

**First Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO**

**ENGROSSED**

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

LLS NO. 21-0586.01 Shelby Ross x4510

**SENATE BILL 21-137**

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**SENATE SPONSORSHIP**

**Pettersen and Winter,**

**HOUSE SPONSORSHIP**

**Michaelson Jenet and Kennedy,**

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

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**A BILL FOR AN ACT**

101      **CONCERNING THE "BEHAVIORAL HEALTH RECOVERY ACT OF 2021",**  
102      **AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

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**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>.)*

**Section 1** of the bill titles the bill the "Behavioral Health Recovery Act of 2021".

**Section 2** of the bill continues the requirement that a podiatrist must adhere to the limitations on prescribing opioids.

**Sections 3 and 4** of the bill continue the funding for the medication-assisted treatment expansion pilot program (pilot program) for

Shading denotes HOUSE amendment. Double underlining denotes SENATE 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.*

SENATE  
Amended 2nd Reading  
May 10, 2021

the 2020-21 through 2022-23 state fiscal years and repeal the pilot program on June 30, 2023.

**Section 5** of the bill expands the Colorado state university AgrAbility project (project) by providing funding for the project's rural rehabilitation specialists to provide information, services, and research-based, stress-assistance information, education, suicide prevention training, and referrals to behavioral health-care services to farmers, ranchers, agricultural workers, and their families to mitigate incidences of harmful responses to stress experienced by these individuals.

**Section 6** of the bill appropriates money to the department of public health and environment to address behavioral health disorders through public health prevention and intervention and to work with community partners to address behavioral health, mental health, and substance use priorities throughout the state.

**Section 7** of the bill continuously appropriates money to the harm reduction grant program.

**Section 8** of the bill requires a managed care organization (MCO) to notify a person's provider of approval of authorization of services no later than 24 hours after the submission of the request for services. The initial authorization for intensive residential treatment must be no less than 7 days, and the initial authorization for transitional residential treatment must be no less than 14 days. The initial authorization period may be longer if the MCO does not have sufficient information from the person's provider. MCOs shall continually authorize services in accordance with the person's provider if the MCO's determination conflicts with the provider's recommendation. MCOs shall provide specific justification for each denial of continued authorization for all 6 dimensions in the most recent edition of "The ASAM Criteria for Addictive, Substance-related, and Co-occurring Conditions".

**Section 9** of the bill requires the state medical assistance program (medicaid) to include screening for perinatal mood and anxiety disorders for each child enrolled in medicaid in accordance with the health resources and services administration guidelines. The screening must be made available to any person, regardless of whether the person is enrolled in medicaid, so long as the person's child is enrolled in medicaid.

**Section 10** of the bill requires the department of human services to develop a statewide data collection and information system to analyze implementation data and selected outcomes to identify areas for improvement, promote accountability, and provide insights to continually improve child and program outcomes.

**Section 11** of the bill requires the department of human services, in collaboration with the department of agriculture, to contract with a nonprofit organization primarily focused on serving agricultural and rural communities in Colorado to provide vouchers to individuals living in

rural and frontier communities in need of behavioral health-care services.

**Section 12** of the bill requires the center for research into substance use disorder prevention, treatment, and recovery support strategies to engage in community engagement activities to address substance use prevention, harm reduction, criminal justice response, treatment, and recovery.

**Section 13** of the bill continues the building substance use disorder treatment capacity in underserved communities grant program.

**Section 14** of the bill requires the perinatal substance use data linkage project to utilize data from multiple state-administered data sources when examining certain issues related to pregnant and postpartum women with substance use disorders and their infants.

**Section 15** of the bill requires the office of behavioral health to use a competitive selection process to select a recovery residence certifying body to certify recovery residences and educate and train recovery residence owners and staff on industry best practices.

**Section 16** of the bill requires the office of behavioral health to establish a program to provide temporary financial housing assistance to individuals with a substance use disorder who have no supportive housing options when the individual is transitioning out of a residential treatment setting and into recovery or receiving treatment for the individual's substance use disorder.

**Section 16** of the bill also creates the recovery support services grant program for the purpose of providing recovery-oriented services to individuals with a substance use and co-occurring mental health disorder.

**Section 17** of the bill continues the appropriation to the maternal and child health pilot program.

**Section 18** of the bill continues the program to increase public awareness concerning the safe use, storage, and disposal of opioids and the availability of nalaxone and other drugs used to block the effects of an opioid overdose.

**Section 19** of the bill continues the harm reduction grant program and the maternal and child health pilot program.

**Section 20** of the bill appropriates money to various state departments for certain programs.

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

2           **SECTION 1. Short title.** The short title of this act is the  
3 "Behavioral Health Recovery Act of 2021".

4                       
5           **SECTION 2.** In Colorado Revised Statutes, 12-30-109, **repeal (5)**

1 as follows:

2 **12-30-109. Prescribing opioids - limitations - definition -**  
3 **repeal. (5) This section is repealed, effective September 1, 2021.**

4 **SECTION 3. In Colorado Revised Statutes, 23-1-104, amend**  
5 **(1)(b)(II); and amend as it will become effective July 1, 2021, (1)(c) as**  
6 **follows:**

7 **23-1-104. Financing the system of postsecondary education -**  
8 **report. (1) (b) (II) For the 2010-11 fiscal year and for fiscal years**  
9 **beginning on or after July 1, 2016, the general assembly shall also make**  
10 **annual appropriations of cash funds, other than cash funds received as**  
11 **tuition income or as fees, as a single line item to each governing board for**  
12 **the operation of its campuses. Each governing board shall allocate said**  
13 **cash fund appropriations to the institutions under its control in the manner**  
14 **deemed most appropriate by the governing board; except that, if the**  
15 **general assembly appropriates money pursuant to section 23-31.5-112 OR**  
16 **27-80-118, that money is not included within the single line item**  
17 **appropriation described in this subsection (1)(b)(II).**

18 **(c) [Editor's note: This version of subsection (1)(c) introductory**  
19 **portion is effective July 1, 2021.] In addition to any appropriations made**  
20 **pursuant to subsection (1)(a) or (1)(b) of this section, the general**  
21 **assembly may make annual appropriations of general fund money and of**  
22 **money received pursuant to a fee-for-service contract negotiated by the**  
23 **board of governors of the Colorado state university system and the**  
24 **department of higher education, as described in section 23-18-303 or**  
25 **23-18-303.5, whichever is applicable, as separate line items to:**

26 **(I) The Colorado state forest service described in part 3 of article**  
27 **31 of this title TITLE 23;**

1           (II) The agricultural experiment station department of the  
2 Colorado state university described in part 6 of article 31 of this title; and  
3 TITLE 23;

4           (III) The Colorado state university cooperative extension service  
5 described in part 7 of article 31 of this title TITLE 23; AND

6           (IV) THE CENTER FOR RESEARCH INTO SUBSTANCE USE DISORDER  
7 PREVENTION, TREATMENT, AND RECOVERY SUPPORT STRATEGIES CREATED  
8 IN SECTION 27-80-118.

9           **SECTION 4.** In Colorado Revised Statutes, 23-21-808, **amend**  
10 (1) as follows:

11           **23-21-808. Funding for pilot program.** (1) (a) For the 2019-20  
12 and 2020-21 state fiscal years YEAR 2021-22, AND EACH STATE FISCAL  
13 YEAR THEREAFTER, the general assembly shall annually appropriate ~~two~~  
14 ~~THREE~~ million ~~five hundred thousand~~ dollars per fiscal year from the  
15 marijuana tax cash fund created in section 39-28.8-501 to the board of  
16 regents of the university of Colorado, for allocation to the center to  
17 implement and administer the MAT expansion pilot program. The center  
18 may use a portion of the money annually appropriated for the pilot  
19 program to pay the direct and indirect costs that the center incurs to  
20 administer the pilot program, as well as to provide consulting services to  
21 and oversight of grant recipients, for data collection and analysis,  
22 evaluation of the pilot program, and program reporting.

23           (b) If any unexpended or uncommitted money appropriated for a  
24 fiscal year remains at the end of that fiscal year, the center may expend  
25 the money in accordance with this section in the succeeding fiscal year.  
26 Any unexpended or uncommitted money remaining at the end of the  
27 2020-21 fiscal year reverts to the marijuana tax cash fund.

1           **SECTION 5.** In Colorado Revised Statutes, repeal 23-21-809 as  
2 follows:

3           **23-21-809. Repeal of part. This part 8 is repealed, effective June**  
4 **30, 2022.**

5           **SECTION 6.** In Colorado Revised Statutes, **add** 23-31-707 as  
6 follows:

7           **23-31-707. Colorado AgrAbility project - extension program**  
8 **- creation - appropriation - legislative declaration.** (1) THE GENERAL  
9 ASSEMBLY FINDS THAT COLORADO SHOULD EXPAND THE COLORADO  
10 AGRABILITY PROJECT BY PROVIDING FUNDING FOR THE PROJECT'S RURAL  
11 REHABILITATION SPECIALISTS WITH THE GOAL OF INFORMING, EDUCATING,  
12 AND ASSISTING FARMERS, RANCHERS, AND FARM WORKERS WITH  
13 DISABILITIES AND THEIR FAMILIES SO THEY CAN CONTINUE TO HAVE  
14 SUCCESSFUL CAREERS IN AGRICULTURE.

15           (2) COLORADO STATE UNIVERSITY SHALL IMPLEMENT AND  
16 ADMINISTER THE COLORADO AGRABILITY PROJECT, REFERRED TO IN THIS  
17 SECTION AS THE "AGRABILITY PROJECT", IN COOPERATION WITH THE  
18 FEDERAL GOVERNMENT PURSUANT TO THE "FOOD, AGRICULTURE,  
19 CONSERVATION, AND TRADE ACT OF 1990", AS AMENDED. COLORADO  
20 STATE UNIVERSITY SHALL EXPAND THE AGRABILITY PROJECT BY  
21 PROVIDING RURAL REHABILITATION SPECIALISTS WITH FUNDING TO  
22 PROVIDE INFORMATION, SERVICES, AND RESEARCH-BASED,  
23 STRESS-ASSISTANCE INFORMATION, EDUCATION, SUICIDE PREVENTION  
24 TRAINING, AND REFERRALS TO BEHAVIORAL HEALTH-CARE SERVICES TO  
25 FARMERS, RANCHERS, AGRICULTURAL WORKERS, AND THEIR FAMILIES TO  
26 MITIGATE INCIDENCES OF HARMFUL RESPONSES TO STRESS EXPERIENCED  
27 BY THESE INDIVIDUALS. RURAL REHABILITATION SPECIALISTS SHALL BE

1 CULTURALLY RESPONSIVE AND TRAUMA-INFORMED.

2 (3) FOR THE 2021-22 FISCAL YEAR, AND EACH FISCAL YEAR  
3 THEREAFTER, THE GENERAL ASSEMBLY SHALL ANNUALLY APPROPRIATE  
4 NINE HUNDRED THOUSAND DOLLARS TO COLORADO STATE UNIVERSITY  
5 FOR THE AGRABILITY PROJECT TO EXPAND BEHAVIORAL HEALTH  
6 EDUCATION AND SERVICES PURSUANT TO SUBSECTION (2) OF THIS SECTION.

7 (4) NOTHING IN THIS SECTION PREVENTS COLORADO STATE  
8 UNIVERSITY FROM COMPLYING WITH FEDERAL REQUIREMENTS FOR THE  
9 AGRABILITY PROJECT IN ORDER FOR COLORADO STATE UNIVERSITY TO  
10 QUALIFY FOR FEDERAL FUNDS UNDER THE FEDERAL "FOOD, AGRICULTURE,  
11 CONSERVATION, AND TRADE ACT OF 1990", AS AMENDED.

12 ==

13 **SECTION 7.** In Colorado Revised Statutes, 25-20.5-1102,  
14 **amend** (3); and **repeal** (4) as follows:

15 **25-20.5-1102. Harm reduction grant program cash fund -**  
16 **creation.** (3) ~~Subject to annual appropriation by the general assembly,~~  
17 ~~the department may expend money from the fund for the purposes of this~~  
18 ~~part~~ **11** MONEY IN THE FUND IS CONTINUOUSLY APPROPRIATED TO THE  
19 DEPARTMENT FOR THE IMPLEMENTATION OF THIS PART 11.

20 (4) ~~The state treasurer shall transfer all unexpended and~~  
21 ~~unencumbered money in the fund on September 1, 2024, to the general~~  
22 ~~fund.~~

23 **SECTION 8.** In Colorado Revised Statutes, 25.5-5-325, **add** (4)  
24 as follows:

25 **25.5-5-325. Residential and inpatient substance use disorder**  
26 **treatment - medical detoxification services - federal approval -**  
27 **performance review report.** (4) (a) A MANAGED CARE ORGANIZATION

1 SHALL NOTIFY A PERSON'S PROVIDER OF APPROVAL OF AUTHORIZATION OF  
2 SERVICES NO LATER THAN TWENTY-FOUR HOURS AFTER THE SUBMISSION  
3 OF THE REQUEST FOR SERVICES.

4 (b) (I) THE INITIAL AUTHORIZATION FOR INTENSIVE RESIDENTIAL  
5 TREATMENT MUST BE NO LESS THAN SEVEN DAYS, AND THE INITIAL  
6 AUTHORIZATION FOR TRANSITIONAL RESIDENTIAL TREATMENT MUST BE NO  
7 LESS THAN FOURTEEN DAYS.

8 (II) IF A MANAGED CARE ORGANIZATION DOES NOT HAVE  
9 SUFFICIENT DOCUMENTATION FROM THE PERSON'S PROVIDER, THE INITIAL  
10 AUTHORIZATION MAY BE LESS THAN REQUIRED PURSUANT TO SUBSECTION  
11 (4)(b)(I) OF THIS SECTION.

12 (c) A MANAGED CARE ORGANIZATION SHALL CONTINUALLY  
13 AUTHORIZE SERVICES IN ACCORDANCE WITH THE PERSON'S PROVIDER IF  
14 THE MANAGED CARE ORGANIZATION'S DETERMINATION CONFLICTS WITH  
15 THE PROVIDER'S RECOMMENDATION. THE MANAGED CARE ORGANIZATION  
16 MAY REQUEST ADDITIONAL INFORMATION ON THE RATIONALE FOR  
17 CONTINUED TREATMENT.

18 (d) A MANAGED CARE ORGANIZATION SHALL PROVIDE SPECIFIC  
19 JUSTIFICATION FOR EACH DENIAL OF CONTINUED AUTHORIZATION FOR ALL  
20 SIX DIMENSIONS IN THE MOST RECENT EDITION OF "THE ASAM CRITERIA  
21 FOR ADDICTIVE, SUBSTANCE-RELATED, AND CO-OCCURRING  
22 CONDITIONS".

23 **SECTION 9.** In Colorado Revised Statutes, **add 25.5-5-327** as  
24 follows:

25 **25.5-5-327. Screening for perinatal mood and anxiety**  
26 **disorder.** (1) FOR THE PARENT OF EACH CHILD ENROLLED IN THE MEDICAL  
27 ASSISTANCE PROGRAM IN THE STATE, THE PROGRAM MUST INCLUDE



1 SCREENING FOR PERINATAL MOOD AND ANXIETY DISORDERS IN  
2 ACCORDANCE WITH THE HEALTH RESOURCES AND SERVICES  
3 ADMINISTRATION GUIDELINES.

4 (2) THE SCREENING MUST BE MADE AVAILABLE TO THE PARENT OF  
5 EACH CHILD ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM,  
6 REGARDLESS OF WHETHER THE PARENT IS ENROLLED IN THE MEDICAL  
7 ASSISTANCE PROGRAM, SO LONG AS THE PARENT'S CHILD IS ENROLLED IN  
8 THE MEDICAL ASSISTANCE PROGRAM.

9 **SECTION 10.** In Colorado Revised Statutes, **add** 26-6.5-406 and  
10 26-6.5-407 as follows:

11 **26-6.5-406. Data collection - reporting.** (1) ON OR BEFORE JULY  
12 1, 2023, THE DEPARTMENT SHALL DEVELOP A STATEWIDE DATA  
13 COLLECTION AND INFORMATION SYSTEM TO ANALYZE IMPLEMENTATION  
14 DATA AND SELECTED OUTCOMES TO IDENTIFY AREAS FOR IMPROVEMENT,  
15 PROMOTE ACCOUNTABILITY, AND PROVIDE INSIGHTS TO CONTINUALLY  
16 IMPROVE CHILD AND PROGRAM OUTCOMES. THE DATA COLLECTION AND  
17 INFORMATION SYSTEM, AND ANY RELATED PROCESSES, MUST PLACE THE  
18 LEAST BURDEN POSSIBLE ON THE MENTAL HEALTH CONSULTANTS IN THE  
19 PROGRAM. IN SELECTING THE IMPLEMENTATION DATA AND OUTCOMES,  
20 THE DEPARTMENT SHALL INCORPORATE THE VARIABILITY ACROSS DIVERSE  
21 SETTINGS AND POPULATIONS.

22 (2) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE  
23 DEPARTMENT SHALL, BEGINNING IN 2023 AND CONTINUING EVERY TWO  
24 YEARS THEREAFTER, IN ITS PRESENTATION TO THE JOINT BUDGET  
25 COMMITTEE OF THE GENERAL ASSEMBLY, AS WELL AS ITS PRESENTATION  
26 TO ITS COMMITTEE OF REFERENCE AT THE HEARING HELD PURSUANT TO  
27 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR

1 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)  
2 GOVERNMENT ACT" IN JANUARY 2027, REPORT ON THE FOLLOWING  
3 ISSUES:

4 (a) A GAP ANALYSIS OF THE AVAILABLE NUMBER OF MENTAL  
5 HEALTH CONSULTANTS AND THE UNMET NEED IN THE TYPE OF SETTINGS IN  
6 WHICH MENTAL HEALTH CONSULTANTS PRACTICE IN ACCORDANCE WITH  
7 THE PROGRAM; AND

8 (b) IDENTIFIED ADJUSTMENTS TO BETTER MEET MENTAL HEALTH  
9 CONSULTANT CASELOAD, WITH THE DEPARTMENT IDENTIFYING A TARGET  
10 NUMBER OF NEEDED CONSULTANTS IN THE PROGRAM.

11 (3) ON OR BEFORE AUGUST 1, 2026, THE DEPARTMENT SHALL  
12 CONTRACT WITH AN INDEPENDENT THIRD PARTY TO CONDUCT AN  
13 EVALUATION, USING STANDARD EVALUATION MEASURES, OF THE  
14 PROGRAM AND ITS IMPACT ON EARLY CHILDHOOD AND PROGRAM  
15 OUTCOMES ACROSS THE STATE. THE DEPARTMENT SHALL PRESENT THE  
16 RESULTS OF THE EVALUATION AS PART OF ITS PRESENTATION TO ITS  
17 COMMITTEE OF REFERENCE AT THE HEARING HELD PURSUANT TO SECTION  
18 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE,  
19 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" IN  
20 JANUARY 2027.

21 **26-6.5-407. Funding support.** THE DEPARTMENT AND THE  
22 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL EXPLORE  
23 FUNDING OPTIONS FOR THE PROGRAM AND IMPROVING ACCESS TO MENTAL  
24 HEALTH CONSULTANTS, INCLUDING ACCESS TO VARIOUS FUNDING  
25 SOURCES, AS WELL AS THE CHILDREN'S BASIC HEALTH PLAN, ARTICLE 8 OF  
26 TITLE 25.5, AND THE STATE MEDICAL ASSISTANCE PROGRAM, ARTICLES 4  
27 TO 6 OF TITLE 25.5. ON OR BEFORE JANUARY 1, 2023, THE DEPARTMENTS

1 SHALL REPORT ON ANY IDENTIFIED FUNDING OPTIONS TO THE JOINT  
2 BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AS NECESSARY  
3 THEREAFTER, IN ACCORDANCE WITH SECTION 24-1-136.

4 **SECTION 11.** In Colorado Revised Statutes, **add** 27-60-108 as  
5 follows:

6 **27-60-108. Behavioral health-care services for rural and**  
7 **agricultural communities - vouchers - contract - appropriation.**

8 (1) NO LATER THAN ONE HUNDRED EIGHTY DAYS AFTER THE EFFECTIVE  
9 DATE OF THIS SECTION, THE STATE DEPARTMENT, IN COLLABORATION WITH  
10 THE DEPARTMENT OF AGRICULTURE, SHALL CONTRACT WITH A NONPROFIT  
11 ORGANIZATION PRIMARILY FOCUSED ON SERVING AGRICULTURAL AND  
12 RURAL COMMUNITIES IN COLORADO, AS IDENTIFIED BY THE STATE  
13 DEPARTMENT, TO PROVIDE VOUCHERS TO INDIVIDUALS LIVING IN RURAL  
14 AND FRONTIER COMMUNITIES IN NEED OF BEHAVIORAL HEALTH-CARE  
15 SERVICES.

16 (2) THE NONPROFIT ORGANIZATION AWARDED THE CONTRACT  
17 PURSUANT TO SUBSECTION (1) OF THIS SECTION SHALL:

18 (a) CONTRACT WITH LICENSED BEHAVIORAL HEALTH-CARE  
19 PROVIDERS THAT HAVE COMPLETED TRAINING ON CULTURAL  
20 COMPETENCIES SPECIFIC TO THE COLORADO AGRICULTURAL AND RURAL  
21 COMMUNITY LIFESTYLE TO PROVIDE DIRECT BEHAVIORAL HEALTH-CARE  
22 SERVICES TO FARMERS, RANCHERS, FARM AND RANCH WORKERS AND  
23 THEIR FAMILIES, AND OTHER UNDERSERVED POPULATIONS IN RURAL AND  
24 AGRICULTURAL COMMUNITIES. AT LEAST SIXTY PERCENT OF THE MONEY  
25 RECEIVED PURSUANT TO THE CONTRACT MUST BE USED FOR DIRECT  
26 BEHAVIORAL HEALTH-CARE SERVICES DESCRIBED IN THIS SUBSECTION  
27 (2)(a).

1 (b) DEVELOP TRAINING MATERIALS AND TRAIN BEHAVIORAL  
2 HEALTH-CARE PROVIDERS ON CULTURAL COMPETENCIES SPECIFIC TO THE  
3 COLORADO AGRICULTURAL AND RURAL COMMUNITY LIFESTYLE.

4 (3) FOR THE 2021-22 FISCAL YEAR, AND EACH FISCAL YEAR  
5 THEREAFTER, THE GENERAL ASSEMBLY SHALL ANNUALLY APPROPRIATE  
6 FIFTY THOUSAND DOLLARS FOR THE CONTRACT AWARDED PURSUANT TO  
7 SUBSECTION (1) OF THIS SECTION.

8 **SECTION 12.** In Colorado Revised Statutes, 27-80-118, **recreate**  
9 **and reenact, with amendments, (4)(c); and amend (5)** as follows:

10 **27-80-118. Center for research into substance use disorder**  
11 **prevention, treatment, and recovery support strategies - established**  
12 **- appropriation - legislative declaration. (4) (c)** FOR THE 2021-22  
13 STATE FISCAL YEAR, AND EACH FISCAL YEAR THEREAFTER, THE GENERAL  
14 ASSEMBLY SHALL APPROPRIATE SEVEN HUNDRED FIFTY THOUSAND  
15 DOLLARS TO THE CENTER FROM THE MARIJUANA TAX CASH FUND CREATED  
16 IN SECTION 39-28.8-501 FOR THE PURPOSES OF THIS SUBSECTION (4).

17 (5) (a) The center shall develop and implement a program to  
18 increase public awareness concerning the safe use, storage, and disposal  
19 of opioids and the availability of naloxone and other drugs used to block  
20 the effects of an opioid overdose. THE CENTER SHALL ENGAGE IN  
21 COMMUNITY ENGAGEMENT ACTIVITIES TO ADDRESS SUBSTANCE USE  
22 PREVENTION, HARM REDUCTION, CRIMINAL JUSTICE SYSTEM RESPONSE,  
23 TREATMENT, AND RECOVERY.

24 ~~(b) (1) (A) For the 2019-20 2021-22 state fiscal year, the general~~  
25 ~~assembly shall appropriate seven hundred fifty thousand dollars to the~~  
26 ~~center from the marijuana tax cash fund created in section 39-28.8-501~~  
27 ~~(1) for the purposes of this subsection (5).~~

1           ~~(B)~~ For the ~~2020-21~~ 2021-22 state fiscal year, and each state fiscal  
2 year thereafter, ~~through the 2023-24 state fiscal year~~, the general  
3 assembly shall appropriate two hundred fifty thousand dollars ~~per year~~ to  
4 the center from the marijuana tax cash fund created in section  
5 39-28.8-501 (1) for the purposes of this subsection (5).

6           ~~(H) This subsection (5) is repealed, effective September 1, 2024.~~  
7 ~~Before its repeal, the program created in this subsection (5) is scheduled~~  
8 ~~for review pursuant to section 24-34-104.~~

9           **SECTION 13.** In Colorado Revised Statutes, 27-80-120, **repeal**  
10 (7) as follows:

11           **27-80-120. Building substance use disorder treatment capacity**  
12 **in underserved communities - grant program.** (7) ~~This section is~~  
13 ~~repealed, effective July 1, 2024.~~

14           **SECTION 14.** In Colorado Revised Statutes, **amend** 27-80-121  
15 as follows:

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

1 data linkage project ~~may consider state-administered data sources that~~  
2 ~~include~~ SHALL UTILIZE DATA FROM THE MEDICAL ASSISTANCE PROGRAM,  
3 ARTICLES 4 TO 6 OF TITLE 25.5; THE ELECTRONIC PRESCRIPTION DRUG  
4 MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF TITLE 12;  
5 THE COLORADO TRAILS SYSTEM, AS DEFINED IN SECTION 16-20.5-102  
6 (10); THE COLORADO IMMUNIZATION INFORMATION SYSTEM, CREATED  
7 PURSUANT TO SECTION 25-4-2401, ET SEQ.; THE COLORADO CHILD CARE  
8 ASSISTANCE PROGRAM, CREATED IN PART 8 OF ARTICLE 2 OF TITLE 26; THE  
9 OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES;  
10 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, ~~and~~ public health program utilization, AND  
15 SUBSTANCE USE TREATMENT by pregnant and postpartum women with  
16 substance use disorders and their infants;

17 (c) Health-care, human service, and public health program  
18 outcomes among pregnant and postpartum women with substance use  
19 disorders and their infants; and

20 (d) Costs associated with health-care, human service, and public  
21 health program provisions for pregnant and postpartum women with  
22 substance use disorders and their infants.

23 (2) The data linkage project shall use vital records to establish  
24 maternal and infant dyads beginning at the birth hospitalization and  
25 retrospectively link the prenatal period and prospectively link the first  
26 year postpartum.

27 ~~(2.5)~~ (3) The ~~statewide perinatal substance use~~ data linkage

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

6 (4) THE DATA LINKAGE PROJECT MAY CONNECT ADDITIONAL STATE  
7 AND NON-STATE DATA SOURCES FOR THE PURPOSE OF IMPROVING  
8 POPULATION-LEVEL ESTIMATES OF PERINATAL SUBSTANCE EXPOSURE AND  
9 EXAMINING SYSTEM UTILIZATION AND OUTCOMES.

10 ~~(3)~~ (5) The governor's office of information technology will  
11 SHALL obtain data and perform secure linkage and anonymization on  
12 behalf of the state.

13 ~~(4)~~ (6) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), on or  
14 before January 1, 2021, AND ANNUALLY THEREAFTER THROUGHOUT THE  
15 DURATION OF THE DATA LINKAGE PROJECT, the center shall report progress  
16 on the data linkage project and the results, if available, to the health and  
17 insurance committee and the public health care and human services  
18 committee of the house of representatives and the health and human  
19 services committee of the senate or their successor committees.

20 **SECTION 15.** In Colorado Revised Statutes, **repeal and reenact,**  
21 **with amendments,** 27-80-122 as follows:

22 **27-80-122. Recovery residence certifying body - competitive**  
23 **selection process - appropriation.** (1) NO LATER THAN JANUARY 1,  
24 2022, THE OFFICE OF BEHAVIORAL HEALTH SHALL USE A COMPETITIVE  
25 SELECTION PROCESS PURSUANT TO THE "PROCUREMENT CODE", ARTICLES  
26 101 TO 112 OF TITLE 24, TO SELECT A RECOVERY RESIDENCE CERTIFYING  
27 BODY TO:

1 (a) CERTIFY RECOVERY RESIDENCES PURSUANT TO SECTION  
2 25-1.5-108.5; AND

3 (b) EDUCATE AND TRAIN RECOVERY RESIDENCE OWNERS AND  
4 RECOVERY RESIDENCE STAFF ON INDUSTRY BEST PRACTICES, INCLUDING  
5 BEST PRACTICES FOR PROVIDING CULTURALLY RESPONSIVE AND  
6 TRAUMA-INFORMED CARE.

7 (2) FOR THE 2021-22 STATE FISCAL YEAR AND EACH STATE FISCAL  
8 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE TWO  
9 HUNDRED THOUSAND DOLLARS TO THE OFFICE OF BEHAVIORAL HEALTH  
10 FOR THE PURPOSE OF IMPLEMENTING THIS SECTION.

11 **SECTION 16.** In Colorado Revised Statutes, **add** 27-80-124 and  
12 27-80-125 as follows:

13 **27-80-124. Housing assistance for individuals with a substance**  
14 **use disorder - rules - report - appropriation.** (1) THE OFFICE OF  
15 BEHAVIORAL HEALTH SHALL ESTABLISH A PROGRAM TO PROVIDE  
16 TEMPORARY FINANCIAL HOUSING ASSISTANCE TO INDIVIDUALS WITH A  
17 SUBSTANCE USE DISORDER WHO HAVE NO SUPPORTIVE HOUSING OPTIONS  
18 WHEN THE INDIVIDUAL IS:

19 (a) TRANSITIONING OUT OF A RESIDENTIAL TREATMENT SETTING  
20 AND INTO RECOVERY; OR

21 (b) RECEIVING TREATMENT FOR THE INDIVIDUAL'S SUBSTANCE USE  
22 DISORDER.

23 (2) THE OFFICE OF BEHAVIORAL HEALTH MAY PROMULGATE RULES  
24 ESTABLISHING THE MAXIMUM AMOUNT OF TEMPORARY FINANCIAL  
25 ASSISTANCE THAT AN INDIVIDUAL CAN RECEIVE AND THE MAXIMUM  
26 AMOUNT OF TIME FOR WHICH AN INDIVIDUAL MAY RECEIVE ASSISTANCE.  
27 RULES PROMULGATED PURSUANT TO THIS SUBSECTION (2) RELATED TO



1 THE TIME FOR WHICH AN INDIVIDUAL MAY RECEIVE ASSISTANCE MUST BE  
2 CLINICALLY BASED, CULTURALLY RESPONSIVE, AND TRAUMA-INFORMED.

3 (3) IN AWARDING TEMPORARY FINANCIAL HOUSING ASSISTANCE IN  
4 ACCORDANCE WITH THIS SECTION, THE OFFICE OF BEHAVIORAL HEALTH  
5 SHALL CONSIDER FUNDING FOR INDIVIDUALS ENTERING INTO A RECOVERY  
6 RESIDENCE, AS DEFINED IN SECTION 25-1.5-108.5 (1)(a).

7 (4) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), BY  
8 FEBRUARY 1, 2022, AND BY FEBRUARY 1 EACH YEAR THEREAFTER, THE  
9 OFFICE OF BEHAVIORAL HEALTH SHALL SUBMIT A REPORT DETAILING THE  
10 AMOUNT OF HOUSING ASSISTANCE PROVIDED IN THE PRIOR YEAR, THE  
11 NUMBER OF INDIVIDUALS AND THE ENTITIES THAT RECEIVED THE HOUSING  
12 ASSISTANCE, AND THE DURATION OF HOUSING ASSISTANCE EACH  
13 INDIVIDUAL OR ENTITY RECEIVED TO THE HEALTH AND HUMAN SERVICES  
14 COMMITTEE OF THE SENATE, THE HEALTH AND INSURANCE AND THE  
15 PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEES OF  
16 THE HOUSE OF REPRESENTATIVES, AND THE OPIOID AND OTHER SUBSTANCE  
17 USE DISORDERS STUDY COMMITTEE CREATED IN SECTION 10-22.3-101, OR  
18 ANY SUCCESSOR COMMITTEES.

19 (5) FOR THE 2021-22 STATE FISCAL YEAR AND EACH STATE FISCAL  
20 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE FOUR  
21 MILLION DOLLARS TO THE OFFICE OF BEHAVIORAL HEALTH FOR THE  
22 PURPOSE OF THE HOUSING PROGRAM DESCRIBED IN THIS SECTION.

23 **27-80-125. Recovery support services grant program -**  
24 **creation - eligibility - reporting requirements - appropriation - rules**  
25 **- definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT  
26 OTHERWISE REQUIRES:

27 (a) "GRANT PROGRAM" MEANS THE RECOVERY SUPPORT SERVICES

1 GRANT PROGRAM CREATED IN THIS SECTION.

2 (b) "RECOVERY COMMUNITY ORGANIZATION" MEANS AN  
3 INDEPENDENT, NONPROFIT ORGANIZATION LED AND GOVERNED BY  
4 REPRESENTATIVES OF LOCAL COMMUNITIES OF RECOVERY THAT ORGANIZE  
5 RECOVERY-FOCUSED POLICY ADVOCACY ACTIVITIES, CARRY OUT  
6 RECOVERY-FOCUSED COMMUNITY EDUCATION AND OUTREACH PROGRAMS,  
7 OR PROVIDE PEER-RUN RECOVERY SUPPORT SERVICES.

8 (2) THERE IS CREATED IN THE OFFICE OF BEHAVIORAL HEALTH THE  
9 RECOVERY SUPPORT SERVICES GRANT PROGRAM, REFERRED TO IN THIS  
10 SECTION AS THE "GRANT PROGRAM", TO PROVIDE GRANTS TO RECOVERY  
11 COMMUNITY ORGANIZATIONS FOR THE PURPOSE OF PROVIDING  
12 RECOVERY-ORIENTED SERVICES TO INDIVIDUALS WITH A SUBSTANCE USE  
13 DISORDER OR CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH  
14 DISORDER.

15 (3) A RECOVERY COMMUNITY ORGANIZATION THAT RECEIVES A  
16 GRANT FROM THE GRANT PROGRAM MAY USE THE MONEY TO:

17 (a) OFFER OPPORTUNITIES FOR INDIVIDUALS WITH A SUBSTANCE  
18 USE DISORDER OR CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH  
19 DISORDER IN RECOVERY TO ENGAGE IN ACTIVITIES FOCUSED ON MENTAL  
20 OR PHYSICAL WELLNESS OR COMMUNITY SERVICE;

21 (b) PROVIDE GUIDANCE TO INDIVIDUALS WITH A SUBSTANCE USE  
22 DISORDER OR CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH  
23 DISORDER AND THEIR FAMILY MEMBERS ON NAVIGATING TREATMENT,  
24 SOCIAL SERVICE, AND RECOVERY SUPPORT SYSTEMS;

25 (c) HELP INDIVIDUALS WITH A SUBSTANCE USE DISORDER OR  
26 CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDER TO  
27 CONNECT WITH RESOURCES NEEDED TO INITIATE AND MAINTAIN

1 RECOVERY AS OUTLINED BY THE FEDERAL SUBSTANCE ABUSE AND MENTAL  
2 HEALTH SERVICES ADMINISTRATION'S FOUR DIMENSIONS OF RECOVERY:  
3 HEALTH, HOME, COMMUNITY, AND PURPOSE;

4 (d) ASSIST IN ESTABLISHING AND SUSTAINING A SOCIAL AND  
5 PHYSICAL ENVIRONMENT SUPPORTIVE OF RECOVERY;

6 (e) PROVIDE LOCAL AND STATE RECOVERY RESOURCES TO  
7 RECOVERY COMMUNITY ORGANIZATION PARTICIPANTS AND COMMUNITY  
8 MEMBERS; AND

9 (f) PROVIDE RECOVERY SUPPORT SERVICES FOR CAREGIVERS AND  
10 FAMILIES OF INDIVIDUALS RECOVERING FROM A SUBSTANCE USE AND  
11 CO-OCCURRING MENTAL HEALTH DISORDER.

12 (4) THE OFFICE OF BEHAVIORAL HEALTH SHALL ADMINISTER THE  
13 GRANT PROGRAM. SUBJECT TO AVAILABLE APPROPRIATIONS, THE OFFICE  
14 SHALL DISBURSE GRANT MONEY APPROPRIATED PURSUANT TO SUBSECTION  
15 (8) OF THIS SECTION TO EACH MANAGED SERVICE ORGANIZATION  
16 DESIGNATED PURSUANT TO SECTION 27-80-107.

17 (5) THE OFFICE OF BEHAVIORAL HEALTH SHALL IMPLEMENT THE  
18 GRANT PROGRAM IN ACCORDANCE WITH THIS SECTION. PURSUANT TO  
19 ARTICLE 4 OF TITLE 24, THE OFFICE SHALL PROMULGATE RULES AS  
20 NECESSARY TO IMPLEMENT THE GRANT PROGRAM.

21 (6) (a) TO RECEIVE A GRANT, A RECOVERY COMMUNITY  
22 ORGANIZATION MUST SUBMIT AN APPLICATION TO THE APPLICABLE  
23 MANAGED SERVICE ORGANIZATION IN ACCORDANCE WITH RULES  
24 PROMULGATED BY THE OFFICE OF BEHAVIORAL HEALTH.

25 (b) EACH MANAGED SERVICE ORGANIZATION SHALL REVIEW THE  
26 APPLICATIONS RECEIVED PURSUANT TO THIS SECTION. IN AWARDING  
27 GRANTS, THE MANAGED SERVICE ORGANIZATION SHALL PRIORITIZE AN

1 APPLICANT WHOSE PROGRAM OUTLINES THE CAPACITY TO DELIVER  
2 RECOVERY SUPPORT SERVICES TO MEET THE NEEDS OF DIVERSE RACIAL,  
3 CULTURAL, INCOME, ABILITY, AND OTHER UNDERSERVED GROUPS,  
4 INCLUDING THE DELIVERY OF RECOVERY SUPPORT SERVICES BY  
5 CULTURALLY RESPONSIVE AND TRAUMA-INFORMED PROFESSIONALS.

6 (7) (a) ON OR BEFORE DECEMBER 1, 2023, AND ON OR BEFORE  
7 DECEMBER 1 EACH YEAR THEREAFTER, EACH MANAGED SERVICE  
8 ORGANIZATION THAT AWARDS GRANTS SHALL SUBMIT A REPORT TO THE  
9 OFFICE OF BEHAVIORAL HEALTH. AT A MINIMUM, THE REPORT MUST  
10 INCLUDE THE FOLLOWING INFORMATION:

11 (I) THE NUMBER OF COMMUNITY MEMBERS INVOLVED IN THE  
12 RECOVERY COMMUNITY ORGANIZATION;

13 (II) A DETAILED DESCRIPTION OF THE ORGANIZATION'S ADVOCACY  
14 EFFORTS;

15 (III) ANY COLLABORATIVE PROJECTS A RECOVERY COMMUNITY  
16 ORGANIZATION HAS WITH OTHER RECOVERY COMMUNITY ORGANIZATIONS  
17 ACROSS THE STATE; AND

18 (IV) ANY OTHER INFORMATION REQUIRED BY THE OFFICE OF  
19 BEHAVIORAL HEALTH.

20 (b) ON OR BEFORE MARCH 1, 2022, AND ON OR BEFORE MARCH 1  
21 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT PROGRAM,  
22 THE OFFICE OF BEHAVIORAL HEALTH SHALL SUBMIT A SUMMARIZED  
23 REPORT ON THE GRANT PROGRAM TO THE HEALTH AND HUMAN SERVICES  
24 COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE AND THE  
25 PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEES OF  
26 THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AND  
27 TO THE OPIOID AND OTHER SUBSTANCE USE DISORDERS STUDY COMMITTEE

1       CREATED IN SECTION 10-22.3-101.

2           (c)   NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE  
3       REPORTING REQUIREMENTS SET FORTH IN THIS SUBSECTION (7) CONTINUE  
4       INDEFINITELY.

5           (8) FOR THE 2021-22 STATE FISCAL YEAR AND EACH STATE FISCAL  
6       YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE  
7       MILLION SIX HUNDRED THOUSAND DOLLARS FROM THE GENERAL FUND TO  
8       THE OFFICE OF BEHAVIORAL HEALTH TO IMPLEMENT THE GRANT PROGRAM.  
9       THE OFFICE MAY USE A PORTION OF THE MONEY APPROPRIATED FOR THE  
10      GRANT PROGRAM TO PAY THE DIRECT AND INDIRECT COSTS OF  
11      ADMINISTERING THE GRANT PROGRAM.

12           **SECTION 17.** In Colorado Revised Statutes, 27-82-204, **amend**  
13      (1) as follows:

14           **27-82-204. Funding for pilot program.** (1) (a) ~~For the 2019-20~~  
15      ~~through 2021-22 fiscal years;~~ FOR THE 2021-22 FISCAL YEAR, AND EACH  
16      FISCAL YEAR THEREAFTER, the general assembly shall appropriate money  
17      ~~each fiscal year~~ from the marijuana tax cash fund created in section  
18      39-28.8-501 (1) to the department for allocation to the office of  
19      behavioral health to implement the pilot program. The office of  
20      behavioral health may use a portion of the money annually appropriated  
21      for the pilot program to pay the direct and indirect costs incurred to  
22      administer the pilot program.

23           (b) If any unexpended or uncommitted money appropriated for ~~the~~  
24      ~~2019-20 or 2020-21~~ A fiscal year remains at the end of ~~either~~ THAT fiscal  
25      year, the office of behavioral health may expend the money in accordance  
26      with this section in the succeeding fiscal year without further  
27      appropriation. ~~Any unexpended or uncommitted money remaining at the~~

1 end of the 2021-22 fiscal year reverts to the marijuana tax cash fund  
2 created in section 39-28.8-501 (1).

3 **SECTION 18.** In Colorado Revised Statutes, 24-34-104, **repeal**  
4 (25)(a)(XX) as follows:

5 **24-34-104. General assembly review of regulatory agencies**  
6 **and functions for repeal, continuation, or reestablishment - legislative**  
7 **declaration - repeal.** (25) (a) The following agencies, functions, or both,  
8 are scheduled for repeal on September 1, 2024:

9 (XX) ~~The program to increase public awareness concerning the~~  
10 ~~safe use, storage, and disposal of opioids and the availability of naloxone~~  
11 ~~and other drugs used to block the effects of an opioid overdose developed~~  
12 ~~pursuant to section 27-80-118 (5);~~

13 **SECTION 19.** In Colorado Revised Statutes, 17-1-113.4, **amend**  
14 **(2) and (4)(b); and add (3.5) as follows:**

15 **17-1-113.4. Opioid treatment for a person in custody -**  
16 **definitions.** (2) (a) Qualified medication administration personnel may,  
17 in accordance with a written physician's order, administer opioid agonists  
18 and opioid antagonists FOR THE TREATMENT OF AN OPIOID USE DISORDER  
19 pursuant to subsection (1) of this section.

20 (b) AS FUNDING AND SUPPLIES ALLOW, IF A PERSON IN CUSTODY IS  
21 TREATED FOR AN OPIOID USE DISORDER PURSUANT TO THIS SECTION, THE  
22 CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL OFFER THE  
23 PERSON, UPON RELEASE FROM THE FACILITY, AT LEAST TWO DOSES OF AN  
24 OPIOID REVERSAL MEDICATION, IN A FORM APPROVED BY THE FEDERAL  
25 DRUG ADMINISTRATION, AND PROVIDE EDUCATION TO THE PERSON ABOUT  
26 THE APPROPRIATE USE OF THE MEDICATION.

27 (3.5) NOTHING IN THIS SECTION IMPOSES CIVIL OR CRIMINAL

1 LIABILITY ON STATE LAW ENFORCEMENT AGENCY OR LAW ENFORCEMENT  
2 OFFICER WHEN ORDINARY CARE IS USED IN THE ADMINISTRATION OR  
3 PROVISION OF AN OPIOID REVERSAL MEDICATION IN CASES WHEN AN  
4 INDIVIDUAL APPEARS TO BE EXPERIENCING AN OPIOID OVERDOSE.

5 (4) As used in this section, unless the context otherwise requires:

6 (b) "Opioid antagonist" means naltrexone, AN OPIOID REVERSAL  
7 MEDICATION, or any similarly acting drug USED FOR THE TREATMENT OF  
8 AN OPIOID USE DISORDER that is not a controlled substance and that is  
9 approved by the federal food and drug administration for the treatment of  
10 an opioid use disorder."

11 **SECTION 20.** In Colorado Revised Statutes, 18-18-607, **amend**  
12 (4) as follows:

13 **18-18-607. Safe stations - disposal of controlled substances -**  
14 **medical evaluation - definition.** (4) As used in this section, unless the  
15 context otherwise requires, a "safe station" means any municipal police  
16 station OR county sheriff's office. ~~or municipal, county, or fire protection~~  
17 ~~district fire station."~~

18 **SECTION 21.** In Session Laws of Colorado 2020, **amend** section  
19 27-81-102 (13.8), Colorado Revised Statutes, as added by section 12 of  
20 chapter 286, as follows:

21 Section 12. In Colorado Revised Statutes, 27-81-102, amend (14);  
22 amend as it exists until July 1, 2022, (1); amend as it will become  
23 effective July 1, 2022, (1); add (9.4); add with amended and relocated  
24 provisions (6.5), (9.2), (13.6), and (13.9); add with amended and  
25 relocated provisions as it exists until July 1, 2022, (1.2) **and (13.8)**; and  
26 add with amended and relocated provisions as they will become effective  
27 July 1, 2022, (1.2) and (13.8) as follows:

1           27-81-102. Definitions. As used in this article 81, unless the  
2           context otherwise requires:

3           (13.8) [Formerly 27-82-102 (13.5) as it is effective until July 1,  
4           2022] "Substance use disorder" means a condition by which a person  
5           habitually uses drugs or uses drugs to the extent that his or her health is  
6           substantially impaired or endangered or his or her social or economic  
7           function is substantially disrupted. Nothing in this subsection (13.5)  
8           precludes the denomination of a person with a substance use disorder as  
9           a person under the influence of or incapacitated by drugs. A CHRONIC  
10           RELAPSING BRAIN DISEASE, CHARACTERIZED BY RECURRENT USE OF  
11           ALCOHOL, DRUGS, OR BOTH, CAUSING CLINICALLY SIGNIFICANT  
12           IMPAIRMENT, INCLUDING HEALTH PROBLEMS, DISABILITY, AND FAILURE TO  
13           MEET MAJOR RESPONSIBILITIES AT WORK, SCHOOL, OR HOME.

14           (13.8) [Formerly 27-82-102 (13.5) as it will become effective  
15           July 1, 2022] "Substance use disorder" means a chronic relapsing brain  
16           disease, characterized by recurrent use of alcohol, drugs, or both, causing  
17           clinically significant impairment, including health problems, disability,  
18           and failure to meet major responsibilities at work, school, or home.

19           **SECTION 22.** In Colorado Revised Statutes, **repeal**  
20           25-20.5-1104 and 27-82-205.

21           ==  
22           ====  
23           =====

24           **SECTION 23. Appropriation.** (1) For the 2021-22 state fiscal  
25           year, \$6,050,000 is appropriated to the department of human services for  
26           use by the office of behavioral health. This appropriation is from the  
27           general fund. To implement this act, the office may use this appropriation



1 as follows:

2 (a) \$4,000,000 for the housing assistance program, which amount  
3 is based on an assumption that the office will require an additional 1.0  
4 FTE;

5 (b) \$1,600,000 for the recovery support services grant program,  
6 which amount is based on an assumption that the office will require an  
7 additional 1.0 FTE;

8 (c) \$50,000 for rural behavioral health vouchers;

9 (d) \$200,000 for treatment and detoxification programs; and

10 (e) \$200,000 for recovery residence certification.

11 (2) For the 2021-22 state fiscal year, \$750,000 is appropriated to  
12 the department of public health and environment. This appropriation is  
13 from the general fund. To implement this act, the department may use this  
14 appropriation as follows:

15 (a) \$500,000 for sexually transmitted infections, HIV and AIDS  
16 operating expenses; and

17 (b) \$250,000 for mental health first aid training.

18 (3) For the 2021-22 state fiscal year, \$190,000 is appropriated to  
19 the department of human services for use by the office of early childhood.  
20 This appropriation is from the general fund. To implement this act, the  
21 office may use this appropriation for early childhood mental health  
22 services.

23 (4) For the 2021-22 state fiscal year, \$3,750,000 is appropriated  
24 to the department of higher education from the marijuana tax cash fund  
25 created in section 39-28.8-501 (1), C.R.S. To implement this act, the  
26 department may use this appropriation for the center for research into  
27 substance use disorder prevention, treatment, and recovery support

1 strategies at the university of Colorado health sciences center.

2 (5) For the 2021-22 state fiscal year, \$900,000 is appropriated to  
3 the department of higher education. This appropriation is from the  
4 marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To  
5 implement this act, the department may use this appropriation for  
6 allocation to the Colorado state university cooperative extension service  
7 agrability project.

8 (6) For the 2021-22 state fiscal year, \$112,179 is appropriated to  
9 the department of health care policy and financing. This appropriation is  
10 from the general fund. To implement this act, the department may use this  
11 appropriation as follows:

12 (a) \$33,960 for use by the executive director's office for personal  
13 services; and

14 (b) \$78,219 for medical services premiums, which amount is  
15 subject to the "(M)" notation as defined in the annual general  
16 appropriations act for the same fiscal year.

17 (7) For the 2021-22 state fiscal year, the general assembly  
18 anticipates that the department of health care policy and financing will  
19 receive \$112,179 in federal funds to implement this act. The  
20 appropriation in subsection (6) of this section is based on the assumption  
21 that the department will receive this amount of federal funds to be used  
22 as follows:

23 (a) \$33,960 for use by the executive director's office for personal  
24 services and which is subject to the "(I)" notation as defined in the annual  
25 general appropriation act for the same fiscal year; and

26 (b) \$78,219 for medical services premiums.

27 **SECTION 24. Safety clause.** The general assembly hereby finds,

- 1 determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, or safety.