

Second Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

PREAMENDED

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

LLS NO. 24-0314.01 Shelby Ross x4510

HOUSE BILL 24-1045

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A BILL FOR AN ACT
101 **CONCERNING TREATMENT FOR SUBSTANCE USE DISORDERS, AND, IN**
102 **CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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/>.)

Opioid and Other Substance Use Disorders Study Committee. **Section 1** prohibits a carrier that provides coverage under a health benefit plan for a drug used to treat a substance use disorder from requiring prior authorization for the drug based solely on the dosage amount.

Section 2 requires an insurance carrier and the medical assistance program to reimburse a licensed pharmacist prescribing or administering

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

medication-assisted treatment (MAT) pursuant to a collaborative pharmacy practice agreement (collaborative agreement) at a rate equal to the reimbursement rate for other providers. **Section 7** amends the practice of pharmacy to include exercising prescriptive authority for any FDA-approved product or medication for opioid use disorder in accordance with federal law, if authorized through a collaborative agreement. **Section 8** requires the state board of pharmacy, the Colorado medical board, and the state board of nursing to develop a protocol for pharmacists to prescribe, dispense, and administer medication-assisted treatment. **Section 23** requires the medical assistance program to reimburse a pharmacist prescribing or administering medications for opioid use disorder pursuant to a collaborative agreement at a rate equal to the reimbursement rate for other providers.

Section 3 requires the commissioner of insurance to:

- Review the network adequacy rules promulgated by the commissioner and the division of insurance to ensure that the rules are sufficient to require each carrier to maintain an adequate number of substance use disorder treatment providers in underserved areas and to maintain an adequate number of behavioral health-care providers in all communities; and
- Report the rule review findings to the opioid and other substance use disorders study committee, including any recommended rule changes.

Sections 4, 5, 6, and 25 authorize licensed clinical social workers and licensed professional counselors (professionals) within their scope of practice to provide clinical supervision to individuals seeking certification as addiction technicians and addiction specialists, and direct the state board of addiction counselors and the state board of human services, as applicable, to adopt rules relating to clinical supervision by these professionals.

Section 9 and 10 establish the behavioral health diversion pilot program (pilot program) to award grants to at least 2, but not more than 5, district attorneys to divert from the criminal justice system persons who have a behavioral health disorder, including a substance use disorder, that requires early recovery services and treatment that is reasonably expected to deter future criminal behavior.

Sections 11 through 16 expand the medication-assisted treatment expansion pilot program to include grants to provide training and ongoing support to pharmacies and pharmacists who are authorized to prescribe, dispense, and administer MAT pursuant to a collaborative agreement and protocol to assist individuals with a substance use disorder.

Section 17 requires the department of health care policy and financing (HCPF) to seek federal authorization to provide screening for physical and behavioral health needs, brief intervention, administration

of medication-assisted treatment, physical and psychiatric prescription medications provided upon release from jail, case management, and care coordination services through the medical assistance program to persons up to 90 days prior to release from jail, a juvenile institutional facility, or a department of corrections facility.

Section 18 adds substance use disorder treatment to the list of health-care or mental health-care services that are required to be reimbursed at the same rate for telemedicine as a comparable in-person service.

Section 19 requires HCPF to seek federal authorization to provide partial hospitalization for substance use disorder treatment with full federal financial participation.

Section 20 requires each managed care entity (MCE) that provides prescription drug benefits or methadone administration for the treatment of substance use disorders to:

- Set the reimbursement rate for take-home methadone treatment and office-administered methadone treatment at the same rate; and
- 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.

Section 21 requires the behavioral health administration to collect data from each withdrawal management facility on the total number of individuals who were denied admittance or treatment for withdrawal management and the reason for the denial and review and approve any admission criteria established by a withdrawal management facility.

Section 22 requires each MCE to disclose the aggregated average and lowest rates of reimbursement for a set of behavioral health services determined by HCPF.

For the 2024-25 state fiscal year and each state fiscal year thereafter, **section 24** appropriates \$150,000 from the general fund to the Colorado child abuse prevention trust fund (trust fund) for programs to reduce the occurrence of prenatal substance exposure. For the 2024-25 and 2025-26 state fiscal years, **section 24** also annually appropriates \$50,000 from the general fund to the trust fund to convene a stakeholder group to identify strategies to increase access to child care for families seeking substance use disorder treatment and recovery services.

Section 26 requires the behavioral health administration (BHA) to 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.

Section 27 creates the contingency management grant program in the BHA to provide grants to substance use disorder treatment programs

that implement a contingency management program for individuals with a stimulant use disorder.

Section 28 requires a county jail seeking to provide services to incarcerated medicaid members to apply for a correctional services provider license from the BHA.

Section 29 requires the BHA, in collaboration with HCPF, to convene a working group to study and identify barriers to opening and operating an opioid treatment program, including satellite medication units and mobile methadone clinics.

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

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

4 **10-16-124.6. Drugs used for substance use disorder - prior**
5 **authorization prohibited.** A CARRIER THAT PROVIDES COVERAGE UNDER
6 A HEALTH BENEFIT PLAN FOR A DRUG USED TO TREAT A SUBSTANCE USE
7 DISORDER SHALL NOT REQUIRE PRIOR AUTHORIZATION, AS DEFINED IN
8 SECTION 10-16-112.5 (7)(d), FOR THE DRUG BASED SOLELY ON THE
9 DOSAGE AMOUNT.

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

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

1 SAME SERVICES PROVIDED BY A LICENSED PHYSICIAN OR AN ADVANCED
2 PRACTICE REGISTERED NURSE.

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

9 

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

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

21 **SECTION 4.** In Colorado Revised Statutes, 12-245-603, **add (3)**
22 as follows:

23 **12-245-603. Practice of licensed professional counseling**
24 **defined.** (3) THE PRACTICE OF PROFESSIONAL COUNSELING INCLUDES THE
25 CLINICAL SUPERVISION BY A LICENSED PROFESSIONAL COUNSELOR OF A
26 PERSON WORKING TOWARD CERTIFICATION AS A CERTIFIED ADDICTION
27 TECHNICIAN OR A CERTIFIED ADDICTION SPECIALIST PURSUANT TO SECTION

1 12-245-804 (3.5), IF THE LICENSED PROFESSIONAL COUNSELOR HAS MET
2 THE EDUCATION REQUIREMENTS FOR A LICENSED ADDICTION COUNSELOR,
3 OR THE EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE
4 BOARD OF HUMAN SERVICES PURSUANT TO SECTION 27-80-108 (1)(e.5) OR
5 27-50-107 (3)(e)(II), AS APPLICABLE.

6 **SECTION 5.** In Colorado Revised Statutes, 12-245-805, **add**
7 (2.5)(c) as follows:

8 **12-245-805. Rights and privileges of certification and licensure**
9 **- titles - clinical supervision.** (2.5) (c) NOTWITHSTANDING ANY
10 PROVISION OF THIS TITLE 12 TO THE CONTRARY, A LICENSED CLINICAL
11 SOCIAL WORKER, PURSUANT TO SECTION 12-245-403 (5), AND A LICENSED
12 PROFESSIONAL COUNSELOR, PURSUANT TO SECTION 12-245-603 (3), WHO
13 POSSESSES A VALID, UNSUSPENDED, AND UNREVOKED LICENSE MAY
14 PROVIDE CLINICAL SUPERVISION OF AN INDIVIDUAL WORKING TOWARD
15 CERTIFICATION AS A CERTIFIED ADDICTION TECHNICIAN OR CERTIFIED
16 ADDICTION SPECIALIST IF THE LICENSED CLINICAL SOCIAL WORKER OR
17 LICENSED PROFESSIONAL COUNSELOR HAS MET THE EDUCATION
18 REQUIREMENTS FOR A LICENSED ADDICTION COUNSELOR, OR THE
19 EQUIVALENT, AS SPECIFIED IN RULES PROMULGATED BY THE STATE BOARD
20 OF HUMAN SERVICES PURSUANT TO SECTION 27-80-108 (1)(e.5) OR
21 27-50-107 (3)(e)(II), AS APPLICABLE.

22 **SECTION 6.** In Colorado Revised Statutes, 12-280-103, **amend**
23 (39)(g)(III), (39)(g)(IV)(C), (39)(j), and (39)(k); and **add** (27.5),
24 (39)(g)(V), and (39)(l) as follows:

25 **12-280-103. Definitions - rules.** As used in this article 280, unless
26 the context otherwise requires or the term is otherwise defined in another
27 part of this article 280:

1 (27.5) "MEDICATIONS FOR OPIOID USE DISORDER" OR "MOUD"
2 MEANS TREATMENT FOR AN OPIOID USE DISORDER USING MEDICATIONS
3 APPROVED BY THE FDA FOR THAT PURPOSE AND PRESCRIBED, DISPENSED,
4 OR ADMINISTERED IN ACCORDANCE WITH NATIONAL, EVIDENCE-BASED
5 PUBLISHED GUIDANCE.

6 (39) "Practice of pharmacy" means:

7 (g) Exercising independent prescriptive authority:

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

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

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

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

21 (j) Performing other tasks delegated by a licensed physician; and
22 (k) Providing treatment that is based on national, evidence-based,
23 published guidance; AND

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

27 SECTION 7. In Colorado Revised Statutes, add 12-280-604 as

1 follows:

2 **12-280-604. Collaborative pharmacy practice agreement -**
3 **statewide drug therapy protocol for medication-assisted treatment**
4 **for opioid use disorder - rules - definition.** (1) AS USED IN THIS
5 SECTION, "MEDICATION-ASSISTED TREATMENT" MEANS A COMBINATION OF
6 MEDICATIONS AND BEHAVIORAL THERAPY, SUCH AS BUPRENORPHINE AND
7 ALL OTHER MEDICATIONS AND THERAPIES APPROVED BY THE FEDERAL
8 FOOD AND DRUG ADMINISTRATION, TO TREAT OPIOID USE DISORDER.

9 (2) (a) PURSUANT TO SECTION 12-280-603, THE BOARD, IN
10 CONJUNCTION WITH THE COLORADO MEDICAL BOARD CREATED IN SECTION
11 12-240-105 AND THE STATE BOARD OF NURSING CREATED IN SECTION
12 12-255-105, SHALL PROMULGATE RULES NO LATER THAN MAY 1, 2025,
13 DEVELOPING A STATEWIDE DRUG THERAPY PROTOCOL FOR PHARMACISTS
14 TO PRESCRIBE, DISPENSE, AND ADMINISTER ONLY FEDERAL DRUG
15 ENFORCEMENT ADMINISTRATION SCHEDULE III, IV, AND V
16 FDA-APPROVED PRODUCTS AS MEDICATION-ASSISTED TREATMENT FOR
17 OPIOID USE DISORDER.

18 (b) IN DEVELOPING THE STATEWIDE DRUG THERAPY PROTOCOL,
19 THE APPLICABLE BOARDS SHALL CONSIDER REQUIREMENTS FOR TRAINING,
20 INCLUDING A PROGRAM ACCREDITED BY THE ACCREDITATION COUNCIL
21 FOR PHARMACY EDUCATION, OR ITS SUCCESSOR ENTITY; PATIENT NOTICE
22 AND CONSENT; PROVIDER REFERRAL CRITERIA; LAB SCREENING AND
23 TESTING; MONITORING; PATIENT PRIVACY; AND PATIENT FOLLOW-UP CARE
24 AND COUNSELING. THE RULES DEVELOPED PURSUANT TO SUBSECTION
25 (2)(a) OF THIS SECTION MUST SPECIFY THAT ANY COLLABORATING
26 ENTITIES UTILIZING THE PROTOCOL ARE CLEARLY IDENTIFIED.

27 (3) THIS SECTION DOES NOT REQUIRE A STATEWIDE DRUG THERAPY

1 PROTOCOL OR COLLABORATIVE PHARMACY PRACTICE AGREEMENT BEFORE
2 A PHARMACIST MAY PRESCRIBE, DISPENSE, OR ADMINISTER ONLY FEDERAL
3 DRUG ENFORCEMENT ADMINISTRATION SCHEDULE III, IV, AND V
4 FDA-APPROVED PRODUCTS AS MEDICATION-ASSISTED TREATMENT, IF THE
5 PRESCRIBING, DISPENSING, OR ADMINISTERING MEDICATION-ASSISTED
6 TREATMENT IS OTHERWISE AUTHORIZED UNDER LAW.

7 [REDACTED]

8 **SECTION 8.** In Colorado Revised Statutes, 23-21-802, **amend**
9 (1)(h)(I) as follows:

10 **23-21-802. Legislative declaration.** (1) The general assembly
11 finds that:

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

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

21 **SECTION 9.** In Colorado Revised Statutes, 23-21-803, **add** (5.3)
22 as follows:

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

25 (5.3) "PHARMACIST" MEANS AN INDIVIDUAL LICENSED IN
26 COLORADO TO ENGAGE IN THE PRACTICE OF PHARMACY WHO IS
27 PRESCRIBING MEDICATION-ASSISTED TREATMENT PURSUANT TO PART 6 OF

1 ARTICLE 280 OF TITLE 12.

2 **SECTION 10.** In Colorado Revised Statutes, 23-21-804, **amend**
3 (1) and (2) as follows:

4 **23-21-804. Medication-assisted treatment expansion pilot**
5 **program - created - pilot program location - eligible grant recipients**
6 **- rules.** (1) (a) There is hereby created the medication-assisted treatment
7 expansion pilot program to provide grants to community agencies,
8 office-based practices, behavioral health organizations, **and** substance
9 abuse treatment organizations, **AND PHARMACIES** to enable:

10 (I) Nurse practitioners or physician assistants working in those
11 settings to obtain training and ongoing support required under the federal
12 act in order to prescribe buprenorphine and all other medications and
13 therapies approved by the federal food and drug administration as part of
14 medication-assisted treatment provided to individuals with an opioid use
15 disorder; **and**

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

19 (III) PHARMACISTS AUTHORIZED UNDER A STATEWIDE DRUG
20 THERAPY PROTOCOL PURSUANT TO SECTION 12-280-605, A
21 COLLABORATIVE PHARMACY PRACTICE AGREEMENT PURSUANT TO PART
22 6 OF ARTICLE 280 OF TITLE 12, OR OTHERWISE AUTHORIZED UNDER LAW TO
23 PRESCRIBE, DISPENSE, OR ADMINISTER MEDICATION-ASSISTED TREATMENT
24 FOR INDIVIDUALS WITH AN OPIOID USE DISORDER.

25 (b) The MAT expansion pilot program is available to provide
26 grants to community agencies, office-based practices, behavioral health
27 organizations, **and** substance abuse treatment organizations practicing or

1 providing treatment in Pueblo county or Routt county, and, starting in the
2 2019-20 fiscal year, the San Luis valley and up to two additional counties
3 selected by the center for participation based on demonstrated need. THE
4 MAT EXPANSION PILOT PROGRAM MAY ALSO PROVIDE GRANTS TO
5 PHARMACIES FOR THE PURPOSES ALLOWED UNDER THE GRANT PROGRAM
6 ONCE THE CONDITIONS DESCRIBED IN SUBSECTION (1)(a)(III) OF THIS
7 SECTION ARE MET.

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

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

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

19 (c) To obtain training for pharmacists to provide
20 medication-assisted treatment services.

21 **SECTION 11.** In Colorado Revised Statutes, 23-21-805, amend
22 (2)(a)(V) and (2)(a)(VI); and add (2)(a)(VII) as follows:

23 **23-21-805. MAT expansion advisory board - created - duties.**

24 (2) (a) The advisory board consists of representatives of the following
25 entities or organizations who are designated by the entity or organization:

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

27 (VI) The physician assistant program at the university of

1 Colorado; AND

2 (VII) THE COLORADO PHARMACISTS SOCIETY.

3 **SECTION 12.** In Colorado Revised Statutes, 23-21-806, **amend**

4 (1) introductory portion, (1)(c), (2)(b), (2)(d), and (3); and **repeal** (1)(d)
5 as follows:

6 **23-21-806. Grant application - criteria - awards.** (1) To receive
7 a grant, an eligible organization, ~~or~~ practice, OR PHARMACY must submit
8 an application to the center in accordance with pilot program guidelines
9 and procedures established by the center. At a minimum, the application
10 must include the following information:

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

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

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

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

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

27 (3) Subject to available appropriations, ~~in the 2019-20 and~~

1 2020-21 fiscal years, the center shall award grants to applicants approved
2 in accordance with this section and shall distribute the grant money to
3 grant recipients within ninety days after issuing the grant awards.

4 **SECTION 13.** In Colorado Revised Statutes, 23-21-807, **amend**
5 (1) introductory portion, (1)(c), (2) introductory portion, (2)(e), and
6 (2)(g); **repeal** (2)(c); and **add** (1)(e) as follows:

7 **23-21-807. Reporting requirements.** (1) Each organization, **or**
8 practice, **OR** PHARMACY that receives a grant through the pilot program
9 shall submit an annual report to the center by a date set by the center. At
10 a minimum, the report must include the following information:

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

16 (e) A DETAILED DESCRIPTION OF THE TRAINING RECEIVED BY
17 PHARMACISTS; WHETHER THE PHARMACISTS WHO RECEIVED TRAINING ARE
18 CURRENTLY ABLE TO PROVIDE AND ARE PROVIDING MEDICATION-ASSISTED
19 TREATMENT TO OPIOID-DEPENDENT PATIENTS; AND THE NUMBER OF
20 OPIOID-DEPENDENT PATIENTS TREATED DURING THE PILOT PROGRAM
21 PERIOD BY EACH PHARMACIST.

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

1 must include:

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

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

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

12 **SECTION 14.** In Colorado Revised Statutes, **add 25.5-4-505.5**
13 as follows:

14 **25.5-4-505.5. Federal authorization related to persons involved
15 in the criminal justice system - report - rules - legislative declaration.**

16 (1) (a) THE GENERAL ASSEMBLY FINDS THAT:

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

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

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

1 CONDITIONS.

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

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

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

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

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

26 (b) BEGINNING JULY 1, 2025, AND SUBJECT TO AVAILABLE
27 APPROPRIATIONS, THE SERVICES DESCRIBED IN SUBSECTION (2)(a) OF THIS

1 SECTION ARE AVAILABLE UPON RECEIPT OF THE NECESSARY FEDERAL
2 AUTHORIZATION.

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

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

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

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

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

26 (b) REQUIRE EACH COUNTY WITH A COUNTY JAIL SEEKING TO
27 PROVIDE SERVICES PURSUANT TO THIS SECTION TO DEMONSTRATE A

1 COMMITMENT TO DIVERSION OR DEFLECTION EFFORTS, INCLUDING BUT
2 NOT LIMITED TO MOBILE OUTREACH, CO-RESPONDER PROGRAMS, AND
3 PROSECUTOR- OR JUDICIAL-LED INITIATIVES THAT AIM TO REDUCE
4 UNNECESSARY INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM AND
5 INCREASE ACCESS TO COMMUNITY-BASED HOUSING, HEALTH CARE,
6 SUPPORTS, AND SERVICES.

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

12 (I) EMPLOY A PHYSICIAN MEDICAL DIRECTOR;
13 (II) ENSURE THE INDIVIDUAL RECEIVING MEDICATION-ASSISTED
14 TREATMENT UNDERGOES A MINIMUM OBSERVATION PERIOD AFTER
15 RECEIVING MEDICATION-ASSISTED TREATMENT, AS DETERMINED BY
16 BEHAVIORAL HEALTH ADMINISTRATION RULE PURSUANT TO SECTION
17 27-80-204; AND

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

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

26 (6) THE STATE DEPARTMENT MAY EXPAND SERVICES AVAILABLE
27 PURSUANT TO THIS SECTION AS AUTHORIZED PURSUANT TO FEDERAL LAW

1 AND REGULATIONS. IF THE STATE DEPARTMENT SEEKS TO EXPAND
2 SERVICES, THE STATE DEPARTMENT SHALL DEMONSTRATE HOW THE STATE
3 DEPARTMENT WILL ENSURE QUALITY OF CARE AND CLIENT SAFETY, WHICH
4 MUST INCLUDE ADDRESSING QUALITY AND SAFETY IN ADMINISTERING
5 MEDICATIONS IN A JAIL SETTING.

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

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

19 (A) EMERGENCY ROOM OR CRISIS SYSTEM VISITS;
20 (B) INPATIENT STAYS FOR A PRIMARY BEHAVIORAL HEALTH
21 CONDITION; AND

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

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

27 (III) THE TOTAL NUMBER OF UNIQUE INCARCERATION STAYS BY

1 MEDICAID MEMBERS, AS DEMONSTRATED BY THE SERVICES ACCESSED;

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

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

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

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

13 **SECTION 15.** In Colorado Revised Statutes, 25.5-5-320, **amend**
14 (7) as follows:

15 **25.5-5-320. Telemedicine - reimbursement - disclosure**
16 **statement - rules - definition.** (7) As used in this section, "health-care
17 or mental health-care services" includes speech therapy, physical therapy,
18 occupational therapy, dental care, hospice care, home health care,
19 SUBSTANCE USE DISORDER TREATMENT, and pediatric behavioral health
20 care.

21 **SECTION 16.** In Colorado Revised Statutes, 25.5-5-325, **amend**
22 (1); and **add** (2.5) as follows:

23 **25.5-5-325. Partial hospitalization and residential and**
24 **inpatient substance use disorder treatment - medical detoxification**
25 **services - federal approval - performance review report.** (1) Subject
26 to available appropriations and to the extent permitted under federal law,
27 the medical assistance program pursuant to this article 5 and articles 4 and

1 6 of this title 25.5 includes PARTIAL HOSPITALIZATION AND residential and
2 inpatient substance use disorder treatment and medical detoxification
3 services. Participation in PARTIAL HOSPITALIZATION AND the residential
4 and inpatient substance use disorder treatment and medical detoxification
5 services benefit is limited to persons who meet nationally recognized,
6 evidence-based level of care criteria for PARTIAL HOSPITALIZATION OR
7 residential and inpatient substance use disorder treatment and medical
8 detoxification services. The benefit ~~shall~~ MUST serve persons with
9 substance use disorders, including those with co-occurring mental health
10 disorders. All levels of nationally recognized, evidence-based levels of
11 care for PARTIAL HOSPITALIZATION AND residential and inpatient
12 substance use disorder treatment and medical detoxification services must
13 be included in the benefit.

14 (2.5) NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT
15 SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE PARTIAL
16 HOSPITALIZATION FOR SUBSTANCE USE DISORDER TREATMENT WITH FULL
17 FEDERAL FINANCIAL PARTICIPATION. PARTIAL HOSPITALIZATION FOR
18 SUBSTANCE USE DISORDER TREATMENT SHALL NOT TAKE EFFECT UNTIL
19 FEDERAL APPROVAL HAS BEEN OBTAINED.

20 **SECTION 17.** In Colorado Revised Statutes, 25.5-5-422, **amend**
21 (2) as follows:

22 **25.5-5-422. Medication-assisted treatment - limitations on**
23 **MCEs - definition.** (2) Notwithstanding any provision of law to the
24 contrary, ~~beginning January 1, 2020~~, each MCE that provides prescription
25 drug benefits OR METHADONE ADMINISTRATION for the treatment of
26 substance use disorders shall:

27 (a) Not impose any prior authorization requirements on any

1 prescription medication approved by the FDA for the treatment of
2 substance use disorders, REGARDLESS OF THE DOSAGE AMOUNT;

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

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

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

13 **SECTION 18.** In Colorado Revised Statutes, **add** 27-60-116 as
14 follows:

15 **27-60-116. Withdrawal management facilities - data collection**
16 **- approval of admission criteria - definition - repeal.** (1) (a) NO LATER
17 THAN JULY 1, 2025, THE BEHAVIORAL HEALTH ADMINISTRATION SHALL
18 COLLECT DATA FROM EACH WITHDRAWAL MANAGEMENT FACILITY ON THE
19 TOTAL NUMBER OF INDIVIDUALS WHO WERE DENIED ADMITTANCE OR
20 TREATMENT FOR WITHDRAWAL MANAGEMENT DURING THE PREVIOUS
21 CALENDAR YEAR AND THE REASON FOR THE DENIAL.

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

26 (2) BEGINNING JANUARY 1, 2025, THE BHA SHALL REVIEW AND
27 APPROVE ANY ADMISSION CRITERIA ESTABLISHED BY A WITHDRAWAL

1 MANAGEMENT FACILITY, AS DEFINED IN SECTION 27-66.5-102.

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

4 **SECTION 19.** In Colorado Revised Statutes, **add** 25.5-5-427 as
5 follows:

6 **25.5-5-427. Managed care entities - behavioral health
7 providers - disclosure of reimbursement rates.** (1) THE STATE
8 DEPARTMENT SHALL REQUIRE EACH MCE THAT CONTRACTS WITH THE
9 STATE DEPARTMENT TO DISCLOSE THE AGGREGATED AVERAGE AND
10 LOWEST RATES OF REIMBURSEMENT FOR A SET OF BEHAVIORAL HEALTH
11 SERVICES DETERMINED BY THE STATE DEPARTMENT.

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

15 **SECTION 20.** In Colorado Revised Statutes, **amend** 25.5-5-510
16 as follows:

17 **25.5-5-510. Pharmacy reimbursement - substance use disorder
18 - injections.** ~~If a pharmacy has entered into a collaborative pharmacy
19 practice agreement with one or more physicians pursuant to section
20 12-280-602 to administer A PHARMACY ADMINISTERING injectable
21 antagonist medication for medication-assisted treatment for substance use
22 disorders the pharmacy administering the drug shall receive an enhanced
23 dispensing fee that aligns with the administration fee paid to a provider
24 in a clinical setting.~~

25 **SECTION 21.** In Colorado Revised Statutes, **add** 25.5-5-512.5
26 as follows:

27 **25.5-5-512.5. Medications for opioid use disorder -**

1 **pharmacists - reimbursement - definition.** (1) AS USED IN THIS
2 SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "MEDICATIONS FOR
3 OPIOID USE DISORDER" OR "MOUD" HAS THE MEANING AS SET FORTH IN
4 SECTION 12-280-103 (27.5).

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

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

13 **SECTION 22.** In Colorado Revised Statutes, 26.5-3-206, **add (4)**
14 as follows:

15 **26.5-3-206. Colorado child abuse prevention trust fund -**
16 **creation - source of funds - repeal.** (4) (a) FOR THE 2024-25 STATE
17 FISCAL YEAR AND EACH STATE FISCAL YEAR THEREAFTER, THE GENERAL
18 ASSEMBLY SHALL APPROPRIATE ONE HUNDRED FIFTY THOUSAND DOLLARS
19 TO THE TRUST FUND. THE BOARD SHALL DISTRIBUTE THE MONEY
20 APPROPRIATED PURSUANT TO THIS SUBSECTION (4)(a) FOR PROGRAMS TO
21 REDUCE THE OCCURRENCE OF PRENATAL SUBSTANCE EXPOSURE IN
22 ACCORDANCE WITH SECTION 26.5-3-205 (1)(h)(III).

23 (b) (I) FOR THE 2024-25 AND 2025-26 STATE FISCAL YEARS, THE
24 GENERAL ASSEMBLY SHALL ANNUALLY APPROPRIATE FIFTY THOUSAND
25 DOLLARS TO THE TRUST FUND. THE BOARD SHALL DISTRIBUTE THE MONEY
26 APPROPRIATED PURSUANT TO THIS SUBSECTION (4)(b) TO CONVENE A
27 STAKEHOLDER GROUP TO IDENTIFY STRATEGIES TO INCREASE ACCESS TO

1 CHILD CARE FOR FAMILIES SEEKING SUBSTANCE USE DISORDER TREATMENT
2 AND RECOVERY SERVICES.

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

5 

6 **SECTION 23.** In Colorado Revised Statutes, **add 27-50-305** as
7 follows:

8 **27-50-305. Resources to support behavioral health safety net**
9 **providers - independent third-party contract.** (1) NO LATER THAN
10 JULY 1, 2025, THE BHA SHALL CONTRACT WITH AN INDEPENDENT
11 THIRD-PARTY ENTITY TO PROVIDE SERVICES AND SUPPORTS TO
12 BEHAVIORAL HEALTH PROVIDERS SEEKING TO BECOME A BEHAVIORAL
13 HEALTH SAFETY NET PROVIDER WITH THE GOAL OF THE PROVIDER
14 BECOMING SELF-SUSTAINING.

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

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

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

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

27 (d) BILLING AND CODING SUPPORT;

- 1 (e) CLAIMS PROCESSING;
- 2 (f) DATA ANALYSIS;
- 3 (g) COMPLIANCE AND TRAINING ON POLICIES AND PROCEDURES;
- 4 (h) SHARED PURCHASING FOR TECHNOLOGY;
- 5 (i) ASSISTANCE IN BUILDING PROVIDER CAPACITY TO BECOME A
- 6 BEHAVIORAL HEALTH SAFETY NET PROVIDER; AND
- 7 (j) ANY OTHER SERVICE AND SUPPORT APPROVED BY THE BHA.

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

16 **SECTION 24.** In Colorado Revised Statutes, **add** 27-50-804 as
17 follows:

18 **27-50-804. Contingency management grant program -**
19 **creation - definitions - repeal.** (1) AS USED IN THIS SECTION, UNLESS
20 THE CONTEXT OTHERWISE REQUIRES:

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

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

26 (c) "STIMULANT USE DISORDER" MEANS A SUBSTANCE USE
27 DISORDER, AS DEFINED IN SECTION 27-80-203 (23.3), INVOLVING A CLASS

1 OF DRUGS THAT INCLUDES COCAINE, METHAMPHETAMINE, OR
2 PRESCRIPTION STIMULANTS.

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

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

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

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

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

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

27 (6) THE BHA MAY CONTRACT WITH A GRANT APPLICATION AND

1 SUPPORT TEAM TO ASSIST THE BHA WITH DRAFTING THE GRANT
2 APPLICATION, REVIEWING APPLICATIONS, AND ADMINISTERING AND
3 PROCESSING GRANT AWARDS.

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

5 

6 **SECTION 25.** In Colorado Revised Statutes, 27-80-116, **add (5)**
7 as follows:

8 **27-80-116. Fetal alcohol spectrum disorders - legislative**
9 **declaration - health warning signs - federal funding.** (5) THE
10 BEHAVIORAL HEALTH ADMINISTRATION IS AUTHORIZED TO APPLY FOR
11 FEDERAL FUNDING FOR FETAL ALCOHOL SPECTRUM DISORDER PROGRAMS
12 AND TO RECEIVE AND DISBURSE THE FEDERAL FUNDS TO PUBLIC AND
13 PRIVATE NONPROFIT ORGANIZATIONS.

14 **SECTION 26.** In Colorado Revised Statutes, **amend 10-22.3-102**
15 as follows:

16 **10-22.3-102. Repeal of article.** This article 22.3 is repealed,
17 effective September 1, 2024 SEPTEMBER 1, 2026.

18 **SECTION 27. Appropriation.** (1) For the 2024-25 state fiscal
19 year, \$250,000 is appropriated to the department of human services. This
20 appropriation is from the general fund. To implement this act, the
21 department may use this appropriation for criminal justice diversion
22 programs.

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

27 (3) For the 2024-25 state fiscal year, \$1,325,647 is appropriated

1 to the department of human services for use by the behavioral health
2 administration. This appropriation is from the general fund. To implement
3 this act, the administration may use this appropriation as follows:

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

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

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

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

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

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

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

25 (5) For the 2024-25 state fiscal year, the general assembly
26 anticipates that the department of health care policy and financing will
27 receive \$525,189 in federal funds for use by the executive director's

1 office to implement this act, which amount is subject to the "(I)" notation
2 as defined in the annual general appropriation act for the same fiscal year.
3 The appropriation in subsection (4) of this section is based on the
4 assumption that the department will receive this amount of federal funds
5 to be used as follows:

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

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

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

26 (8) For the 2024-25 state fiscal year, \$200,000 is appropriated to
27 the Colorado child abuse prevention trust fund created in section

1 26.5-3-206 (1), C.R.S. This appropriation is from the general fund. The
2 department of early childhood is responsible for the accounting related to
3 this appropriation.

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

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

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

18 **SECTION 28. Act subject to petition - effective date.** Section
19 27-60-116 (1)(b), as enacted in section 20 of this act, takes effect July 1,
20 2025, and the remainder of this act takes effect at 12:01 a.m. on the day
21 following the expiration of the ninety-day period after final adjournment
22 of the general assembly; except that, if a referendum petition is filed
23 pursuant to section 1 (3) of article V of the state constitution against this
24 act or an item, section, or part of this act within such period, then the act,
25 item, section, or part will not take effect unless approved by the people
26 at the general election to be held in November 2024 and, in such case,

1 will take effect on the date of the official declaration of the vote thereon
2 by the governor; except that section 27-60-116 (1)(b), as enacted in
3 section 20 of this act, takes effect July 1, 2025.