR PROVIDED. THIS SUBSECTION (6) DOES NOT PREVENT A PERSON FROM TESTIFYING REGARDING INFORMATION OBTAINED INDEPENDENTLY OF THE LOCAL TEAM OR TESTIFYING AS TO PUBLIC INFORMATION.

(7) A LOCAL TEAM AND ANY NONMEMBER PARTICIPATING IN AN OVERDOSE

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FATALITY REVIEW SHALL MAINTAIN THE CONFIDENTIALITY OF INFORMATION PROVIDED TO THE LOCAL TEAM AS REQUIRED BY STATE AND FEDERAL LAW. A MEMBER OF A LOCAL TEAM OR A PARTICIPATING NONMEMBER WHO SHARES CONFIDENTIAL INFORMATION IN VIOLATION OF THIS SECTION IS IMMUNE FROM CIVIL AND CRIMINAL LIABILITY IF THE PERSON ACTED IN GOOD FAITH COMPLIANCE WITH THE PROVISIONS OF THIS PART 22.

(8) A PERSON WHO KNOWINGLY VIOLATES THE CONFIDENTIALITY PROVISIONS OF THIS PART 22 IS SUBJECT TO A CIVIL PENALTY OF UP TO ONE THOUSAND DOLLARS.

(9) THIS SECTION DOES NOT PROHIBIT A LOCAL TEAM FROM REQUESTING THE ATTENDANCE AT A TEAM MEETING OF A PERSON WHO HAS INFORMATION RELEVANT TO THE TEAM'S EXERCISE OF ITS PURPOSE AND DUTIES.

25-20.5-2207. Prohibition against any law enforcement use.

NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, LAW ENFORCEMENT SHALL NOT USE INFORMATION FROM ANY OVERDOSE FATALITY REVIEW FOR ANY LAW ENFORCEMENT PURPOSE, INCLUDING SURVEILLANCE, INCREASED LAW ENFORCEMENT PRESENCE, WELFARE CHECKS, WARRANT CHECKS, OR CRIMINAL INVESTIGATIONS.

SECTION 8. In Colorado Revised Statutes, **add** 25.5-4-432 as follows:

25.5-4-432. Reimbursement guidance for screening, brief intervention, and referral to treatment. THE STATE DEPARTMENT SHALL PUBLISH GUIDANCE FOR PROVIDERS CONCERNING REIMBURSEMENT FOR ALL VARIATIONS OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT INTERVENTIONS.

SECTION 9. In Colorado Revised Statutes, 25.5-5-208, **amend** (1) introductory portion; and **add** (1)(a.3) and (1)(a.5) as follows:

25.5-5-208. Additional services - training - grants - screening, brief intervention, and referral. (1) On or after July 1, 2018, the state department shall grant, through a competitive grant program, one million five hundred thousand dollars to one or more organizations to operate a substance ~~abuse~~ USE screening, brief intervention, and referral to treatment practice. The grant program must require:

(a.3) IMPLEMENTATION OF A STATEWIDE ADOLESCENT SUBSTANCE USE SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR APPROPRIATE PROFESSIONALS IN COLORADO SCHOOLS, WITH THE PURPOSE OF IDENTIFYING STUDENTS WHO WOULD BENEFIT FROM SCREENING, BRIEF INTERVENTION, AND POTENTIAL REFERRAL TO RESOURCES, INCLUDING TREATMENT;

(a.5) IMPLEMENTATION OF A STATEWIDE SUBSTANCE USE SCREENING, BRIEF

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INTERVENTION, AND REFERRAL PRACTICE THAT INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR PEDIATRICIANS AND PROFESSIONALS IN PEDIATRIC SETTINGS, WITH THE PURPOSE OF IDENTIFYING ADOLESCENT PATIENTS WHO WOULD BENEFIT FROM SCREENING, BRIEF INTERVENTION, AND POTENTIAL REFERRAL TO RESOURCES, INCLUDING TREATMENT;

SECTION 10. In Colorado Revised Statutes, 27-80-121, **amend** (1) and (3) as follows:

27-80-121. Perinatal substance use data linkage project - center for research into substance use disorder prevention, treatment, and recovery support strategies - report. (1) The center for research into substance use disorder prevention, treatment, and recovery support strategies established in section 27-80-118, referred to in this section as the "center", in partnership with an institution of higher education and the state substance abuse trend and response task force established in section 18-18.5-103, ~~may~~ SHALL conduct a statewide perinatal substance use data linkage project that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy. The data linkage project shall utilize data from the medical assistance program ESTABLISHED IN articles 4 to 6 of title 25.5; the electronic prescription drug monitoring program created in part 4 of article 280 of title 12; the Colorado TRAILS system, as defined in section 16-20.5-102 (10); the Colorado immunization information system created pursuant to ~~section 25.4-2401, et seq.~~ PART 24 OF ARTICLE 4 OF TITLE 25; the Colorado child care assistance program created in part 1 of article 4 of title 26.5; the BHA; THE EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS UNDER PART C OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES EDUCATION ACT", 20 U.S.C. SEC. 1400 ET SEQ.; THE COLORADO DEPARTMENT OF EDUCATION; OTHER DATA SOURCES RELATED TO MATERNAL HEALTH, AS COLLECTED BY THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; THE COLORADO ALL-PAYER HEALTH CLAIMS DATABASE DESCRIBED IN SECTION 25.5-1-204; FAMILY EXPERIENCES AND PROVIDER PERSPECTIVES, WHEN NECESSARY; and birth and death records to examine the following:

(a) Health-care ~~mortality~~ utilization by pregnant and postpartum women with substance use disorders and their infants compared to the general population;

(b) Human service, EDUCATION, public health program utilization, and substance use treatment by pregnant and postpartum women with substance use disorders and their infants COMPARED TO THE GENERAL POPULATION;

(c) Health-care, human service, EDUCATION, and public health program outcomes, INCLUDING MORBIDITY AND MORTALITY OUTCOMES, among pregnant and postpartum women with substance use disorders and their infants COMPARED TO THE GENERAL POPULATION; and

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(d) Costs associated with health-care, human service, EDUCATION, and public health program provisions for pregnant and postpartum women with substance use disorders and their infants COMPARED TO THE GENERAL POPULATION.

(3) The data linkage project may conduct ongoing research related to the incidence of perinatal substance exposure or related infant and family health, EDUCATION, and human service outcomes based on the standards specified in sections 19-1-103 (1)(a)(VII) and 19-3-102 (1)(g) for determining child abuse or neglect or whether a child is neglected or dependent.

SECTION 11. Appropriation. (1) For the 2024-25 state fiscal year, \$75,000 is appropriated to the department of health care policy and financing for use by the executive director's office. This appropriation is from the general fund. To implement this act, the office may use this appropriation for general professional services and special projects.

(2) For the 2024-25 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$75,000 in federal funds 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 (1) of this section is based on the assumption that the department will receive this amount of federal funds to be used for general professional services and special projects.

(3) For the 2024-25 state fiscal year, \$250,000 is appropriated to the department of higher education for use by the Colorado commission on higher education and higher education special purpose programs. This appropriation is from the general fund. To implement this act, the division may use this appropriation for the center for research into substance use disorder, prevention, treatment, and recovery support strategies at the university of Colorado health sciences center.

SECTION 12. Safety clause. The general assembly finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety or for appropriations for the support and maintenance of the departments of the state and state institutions.

Approved: June 6, 2024

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