

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. 24-0313.01 Brita Darling x2241

SENATE BILL 24-047

SENATE SPONSORSHIP

Jaquez Lewis and Priola,

HOUSE SPONSORSHIP

Young and Epps, Kipp

Senate Committees
Health & Human Services
Finance
Appropriations

House Committees

A BILL FOR AN ACT
101 **CONCERNING THE PREVENTION OF 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.
Sections 1 through 8 of the bill:**

- Exempt veterinarians from complying with specific aspects of the prescription drug monitoring program (program) that are specific to prescriptions for human patients;
- Add reporting requirements for gabapentin, in addition to

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.*

- prescriptions for controlled substances in this state, to the program;
- Allow the medical director of a medical practice or hospital to appoint designees to query the program on behalf of a practitioner in the medical practice or hospital setting;
- Allow the department of health care policy and financing to access the program, consistent with federal data privacy requirements, for purposes of care coordination, utilization review, and federally required reporting relating to recipients of certain benefits; and
- Update current language in the laws relating to the program by using more modern terminology.

Sections 9 and 11 create the substance use disorder prevention gap grant program (grant program) in the department of public health and environment (department). The grant program provides grants to community-based organizations to fill gaps in funding for substance use disorder prevention services in areas of highest need, including community-oriented, children-oriented, youth-oriented, and family-oriented prevention services.

The department, in conjunction with the Colorado substance use disorders prevention collaborative (prevention collaborative), shall create a publicly available prevention services gap assessment tool to direct grant program awards to areas of highest need. After review of applications, the prevention collaborative shall make recommendations to the department, and, subject to available appropriations, the department shall award 2-year grants based on those recommendations.

The bill requires the department to administer the grant program and application process and authorizes the executive director of the department to promulgate rules as necessary to implement the grant program. The department shall begin accepting grant applications no later than December 31, 2024.

The bill requires the general assembly to appropriate to the department \$1,500,000 from the general fund to implement the grant program. The grant program repeals in 2028.

Section 10 permits a multidisciplinary and multiagency drug overdose fatality review team established for a county, a city and county, a group of counties or cities and counties, or an Indian tribe (local team) to request and receive information from certain specified persons and entities as necessary to carry out the purpose and duties of the local team. Upon written request of the chair of a local team, a person or entity shall provide the local team with information and records regarding the person whose death or near death is being reviewed by the local team.

A person or entity that receives a records request from a local team may charge the local team a reasonable fee for the service of duplicating any records requested by the local team.

A person or entity, including a local or state agency, that provides information or records to a local team 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.

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. The bill requires each person at a local team meeting to sign a confidentiality form before reviewing information and records received by the local team. Local team meetings in which confidential information is discussed are exempt from the open meetings provisions of the "Colorado Sunshine Act of 1972".

A local team shall maintain the confidentiality of information provided to the local team as required by state and federal law, and information and records acquired or created by a local team are not subject to inspection pursuant to the "Colorado Open Records Act". 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.

Section 12 requires the department of health care policy and financing to publish guidance for providers concerning reimbursement for all variations of screening, brief intervention, and referral to treatment interventions.

Section 13 requires the substance use screening, brief intervention, and referral to treatment grant program to implement:

- 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; and
- A statewide substance use screening, brief intervention, and referral practice 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.

Current law authorizes the center for research into substance use disorder prevention, treatment, and recovery support strategies (center) to conduct a statewide perinatal substance use data linkage project (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. **Section 14:**

- Requires the center to conduct the data linkage project;

- Requires the data linkage project to utilize data from additional state and federal programs; and
- Expands the data linkage project to examine the education of pregnant and postpartum women with substance use disorders.

Section 15 authorizes the university of Colorado school of medicine (school of medicine) to conduct a statewide opioid use disorder prevalence data linkage project (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 individuals with opioid misuse or use disorders. The bill includes sources of data to be used in the data linkage project. The governor's office of information technology shall perform secure linkage and anonymization of the data. The school of medicine will report annually to certain committees of the general assembly on the data linkage project and its outcomes.

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

2 **SECTION 1.** In Colorado Revised Statutes, 12-30-109, **amend**
3 (4)(e); and **repeal** (4)(f) as follows:

4 **12-30-109. Prescriptions - limitations - definition - rules.**

5 (4) As used in this section, "prescriber" means:

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

9 **SECTION 2.** In Colorado Revised Statutes, 12-280-401, **amend**
10 (1)(b), (1)(c), and (1)(d) as follows:

11 **12-280-401. Legislative declaration.** (1) The general assembly
12 finds, determines, and declares that:

13 (b) Prescription drug misuse occurs at times due to the deception
14 of ~~the~~ authorized practitioners, where patients seek controlled substances
15 for treatment and the practitioner is unaware of the patient's other medical
16 providers and treatments;

6 (d) Electronic monitoring of prescriptions for controlled
7 substances AND GABAPENTINOIDS provides a mechanism for law
8 enforcement officials and regulatory boards to efficiently investigate
9 practitioner behavior that is potentially harmful to the public.

10 **SECTION 3.** In Colorado Revised Statutes, 12-280-402, add
11 (2.3) and (2.5) as follows:

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

14 (2.3) "HOSPITAL" MEANS A HOSPITAL LICENSED OR CERTIFIED
15 PURSUANT TO SECTION 25-1.5-103.

19 **SECTION 4.** In Colorado Revised Statutes, 12-280-403, amend
20 (1) introductory portion, (1)(c), (2)(a), (2)(b), (2)(c), and (3) as follows:

12-280-403. Prescription drug use monitoring program -
registration required - applications - rules - appropriation - repeal.

23 (1) The board shall develop or procure a ~~prescription controlled~~
24 ~~substance~~ PRESCRIPTION DRUG electronic program to track information
25 regarding prescriptions for controlled substances AND GABAPENTINOIDS
26 dispensed in Colorado, including the following information:

27 (c) The name and amount of the controlled substance AND THE

1 AMOUNT OF THE GABAPENTINOIDS;

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

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

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

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

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

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

24 (A) Ensuring that access to the program by the practitioner's OR
25 MEDICAL DIRECTOR'S designee is limited to the purposes authorized in
26 section 12-280-404 ~~(3)(b) or (3)(d)~~ (3)(b), (3)(d), OR (3)(m), or that
27 access to the program by the pharmacist's designee is limited to the

1 purposes authorized in section 12-280-404 (3)(f), as the case may be, and
2 that access to the program occurs in a manner that protects the
3 confidentiality of the information obtained from the program; and

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

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

11 (3) Each practitioner and each dispensing pharmacy shall disclose
12 to a patient receiving a controlled substance OR GABAPENTINOID that his
13 or her THE PATIENT'S identifying prescription information will be entered
14 into the program database and may be accessed for limited purposes by
15 specified individuals.

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

19 **12-280-404. Program operation - access - rules - definitions.**

20 (2) (b) The rules adopted pursuant to subsection (2)(a) of this section
21 may:

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

27 (c) ~~The board shall determine if the program should track all~~

1 prescription drugs prescribed in this state. If the board makes such
2 determination, the board shall promulgate rules on or before June 1, 2022,
3 to include all prescription drugs in the program. If the board determines
4 that one or more prescription drugs should not be tracked through the
5 program, the board shall publicly note the justification for such exclusion
6 during the rule-making process. THE PROGRAM SHALL TRACK ALL
7 CONTROLLED SUBSTANCES AND GABAPENTINOIDS DISPENSED IN THIS
8 STATE. EACH PHARMACY SHALL UPLOAD ALL CONTROLLED SUBSTANCES
9 AND GABAPENTINOIDS DISPENSED IN EACH PHARMACY IN ACCORDANCE
10 WITH ALL APPLICABLE REPORTING REQUIREMENTS.

13 (b) Any A practitioner with the statutory authority to prescribe
14 controlled substances PRESCRIPTIVE AUTHORITY, or an individual
15 designated by the practitioner OR A MEDICAL DIRECTOR to act on his or her
16 THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with
17 section 12-280-403 (2)(b), to the extent the query relates to a current
18 patient of the practitioner. The practitioner or his or her THE
19 PRACTITIONER'S designee shall identify his or her THE PERSON'S area of
20 health-care specialty or practice upon the initial query of the program.

21 (c) (I) Any A veterinarian with statutory authority to prescribe
22 controlled substances, to the extent the query relates to a current patient
23 or to a client and if the veterinarian, in the exercise of professional
24 judgment, has a reasonable basis to suspect the client has committed drug
25 abuse A SUBSTANCE USE DISORDER or has mistreated an animal.

26 (d) A practitioner OR MEDICAL DIRECTOR, or an individual
27 designated by the practitioner OR MEDICAL DIRECTOR to act on his or her

1 THE PRACTITIONER'S OR MEDICAL DIRECTOR'S behalf in accordance with
2 section 12-280-403 (2)(b), engaged in a legitimate program to monitor a
3 patient's ~~drug abuse~~ SUBSTANCE USE DISORDER;

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

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

15 =

16 (n) (I) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
17 CARE POLICY AND FINANCING OR THE EXECUTIVE DIRECTOR'S DESIGNEE,
18 FOR THE PURPOSES OF CARE COORDINATION, UTILIZATION REVIEW, AND
19 FEDERALLY REQUIRED REPORTING PERTAINING TO RECIPIENTS OF BENEFITS
20 UNDER THE "COLORADO MEDICAL ASSISTANCE ACT", ARTICLES 4, 5, AND
21 6 OF TITLE 25.5, AND ENROLLEES UNDER THE "CHILDREN'S BASIC HEALTH
22 PLAN ACT", ARTICLE 8 OF TITLE 25.5, AS LONG AS THE DEPARTMENT'S USE
23 OF THE PROGRAM DATA IS CONSISTENT WITH THE FEDERAL "HEALTH
24 INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L.
25 104-191, AS AMENDED, AND ANY IMPLEMENTING REGULATIONS,
26 INCLUDING THE REQUIREMENT TO REMOVE ANY PERSONALLY IDENTIFYING
27 INFORMATION UNLESS EXEMPTED FROM THE REQUIREMENT.

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

24 **SECTION 6.** In Colorado Revised Statutes, 12-280-407, amend
25 (2) as follows:

26 12-280-407. Prescription drug outlets - prescribers -
27 responsibilities - liability. (2) A practitioner who has, in good faith,

1 written a prescription for a controlled substance OR GABAPENTINOID to a
2 patient is not liable for information submitted to the program. A
3 practitioner, THE DESIGNEE OF A PRACTITIONER OR MEDICAL DIRECTOR, or
4 prescription drug outlet ~~who~~ THAT has, in good faith, submitted the
5 required information to the program is not liable for participation in the
6 program.

7 **SECTION 7.** In Colorado Revised Statutes, 12-280-408, **amend**
8 (2) as follows:

9 **12-280-408. Exemption - waiver.** (2) A prescription drug outlet
10 that does not report controlled substance ~~AND~~ GABAPENTINOID data to the
11 program due to a lack of electronic automation of the outlet's business
12 may apply to the board for a waiver from the reporting requirements.

13 **SECTION 8.** In Colorado Revised Statutes, **repeal** 12-315-126
14 as follows:

15 **12-315-126. Prescriptions - limitations.** ~~A veterinarian is subject~~
16 to the limitations on prescriptions specified in section 12-30-109.

17 ~~=====~~

18 **SECTION 9.** In Colorado Revised Statutes, **add** part 22 to article
19 20.5 of title 25 as follows:

20 **PART 22**

21 **LOCAL OVERDOSE FATALITY REVIEW**

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

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

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

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

25-20.5-2202. 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:

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

16 (a) A CORONER OR MEDICAL EXAMINER;

17 (b) A FIRE DEPARTMENT;

18 (c) A HEALTH-CARE FACILITY;

19 (d) A HOSPITAL;

20 (e) A STATE OR LOCAL LAW ENFORCEMENT AGENCY;

21 (f) A STATE OR LOCAL GOVERNMENTAL AGENCY, INCLUDING THE

22 DEPARTMENT OF HUMAN SERVICES, INCLUDING THE BEHAVIORAL HEALTH

23 ADMINISTRATION; THE DEPARTMENT OF PUBLIC HEALTH AND

24 ENVIRONMENT, SO LONG AS THE DEPARTMENT OF PUBLIC HEALTH AND

25 ENVIRONMENT CREATED OR HOLDS THE RECORDS AND THE RELEASE DOES

26 NOT VIOLATE ANY AGREEMENT NOT TO RELEASE THE RECORDS; THE

27 DEPARTMENT OF LAW; THE OFFICE OF STATE PUBLIC DEFENDER; THE

1 DEPARTMENT OF CORRECTIONS; AND THE STATE BOARD OF PAROLE;

2 (g) A BEHAVIORAL HEALTH ENTITY;

3 (h) A HEALTH-CARE PROVIDER;

4 (i) A SUBSTANCE USE DISORDER TREATMENT PROVIDER;

5 (j) A SCHOOL, INCLUDING A PUBLIC OR PRIVATE ELEMENTARY,

6 MIDDLE, JUNIOR HIGH, OR HIGH SCHOOL, OR A PUBLIC OR PRIVATE

7 INSTITUTION OF POSTSECONDARY EDUCATION DESCRIBED IN TITLE 23,

8 INCLUDING THE AURARIA HIGHER EDUCATION CENTER CREATED IN

9 ARTICLE 70 OF TITLE 23;

10 (k) A SOCIAL SERVICES PROVIDER;

11

12 (l) GROUND OR AIR AMBULANCE SERVICE AGENCIES; AND

13 (m) ANY OTHER PERSON OR ENTITY THAT IS IN POSSESSION OF

14 RECORDS THAT ARE, AS DETERMINED BY THE LOCAL TEAM, PERTINENT TO

15 THE LOCAL TEAM'S INVESTIGATION OF AN OVERDOSE FATALITY.

16 (3) (a) A PERSON, AGENCY, OR ENTITY SHALL PROVIDE REQUESTED

17 INFORMATION TO THE LOCAL TEAM WITHIN FIVE BUSINESS DAYS AFTER

18 RECEIPT OF THE WRITTEN REQUEST, EXCLUDING WEEKENDS AND

19 HOLIDAYS, UNLESS AN EXTENSION IS GRANTED BY THE CHAIR OF THE

20 LOCAL TEAM. WRITTEN REQUESTS MAY INCLUDE A REQUEST SUBMITTED

21 VIA E-MAIL OR FACSIMILE TRANSMISSION.

22 (b) A PERSON, AGENCY, OR ENTITY THAT RECEIVES A RECORDS

23 REQUEST FROM A LOCAL TEAM PURSUANT TO THIS SECTION MAY CHARGE

24 THE LOCAL TEAM A REASONABLE FEE FOR THE SERVICE OF DUPLICATING

25 ANY RECORDS REQUESTED BY THE LOCAL TEAM.

26 (4) THE DISCLOSURE OR REDISCLOSURE, IN ACCORDANCE WITH

27 THIS SECTION, OF A MEDICAL RECORD DEVELOPED IN CONNECTION WITH

1 THE PROVISION OF SUBSTANCE USE TREATMENT SERVICES, WITHOUT THE
2 AUTHORIZATION OF A PERSON IN INTEREST, IS SUBJECT TO ANY
3 LIMITATIONS THAT EXIST PURSUANT TO APPLICABLE STATE OR FEDERAL
4 LAW, INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C.
5 SEC. 290dd-2, AND 42 CFR 2.

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

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

13 (7) SO LONG AS EACH INDIVIDUAL PRESENT AT A LOCAL TEAM
14 MEETING HAS SIGNED THE CONFIDENTIALITY FORM DESCRIBED IN SECTION
15 25-20.5-2203, ANY INFORMATION RECEIVED BY THE CHAIR OF THE LOCAL
16 TEAM IN RESPONSE TO A REQUEST UNDER THIS SECTION MAY BE SHARED
17 AT A LOCAL TEAM MEETING WITH LOCAL TEAM MEMBERS AND ANY
18 NONMEMBER ATTENDEES.

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

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

27 **25-20.5-2203. Confidentiality - closed meetings - records not**

1 **open to inspection - civil liability.** (1) LOCAL TEAM MEETINGS IN WHICH
2 CONFIDENTIAL INFORMATION IS DISCUSSED ARE EXEMPT FROM THE OPEN
3 MEETINGS PROVISIONS OF THE "COLORADO SUNSHINE ACT OF 1972", PART
4 4 OF ARTICLE 6 OF TITLE 24, AND MUST BE CLOSED TO THE PUBLIC.

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

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

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

26 (4) INFORMATION AND RECORDS ACQUIRED OR CREATED BY A
27 LOCAL TEAM ARE NOT SUBJECT TO INSPECTION PURSUANT TO THE

1 "COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF TITLE 24.

2 (5) SUBSTANCE USE DISORDER TREATMENT RECORDS REQUESTED
3 OR PROVIDED TO THE LOCAL TEAM ARE SUBJECT TO ANY ADDITIONAL
4 LIMITATIONS ON REDISCLOSURE OF A MEDICAL RECORD DEVELOPED IN
5 CONNECTION WITH THE PROVISIONS OF SUBSTANCE USE DISORDER
6 TREATMENT SERVICES PURSUANT TO APPLICABLE STATE OR FEDERAL LAW,
7 INCLUDING A STATE LAW LISTED IN SECTION 25-1-1202, 42 U.S.C. SEC.
8 290dd-2, AND 42 CFR 2.

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

16 (7) A LOCAL TEAM AND ANY NONMEMBER PARTICIPATING IN AN
17 OVERDOSE FATALITY REVIEW SHALL MAINTAIN THE CONFIDENTIALITY OF
18 INFORMATION PROVIDED TO THE LOCAL TEAM AS REQUIRED BY STATE AND
19 FEDERAL LAW. A MEMBER OF A LOCAL TEAM OR A PARTICIPATING
20 NONMEMBER WHO SHARES CONFIDENTIAL INFORMATION IN VIOLATION OF
21 THIS SECTION IS IMMUNE FROM CIVIL AND CRIMINAL LIABILITY IF THE
22 PERSON ACTED IN GOOD FAITH COMPLIANCE WITH THE PROVISIONS OF THIS
23 PART 22.

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

27 (9) THIS SECTION DOES NOT PROHIBIT A LOCAL TEAM FROM

1 REQUESTING THE ATTENDANCE AT A TEAM MEETING OF A PERSON WHO
2 HAS INFORMATION RELEVANT TO THE TEAM'S EXERCISE OF ITS PURPOSE
3 AND DUTIES.

4 =====

5 **SECTION 10.** In Colorado Revised Statutes, **add** 25.5-4-431 as
6 follows:

7 **25.5-4-431. Reimbursement guidance for screening, brief
intervention, and referral to treatment.** THE STATE DEPARTMENT SHALL
9 PUBLISH GUIDANCE FOR PROVIDERS CONCERNING REIMBURSEMENT FOR
10 ALL VARIATIONS OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO
11 TREATMENT INTERVENTIONS.

12 **SECTION 11.** In Colorado Revised Statutes, 25.5-5-208, **amend**
13 (1) introductory portion; and **add** (1)(a.3) and (1)(a.5) as follows:

14 **25.5-5-208. Additional services - training - grants - screening,
brief intervention, and referral.** (1) On or after July 1, 2018, the state
16 department shall grant, through a competitive grant program, one million
17 five hundred thousand dollars to one or more organizations to operate a
18 substance ~~abuse~~ USE screening, brief intervention, and referral to
19 treatment practice. The grant program must require:

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

27 (a.5) IMPLEMENTATION OF A STATEWIDE SUBSTANCE USE

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

7 **SECTION 12.** In Colorado Revised Statutes, 27-80-121, **amend**
8 (1) and (3) as follows:

9 **27-80-121. Perinatal substance use data linkage project -**
10 **center for research into substance use disorder prevention,**
11 **treatment, and recovery support strategies - report.** (1) The center for
12 research into substance use disorder prevention, treatment, and recovery
13 support strategies established in section 27-80-118, referred to in this
14 section as the "center", in partnership with an institution of higher
15 education and the state substance abuse trend and response task force
16 established in section 18-18.5-103, ~~may~~ SHALL conduct a statewide
17 perinatal substance use data linkage project that uses ongoing collection,
18 analysis, interpretation, and dissemination of data for the planning,
19 implementation, and evaluation of public health actions to improve
20 outcomes for families impacted by substance use during pregnancy. The
21 data linkage project shall utilize data from the medical assistance program
22 ESTABLISHED IN articles 4 to 6 of title 25.5; the electronic prescription
23 drug monitoring program created in part 4 of article 280 of title 12; the
24 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the
25 Colorado immunization information system created pursuant to ~~section~~
26 ~~25-4-2401, et seq.~~ PART 24 OF ARTICLE 4 OF TITLE 25; the Colorado child
27 care assistance program created in part 1 of article 4 of title 26.5; the

1 BHA; THE EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS
2 UNDER PART C OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES
3 EDUCATION ACT", 20 U.S.C. SEC. 1400 ET SEQ.; THE SUPPLEMENTAL
4 NUTRITION ASSISTANCE PROGRAM ESTABLISHED IN PART 3 OF ARTICLE 2
5 OF TITLE 26; THE COLORADO DEPARTMENT OF EDUCATION; OTHER DATA
6 SOURCES RELATED TO MATERNAL HEALTH, AS COLLECTED BY THE
7 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT; THE
8 COLORADO ALL-PAYER HEALTH CLAIMS DATABASE DESCRIBED IN SECTION
9 25.5-1-204; FAMILY EXPERIENCES AND PROVIDER PERSPECTIVES, WHEN
10 NECESSARY; and birth and death records to examine the following:

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

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

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

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

26 (3) The data linkage project may conduct ongoing research related
27 to the incidence of perinatal substance exposure or related infant and

1 family health, EDUCATION, and human service outcomes based on the
2 standards specified in sections 19-1-103 (1)(a)(VII) and 19-3-102 (1)(g)
3 for determining child abuse or neglect or whether a child is neglected or
4 dependent.

5 =====

6 **SECTION 13. Appropriation.** (1) For the 2024-25 state fiscal
7 year, \$75,000 is appropriated to the department of health care policy and
8 financing for use by the executive director's office. This appropriation is
9 from the general fund. To implement this act, the office may use this
10 appropriation for general professional services and special projects.

11 (2) For the 2024-25 state fiscal year, the general assembly
12 anticipates that the department of health care policy and financing will
13 receive \$75,000 in federal funds to implement this act, which amount is
14 subject to the "(I)" notation as defined in the annual general appropriation
15 act for the same fiscal year. The appropriation in subsection (1) of this
16 section is based on the assumption that the department will receive this
17 amount of federal funds to be used for general professional services and
18 special projects.

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

26 **SECTION 14. Safety clause.** The general assembly finds,
27 determines, and declares that this act is necessary for the immediate

1 preservation of the public peace, health, or safety or for appropriations for
2 the support and maintenance of the departments of the state and state
3 institutions.