

Second Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 24-0313.01 Brita Darling x2241

**SENATE BILL 24-047**

**SENATE SPONSORSHIP**

**Jaquez Lewis and Priola**, Cutter, Michaelson Jenet

**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.*

SENATE  
3rd Reading Unamended  
April 24, 2024

SENATE  
Amended 2nd Reading  
April 23, 2024

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.

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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;

1 (c) Electronic monitoring of prescriptions for controlled  
2 substances AND GABAPENTINOIDS provides a mechanism whereby  
3 practitioners can discover the extent of each patient's requests for drugs  
4 and whether other providers have prescribed similar substances during a  
5 similar period of time; AND

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.

16 (2.5) "MEDICAL DIRECTOR" MEANS A MEDICAL DIRECTOR OR  
17 NURSE MEDICAL DIRECTOR OF A MEDICAL PRACTICE OR HOSPITAL IN THIS  
18 STATE WHO IS A "PRESCRIBER" AS DEFINED IN SECTION 12-30-111 (4).

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:

21 **12-280-403. Prescription drug use monitoring program -**  
22 **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.

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

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.

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

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

10 (a.5) ~~Each~~ A practitioner, EXCEPT A VETERINARIAN LICENSED  
11 PURSUANT TO PART 1 OF ARTICLE 315 OF THIS TITLE 12, or the  
12 ~~practitioner's~~ designee OF A PRACTITIONER OR MEDICAL DIRECTOR shall  
13 query the program before prescribing a benzodiazepine to a patient unless  
14 the benzodiazepine is prescribed to treat a patient in hospice or to treat  
15 epilepsy, a seizure or seizure disorder, a suspected seizure disorder,  
16 spasticity, alcohol withdrawal, or a neurological condition, including a  
17 posttraumatic brain injury or catatonia.

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.

1           (3) "LOCAL TEAM" MEANS A MULTIDISCIPLINARY AND  
2 MULTIAGENCY DRUG OVERDOSE FATALITY REVIEW TEAM ESTABLISHED  
3 FOR A COUNTY, A CITY AND COUNTY, A GROUP OF COUNTIES OR CITIES AND  
4 COUNTIES, OR AN INDIAN TRIBE.

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.

10           **25-20.5-2202. Overdose fatality review access to information**  
11 **- fees - disclosure - no liability for sharing records.** (1) THE CHAIR OF  
12 A LOCAL TEAM MAY REQUEST INFORMATION FROM A PERSON, AGENCY, OR  
13 ENTITY DESCRIBED IN SUBSECTION (2) OF THIS SECTION AS NECESSARY TO  
14 CARRY OUT THE PURPOSES AND DUTIES OF THE LOCAL TEAM THAT ARE SET  
15 FORTH IN THE ORDER, AGREEMENT, OR OTHER DOCUMENT ESTABLISHING  
16 THE LOCAL TEAM. SUBJECT TO SUBSECTION (4) OF THIS SECTION, BUT  
17 NOTWITHSTANDING ANY OTHER PROVISION OF STATE OR LOCAL LAW TO  
18 THE CONTRARY, UPON WRITTEN REQUEST OF THE CHAIR OF A LOCAL TEAM,  
19 A PERSON, AGENCY, OR ENTITY SHALL PROVIDE THE LOCAL TEAM WITH THE  
20 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

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

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

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 COMPULSION 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 **25-20.5-2204. Prohibition against any law enforcement use.**  
5 NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, LAW  
6 ENFORCEMENT SHALL NOT USE INFORMATION FROM ANY OVERDOSE  
7 FATALITY REVIEW FOR ANY LAW ENFORCEMENT PURPOSE, INCLUDING  
8 SURVEILLANCE, INCREASED LAW ENFORCEMENT PRESENCE, WELFARE  
9 CHECKS, WARRANT CHECKS, OR CRIMINAL INVESTIGATIONS.

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

13 **25.5-4-431. Reimbursement guidance for screening, brief**  
14 **intervention, and referral to treatment.** THE STATE DEPARTMENT SHALL  
15 PUBLISH GUIDANCE FOR PROVIDERS CONCERNING REIMBURSEMENT FOR  
16 ALL VARIATIONS OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO  
17 TREATMENT INTERVENTIONS.

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

20 **25.5-5-208. Additional services - training - grants - screening,**  
21 **brief intervention, and referral.** (1) On or after July 1, 2018, the state  
22 department shall grant, through a competitive grant program, one million  
23 five hundred thousand dollars to one or more organizations to operate a  
24 substance ~~abuse~~ USE screening, brief intervention, and referral to  
25 treatment practice. The grant program must require:

26 (a.3) IMPLEMENTATION OF A STATEWIDE ADOLESCENT SUBSTANCE  
27 USE SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT

1 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR APPROPRIATE  
2 PROFESSIONALS IN COLORADO SCHOOLS, WITH THE PURPOSE OF  
3 IDENTIFYING STUDENTS WHO WOULD BENEFIT FROM SCREENING, BRIEF  
4 INTERVENTION, AND POTENTIAL REFERRAL TO RESOURCES, INCLUDING  
5 TREATMENT;

6 (a.5) IMPLEMENTATION OF A STATEWIDE SUBSTANCE USE  
7 SCREENING, BRIEF INTERVENTION, AND REFERRAL PRACTICE THAT  
8 INCLUDES TRAINING AND TECHNICAL ASSISTANCE FOR PEDIATRICIANS AND  
9 PROFESSIONALS IN PEDIATRIC SETTINGS, WITH THE PURPOSE OF  
10 IDENTIFYING ADOLESCENT PATIENTS WHO WOULD BENEFIT FROM  
11 SCREENING, BRIEF INTERVENTION, AND POTENTIAL REFERRAL TO  
12 RESOURCES, INCLUDING TREATMENT;

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

15 **27-80-121. Perinatal substance use data linkage project -**  
16 **center for research into substance use disorder prevention,**  
17 **treatment, and recovery support strategies - report.** (1) The center for  
18 research into substance use disorder prevention, treatment, and recovery  
19 support strategies established in section 27-80-118, referred to in this  
20 section as the "center", in partnership with an institution of higher  
21 education and the state substance abuse trend and response task force  
22 established in section 18-18.5-103, ~~may~~ SHALL conduct a statewide  
23 perinatal substance use data linkage project that uses ongoing collection,  
24 analysis, interpretation, and dissemination of data for the planning,  
25 implementation, and evaluation of public health actions to improve  
26 outcomes for families impacted by substance use during pregnancy. The  
27 data linkage project shall utilize data from the medical assistance program

1 ESTABLISHED IN articles 4 to 6 of title 25.5; the electronic prescription  
2 drug monitoring program created in part 4 of article 280 of title 12; the  
3 Colorado TRAILS system, as defined in section 16-20.5-102 (10); the  
4 Colorado immunization information system created pursuant to ~~section~~  
5 ~~25-4-2401, et seq.~~ PART 24 OF ARTICLE 4 OF TITLE 25; the Colorado child  
6 care assistance program created in part 1 of article 4 of title 26.5; the  
7 BHA; THE EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS  
8 UNDER PART C OF THE FEDERAL "INDIVIDUALS WITH DISABILITIES  
9 EDUCATION ACT", 20 U.S.C. SEC. 1400 ET SEQ.; THE COLORADO  
10 DEPARTMENT OF EDUCATION; OTHER DATA SOURCES RELATED TO  
11 MATERNAL HEALTH, AS COLLECTED BY THE COLORADO DEPARTMENT OF  
12 PUBLIC HEALTH AND ENVIRONMENT; THE COLORADO ALL-PAYER HEALTH  
13 CLAIMS DATABASE DESCRIBED IN SECTION 25.5-1-204; FAMILY  
14 EXPERIENCES AND PROVIDER PERSPECTIVES, WHEN NECESSARY; and birth  
15 and death records to examine the following:

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

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

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

27 (d) Costs associated with health-care, human service, EDUCATION,

1 and public health program provisions for pregnant and postpartum  
2 women with substance use disorders and their infants COMPARED TO THE  
3 GENERAL POPULATION.

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

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

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

24 (3) For the 2024-25 state fiscal year, \$250,000 is appropriated to  
25 the department of higher education for use by the Colorado commission  
26 on higher education and higher education special purpose programs. This  
27 appropriation is from the general fund. To implement this act, the division

1 may use this appropriation for the center for substance use disorder,  
2 prevention, treatment, and recovery support strategies at the university of  
3 Colorado health sciences center.

4           **SECTION 14. Safety clause.** The general assembly finds,  
5 determines, and declares that this act is necessary for the immediate  
6 preservation of the public peace, health, or safety or for appropriations for  
7 the support and maintenance of the departments of the state and state  
8 institutions.