First Regular Session Seventy-second General Assembly STATE OF COLORADO

REVISED

This Version Includes All Amendments Adopted on Second Reading in the Second House

LLS NO. 19-1084.01 Kristen Forrestal x4217

SENATE BILL 19-228

SENATE SPONSORSHIP

Winter and Moreno,

HOUSE SPONSORSHIP

Buentello and Singer,

Senate Committees

Health & Human Services Appropriations

House Committees

Health & Insurance Appropriations

A BILL FOR AN ACT

101	CONCERNING MEASURES TO PREVENT SUBSTANCE ABUSE, AND, IN
102	CONNECTION THEREWITH, REQUIRING CERTAIN PRESCRIBERS TO
103	COMPLETE SUBSTANCE USE DISORDER TRAINING; PROHIBITING
104	PHYSICIANS AND PHYSICIAN ASSISTANTS FROM ACCEPTING
105	BENEFITS FOR PRESCRIBING SPECIFIC MEDICATIONS; REQUIRING
106	OPIOID PRESCRIPTIONS TO BEAR WARNING LABELS; ALLOWING
107	MEDICAL EXAMINERS ACCESS TO THE PRESCRIPTION DRUG
108	MONITORING PROGRAM; PROVIDING FUNDING TO ADDRESS
109	OPIOID AND SUBSTANCE USE DISORDERS THROUGH PUBLIC
110	HEALTH INTERVENTIONS IN LOCAL COMMUNITIES; REQUIRING
111	STATE DEPARTMENTS TO REPORT RECEIPT AND ELIGIBILITY FOR
112	FEDERAL FUNDS FOR HIV AND HEPATITIS TESTING;
113	REQUIRING THE CENTER FOR RESEARCH INTO SUBSTANCE USE

HOUSE Amended 2nd Reading May 1, 2019

SENATE Amended 3rd Reading April 25, 2019

SENATE Amended 2nd Reading April 24, 2019

Shading denotes HOUSE amendment.

Capital letters or bold & italic numbers indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

101	DISORDER PREVENTION, TREATMENT, AND RECOVERY SUPPORT
102	STRATEGIES TO DEVELOP AND IMPLEMENT A PROGRAM TO
103	INCREASE PUBLIC AWARENESS CONCERNING THE SAFE USE,
104	STORAGE, AND DISPOSAL OF ANTAGONIST DRUGS; AND MAKING
105	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.)

The bill:

- ! Requires certain health care providers who have prescriptive authority to complete substance use disorder training as part of continuing education required to renew the provider's license. Specifically, the requirement applies to podiatrists (section 1 of the bill), dentists (section 2), advanced practice nurses (section 3), optometrists (section 4), and veterinarians (section 5).
- ! Prohibits a physician or physician assistant from accepting any direct or indirect benefits for prescribing a specific medication (section 6);
- ! Requires a prescription for an opioid for outpatient use to bear a warning label (section 7);
- ! Allows medical examiners access to the prescription drug monitoring program under specified circumstances (section 8);
- ! For the 2019-20 fiscal year, appropriates \$5 million from the general fund to the department of public health and environment for the purpose of working at state and local levels to address opioid and other substance use disorder priorities (section 9);
- ! Requires specified state departments to report to the health committees of the general assembly by December 31, 2019, the amount of federal funds that each is receiving or is eligible to receive for use in testing for hepatitis and HIV and the number of individuals currently and anticipated to be tested. The departments are also required to share eligibility standards for treatment with primary care providers (section 10).

-2- 228

- ! Creates 2 grant programs in the office of behavioral health in the department of human services to address opioid and other substance use disorder prevention and recovery. The grant programs focus on at-risk youth and their families affected by substance use disorders and who have not been successful in seeking aid through existing resources. The general assembly is required to appropriate \$3 million to the youth opioid and substance use prevention fund from the marijuana tax cash fund and \$3 million to the local substance use disorder prevention and recovery pilot program fund from the general fund to administer the programs (section 11).
- ! Requires the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to develop and implement a program to increase public awareness about the safe use, storage, and disposal of opioids, and about the availability of antagonist drugs. The general assembly is required to annually appropriate \$750,000 to the center from the marijuana tax cash fund to implement the program (section 12).
- ! Requires the center to hire additional staff to assist local communities in applying for grants, and requires the general assembly to appropriate general funds for the 2019-20 fiscal year to enable the center to hire staff for this purpose (section 12);
- ! Requires the center to conduct a statewide maternal and perinatal population-based needs assessment to gather information regarding substance use disorders among mothers and pregnant women and other mental health issues. For the 2019-20 and 2020-21 fiscal years, the general assembly is directed to appropriate \$100,000 per year from the general fund for allocation to the center to conduct the needs assessment (section 14).
- ! Requires the center to establish a pilot program to test the implementation of screening, brief intervention, and referral to treatment (SBIRT) for women's health and prenatal and postpartum care in 5 counties. The general assembly is directed to appropriate \$228,000 from the marijuana tax cash fund to implement SBIRT in the 2019-20 fiscal year (section 14).
- ! Requires the college of nursing to implement and provide a training and technical assistance program for health care and mental health care providers in specified counties regarding SBIRT online training and tools to teach women of the risks of alcohol and substance use during pregnancy.

-3- 228

For the 2019-20 and 2020-21 fiscal years, the general assembly is directed to appropriate \$172,000 per year from the marijuana tax cash fund to implement the program (section 14).

! Requires the office of behavioral health in the department of human services to administer a pilot program to integrate substance use disorder and medication-assisted treatment with obstetric and gynecological health care and requires the general assembly to appropriate money from the general fund in the 2019-20, 2020-21, and 2021-22 fiscal years to fund the pilot program (section 15).

Sections 16 through 23 make conforming amendments to harmonize the bill with the title 12 recodification bill, House Bill 19-1172.

1 *Be it enacted by the General Assembly of the State of Colorado:* 2 **SECTION 1.** In Colorado Revised Statutes, amend 10-16-143.5 3 as follows: 10-16-143.5. Pharmacy reimbursement - substance use 4 5 **disorders** - injections - patient counseling. (1) If a pharmacy has 6 entered into a collaborative pharmacy practice agreement with one or 7 more physicians pursuant to section 12-42.5-602 to administer injectable 8 antagonist medication for medication-assisted treatment for substance use 9 disorders, the pharmacy administering the drug shall receive an enhanced dispensing fee. 10 11 (2) IF A PHARMACY DISPENSES AN OPIOID THAT IS A SCHEDULE II 12 OR SCHEDULE III DRUG PURSUANT TO SECTION 18-18-204 OR 18-18-205 TO 13 A PATIENT WHO HAS NOT PREVIOUSLY RECEIVED AN OPIOID PRESCRIPTION 14 AND THE PHARMACY PROVIDES COUNSELING CONCERNING THE RISK OF 15 OPIOIDS TO THE PATIENT, THE DISPENSING PHARMACY SHALL RECEIVE AN 16 ENHANCED DISPENSING FEE. 17 (3) Subsection (2) of this section does not require a

-4- 228

1	CARRIER TO CONTRACT WITH A PHARMACY OR PHARMACIST WILLING TO
2	ABIDE BY THE TERMS AND CONDITIONS FOR PARTICIPATION ESTABLISHED
3	BY THE HEALTH BENEFIT PLAN OR CARRIER.
4	
5	SECTION 2. In Colorado Revised Statutes, add 12-36-117.8 as
6	follows:
7	12-36-117.8. Prescription medications - financial benefit for
8	prescribing prohibited. A PHYSICIAN OR PHYSICIAN ASSISTANT SHALL
9	NOT ACCEPT ANY DIRECT OR INDIRECT BENEFIT FROM A PHARMACEUTICAL
10	MANUFACTURER OR PHARMACEUTICAL REPRESENTATIVE FOR PRESCRIBING
11	A SPECIFIC MEDICATION TO A PATIENT. FOR THE PURPOSES OF THIS
12	SECTION, A DIRECT OR INDIRECT BENEFIT DOES NOT INCLUDE A BENEFIT
13	OFFERED TO A PHYSICIAN OR PHYSICIAN ASSISTANT REGARDLESS OF
14	WHETHER THE SPECIFIC MEDICATION IS BEING PRESCRIBED.
15	SECTION 3. In Colorado Revised Statutes, 12-38-111.6, add
16	(13) as follows:
17	12-38-111.6. Prescriptive authority - advanced practice nurses
18	- limits on opioid prescriptions - financial benefit for prescribing
19	prohibited - repeal. (13) An advanced practice nurse shall not
20	ACCEPT ANY DIRECT OR INDIRECT BENEFIT FROM A PHARMACEUTICAL
21	MANUFACTURER OR PHARMACEUTICAL REPRESENTATIVE FOR PRESCRIBING
22	A SPECIFIC MEDICATION TO A PATIENT. FOR THE PURPOSES OF THIS
23	SECTION, A DIRECT OR INDIRECT BENEFIT DOES NOT INCLUDE A BENEFIT
24	OFFERED TO AN ADVANCED PRACTICE NURSE REGARDLESS OF WHETHER
25	THE SPECIFIC MEDICATION IS BEING PRESCRIBED.
26	SECTION 4. In Colorado Revised Statutes, 12-42.5-121, add (3)
2.7	as follows:

-5- 228

1	12-42.5-121. Labeling - rules. (3) THE BOARD SHALL
2	PROMULGATE RULES CONCERNING THE LABELING REQUIREMENTS FOR A
3	PRESCRIPTION DRUG THAT IS DISPENSED TO A PATIENT FOR OUTPATIENT
4	USE AND CONTAINS AN OPIOID, EXCEPT FOR AN OPIOID PRESCRIBED FOR
5	TREATMENT OF A SUBSTANCE USE DISORDER OR THAT IS A PARTIAL OPIOID
6	ANTAGONIST, WHICH RULES MUST INCLUDE A WARNING TO INDICATE RISKS
7	SUCH AS OVERDOSE AND ADDICTION.
8	SECTION 5. In Colorado Revised Statutes, 12-42.5-404, add
9	(3)(j) as follows:
10	12-42.5-404. Program operation - access - rules - definitions -
11	repeal. (3) The program is available for query only to the following
12	persons or groups of persons:
13	(j) A MEDICAL EXAMINER WHO IS A PHYSICIAN LICENSED
14	PURSUANT TO ARTICLE 36 OF THIS TITLE 12 WHOSE LICENSE IS IN GOOD
15	STANDING, AND WHO IS LOCATED AND EMPLOYED IN THE STATE OF
16	COLORADO, <u>OR A CORONER ELECTED PURSUANT TO SECTION 30-10-601</u> ,
17	IF:
18	(I) THE INFORMATION RELEASED IS SPECIFIC TO AN INDIVIDUAL
19	WHO IS THE SUBJECT OF AN AUTOPSY CONDUCTED BY THE MEDICAL
20	EXAMINER OR CORONER;
21	(II) THE MEDICAL EXAMINER <u>OR THE CORONER</u> HAS LEGITIMATE
22	ACCESS TO THE INDIVIDUAL'S MEDICAL RECORD; AND
23	(III) THE INDIVIDUAL'S DEATH OR INJURY OCCURRED UNDER
24	UNUSUAL, SUSPICIOUS, OR UNNATURAL CIRCUMSTANCES.
25	SECTION 6. In Colorado Revised Statutes, 19-3.5-105, amend
26	(1)(f); and add $(1)(k)$ as follows:
27	19-3.5-105. Powers and duties of the board. (1) The board has

-6- 228

.1 C 11			1	1
the tal	$l\alpha win \alpha$	nowers	and	duities.
uic ioi	io wing	powers	anu	uutics.

(f) To expend moneys THE MONEY of the trust fund for the
establishment, promotion, and maintenance of primary and secondary
prevention programs, including pilot programs, AND for programs to
prevent, and reduce, the occurrence of AND RESEARCH prenatal drug
SUBSTANCE exposure, and for operational expenses of the board;

(k) To conduct research concerning the incidence of prenatal substance exposure or related newborn and family health and human services outcomes as related to the definition of "abuse" in section 19-1-103. On or before January 2021, the department of human services shall report the outcomes of the research to the public health care and human services committee and the health and insurance committee of the house of representatives and the health and human services committee of the senate, or their successor committees.

SECTION 7. In Colorado Revised Statutes, **add** 25-1-521 as follows:

25-1-521. State department - local public health agencies - address substance use disorders - appropriation - repeal. (1) For the 2019-20 fiscal year, the general assembly shall appropriate <a href="https://doi.org/10.2007/jwo.2007/jwo.2007-jwo.2

-7-

1	${\tt SUBSTANCE} {\tt USE} {\tt DISORDERS} {\tt AT} {\tt THE} {\tt STATE} {\tt AND} {\tt LOCAL} {\tt LEVELS}, {\tt INCLUDING}$
2	COMMUNITY HEALTH ASSESSMENTS AND IMPROVEMENT PLANNING. THE
3	STATE DEPARTMENT MAY USE UP TO FIVE HUNDRED THOUSAND DOLLARS
4	OF THE MONEY FOR ADMINISTRATIVE COSTS AND OTHER ACTIVITIES
5	RELATED TO THE PURPOSES OF THIS SECTION.
6	(2) This section is repealed, effective July 1, 2020.
7	SECTION 8. In Colorado Revised Statutes, add 26-1-141 as
8	follows:
9	26-1-141. Departments - report required - hepatitis and HIV
10	tests - definitions. (1) On or before December 31, 2019, the
11	EXECUTIVE DIRECTORS OF THE DEPARTMENT OF HUMAN SERVICES, THE
12	DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, AND THE
13	DEPARTMENT OF CORRECTIONS SHALL SUBMIT A REPORT TO THE PUBLIC
14	HEALTH CARE AND HUMAN SERVICES COMMITTEE AND THE HEALTH AND
15	INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE
16	HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE CONCERNING:
17	(a) THE AMOUNT OF FEDERAL FUNDS THAT EACH DEPARTMENT IS
18	ELIGIBLE TO RECEIVE OR IS CURRENTLY RECEIVING THAT MAY BE USED FOR
19	TESTING FOR HEPATITIS B, HEPATITIS C, OR HIV;
20	(b) THE NUMBER OF INDIVIDUALS CURRENTLY BEING TESTED FOR
21	EACH DISEASE LISTED IN SUBSECTION (1)(a) OF THIS SECTION; AND
22	(c) WHETHER EACH DEPARTMENT IS PLANNING TO INCREASE THE
23	NUMBER OF PEOPLE BEING TESTED FOR EACH DISEASE LISTED IN
24	SUBSECTION (1)(a) OF THIS SECTION.
25	(2) The departments specified in subsection (1) of this
26	SECTION SHALL PREPARE MATERIALS DESCRIBING THE ELIGIBILITY
27	STANDARDS CURRENTLY IN USE FOR TREATMENT OF HEPATITIS B.

-8- 228

1	HEPATITIS C, AND HIV AND DISTRIBUTE MATERIALS TO PRIMARY CARE
2	PROVIDERS IN THE STATE. THE DEPARTMENTS MAY DISTRIBUTE THE
3	MATERIALS BY PROVIDING THE MATERIALS TO THE RELEVANT
4	PROFESSIONAL ASSOCIATION FOR THE PROVIDERS, AT PROFESSIONAL
5	ASSOCIATION MEETINGS AND CONFERENCES, OR BY OTHER APPROPRIATE
6	MEANS AS DETERMINED BY EACH DEPARTMENT.
7	(3) AS USED IN THIS SECTION:
8	(a) "ARRANGING FOR THE PROVISION" MEANS DEMONSTRATING
9	ESTABLISHED REFERRAL RELATIONSHIPS WITH HEALTH CARE PROVIDERS
10	FOR ANY OF THE COMPREHENSIVE PRIMARY CARE SERVICES NOT DIRECTLY
11	PROVIDED BY AN ENTITY.
12	(b) (I) "PRIMARY CARE" MEANS THE BASIC ENTRY-LEVEL HEALTH
13	CARE PROVIDED BY PHYSICIAN OR NONPHYSICIAN HEALTH CARE
14	PRACTITIONERS THAT IS GENERALLY PROVIDED IN AN OUTPATIENT
15	SETTING.
16	(II) "PRIMARY CARE" INCLUDES:
17	(A) PROVIDING OR ARRANGING FOR THE PROVISION OF PRIMARY
18	HEALTH CARE;
19	(B) MATERNITY CARE, INCLUDING PRENATAL CARE;
20	(C) PREVENTIVE, DEVELOPMENTAL, AND DIAGNOSTIC SERVICES
21	FOR INFANTS AND CHILDREN;
22	(D) ADULT PREVENTIVE SERVICES;
23	(E) DIAGNOSTIC LABORATORY AND RADIOLOGY SERVICES;
24	(F) EMERGENCY CARE FOR MINOR TRAUMA;
25	(G) PHARMACEUTICAL SERVICES; AND
26	(H) COORDINATION AND FOLLOW-UP FOR HOSPITAL CARE.
2.7	(III) "PRIMARY CARE" MAY ALSO INCLUDE OPTIONAL SERVICES

-9- 228

1	BASED ON A PATIENT'S NEEDS.
2	
3	SECTION 9. In Colorado Revised Statutes, 27-80-106, add (3)
4	as follows:
5	27-80-106. Purchase of prevention and treatment services.
6	(3) (a) THERE IS CREATED IN THE OFFICE OF BEHAVIORAL HEALTH,
7	REFERRED TO IN THIS SECTION AS THE "OFFICE", THE CHARLIE HUGHES
8	AND NATHAN GAUNA OPIOID PREVENTION GRANT PROGRAM TO IMPROVE
9	YOUNG LIVES, REFERRED TO IN THIS SECTION AS THE "PROGRAM", FOR
10	PREVENTING OPIOID USE AMONG THE STATE'S YOUTH POPULATION.
11	(b) THE OFFICE SHALL, IN COORDINATION WITH THE STATE PLAN
12	FORMULATED PURSUANT TO SECTION 27-80-102, PURCHASE PREVENTION
13	SERVICES FROM ONE OR MORE COMMUNITY-BASED YOUTH DEVELOPMENT
14	ORGANIZATIONS THAT ADMINISTER EVIDENCE-BASED SUBSTANCE USE
15	PREVENTION PROGRAMS TO YOUTH AND FAMILIES. THE OFFICE SHALL
16	PRIORITIZE THE AMOUNTS OF FUNDING REQUESTED IN THEIR ENTIRETY OR
17	IN AMOUNTS SUFFICIENT TO ENSURE THAT GRANT RECIPIENTS ARE ABLE TO
18	FULLY OR SUBSTANTIALLY IMPLEMENT PROGRAMS TO FIDELITY. THE
19	OFFICE MAY USE UP TO TEN PERCENT OF THE MONEY APPROPRIATED TO
20	THE PROGRAM FOR ADMINISTRATION AND EVALUATION OF THE PROGRAM.
21	(c) This subsection (3) is repealed, effective September 1,
22	2020.
23	SECTION 10. In Colorado Revised Statutes, 27-80-118, add (5)
24	and (6) as follows:
25	27-80-118. Center for research into substance use disorder
26	prevention, treatment, and recovery support strategies - legislative
27	declaration - established - reneal (5)(a) THE CENTED SHALL DEVELOR

-10-

1	AND IMPLEMENT A PROGRAM TO INCREASE PUBLIC AWARENESS
2	CONCERNING THE SAFE USE, STORAGE, AND DISPOSAL OF OPIOIDS AND THE
3	AVAILABILITY OF NALOXONE AND OTHER DRUGS USED TO BLOCK THE
4	EFFECTS OF AN OPIOID OVERDOSE.
5	(b) (I) FOR THE 2019-20 FISCAL YEAR AND EACH FISCAL YEAR
6	THEREAFTER THROUGH THE 2023-24 FISCAL YEAR, THE GENERAL
7	ASSEMBLY SHALL APPROPRIATE SEVEN HUNDRED FIFTY THOUSAND
8	DOLLARS PER YEAR TO THE CENTER FROM THE MARIJUANA TAX CASH FUND
9	CREATED IN SECTION 39-28.8-501 (1) FOR THE PURPOSES OF THIS
10	SUBSECTION (5).
11	(II) This subsection (5) is repealed, effective September 1,
12	2024. BEFORE ITS REPEAL, THE PROGRAM CREATED IN THIS SUBSECTION
13	(5) IS SCHEDULED FOR REVIEW PURSUANT TO SECTION 24-34-104.
14	(6) (a) The center may employ up to three additional
15	EMPLOYEES TO WORK AS GRANT WRITERS IN ORDER TO AID LOCAL
16	COMMUNITIES IN NEED OF ASSISTANCE IN APPLYING FOR GRANTS TO
17	ACCESS STATE AND FEDERAL MONEY TO ADDRESS OPIOID AND OTHER
18	SUBSTANCE USE DISORDERS IN THEIR COMMUNITIES. THE CENTER SHALL
19	DETERMINE THE COMMUNITIES IN WHICH TO PROVIDE THE GRANT WRITING
20	ASSISTANCE.
21	(b) For the fiscal year 2019-20, the general assembly
22	SHALL APPROPRIATE MONEY FROM THE MARIJUANA TAX CASH FUND
23	CREATED IN SECTION 39-28.8-501 (1) TO THE DEPARTMENT FOR
24	ALLOCATION TO THE CENTER FOR THE PURPOSES OF THIS SUBSECTION (6) .
25	THE CENTER MAY USE THE MONEY TO HIRE NEW EMPLOYEES AND FOR THE
26	DIRECT AND INDIRECT COSTS ASSOCIATED WITH THIS SUBSECTION (6).
27	SECTION 11. In Colorado Revised Statutes, 24-34-104, add

-11- 228

1	(25)(a)(XX) as follows:
2	24-34-104. General assembly review of regulatory agencies
3	and functions for repeal, continuation, or reestablishment - legislative
4	<u>declaration.</u> (25) (a) The following agencies, functions, or both, are
5	scheduled for repeal on September 1, 2024:
6	
7	
8	
9	(XX) THE PROGRAM TO INCREASE PUBLIC AWARENESS
10	CONCERNING THE SAFE USE, STORAGE, AND DISPOSAL OF OPIOIDS AND THE
11	AVAILABILITY OF NALOXONE AND OTHER DRUGS USED TO BLOCK THE
12	EFFECTS OF AN OPIOID OVERDOSE DEVELOPED PURSUANT TO SECTION
13	27-80-118 (5).
14	SECTION 12. In Colorado Revised Statutes, add 27-80-119 as
15	follows:
16	27-80-119. Perinatal substance use data linkage project -
17	center for research into substance use disorder prevention,
18	treatment, and recovery support strategies - report. (1) THE CENTER
19	FOR RESEARCH INTO SUBSTANCE USE DISORDER PREVENTION, TREATMENT,
20	AND RECOVERY SUPPORT STRATEGIES ESTABLISHED IN SECTION 27-80-118,
21	REFERRED TO IN THIS SECTION AS THE "CENTER", IN PARTNERSHIP WITH AN
22	INSTITUTION OF HIGHER EDUCATION AND THE STATE SUBSTANCE ABUSE
23	TREND AND RESPONSE TASK FORCE ESTABLISHED IN SECTION 18-18.5-103,
24	MAY CONDUCT A STATEWIDE PERINATAL SUBSTANCE USE DATA LINKAGE
25	PROJECT THAT USES ONGOING COLLECTION, ANALYSIS, INTERPRETATION,
26	AND DISSEMINATION OF DATA FOR THE PLANNING, IMPLEMENTATION, AND
27	EVALUATION OF PUBLIC HEALTH ACTIONS TO IMPROVE OUTCOMES FOR

-12- 228

1	FAMILIES IMPACTED BY SUBSTANCE USE DURING PREGNANCY. THE DATA
2	LINKAGE PROJECT MAY CONSIDER STATE-ADMINISTERED DATA SOURCES
3	THAT INCLUDE:
4	(a) HEALTH CARE UTILIZATION BY PREGNANT AND POSTPARTUM
5	WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS;
6	(b) HUMAN SERVICE AND PUBLIC HEALTH PROGRAM UTILIZATION
7	BY PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDERS
8	AND THEIR INFANTS;
9	(c) HEALTH CARE, HUMAN SERVICE, AND PUBLIC HEALTH PROGRAM
10	OUTCOMES AMONG PREGNANT AND POSTPARTUM WOMEN WITH
11	SUBSTANCE USE DISORDERS AND THEIR INFANTS; AND
12	(d) COSTS ASSOCIATED WITH HEALTH CARE, HUMAN SERVICE, AND
13	PUBLIC HEALTH PROGRAM PROVISION FOR PREGNANT AND POSTPARTUM
14	WOMEN WITH SUBSTANCE USE DISORDERS AND THEIR INFANTS.
15	(2) THE DATA LINKAGE PROJECT SHALL USE VITAL RECORDS TO
16	ESTABLISH MATERNAL AND INFANT DYADS BEGINNING AT THE BIRTH
17	HOSPITALIZATION AND RETROSPECTIVELY LINK THE PRENATAL PERIOD
18	AND PROSPECTIVELY LINK THE FIRST YEAR POSTPARTUM.
19	(3) THE GOVERNOR'S OFFICE OF INFORMATION TECHNOLOGY WILL
20	OBTAIN DATA AND PERFORM SECURE LINKAGE AND ANONYMIZATION ON
21	BEHALF OF THE STATE.
22	(4) On or before January 1, 2021, the center shall report
23	PROGRESS ON THE DATA LINKAGE PROJECT AND THE RESULTS, IF
24	AVAILABLE, TO THE HEALTH AND INSURANCE COMMITTEE AND THE PUBLIC
25	HEALTH CARE AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
26	REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE
27	OF THE SENATE OR THEIR SUCCESSOR COMMITTEES.

-13-

1	 _
2	SECTION 13. In Colorado Revised Statutes, add part 2 to article
3	82 of title 27 as follows:
4	PART 2
5	MATERNAL AND CHILD HEALTH PILOT PROGRAM
6	27-82-201. Legislative declaration. THE GENERAL ASSEMBLY
7	FINDS AND DECLARES THAT FACILITIES THAT PROVIDE TREATMENT TO
8	INDIVIDUALS WITH A SUBSTANCE USE DISORDER, INCLUDING
9	MEDICATION-ASSISTED TREATMENT, AND CLINICS THAT PROVIDE
10	OBSTETRIC AND GYNECOLOGICAL HEALTH CARE SERVICES WOULD BETTER
11	SERVE PREGNANT AND POSTPARTUM WOMEN IF THE SERVICES COULD BE
12	COORDINATED AND PROVIDED TO WOMEN AT THE SAME LOCATION. IT IS
13	THE INTENT OF THE GENERAL ASSEMBLY TO FUND A PILOT PROGRAM TO
14	INTEGRATE THESE HEALTH CARE SERVICES AT SPECIFIED FACILITIES AND
15	CLINICS AND REQUIRE THE OFFICE OF BEHAVIORAL HEALTH TO EVALUATE
16	THE PILOT PROGRAM AND REPORT THE RESULTS OF THE PILOT PROGRAM TO
17	THE GENERAL ASSEMBLY.
18	27-82-202. Definitions. AS USED IN THIS PART 2, UNLESS THE
19	CONTEXT OTHERWISE REQUIRES:
20	(1) "CLINIC" MEANS A SITE THAT PROVIDES OBSTETRIC AND
21	GYNECOLOGICAL HEALTH CARE.
22	(2) "LICENSED HEALTH CARE PROVIDER" MEANS A PHYSICIAN OR
23	PHYSICIAN ASSISTANT LICENSED PURSUANT TO ARTICLE 36 OF TITLE 12 OR
24	A NURSE LICENSED PURSUANT TO ARTICLE 38 OF TITLE 12.
25	(3) "PILOT PROGRAM" MEANS THE MATERNAL AND CHILD HEALTH
26	PILOT PROGRAM CREATED IN SECTION 27-82-203.
2.7	(4) "Treatment facility" means a health care facility that

-14- 228

1	PROVIDES SUBSTANCE USE DISORDER OR MEDICATION-ASSISTED
2	TREATMENT AND THAT IS APPROVED BY THE OFFICE OF BEHAVIORAL
3	HEALTH PURSUANT TO SECTION 27-82-103.
4	27-82-203. Maternal and child health pilot program - created
5	- eligibility of grant recipients - rules - report. (1) There is created
6	IN THE DEPARTMENT THE MATERNAL AND CHILD HEALTH PILOT PROGRAM.
7	THE OFFICE OF BEHAVIORAL HEALTH SHALL ADMINISTER THE PILOT
8	PROGRAM. THE PURPOSE OF THE PILOT PROGRAM IS TO:
9	(a) Provide grants to two treatment facilities to
10	FACILITATE THE INTEGRATION OF OBSTETRIC AND GYNECOLOGICAL
11	HEALTH CARE; AND
12	(b) Provide grants to four clinics to facilitate the
13	INTEGRATION OF BEHAVIORAL HEALTH, INCLUDING SUBSTANCE USE
14	DISORDER TREATMENT OR MEDICATION-ASSISTED TREATMENT, INTO
15	OBSTETRIC AND GYNECOLOGICAL HEALTH CARE AT THE CLINICS.
16	(2) THE OFFICE OF BEHAVIORAL HEALTH SHALL DETERMINE THE
17	CRITERIA FOR TREATMENT FACILITIES AND CLINICS TO BE ELIGIBLE TO
18	RECEIVE THE GRANTS.
19	(3) (a) (I) A TREATMENT FACILITY THAT IS AWARDED A GRANT
20	SHALL INTEGRATE PRENATAL, POSTPARTUM, AND OTHER HEALTH CARE
21	SERVICES DELIVERED BY LICENSED HEALTH CARE PROVIDERS INTO THE
22	SERVICES CURRENTLY PROVIDED AT THE TREATMENT FACILITY.
23	(II) A TREATMENT FACILITY THAT IS AWARDED A GRANT MAY USE
24	THE GRANT TO HIRE CLINICAL STAFF AND TO PROVIDE CLINICAL UPDATES,
25	INCLUDING TRAINING STAFF AND UPGRADING AND CHANGING
26	TECHNOLOGY PLATFORMS TO SUPPORT INTEGRATED CARE, IN ORDER TO
27	PERFORM OBSTETRIC AND GYNECOLOGICAL HEALTH CARE WITHIN THE

-15- 228

1	TREATMENT FACILITY. A TREATMENT FACILITY WITH LOW PATIENT
2	VOLUME MAY PARTNER WITH OTHER TREATMENT FACILITIES AND CLINICS
3	TO PROVIDE INTEGRATED CARE.
4	(b) (I) A CLINIC THAT IS AWARDED A GRANT SHALL INTEGRATE
5	BEHAVIORAL HEALTH CARE SERVICES PROVIDED BY SOCIAL WORKERS AND
6	OTHER BEHAVIORAL HEALTH CARE PROFESSIONALS LICENSED PURSUANT
7	TO ARTICLE 43 OF TITLE 12, INCLUDING MENTAL HEALTH SERVICES,
8	SUBSTANCE USE DISORDER TREATMENT, OR MEDICATION-ASSISTED
9	TREATMENT, INTO THE HEALTH CARE SERVICES CURRENTLY PROVIDED AT
10	THE CLINIC.
11	(II) A CLINIC MAY USE THE GRANT FOR SERVICES INCLUDING
12	TRAINING CLINICAL STAFF, UPGRADING AND CHANGING TECHNOLOGY
13	PLATFORMS TO SUPPORT INTEGRATED CARE, EMPLOYING BEHAVIORAL
14	HEALTH CARE PROVIDERS, AND COORDINATING AND REFERRING PATIENTS
15	TO BEHAVIORAL HEALTH CARE PROVIDERS OUTSIDE THE CLINIC.
16	(4) The state board of human services within the
17	DEPARTMENT, IN CONSULTATION WITH THE OFFICE OF BEHAVIORAL
18	HEALTH, MAY PROMULGATE RULES TO IMPLEMENT THE PILOT PROGRAM.
19	THE RULES MUST INCLUDE:
20	(a) THE PROCEDURES AND TIMELINES BY WHICH A TREATMENT
21	FACILITY OR CLINIC MAY APPLY FOR A GRANT;
22	(b) GRANT APPLICATION CONTENTS; AND
23	(c) Criteria for determining eligibility for and the amount
24	OF EACH GRANT AWARDED TO A TREATMENT FACILITY OR CLINIC.
25	(5) THE EXECUTIVE DIRECTOR SHALL DETERMINE A PROCESS TO
26	EVALUATE THE GRANT RECIPIENTS AND THE INTEGRATION OF HEALTH
27	CARE RESULTING FROM THE PILOT PROGRAM. THE OFFICE OF BEHAVIORAL

-16- 228

1	HEALTH SHALL REPORT THE RESULTS OF THE PILOT PROGRAM TO THE
2	HEALTH CARE AND HUMAN SERVICES AND THE HEALTH AND INSURANCE
3	COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE HEALTH AND
4	HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR
5	COMMITTEES.
6	27-82-204. Funding for pilot program. (1) (a) FOR THE 2019-20
7	THROUGH 2021-22 FISCAL YEARS, THE GENERAL ASSEMBLY SHALL
8	APPROPRIATE MONEY EACH FISCAL YEAR FROM THE MARIJUANA TAX CASH
9	FUND CREATED IN SECTION 39-28.8-501 (1) TO THE DEPARTMENT, FOR
10	ALLOCATION TO THE OFFICE OF BEHAVIORAL HEALTH TO IMPLEMENT THE
11	PILOT PROGRAM. THE OFFICE OF BEHAVIORAL HEALTH MAY USE A PORTION
12	OF THE MONEY ANNUALLY APPROPRIATED FOR THE PILOT PROGRAM TO
13	PAY THE DIRECT AND INDIRECT COSTS INCURRED TO ADMINISTER THE
14	PILOT PROGRAM.
15	(b) IF ANY UNEXPENDED OR UNCOMMITTED MONEY APPROPRIATED
16	FOR THE 2019-20 OR 2020-21 FISCAL YEAR REMAINS AT THE END OF
17	EITHER FISCAL YEAR, THE OFFICE OF BEHAVIORAL HEALTH MAY EXPEND
18	THE MONEY IN ACCORDANCE WITH THIS SECTION IN THE SUCCEEDING
19	FISCAL YEAR WITHOUT FURTHER APPROPRIATION. ANY UNEXPENDED OR
20	UNCOMMITTED MONEY REMAINING AT THE END OF THE 2021-22 FISCAL
21	YEAR REVERTS TO THE MARIJUANA TAX CASH FUND CREATED IN SECTION
22	39-28.8-501 (1).
23	(2) THE DEPARTMENT MAY SOLICIT, ACCEPT, AND EXPEND ANY
24	GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES TO
25	IMPLEMENT OR ADMINISTER THE PILOT PROGRAM.
26	27-82-205. Repeal of part. This part 2 is repealed, effective
27	DECEMBER 31, 2022.

-17- 228

	=
	SECTION 14. In Colorado Revised Statutes, add to article 30
<u>as r</u>	relocated by House Bill 19-1172 12-30-111 as follows:
	12-30-111. Demonstrated competency - opiate prescribers -
rul	es - definition - repeal. (1) (a) THE APPLICABLE LICENSING BOARD
FOR	EACH LICENSED HEALTH CARE PROVIDER SHALL PROMULGATE RULES
THA	T REQUIRE EACH LICENSED HEALTH CARE PROVIDER, AS A CONDITION
OF I	RENEWING, REACTIVATING, OR REINSTATING A LICENSE ON OR AFTER
OC.	TOBER 1, 2019, TO COMPLETE UP TO FOUR CREDIT HOURS OF TRAINING
PER	LICENSING CYCLE IN ORDER TO DEMONSTRATE COMPETENCY
REG	ARDING: BEST PRACTICES FOR OPIOID PRESCRIBING, ACCORDING TO
THE	MOST RECENT VERSION OF THE DIVISION'S GUIDELINES FOR THE SAFE
PRE	SCRIBING AND DISPENSING OF OPIOIDS; RECOGNITION OF SUBSTANCE
USE	DISORDERS; REFERRAL OF PATIENTS WITH SUBSTANCE USE DISORDERS
FOR	TREATMENT; AND THE USE OF THE ELECTRONIC PRESCRIPTION DRUG
MOl	NITORING PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF THIS TITLE
<u>12.</u>	
	(b) THE RULES PROMULGATED BY EACH BOARD SHALL EXEMPT A
LICI	ENSED HEALTH CARE PROVIDER WHO:
	(I) MAINTAINS A NATIONAL BOARD CERTIFICATION THAT REQUIRES
EQL	IVALENT SUBSTANCE USE PREVENTION TRAINING; OR
	(II) ATTESTS TO THE APPROPRIATE BOARD THAT THE HEALTH CARE
PRO	VIDER DOES NOT PRESCRIBE OPIOIDS.
	(2) FOR THE PURPOSES OF THIS SECTION, "LICENSED HEALTH CARE
<u>PRO</u>	VIDER" INCLUDES A PHYSICIAN, PHYSICIAN ASSISTANT, PODIATRIST,
DEN	ITIST, ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY,

-18-

1	OPTOMETRIST, AND VETERINARIAN LICENSED PURSUANT TO THIS TITLE 12.
2	_
3	SECTION 15. In Colorado Revised Statutes, add to article 240
4	as relocated by House Bill 19-1172 12-240-145 as follows:
5	12-240-145. Prescription medications - financial benefit for
6	prescribing prohibited. A PHYSICIAN OR PHYSICIAN ASSISTANT SHALL
7	NOT ACCEPT ANY DIRECT OR INDIRECT BENEFIT FROM A PHARMACEUTICAL
8	MANUFACTURER OR PHARMACEUTICAL REPRESENTATIVE FOR PRESCRIBING
9	A SPECIFIC MEDICATION TO A PATIENT. FOR THE PURPOSES OF THIS
10	SECTION, A DIRECT OR INDIRECT BENEFIT DOES NOT INCLUDE A BENEFIT
11	OFFERED TO A PHYSICIAN OR PHYSICIAN ASSISTANT REGARDLESS OF
12	WHETHER THE SPECIFIC MEDICATION IS BEING PRESCRIBED.
13	SECTION 16. In Colorado Revised Statutes, 12-255-112, add as
14	relocated by House Bill 19-1172 (12) as follows:
15	12-255-112. Prescriptive authority - advanced practice nurses
16	- limits on opioid prescriptions - rules - financial benefit for
17	prescribing prohibited - repeal. (12) AN ADVANCED PRACTICE NURSE
18	SHALL NOT ACCEPT ANY DIRECT OR INDIRECT BENEFIT FROM A
19	PHARMACEUTICAL MANUFACTURER OR PHARMACEUTICAL
20	REPRESENTATIVE FOR PRESCRIBING A SPECIFIC MEDICATION TO A PATIENT.
21	FOR THE PURPOSES OF THIS SECTION, A DIRECT OR INDIRECT BENEFIT DOES
22	NOT INCLUDE A BENEFIT OFFERED TO AN ADVANCED PRACTICE NURSE
23	REGARDLESS OF WHETHER THE SPECIFIC MEDICATION IS BEING
24	PRESCRIBED.
25	SECTION 17. In Colorado Revised Statutes, 12-280-124, add as
26	relocated by House Bill 19-1172 (3) as follows:
2.7	12-280-124. Labeling - rules. (3) THE BOARD SHALL

-19-

1	PROMULGATE RULES CONCERNING THE LABELING REQUIREMENTS FOR A
2	PRESCRIPTION DRUG THAT IS DISPENSED TO A PATIENT FOR OUTPATIENT
3	USE AND CONTAINS AN OPIOID, EXCEPT FOR AN OPIOID PRESCRIBED FOR
4	TREATMENT OF A SUBSTANCE USE DISORDER OR THAT IS A PARTIAL OPIOID
5	ANTAGONIST, WHICH RULES MUST INCLUDE A WARNING TO INDICATE RISKS
6	SUCH AS OVERDOSE AND ADDICTION.
7	SECTION 18. In Colorado Revised Statutes, 12-280-404, add as
8	relocated by House Bill 19-1172 (3)(l) as follows:
9	12-280-404. Program operation - access - rules - definitions -
10	repeal. (3) The program is available for query only to the following
11	persons or groups of persons:
12	(1) A MEDICAL EXAMINER WHO IS A PHYSICIAN LICENSED
13	PURSUANT TO ARTICLE 240 OF THIS TITLE 12, WHOSE LICENSE IS IN GOOD
14	STANDING, AND WHO IS LOCATED AND EMPLOYED IN THE STATE OF
15	COLORADO, OR A CORONER ELECTED PURSUANT TO SECTION 30-10-601,
16	IF:
17	(I) THE INFORMATION RELEASED IS SPECIFIC TO AN INDIVIDUAL
18	WHO IS THE SUBJECT OF AN AUTOPSY CONDUCTED BY THE MEDICAL
19	EXAMINER OR CORONER;
20	(II) THE MEDICAL EXAMINER OR THE CORONER HAS LEGITIMATE
21	ACCESS TO THE INDIVIDUAL'S MEDICAL RECORD; AND
22	(III) THE INDIVIDUAL'S DEATH OR INJURY OCCURRED UNDER
23	UNUSUAL, SUSPICIOUS, OR UNNATURAL CIRCUMSTANCES.
24	SECTION 19. Appropriation. (1) For the 2019-20 state fiscal
25	year, \$1,192,367 is appropriated to the department of human services for
26	use by the office of behavioral health. This appropriation is from the
27	marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To

-20-

1	implement this act, the office may use this appropriation as follows:
2	(a) \$692,367 for the maternal and child health pilot program.
3	which amount is based on an assumption that the office will require an
4	additional 1.6 FTE; and
5	(b) \$500,000 for the Charlie Hughes and Nathan Guana opioid
6	prevention grant program to improve young lives, which amount is based
7	on an assumption that the office will require an additional 0.5 FTE.
8	(2) For the 2019-20 state fiscal year, \$1,100,000 is appropriated
9	to the department of higher education for use by the regents of the
10	university of Colorado. This appropriation is from the marijuana tax cash
11	fund created in section 39-28.8-501 (1), C.R.S. To implement this act, the
12	regents may use this appropriation for allocation to the center for research
13	into substance use disorder prevention, treatment, and recovery support
14	strategies.
15	(3) For the 2019-20 state fiscal year, \$2,000,000 is appropriated
16	to the department of public health and environment. This appropriation
17	is from the marijuana tax cash fund created in section 39-28.8-501 (1).
18	C.R.S. To implement this act, the office may use this appropriation as
19	follows:
20	(a) \$71,852 for use by the prevention services division for
21	administration, which amount is based on an assumption that the division
22	will require an additional 0.9 FTE;
23	(b) \$1,564,148 for distributions to local public health agencies:
24	and
25	(c) \$364,000 for personal services related to health statistics and
26	vital records.
27	

-21- 228

1	SECTION 20. Effective date - applicability. (1) This act takes
2	effect upon passage; except that <u>sections</u> 13 to 17 of this act take effect
3	only if House Bill 19-1172 becomes law, in which case <u>sections</u> 13 to 17
4	take effect October 1, 2019.
5	(2) This act applies to conduct occurring on or after the effective
6	date of this act.
7	SECTION 21. Safety clause. The general assembly hereby finds,
8	determines, and declares that this act is necessary for the immediate
9	preservation of the public peace, health, and safety.

-22- 228