

# An Act

SENATE BILL 21-137

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also REPRESENTATIVE(S) Michaelson Jenet and Kennedy, Amabile, Bacon, Bird, Boesenecker, Caraveo, Cutter, Duran, Esgar, Exum, Froelich, Gray, Herod, Hooton, Jackson, Kipp, Lontine, McCluskie, McCormick, McLachlan, Mullica, Ricks, Roberts, Sandridge, Sirota, Sullivan, Tipper, Titone, Valdez A., Valdez D., Woodrow, Young, Garnett.

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

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

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

**SECTION 2. Legislative declaration.** (1) The general assembly finds that:

(a) The federal government enacted the "American Rescue Plan Act of 2021" to provide support to state, local, and tribal governments in

*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

responding to the impact of COVID-19 and to assist their efforts to contain the effects of COVID-19 on their communities, residents, and businesses. Under the federal act, the state of Colorado received over three billion dollars to be used for the purposes identified in the federal act.

(b) Regulations construing the federal act promulgated by the United States treasury identify a nonexclusive list of uses that address a broad range of public health needs exacerbated by the pandemic. Under these regulations, funds may be used for mental health and substance misuse treatment; hotlines and warmlines; crisis intervention, services, or outreach to promote access to health and social services; and other behavioral health services.

(2) Therefore, the general assembly declares that the programs and services funded by the federal money transferred in this bill are appropriate uses of the money transferred to Colorado under the federal act. This money will be put to expeditious and efficient use in expanding access to evidence-based treatment for mental health and substance use disorders, especially in frontier and rural communities; supporting behavioral health services for pregnant and parenting women, for families of young children, and for children and youth; enhancing evidence-based strategies and services to prevent drug overdose deaths; mitigating the impacts of the opioid crisis; and expanding access to recovery support services.

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

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

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

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

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

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

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

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

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

(b) If any unexpended or uncommitted money appropriated for a fiscal year remains at the end of that fiscal year, the center may expend the

money in accordance with this section in the succeeding fiscal year. ~~Any unexpended or uncommitted money remaining at the end of the 2020-21 fiscal year reverts to the marijuana tax cash fund.~~

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

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

**SECTION 6.** In Colorado Revised Statutes, **add** part 9 to article 21 of title 23 as follows:

PART 9  
REGIONAL HEALTH CONNECTOR  
WORKFORCE PROGRAM

**23-21-901. Regional health connector workforce program - creation - school of medicine.** (1) THERE IS CREATED IN THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE THE REGIONAL HEALTH CONNECTOR WORKFORCE PROGRAM, REFERRED TO IN THIS SECTION AS THE "PROGRAM". THE PROGRAM SHALL:

(a) EDUCATE HEALTH-CARE PROVIDERS ON EVIDENCE-BASED AND EVIDENCE-INFORMED THERAPIES AND TECHNIQUES TO ENABLE HEALTH-CARE PROVIDERS TO INCORPORATE SUCH PRACTICES IN THEIR WORK AND TO IMPROVE COMMUNITY HEALTH;

(b) PROVIDE SUPPORT AND ASSISTANCE TO PRIMARY CARE PROVIDERS AS A LINK BETWEEN PRIMARY CARE SERVICES, BEHAVIORAL HEALTH SERVICES, PUBLIC HEALTH SERVICES, AND COMMUNITY AGENCIES TO IMPROVE COMMUNITY HEALTH AND HEALTH CARE, INCLUDING ATTENTION TO BEHAVIORAL HEALTH NEEDS;

(c) ASSIST PRIMARY CARE PRACTICES AND COMMUNITY AGENCIES IN CONNECTING PATIENTS WITH MENTAL HEALTH OR SUBSTANCE USE DISORDERS TO SUPPORT AND TREATMENT OPTIONS;

(d) EDUCATE HEALTH-CARE PROVIDERS ABOUT PREVENTIVE MEDICINE, HEALTH PROMOTION, CHRONIC DISEASE MANAGEMENT, AND

BEHAVIORAL HEALTH SERVICES; AND

(e) PROVIDE CLEAR INFORMATION TO PROVIDERS AND COMMUNITY MEMBERS REGARDING COVID-19 PREVENTION, TREATMENT, AND VACCINES.

**SECTION 7.** In Colorado Revised Statutes, add 23-31-707 as follows:

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

(2) COLORADO STATE UNIVERSITY SHALL IMPLEMENT AND ADMINISTER THE COLORADO AGRABILITY PROJECT, REFERRED TO IN THIS SECTION AS THE "AGRABILITY PROJECT", IN COOPERATION WITH THE FEDERAL GOVERNMENT PURSUANT TO THE "FOOD, AGRICULTURE, CONSERVATION, AND TRADE ACT OF 1990", AS AMENDED. COLORADO STATE UNIVERSITY SHALL EXPAND THE AGRABILITY PROJECT BY PROVIDING RURAL REHABILITATION SPECIALISTS WITH FUNDING 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. RURAL REHABILITATION SPECIALISTS SHALL BE CULTURALLY RESPONSIVE AND TRAUMA-INFORMED.

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

(4) NOTHING IN THIS SECTION PREVENTS COLORADO STATE UNIVERSITY FROM COMPLYING WITH FEDERAL REQUIREMENTS FOR THE

AGRABILITY PROJECT IN ORDER FOR COLORADO STATE UNIVERSITY TO QUALIFY FOR FEDERAL FUNDS UNDER THE FEDERAL "FOOD, AGRICULTURE, CONSERVATION, AND TRADE ACT OF 1990", AS AMENDED.

**SECTION 8.** In Colorado Revised Statutes, 25-20.5-1102, **amend** (3); and **repeal** (4) as follows:

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

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

**SECTION 9.** In Colorado Revised Statutes, **add** 25.5-5-423 as follows:

**25.5-5-423. Independent review organization - review denial of residential and inpatient substance use disorder treatment claims - contract.** NO LATER THAN JULY 1, 2023, THE STATE DEPARTMENT SHALL CONTRACT WITH ONE OR MORE INDEPENDENT REVIEW ORGANIZATIONS TO CONDUCT EXTERNAL MEDICAL REVIEWS REQUESTED FOR REVIEW BY A MEDICAID PROVIDER WHEN THERE IS A DENIAL OR REDUCTION FOR RESIDENTIAL OR INPATIENT SUBSTANCE USE DISORDER TREATMENT AND MEDICAID APPEALS PROCESSES HAVE BEEN EXHAUSTED.

**SECTION 10.** In Colorado Revised Statutes, **add** 25.5-5-424 as follows:

**25.5-5-424. Residential and inpatient substance use disorder treatment - MCE standardized utilization management process - medical necessity - report.** (1) ON OR BEFORE OCTOBER 1, 2021, THE STATE DEPARTMENT SHALL CONSULT WITH THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, RESIDENTIAL TREATMENT PROVIDERS, AND MCEs TO DEVELOP STANDARDIZED UTILIZATION MANAGEMENT PROCESSES TO DETERMINE MEDICAL NECESSITY FOR RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT. THE

PROCESSES MUST INCORPORATE THE MOST RECENT EDITION OF "THE ASAM CRITERIA FOR ADDICTIVE, SUBSTANCE-RELATED, AND CO-OCCURRING CONDITIONS" AND ALIGN WITH FEDERAL MEDICAID PAYMENT REQUIREMENTS.

(2) ON OR BEFORE JANUARY 1, 2022, THE STATE DEPARTMENT SHALL INCORPORATE THE STANDARDS DEVELOPED PURSUANT TO SUBSECTION (1) OF THIS SECTION INTO EXISTING MCE CONTRACTS, AND EACH MCE SHALL ADHERE TO THE STANDARDS WHEN CONDUCTING UTILIZATION MANAGEMENT FOR RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT.

(3) ON OR BEFORE JANUARY 1, 2022, EACH MCE'S NOTICE OF AN ADVERSE BENEFIT DETERMINATION MUST DEMONSTRATE HOW EACH DIMENSION OF THE MOST RECENT EDITION OF "THE ASAM CRITERIA FOR ADDICTIVE, SUBSTANCE-RELATED, AND CO-OCCURRING CONDITIONS" WAS CONSIDERED WHEN DETERMINING MEDICAL NECESSITY.

(4) (a) BEGINNING OCTOBER 1, 2021, AND QUARTERLY THEREAFTER, THE STATE DEPARTMENT SHALL COLLABORATE WITH THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, RESIDENTIAL TREATMENT PROVIDERS, AND MCEs TO DEVELOP A REPORT ON THE RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER UTILIZATION MANAGEMENT STATISTICS. AT A MINIMUM, THE REPORT MUST INCLUDE:

(I) THE AVERAGE LENGTH OF AN INITIAL AUTHORIZATION AND THE AVERAGE LENGTH OF CONTINUED AUTHORIZATIONS FOR EACH MCE AND PROVIDER DISAGGREGATED BY LEVEL OF RESIDENTIAL CARE;

(II) DENIALS OF INITIAL AUTHORIZATIONS REPORTED FOR EACH MCE AND PROVIDER AND THE REASONS FOR THE DENIALS; AND

(III) THE AVERAGE RESPONSE TIME FOR AN INITIAL AUTHORIZATION AND CONTINUED AUTHORIZATION, DISAGGREGATED BY EACH MCE; LEVEL OF RESIDENTIAL CARE, INCLUDING THE PERCENTAGE OF EXTENSIONS GRANTED TO HEALTH-CARE PROVIDERS TO SUBMIT COMPLETE CLINICAL DOCUMENTATION; RETROACTIVE AUTHORIZATION REQUESTS; INCOMPLETE AUTHORIZATION REQUESTS; AND THE NUMBER OF REQUESTS THAT MET AND DID NOT MEET THE STATE DEPARTMENT'S RESPONSE TIME REQUIREMENTS.

(b) THE STATE DEPARTMENT SHALL MAKE THE REPORT DEVELOPED

PURSUANT TO SUBSECTION (4)(a) OF THIS SECTION PUBLICLY AVAILABLE ON THE STATE DEPARTMENT'S WEBSITE.

(c) ANY INFORMATION REQUIRED TO BE REPORTED PURSUANT TO SUBSECTION (4)(a) OF THIS SECTION MAY BE AGGREGATED AS NECESSARY TO ENSURE CONFIDENTIALLY PURSUANT TO 42 CFR PART 2.

**SECTION 11.** In Colorado Revised Statutes, **add 25.5-5-425** as follows:

**25.5-5-425. Audit of MCE denials for residential and inpatient substance use disorder treatment authorization - report.** (1) NO LATER THAN JULY 1, 2022, THE STATE DEPARTMENT SHALL CONTRACT WITH AN INDEPENDENT THIRD-PARTY VENDOR TO AUDIT THIRTY-THREE PERCENT OF ALL DENIALS OF AUTHORIZATION FOR INPATIENT AND RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT FOR EACH MCE.

(2) BEGINNING DECEMBER 1, 2022, AND EACH DECEMBER 1 THEREAFTER, THE STATE DEPARTMENT SHALL SUBMIT THE RESULTS OF THE AUDIT CONDUCTED PURSUANT TO SUBSECTION (1) OF THIS SECTION AND ANY RECOMMENDED CHANGES TO THE RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER BENEFIT TO THE HOUSE OF REPRESENTATIVES HEALTH AND INSURANCE COMMITTEE, THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AND THE JOINT BUDGET COMMITTEE.

**SECTION 12.** In Colorado Revised Statutes, **add 25.5-5-330** as follows:

**25.5-5-330. Screening for perinatal mood and anxiety disorder.** (1) FOR THE CAREGIVER OF EACH CHILD ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM IN THE STATE, THE PROGRAM MUST INCLUDE SCREENING FOR PERINATAL MOOD AND ANXIETY DISORDERS IN ACCORDANCE WITH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION GUIDELINES.

(2) THE SCREENING MUST BE MADE AVAILABLE TO THE CAREGIVER OF EACH CHILD ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM, REGARDLESS OF WHETHER THE CAREGIVER IS ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM, SO LONG AS THE CAREGIVER'S CHILD IS ENROLLED IN



THE MEDICAL ASSISTANCE PROGRAM.

**SECTION 13.** In Colorado Revised Statutes, **add** 26-6.5-406 and 26-6.5-407 as follows:

**26-6.5-406. Data collection - reporting.** (1) ON OR BEFORE JULY 1, 2023, THE DEPARTMENT SHALL 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. THE DATA COLLECTION AND INFORMATION SYSTEM, AND ANY RELATED PROCESSES, MUST PLACE THE LEAST BURDEN POSSIBLE ON THE MENTAL HEALTH CONSULTANTS IN THE PROGRAM. IN SELECTING THE IMPLEMENTATION DATA AND OUTCOMES, THE DEPARTMENT SHALL INCORPORATE THE VARIABILITY ACROSS DIVERSE SETTINGS AND POPULATIONS.

(2) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE DEPARTMENT SHALL, BEGINNING IN 2023 AND CONTINUING EVERY TWO YEARS THEREAFTER, IN ITS PRESENTATION TO THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY, AS WELL AS ITS PRESENTATION TO ITS COMMITTEE OF REFERENCE AT THE HEARING HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" IN JANUARY 2027, REPORT ON THE FOLLOWING ISSUES:

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

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

(3) ON OR BEFORE AUGUST 1, 2026, THE DEPARTMENT SHALL CONTRACT WITH AN INDEPENDENT THIRD PARTY TO CONDUCT AN EVALUATION, USING STANDARD EVALUATION MEASURES, OF THE PROGRAM AND ITS IMPACT ON EARLY CHILDHOOD AND PROGRAM OUTCOMES ACROSS THE STATE. THE DEPARTMENT SHALL PRESENT THE RESULTS OF THE

EVALUATION AS PART OF ITS PRESENTATION TO ITS COMMITTEE OF REFERENCE AT THE HEARING HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" IN JANUARY 2027.

**26-6.5-407. Funding support.** THE DEPARTMENT AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL EXPLORE FUNDING OPTIONS FOR THE PROGRAM AND IMPROVING ACCESS TO MENTAL HEALTH CONSULTANTS, INCLUDING ACCESS TO VARIOUS FUNDING SOURCES, AS WELL AS THE CHILDREN'S BASIC HEALTH PLAN, ARTICLE 8 OF TITLE 25.5, AND THE STATE MEDICAL ASSISTANCE PROGRAM, ARTICLES 4 TO 6 OF TITLE 25.5. ON OR BEFORE JANUARY 1, 2023, THE DEPARTMENTS SHALL REPORT ON ANY IDENTIFIED FUNDING OPTIONS TO THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AS NECESSARY THEREAFTER, IN ACCORDANCE WITH SECTION 24-1-136.

**SECTION 14.** In Colorado Revised Statutes, **add** 27-60-110 as follows:

**27-60-110. Behavioral health-care services for rural and agricultural communities - vouchers - contract - appropriation.** (1) NO LATER THAN ONE HUNDRED EIGHTY DAYS AFTER THE EFFECTIVE DATE OF THIS SECTION, THE STATE DEPARTMENT, IN COLLABORATION WITH THE DEPARTMENT OF AGRICULTURE, SHALL CONTRACT WITH A NONPROFIT ORGANIZATION PRIMARILY FOCUSED ON SERVING AGRICULTURAL AND RURAL COMMUNITIES IN COLORADO, AS IDENTIFIED BY THE STATE DEPARTMENT, TO PROVIDE VOUCHERS TO INDIVIDUALS LIVING IN RURAL AND FRONTIER COMMUNITIES IN NEED OF BEHAVIORAL HEALTH-CARE SERVICES.

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

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

HEALTH-CARE SERVICES DESCRIBED IN THIS SUBSECTION (2)(a).

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

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

**SECTION 15.** In Colorado Revised Statutes, add 27-60-111 as follows:

**27-60-111. County-based behavioral health grant program - created - rules - report - repeal.** (1) THERE IS CREATED IN THE OFFICE THE COUNTY-BASED BEHAVIORAL HEALTH GRANT PROGRAM, REFERRED TO IN THIS SECTION AS THE "GRANT PROGRAM", TO PROVIDE MATCHING GRANTS TO COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES FOR THE EXPANSION OR IMPROVEMENT OF LOCAL OR REGIONAL BEHAVIORAL HEALTH DISORDER TREATMENT PROGRAMS.

(2) GRANT RECIPIENTS MAY USE THE MONEY RECEIVED THROUGH THE GRANT PROGRAM FOR THE FOLLOWING PURPOSES:

- (a) PEER TRAINING;
- (b) AUGMENTATION OF DIRECT THERAPY;
- (c) ACUTE TREATMENT UNITS;
- (d) INPATIENT TREATMENT PROGRAMS;
- (e) OUTREACH AND EDUCATION;
- (f) NAVIGATION OR CARE COORDINATION;
- (g) CAPITAL INVESTMENTS IN BEHAVIORAL HEALTH CENTER INFRASTRUCTURE;

(h) SERVICES FOR NON-ENGLISH-SPEAKING INDIVIDUALS;

(i) CULTURALLY RESPONSIVE AND ATTUNED SERVICES;

(j) SUICIDE PREVENTION AND INTERVENTION;

(k) CRISIS RESPONSE;

(l) WITHDRAWAL MANAGEMENT;

(m) WORKFORCE DEVELOPMENT;

(n) SUPPORTING REGIONAL SERVICE DELIVERY; OR

(o) ANY OTHER PURPOSE THE OFFICE IDENTIFIES THAT WILL EXPAND OR IMPROVE LOCAL OR REGIONAL BEHAVIORAL HEALTH DISORDER TREATMENT PROGRAMS.

(3) THE OFFICE SHALL ADMINISTER THE GRANT PROGRAM AND SHALL AWARD GRANTS AS PROVIDED IN THIS SECTION.

(4) THE OFFICE SHALL IMPLEMENT THE GRANT PROGRAM IN ACCORDANCE WITH THIS SECTION. AT A MINIMUM, THE OFFICE SHALL SPECIFY THE TIME FRAMES FOR APPLYING FOR GRANTS, THE FORM OF THE GRANT PROGRAM APPLICATION, AND THE TIME FRAMES FOR DISTRIBUTING GRANT MONEY.

(5) (a) EACH GRANT APPLICANT SHALL DEMONSTRATE:

(I) A DEDICATION OF LOCAL FUNDING TO SUPPORT THE EXPANSION OR IMPROVEMENT OF LOCAL BEHAVIORAL HEALTH DISORDER TREATMENT PROGRAMS, WHICH MAY BE FROM THE COUNTY'S LOCAL SHARE OF THE FEDERAL "AMERICAN RESCUE PLAN ACT OF 2021", PUB.L. 117-2, AS THE ACT MAY BE SUBSEQUENTLY AMENDED, OR OTHER LOCAL REVENUE SOURCES; OR

(II) A PLAN FOR REGIONAL COLLABORATION BETWEEN NO FEWER THAN THREE COUNTIES TO SUPPORT THE EXPANSION OR IMPROVEMENT OF REGIONAL BEHAVIORAL HEALTH DISORDER TREATMENT PROGRAMS.

(b) NO SINGLE GRANT AWARDED MAY EXCEED ONE MILLION DOLLARS, UNLESS A GRANT IS AWARDED FOR A REGIONAL EFFORT INVOLVING TWO OR MORE COUNTIES.

(c) A DIRECT SERVICE PROVIDER THAT RECEIVES A GRANT SHALL LIMIT ANY INDIRECT EXPENSES TO NO MORE THAN TEN PERCENT OF THE TOTAL STATE MONEY AWARDED, AND ANY ENTITY THAT RECEIVES A GRANT AND OVERSEES A DIRECT SERVICE PROVIDER SHALL LIMIT THE ENTITY'S INDIRECT EXPENSES TO NO MORE THAN FIVE PERCENT OF THE TOTAL STATE MONEY AWARDED.

(d) IF ANY GRANT MONEY IS USED FOR CAPITAL PROJECTS, THE GRANT RECIPIENT SHALL DEMONSTRATE A COMMITMENT TO CONTINUE THOSE SERVICES PAST THE GRANT CYCLE FOR AT LEAST AN ADDITIONAL FIVE YEARS.

(e) A GRANT APPLICANT SHALL DISCLOSE IF ANY PROJECT OR PROGRAM IS RECEIVING MONEY FROM ANOTHER PAYER SOURCE, INCLUDING BUT NOT LIMITED TO PRIVATE DOLLARS, COUNTY DOLLARS, STATE BLOCK GRANTS, OR MONEY AWARDED BY A MANAGED SERVICE ORGANIZATION.

(6) TO RECEIVE A GRANT, A COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES SHALL SUBMIT AN APPLICATION TO THE OFFICE. THE OFFICE SHALL GIVE PRIORITY TO APPLICATIONS THAT DEMONSTRATE INNOVATION AND COLLABORATION OR INCLUDE RURAL OR FRONTIER COMMUNITIES; ADDRESS A DEMONSTRATED NEED, AS IDENTIFIED BY COMMUNITY INPUT AND LOCAL PLANNING EFFORTS; AND DEMONSTRATE THE ABILITY TO RAPIDLY DISTRIBUTE THE GRANT MONEY INTO THE COMMUNITY. THE OFFICE SHALL AWARD GRANT MONEY EQUITABLY TO REFLECT THE GEOGRAPHIC DIVERSITY OF THE STATE.

(7) SUBJECT TO AVAILABLE APPROPRIATIONS, BEGINNING JANUARY 1, 2022, AND ON OR BEFORE JANUARY 1 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT PROGRAM, THE OFFICE SHALL AWARD GRANTS AS PROVIDED IN THIS SECTION. THE OFFICE SHALL DISTRIBUTE THE GRANT MONEY WITHIN NINETY DAYS AFTER THE OFFICE AWARDS THE GRANTS.

(8) (a) ON OR BEFORE FEBRUARY 1, 2023, AND ON OR BEFORE FEBRUARY 1 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT PROGRAM, EACH COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES

THAT RECEIVES A GRANT THROUGH THE GRANT PROGRAM SHALL SUBMIT A REPORT TO THE OFFICE ON THE USE OF THE GRANT MONEY RECEIVED PURSUANT TO THIS SECTION, INCLUDING THE TOTAL NUMBER OF INDIVIDUALS SERVED, DISAGGREGATED BY RACE, ETHNICITY, AND AGE.

(b) ON OR BEFORE APRIL 1, 2023, AND ON OR BEFORE APRIL 1 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT PROGRAM, THE STATE DEPARTMENT SHALL SUBMIT A SUMMARIZED REPORT OF THE INFORMATION RECEIVED PURSUANT TO SUBSECTION (8)(a) OF THIS SECTION TO THE JOINT BUDGET COMMITTEE, THE HEALTH AND INSURANCE COMMITTEE AND THE PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES, AND THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES, ON THE GRANT PROGRAM.

(9) FOR THE 2021-22 STATE FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE NINE MILLION DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75- 230 TO THE DEPARTMENT OF HUMAN SERVICES FOR USE BY THE OFFICE FOR THE PURPOSES OF THIS SECTION. IF ANY UNEXPENDED OR UNENCUMBERED MONEY REMAINS AT THE END OF THE FISCAL YEAR, THE OFFICE MAY EXPEND THE MONEY FOR THE SAME PURPOSES IN THE NEXT FISCAL YEAR WITHOUT FURTHER APPROPRIATION.

(10) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2023.

**SECTION 16.** In Colorado Revised Statutes, **add 27-60-112** as follows:

**27-60-112. Behavioral health-care workforce development program - creation - rules - report.** (1) THERE IS CREATED IN THE OFFICE THE BEHAVIORAL HEALTH-CARE WORKFORCE DEVELOPMENT PROGRAM, REFERRED TO IN THIS SECTION AS THE "PROGRAM". THE PURPOSE OF THE PROGRAM IS TO INCREASE THE BEHAVIORAL HEALTH-CARE WORKFORCE'S ABILITY TO TREAT INDIVIDUALS, INCLUDING YOUTH, WITH SEVERE BEHAVIORAL HEALTH DISORDERS.

(2) TO IMPLEMENT THE PROGRAM, THE OFFICE SHALL:

(a) DEVELOP AN ONLINE TRAINING SYSTEM THAT ALLOWS FOR

ACCESSIBLE STATEWIDE TRAINING OPPORTUNITIES;

(b) DEVELOP AN ONLINE TRAINING CURRICULUM FOR PROVIDERS IN RURAL AND METRO AREAS TO INCREASE COMPETENCIES IN MENTAL HEALTH AND SUBSTANCE USE DISORDERS THAT WILL SUPPORT A HIGH-QUALITY, TRAINED, CULTURALLY RESPONSIVE, AND DIVERSE BEHAVIORAL HEALTH-CARE WORKFORCE;

(c) PROVIDE FISCAL INCENTIVES FOR LOWER INCOME INDIVIDUALS TO OBTAIN A DEGREE IN BEHAVIORAL HEALTH, WITH FUNDING SPECIFICALLY TARGETED FOR RURAL AREAS OF THE STATE;

(d) PROVIDE TRAINING TO THE EXISTING BEHAVIORAL HEALTH-CARE WORKFORCE TO BE CERTIFIED IN FEDERALLY REIMBURSED SERVICES; AND

(e) PROVIDE CAPACITY-BUILDING GRANTS TO DIVERSIFY THE SAFETY-NET PROVIDER WORKFORCE AND MEET THE REQUIREMENTS OF SECTION 27-63-103.

(3) THE STATE DEPARTMENT MAY PROMULGATE RULES AS NECESSARY FOR THE IMPLEMENTATION OF THIS SECTION.

(4) FOR THE STATE FISCAL YEAR 2021-22 AND EACH STATE FISCAL YEAR THEREAFTER FOR WHICH THE PROGRAM RECEIVES FUNDING, THE STATE DEPARTMENT SHALL REPORT A SUMMARY OF THE EXPENDITURES FROM THE PROGRAM, THE IMPACT OF THE EXPENDITURES IN INCREASING THE BEHAVIORAL HEALTH-CARE WORKFORCE, AND ANY RECOMMENDATIONS TO STRENGTHEN AND IMPROVE THE BEHAVIORAL HEALTH-CARE WORKFORCE AS PART OF ITS ANNUAL PRESENTATION TO THE GENERAL ASSEMBLY REQUIRED UNDER THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

**SECTION 17.** In Colorado Revised Statutes, **add** 27-60-113 as follows:

**27-60-113. Out-of-home placement for children and youth with mental or behavioral needs - rules - report - legislative declaration - repeal.** (1) (a) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

(I) THE COVID-19 PANDEMIC HAS LEAD TO AN EMERGENCY NEED FOR INCREASED PLACEMENTS FOR CHILDREN AND YOUTH WITH BEHAVIORAL OR MENTAL HEALTH NEEDS, INCLUDING THOSE INVOLVED WITH THE CHILD WELFARE SYSTEM; AND

(II) AS THE STATE WORKS TO TRANSITION TO THE CRITICAL REQUIREMENTS OF THE FEDERAL "FAMILY FIRST PREVENTION SERVICES ACT", IT MUST ENSURE A SMOOTH TRANSITION BY HELPING EXISTING RESIDENTIAL CHILD CARE FACILITIES TRANSITION TO QUALIFIED RESIDENTIAL TREATMENT PROGRAMS OR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES.

(b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT THE STATE SHOULD PROVIDE RESOURCES TO QUALIFIED RESIDENTIAL TREATMENT PROGRAMS, PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES, OR THERAPEUTIC FOSTER CARE PROVIDERS TO ADDRESS THIS EMERGENCY SITUATION AND ENSURE THERE ARE HIGH-QUALITY PROVIDERS AVAILABLE TO MEET THESE NEEDS.

(2) ON OR BEFORE AUGUST 1, 2021, THE STATE DEPARTMENT SHALL DEVELOP A PROGRAM TO PROVIDE EMERGENCY RESOURCES TO LICENSED PROVIDERS TO HELP REMOVE BARRIERS SUCH PROVIDERS FACE IN SERVING CHILDREN AND YOUTH WHOSE BEHAVIORAL OR MENTAL HEALTH NEEDS REQUIRE SERVICES AND TREATMENT IN A RESIDENTIAL CHILD CARE FACILITY. ANY SUCH LICENSED PROVIDER SHALL MEET THE REQUIREMENTS OF A QUALIFIED RESIDENTIAL TREATMENT PROGRAM, AS DEFINED IN SECTION 26-5.4-102, A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY, AS DEFINED IN SECTION 26-5.4-103 (19.5), OR THERAPEUTIC FOSTER CARE, AS DEFINED IN SECTION 26-6-102 (39).

(3) THE STATE DEPARTMENT MAY PROMULGATE RULES CONCERNING THE PLACEMENT OF A CHILD OR YOUTH IN THE PROGRAM. THE RULES MAY ADDRESS QUALITY ASSURANCE MONITORING, ADMISSIONS, DISCHARGE PLANNING, APPROPRIATE LENGTH OF STAY, AN APPEALS PROCESS FOR CHILDREN AND YOUTH WHO ARE DETERMINED INELIGIBLE FOR THE PROGRAM, AND COMPLIANCE WITH APPLICABLE FEDERAL LAW, INCLUDING THE FEDERAL "FAMILY FIRST PREVENTION SERVICES ACT"; EXCEPT THAT RULES CONCERNING THE PLACEMENT OF A CHILD OR YOUTH WHO IS NOT IN THE CUSTODY OF A STATE OR COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES SHALL NOT INAPPROPRIATELY APPLY COMPLIANCE WITH SUCH ACT.



(4) (a) ON OR BEFORE DECEMBER 31, 2021, THE STATE DEPARTMENT SHALL CONTRACT WITH LICENSED PROVIDERS FOR THE DELIVERY OF SERVICES TO CHILDREN AND YOUTH WHO ARE DETERMINED ELIGIBLE FOR AND PLACED IN THE PROGRAM. A PROVIDER THAT CONTRACTS WITH THE STATE DEPARTMENT SHALL NOT:

(I) DENY ADMITTANCE OF A CHILD OR YOUTH IF THE CHILD OR YOUTH OTHERWISE MEETS THE ELIGIBILITY CRITERIA FOR THE PROGRAM; OR

(II) DISCHARGE A CHILD OR YOUTH BASED ON THE SEVERITY OR COMPLEXITY OF THE CHILD OR YOUTH'S PHYSICAL, BEHAVIORAL, OR MENTAL HEALTH NEEDS; EXCEPT THAT THE STATE DEPARTMENT MAY ARRANGE FOR THE PLACEMENT OF A CHILD OR YOUTH WITH AN ALTERNATE CONTRACTED PROVIDER IF THE PLACEMENT WITH THE ALTERNATE PROVIDER IS BETTER SUITED TO DELIVER SERVICES THAT MEET THE NEEDS OF THE CHILD OR YOUTH.

(b) THE STATE DEPARTMENT SHALL REIMBURSE A PROVIDER DIRECTLY FOR THE COSTS ASSOCIATED WITH THE PLACEMENT OF A CHILD OR YOUTH IN THE PROGRAM FOR THE DURATION OF THE TREATMENT, INCLUDING THE COSTS THE PROVIDER DEMONSTRATES ARE NECESSARY IN ORDER FOR THE PROVIDER TO OPERATE CONTINUOUSLY DURING THIS PERIOD.

(c) THE STATE DEPARTMENT SHALL COORDINATE WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO SUPPORT CONTINUITY OF CARE AND PAYMENT FOR SERVICES FOR ANY CHILDREN OR YOUTH PLACED IN THE PROGRAM.

(d) THE STATE DEPARTMENT SHALL REIMBURSE THE PROVIDER ONE HUNDRED PERCENT OF THE COST OF UNUTILIZED BEDS IN THE PROGRAM TO ENSURE AVAILABLE SPACE FOR EMERGENCY RESIDENTIAL OUT-OF-HOME PLACEMENTS.

(5) (a) A HOSPITAL, HEALTH-CARE PROVIDER, PROVIDER OF CASE MANAGEMENT SERVICES, SCHOOL DISTRICT, MANAGED CARE ENTITY, OR STATE OR COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES MAY REFER A FAMILY FOR THE PLACEMENT OF A CHILD OR YOUTH IN THE PROGRAM. THE ENTITY REFERRING A CHILD OR YOUTH FOR PLACEMENT IN THE PROGRAM SHALL SUBMIT OR ASSIST THE FAMILY WITH SUBMITTING AN APPLICATION TO THE STATE DEPARTMENT FOR REVIEW. THE STATE DEPARTMENT SHALL

CONSIDER EACH APPLICATION AS SPACE BECOMES AVAILABLE. THE STATE DEPARTMENT SHALL APPROVE ADMISSIONS INTO THE PROGRAM AND DETERMINE ADMISSION AND DISCHARGE CRITERIA FOR PLACEMENT.

(b) THE STATE DEPARTMENT SHALL DEVELOP A DISCHARGE PLAN FOR EACH CHILD OR YOUTH PLACED IN THE PROGRAM. THE PLAN MUST INCLUDE THE ELIGIBLE PERIOD OF PLACEMENT OF THE CHILD OR YOUTH AND SHALL IDENTIFY THE ENTITY THAT WILL BE RESPONSIBLE FOR THE PLACEMENT COSTS IF THE CHILD OR YOUTH REMAINS WITH THE PROVIDER BEYOND THE DATE OF ELIGIBILITY IDENTIFIED IN THE PLAN.

(c) THE ENTITY OR FAMILY THAT PLACES THE CHILD OR YOUTH IN THE PROGRAM RETAINS THE RIGHT TO REMOVE THE CHILD OR YOUTH FROM THE PROGRAM ANY TIME PRIOR TO THE DISCHARGE DATE SPECIFIED BY THE STATE DEPARTMENT.

(6) WITHIN SEVEN DAYS AFTER SUBMITTING AN APPLICATION TO THE STATE DEPARTMENT FOR PLACING A CHILD OR YOUTH IN THE PROGRAM, THE STATE DEPARTMENT SHALL WORK WITH THE REFERRING ENTITY AND THE CHILD'S OR YOUTH'S PARENTS OR LEGAL GUARDIANS TO ENSURE THE CHILD OR YOUTH IS ASSESSED FOR ELIGIBILITY FOR ENROLLMENT INTO THE STATE MEDICAL ASSISTANCE PROGRAM. A CHILD OR YOUTH WHO IS ELIGIBLE FOR ENROLLMENT INTO THE STATE MEDICAL ASSISTANCE PROGRAM SHALL BE ENROLLED. ENROLLMENT OF A CHILD OR YOUTH INTO THE STATE MEDICAL ASSISTANCE PROGRAM DOES NOT CONSTITUTE AUTOMATIC PLACEMENT INTO THE PROGRAM.

(7) NO LATER THAN NOVEMBER 1, 2022, 2023, AND 2024, THE STATE DEPARTMENT SHALL SUBMIT A WRITTEN REPORT TO THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AND THE JOINT BUDGET COMMITTEE. AT A MINIMUM, THE REPORT MUST INCLUDE:

(a) THE NUMBER OF APPLICATIONS RECEIVED FOR PLACEMENT OF CHILDREN AND YOUTH IN THE PROGRAM;

(b) THE NUMBER OF CHILDREN AND YOUTH ACCEPTED FOR PLACEMENT IN THE PROGRAM;

(c) THE DURATION OF EACH PLACEMENT; AND

(d) THE DAILY RATE PAID TO EACH PROVIDER FOR PLACEMENT OF CHILDREN AND YOUTH.

(8) THIS SECTION IS INTENDED TO PROVIDE ENHANCED EMERGENCY SERVICES RESULTING FROM THE INCREASED NEED FOR SERVICES DUE TO THE COVID-19 PANDEMIC. NO LATER THAN SEPTEMBER 30, 2024, THE STATE DEPARTMENT SHALL SUBMIT RECOMMENDATIONS TO THE HOUSE OF REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE, THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AND THE JOINT BUDGET COMMITTEE ABOUT HOW TO PROVIDE NECESSARY SERVICES FOR CHILDREN AND YOUTH IN NEED OF RESIDENTIAL CARE, INCLUDING HOSPITAL STEP-DOWN SERVICES ON AN ONGOING BASIS.

(9) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2025.

**SECTION 18.** In Colorado Revised Statutes, 27-60-202, as added by House Bill 21-1097, add (2.5) as follows:

**27-60-202. Definitions.** As used in this part 2, unless the context otherwise requires:

(2.5) "CARE COORDINATION" MEANS SERVICES THAT SUPPORT INDIVIDUALS AND FAMILIES AND INITIATE CARE AND NAVIGATING CRISIS SUPPORTS, MENTAL HEALTH AND SUBSTANCE USE DISORDER ASSISTANCE, AND SERVICES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, AND PREVENTIVE CARE SERVICES.

**SECTION 19.** In Colorado Revised Statutes, part 2 of article 60 of title 27, as added by House Bill 21-1097, add 27-60-204 as follows:

**27-60-204. Care coordination infrastructure.** (1) (a) THE STATE DEPARTMENT, IN COLLABORATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, SHALL DEVELOP A STATEWIDE CARE COORDINATION INFRASTRUCTURE TO DRIVE ACCOUNTABILITY AND MORE EFFECTIVE BEHAVIORAL HEALTH NAVIGATION TO CARE THAT BUILDS UPON AND COLLABORATES WITH EXISTING CARE COORDINATION SERVICES. THE INFRASTRUCTURE MUST INCLUDE A WEBSITE AND MOBILE APPLICATION THAT

SERVES AS A CENTRALIZED GATEWAY FOR INFORMATION FOR PATIENTS, PROVIDERS, AND CARE COORDINATION AND THAT FACILITIES ACCESS AND NAVIGATION OF BEHAVIORAL HEALTH-CARE SERVICES AND SUPPORT.

(b) THE STATE DEPARTMENT SHALL CONVENE A WORKING GROUP OF GEOGRAPHICALLY AND DEMOGRAPHICALLY DIVERSE PARTNERS AND STAKEHOLDERS, INCLUDING THOSE WITH LIVED AND PROFESSIONAL EXPERIENCE, TO PROVIDE FEEDBACK AND RECOMMENDATIONS THAT INFORM AND GUIDE THE DEVELOPMENT OF THE STATEWIDE CARE COORDINATION INFRASTRUCTURE DEVELOPED PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.

(c) THE EXTENT TO WHICH MEDICAID AND PRIVATE INSURANCE EXISTING CARE COORDINATION SERVICES ARE ALIGNED WITH THE STATEWIDE CARE COORDINATION INFRASTRUCTURE DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION SHALL BE DETERMINED BY THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, THE DIVISION OF INSURANCE IN THE DEPARTMENT OF REGULATORY AGENCIES, AND THE WORKING GROUP CREATED PURSUANT TO SUBSECTION (1)(b) OF THIS SECTION.

(d) THE STATE DEPARTMENT SHALL IMPLEMENT, DIRECTLY OR THROUGH A CONTRACTOR, A COMPREHENSIVE AND ROBUST MARKETING AND OUTREACH PLAN TO MAKE COLORADANS AWARE OF THE WEBSITE AND MOBILE APPLICATION AND ASSOCIATED CARE COORDINATION SERVICES DEVELOPED PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION.

(2) ON OR BEFORE JULY 1, 2022, THE STATEWIDE CARE COORDINATION INFRASTRUCTURE DEVELOPED PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION IS THE RESPONSIBILITY OF THE BEHAVIORAL HEALTH ADMINISTRATION ESTABLISHED IN SECTION 27-60-203.

**SECTION 20.** In Colorado Revised Statutes, 27-80-118, **recreate and reenact, with amendments, (4)(c); amend (5)(b); and add (4)(d)** as follows:

**27-80-118. Center for research into substance use disorder prevention, treatment, and recovery support strategies - established - appropriation - legislative declaration.** (4) (c) THE CENTER SHALL ENGAGE IN COMMUNITY ENGAGEMENT ACTIVITIES TO ADDRESS SUBSTANCE USE PREVENTION, HARM REDUCTION, CRIMINAL JUSTICE SYSTEM RESPONSE,

TREATMENT, AND RECOVERY.

(d) FOR THE 2021-22 STATE FISCAL YEAR, AND EACH FISCAL YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE SEVEN HUNDRED FIFTY THOUSAND DOLLARS TO THE CENTER FROM THE MARIJUANA TAX CASH FUND CREATED IN SECTION 39-28.8-501 FOR THE PURPOSES OF THIS SUBSECTION (4).

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

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

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

**SECTION 21.** In Colorado Revised Statutes, 27-80-120, **repeal** (7) as follows:

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

**SECTION 22.** In Colorado Revised Statutes, **amend** 27-80-121 as follows:

**27-80-121. Perinatal substance use data linkage project - center for research into substance use disorder prevention, treatment, and recovery support strategies - report.** (1) The center for research into substance use disorder prevention, treatment, and recovery support strategies established in section 27-80-118, referred to in this section as the "center", in partnership with an institution of higher education and the state substance abuse trend and response task force established in section

18-18.5-103, may conduct a statewide perinatal substance use 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. The data linkage project ~~may consider state-administered data sources that include~~ SHALL UTILIZE DATA FROM THE MEDICAL ASSISTANCE PROGRAM, ARTICLES 4 TO 6 OF TITLE 25.5; THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM CREATED IN PART 4 OF ARTICLE 280 OF TITLE 12; THE COLORADO TRAILS SYSTEM, AS DEFINED IN SECTION 16-20.5-102 (10); THE COLORADO IMMUNIZATION INFORMATION SYSTEM, CREATED PURSUANT TO SECTION 25-4-2401, ET SEQ.; THE COLORADO CHILD CARE ASSISTANCE PROGRAM, CREATED IN PART 8 OF ARTICLE 2 OF TITLE 26; THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES; AND BIRTH AND DEATH RECORDS TO EXAMINE THE FOLLOWING:

(a) Health-care MORTALITY utilization by pregnant and postpartum women with substance use disorders and their infants COMPARED TO THE GENERAL POPULATION;

(b) Human service, ~~and~~ public health program utilization, AND SUBSTANCE USE TREATMENT by pregnant and postpartum women with substance use disorders and their infants;

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

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

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

~~(2.5)~~ (3) The ~~statewide perinatal substance use~~ data linkage project may conduct ongoing research related to the incidence of perinatal substance exposure or related infant and family health and human service

outcomes based on the standards specified in sections 19-1-103 (1)(a)(VII) and 19-3-102 (1)(g) for determining child abuse or neglect or whether a child is neglected or dependent.

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

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

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

**SECTION 23.** In Colorado Revised Statutes, **repeal and reenact, with amendments,** 27-80-122 as follows:

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

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

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

(2) FOR THE 2021-22 STATE FISCAL YEAR AND EACH STATE FISCAL YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE TWO

HUNDRED THOUSAND DOLLARS TO THE OFFICE OF BEHAVIORAL HEALTH FOR THE PURPOSE OF IMPLEMENTING THIS SECTION.

**SECTION 24.** In Colorado Revised Statutes, add 27-80-125 and 27-80-126 as follows:

**27-80-125. Housing assistance for individuals with a substance use disorder - rules - report - appropriation.** (1) THE OFFICE OF BEHAVIORAL HEALTH SHALL 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:

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

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

(2) THE OFFICE OF BEHAVIORAL HEALTH MAY PROMULGATE RULES ESTABLISHING THE MAXIMUM AMOUNT OF TEMPORARY FINANCIAL ASSISTANCE THAT AN INDIVIDUAL CAN RECEIVE AND THE MAXIMUM AMOUNT OF TIME FOR WHICH AN INDIVIDUAL MAY RECEIVE ASSISTANCE. RULES PROMULGATED PURSUANT TO THIS SUBSECTION (2) RELATED TO THE TIME FOR WHICH AN INDIVIDUAL MAY RECEIVE ASSISTANCE MUST BE CLINICALLY BASED, CULTURALLY RESPONSIVE, AND TRAUMA-INFORMED.

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

(4) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), BY FEBRUARY 1, 2022, AND BY FEBRUARY 1 EACH YEAR THEREAFTER, THE OFFICE OF BEHAVIORAL HEALTH SHALL SUBMIT A REPORT DETAILING THE AMOUNT OF HOUSING ASSISTANCE PROVIDED IN THE PRIOR YEAR, THE NUMBER OF INDIVIDUALS AND THE ENTITIES THAT RECEIVED THE HOUSING ASSISTANCE, AND THE DURATION OF HOUSING ASSISTANCE EACH INDIVIDUAL OR ENTITY RECEIVED TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, THE HEALTH AND INSURANCE AND THE PUBLIC AND BEHAVIORAL



HEALTH AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES, AND THE OPIOID AND OTHER SUBSTANCE USE DISORDERS STUDY COMMITTEE CREATED IN SECTION 10-22.3-101, OR ANY SUCCESSOR COMMITTEES.

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

**27-80-126. Recovery support services grant program - creation - eligibility - reporting requirements - appropriation - rules - definitions.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "GRANT PROGRAM" MEANS THE RECOVERY SUPPORT SERVICES GRANT PROGRAM CREATED IN THIS SECTION.

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

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

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

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

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

(c) HELP INDIVIDUALS WITH A SUBSTANCE USE DISORDER OR CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDER TO CONNECT WITH RESOURCES NEEDED TO INITIATE AND MAINTAIN RECOVERY AS OUTLINED BY THE FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION'S FOUR DIMENSIONS OF RECOVERY: HEALTH, HOME, COMMUNITY, AND PURPOSE;

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

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

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

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

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

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

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

THE MANAGED SERVICE ORGANIZATION SHALL PRIORITIZE AN APPLICANT WHOSE PROGRAM OUTLINES THE CAPACITY TO DELIVER RECOVERY SUPPORT SERVICES TO MEET THE NEEDS OF DIVERSE RACIAL, CULTURAL, INCOME, ABILITY, AND OTHER UNDERSERVED GROUPS, INCLUDING THE DELIVERY OF RECOVERY SUPPORT SERVICES BY CULTURALLY RESPONSIVE AND TRAUMA-INFORMED PROFESSIONALS.

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

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

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

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

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

(b) ON OR BEFORE MARCH 1, 2022, AND ON OR BEFORE MARCH 1 EACH YEAR THEREAFTER FOR THE DURATION OF THE GRANT PROGRAM, THE OFFICE OF BEHAVIORAL HEALTH SHALL SUBMIT A SUMMARIZED REPORT ON THE GRANT PROGRAM TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE HEALTH AND INSURANCE AND THE PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AND TO THE OPIOID AND OTHER SUBSTANCE USE DISORDERS STUDY COMMITTEE CREATED IN SECTION 10-22.3-101.

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

(8) FOR THE 2021-22 STATE FISCAL YEAR AND EACH STATE FISCAL

YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE MILLION SIX HUNDRED THOUSAND DOLLARS FROM THE GENERAL FUND TO THE OFFICE OF BEHAVIORAL HEALTH TO IMPLEMENT THE GRANT PROGRAM. THE OFFICE MAY USE A PORTION OF THE MONEY APPROPRIATED FOR THE GRANT PROGRAM TO PAY THE DIRECT AND INDIRECT COSTS OF ADMINISTERING THE GRANT PROGRAM.

**SECTION 25.** In Colorado Revised Statutes, 27-80-303, **amend** (1)(b), (1)(c), (2), (3)(e) and (3)(f); and **add** (3)(g) as follows:

**27-80-303. Office of ombudsman for behavioral health access to care - creation - appointment of ombudsman - duties.** (1) (b) ~~The office and the department shall operate pursuant to a memorandum of understanding between the two entities. The memorandum of understanding contains, at a minimum:~~

~~(I) A requirement that the office has its own personnel rules;~~

~~(II) A requirement that the ombudsman has independent hiring and termination authority over office employees;~~

~~(III) A requirement that the office must follow state fiscal rules;~~

~~(IV) A requirement that The office of behavioral health shall offer the office limited support with respect to:~~

~~(A) (I) Personnel matters;~~

~~(B) (II) Recruitment;~~

~~(C) (III) Payroll;~~

~~(D) (IV) Benefits;~~

~~(E) (V) Budget submission, as needed;~~

~~(F) (VI) Accounting; and~~

~~(G) (VII) Office space, facilities, and technical support; and~~

~~(V) (VIII) Any other provisions regarding~~ Administrative support that will help maintain the independence of the office.

(c) The office ~~shall operate~~ OPERATES with full independence and has complete autonomy, control, and authority over operations, budget, and personnel decisions related to the office and the ombudsman, SUBJECT TO STATE PERSONNEL AND FISCAL RULES. THE OFFICE MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FOR THE PURPOSE OF OPERATING THE OFFICE. THE DEPARTMENT MAY, BUT IS NOT REQUIRED TO, PROVIDE FUNDING TO THE OFFICE.

(2) By November 1, 2018, the governor shall designate an ombudsman for behavioral health access to care, who shall serve as director of the office. The ombudsman shall serve as a neutral party to help consumers, including consumers who are uninsured or have public or private health benefit coverage, including coverage that is not subject to state regulation, and health-care providers, acting on their own behalf, on behalf of a consumer with the consumer's written permission, or on behalf of a group of health-care providers, navigate and resolve issues ~~related to~~ AND ENSURE COMPLIANCE REGARDING consumer access to behavioral health care, including care for mental health conditions and substance use disorders.

(3) The ombudsman shall:

(e) Develop appropriate points of contact for referrals to other state and federal agencies; ~~and~~

(f) Provide appropriate information to help consumers or health-care providers file appeals or complaints with the appropriate entities, including insurers and other state and federal agencies; AND

(g) BE THE APPOINTING AUTHORITY FOR ANY EMPLOYEES THE OFFICE MAY CHOOSE TO HIRE. ANY SUCH EMPLOYEES ARE STATE EMPLOYEES SUBJECT TO THE STATE PERSONNEL SYSTEM.

**SECTION 26.** In Colorado Revised Statutes, 27-82-204, **amend** (1) as follows:

**27-82-204. Funding for pilot program.** (1) (a) ~~For the 2019-20~~

~~through 2021-22 fiscal years~~, FOR THE 2021-22 FISCAL YEAR, AND EACH FISCAL YEAR THEREAFTER, the general assembly shall appropriate money ~~each fiscal year~~ from the marijuana tax cash fund created in section 39-28.8-501 (1) to the department for allocation to the office of behavioral health to implement the pilot program. The office of behavioral health may use a portion of the money annually appropriated for the pilot program to pay the direct and indirect costs incurred to administer the pilot program.

(b) If any unexpended or uncommitted money appropriated for ~~the 2019-20 or 2020-21~~ A fiscal year remains at the end of ~~either~~ THAT fiscal year, the office of behavioral health may expend the money in accordance with this section in the succeeding fiscal year without further appropriation. ~~Any unexpended or uncommitted money remaining at the end of the 2021-22 fiscal year reverts to the marijuana tax cash fund created in section 39-28.8-501(1).~~

**SECTION 27.** In Colorado Revised Statutes, 24-34-104, **repeal** (25)(a)(XX) as follows:

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

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

**SECTION 28.** In Colorado Revised Statutes, 17-1-113.4, **amend** (2) and (4)(b); and **add** (3.5) as follows:

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

(b) AS FUNDING AND SUPPLIES ALLOW, IF A PERSON IN CUSTODY IS TREATED FOR AN OPIOID USE DISORDER PURSUANT TO THIS SECTION, THE

CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL OFFER THE PERSON, UPON RELEASE FROM THE FACILITY, AT LEAST TWO DOSES OF AN OPIOID REVERSAL MEDICATION, IN A FORM APPROVED BY THE FEDERAL DRUG ADMINISTRATION, AND PROVIDE EDUCATION TO THE PERSON ABOUT THE APPROPRIATE USE OF THE MEDICATION.

(3.5) NOTHING IN THIS SECTION IMPOSES CIVIL OR CRIMINAL LIABILITY ON A STATE LAW ENFORCEMENT AGENCY OR LAW ENFORCEMENT OFFICER WHEN ORDINARY CARE IS USED IN THE ADMINISTRATION OR PROVISION OF AN OPIOID REVERSAL MEDICATION IN CASES WHEN AN INDIVIDUAL APPEARS TO BE EXPERIENCING AN OPIOID OVERDOSE.

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

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

**SECTION 29.** In Colorado Revised Statutes, 18-18-607, **amend** (4) as follows:

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

**SECTION 30.** In Colorado Revised Statutes, 10-22.3-101, **amend** (1)(b), (2)(h), (2)(i), and (3) as follows:

**10-22.3-101. Opioid and other substance use disorders study committee - creation - members - purposes.** (1) (b) The speaker of the house of representatives shall appoint the chair of the committee in the 2023 interim and the vice-chair in the ~~2021~~ 2022 interim, and the president of the senate shall appoint the chair of the committee in the ~~2021~~ 2022 interim and the vice-chair in the 2023 interim.

(2) The committee shall:

(h) During the ~~2021~~ 2022 interim, study the relationship between mental health conditions and substance use disorders and examine treatment modalities that best serve individuals with co-occurring mental health conditions and substance use disorders, including the benefits of integrated services; and

(i) During the ~~2021~~ 2022 interim, study the impact of COVID-19, the coronavirus disease caused by the severe acute respiratory syndrome coronavirus 2, also known as SARS-CoV-2, on the provision of prevention, harm reduction, treatment and recovery support services, and related behavioral health services, including the impact related to the opioid crisis and drug overdoses, and prepare legislative recommendations for the general assembly for addressing the impacts.

(3) (a) The committee may meet in the ~~2021~~ 2022 and 2023 interims up to six times per interim. The committee may recommend up to a total of five bills during each interim. Legislation recommended by the committee must be treated as legislation recommended by an interim committee for purposes of applicable deadlines, bill introduction limits, and any other requirements imposed by the joint rules of the general assembly.

(b) By ~~December 1, 2021~~ DECEMBER 1, 2022, and December 1, 2023, the committee shall make a report and a final report, respectively, to the legislative council created in section 2-3-301 that may include recommendations for legislation.

**SECTION 31.** In Colorado Revised Statutes, **add** part 10 to article 21 of title 23 as follows:

PART 10  
MEDICATION FOR OPIOID USE DISORDER

**23-21-1001. Medication for opioid use disorder - consultation - stipends - school of medicine duties - legislative declaration - repeal.**

(1) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

(a) MANY HEALTH-CARE PROVIDERS WHO HAVE COMPLETED THE TRAINING REQUIRED BY THE FEDERAL DRUG ENFORCEMENT AGENCY AND ARE ELIGIBLE TO PROVIDE MEDICATION FOR OPIOID USE DISORDER ARE NOT ACTIVELY PROVIDING MEDICATION FOR OPIOID USE DISORDER TO PATIENTS



WHO WOULD BENEFIT FROM THIS MEDICAL SERVICE; AND

(b) PRACTICE CONSULTATION SERVICES CONSISTING OF FOLLOW-UP TRAINING AND SUPPORT, INCLUDING STIPENDS, CAN INCREASE THE NUMBER OF HEALTH-CARE PROVIDERS WHO PRESCRIBE MEDICATION FOR OPIOID USE DISORDER AND THE NUMBER OF PATIENTS RECEIVING MEDICATION FOR OPIOID USE DISORDER.

(2) THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE SHALL:

(a) PROVIDE PRACTICE CONSULTATION SERVICES TO HEALTH-CARE PROVIDERS WHO ARE ELIGIBLE TO PROVIDE MEDICATION FOR OPIOID USE DISORDER. PRACTICE CONSULTATION SERVICES MUST INCLUDE:

(I) STAFF TRAINING AND WORKFLOW ENHANCEMENT TO ENCOURAGE SCREENING FOR OPIOID USE DISORDER AND EDUCATIONAL MATERIALS FOR PATIENTS WHO SCREEN POSITIVE FOR OPIOID USE DISORDER;

(II) SUPPORTING THE ADOPTION OF COMMUNICATION STRATEGIES THAT PROVIDE INFORMATION TO PATIENTS AND REFERRAL SOURCES, INCLUDING BUT NOT LIMITED TO EMERGENCY DEPARTMENTS, EMERGENCY MEDICAL SERVICE PROVIDERS, HOSPITALS, SHERIFFS DEPARTMENTS, HARM REDUCTION ORGANIZATIONS, AND FAITH-BASED ORGANIZATIONS; AND

(III) PROVIDING ACCESS TO MARKETING MATERIALS DESIGNED FOR PATIENTS AND DEVELOPED WITH PATIENT AND PRACTITIONER INPUT.

(b) PROVIDE STIPENDS TO HEALTH-CARE PROVIDERS WHO ARE ELIGIBLE TO PROVIDE MEDICATION FOR OPIOID USE DISORDER AND WHO HAVE ACHIEVED CERTAIN BENCHMARKS KNOWN TO LEAD TO AN INCREASED NUMBER OF PATIENTS BEING MANAGED BY MEDICATION FOR OPIOID USE DISORDER. AT A MINIMUM, THE BENCHMARKS MUST INCLUDE:

(I) STAFF TRAINING AND WORKFLOW ENHANCEMENT TO ENCOURAGE SCREENING AND MEDICATION FOR OPIOID USE DISORDER INDUCTION FOR PATIENTS WHO SCREEN POSITIVE FOR OPIOID USE DISORDER;

(II) ADOPTION OF MARKETING AND COMMUNICATION STRATEGIES;  
AND

(III) DOCUMENTATION OF HAVING PROVIDED MEDICATION FOR OPIOID USE DISORDER TO AT LEAST TEN PATIENTS WITHIN A TWELVE-MONTH PERIOD.

(3) (a) FOR THE 2021-22 STATE FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE SIX HUNDRED THIRTY THOUSAND DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-226 TO THE BOARD OF REGENTS OF THE UNIVERSITY OF COLORADO FOR THE IMPLEMENTATION OF THIS SECTION. IF ANY UNEXPENDED OR UNENCUMBERED MONEY REMAINS AT THE END OF THE FISCAL YEAR, THE BOARD OF REGENTS OF THE UNIVERSITY OF COLORADO MAY EXPEND THE MONEY FOR THE SAME PURPOSES IN THE NEXT FISCAL YEAR WITHOUT FURTHER APPROPRIATION.

(b) THIS SUBSECTION (3) IS REPEALED, EFFECTIVE JULY 1, 2023.

**SECTION 32.** In Colorado Revised Statutes, **add 24-75-230** as follows:

**24-75- 230. Behavioral and mental health cash fund - creation - allowable uses - task force - definitions - repeal.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "AMERICAN RESCUE PLAN ACT OF 2021" MEANS THE FEDERAL "AMERICAN RESCUE PLAN ACT OF 2021", PUB.L. 117-2, AS THE ACT MAY BE SUBSEQUENTLY AMENDED.

(b) "DEPARTMENT" MEANS A PRINCIPAL DEPARTMENT IDENTIFIED IN SECTION 24-1-110 AND THE JUDICIAL DEPARTMENT. THE TERM ALSO INCLUDES THE OFFICE OF THE GOVERNOR, INCLUDING ANY OFFICES CREATED THEREIN.

(c) "FUND" MEANS THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SUBSECTION (2)(a) OF THIS SECTION OR AN IDENTICAL COMPANION FUND CREATED BY OPERATION OF SECTION 24-75-226 (4)(c).

(2) (a) THE BEHAVIORAL AND MENTAL HEALTH CASH FUND IS CREATED IN THE STATE TREASURY. THE FUND CONSISTS OF MONEY CREDITED TO THE FUND IN ACCORDANCE WITH SUBSECTION (2)(b) OF THIS SECTION AND ANY OTHER MONEY THAT THE GENERAL ASSEMBLY MAY APPROPRIATE OR

TRANSFER TO THE FUND. TO RESPOND TO THE PUBLIC HEALTH EMERGENCY WITH RESPECT TO COVID-19 OR ITS NEGATIVE ECONOMIC IMPACTS, THE GENERAL ASSEMBLY MAY APPROPRIATE MONEY FROM THE FUND TO A DEPARTMENT FOR MENTAL HEALTH TREATMENT, SUBSTANCE MISUSE TREATMENT, AND OTHER BEHAVIORAL HEALTH SERVICES.

(b) (I) THREE DAYS AFTER THE EFFECTIVE DATE OF THIS SUBSECTION (2)(b)(I), THE STATE TREASURER SHALL TRANSFER FIVE HUNDRED FIFTY MILLION DOLLARS FROM THE "AMERICAN RESCUE PLAN ACT OF 2021" CASH FUND CREATED IN SECTION 24-75- 226 TO THE FUND.

(II) THE STATE TREASURER SHALL CREDIT ALL INTEREST AND INCOME DERIVED FROM THE DEPOSIT AND INVESTMENT OF MONEY IN THE FUND TO THE FUND.

(3) A DEPARTMENT MAY EXPEND MONEY APPROPRIATED FROM THE FUND FOR PURPOSES PERMITTED UNDER THE "AMERICAN RESCUE PLAN ACT OF 2021" PUB.L. 117-2, AS THE ACT MAY BE SUBSEQUENTLY AMENDED, AND SHALL NOT USE THE MONEY FOR ANY PURPOSE PROHIBITED BY THE ACT. A DEPARTMENT OR ANY PERSON WHO RECEIVES MONEY FROM THE FUND SHALL COMPLY WITH ANY REQUIREMENTS SET FORTH IN SECTION 24-75- 226.

(4) (a) THE EXECUTIVE COMMITTEE OF THE LEGISLATIVE COUNCIL SHALL, BY RESOLUTION, CREATE A TASK FORCE TO MEET DURING THE 2021 INTERIM AND ISSUE A REPORT WITH RECOMMENDATIONS TO THE GENERAL ASSEMBLY AND THE GOVERNOR ON POLICIES TO CREATE TRANSFORMATIONAL CHANGE IN THE AREA OF BEHAVIORAL HEALTH USING MONEY THE STATE RECEIVES FROM THE FEDERAL CORONAVIRUS STATE FISCAL RECOVERY FUND UNDER TITLE IX, SUBTITLE M OF THE "AMERICAN RESCUE PLAN ACT OF 2021", PUB.L. 117-2, AS THE ACT MAY BE SUBSEQUENTLY AMENDED.

(b) THE TASK FORCE MAY INCLUDE NONLEGISLATIVE MEMBERS AND HAVE WORKING GROUPS CREATED TO ASSIST THEM. THE EXECUTIVE COMMITTEE SHALL HIRE A FACILITATOR TO GUIDE THE WORK OF THE TASK FORCE.

(c) THE TASK FORCE CREATED IN THIS SECTION IS NOT SUBJECT TO THE REQUIREMENTS SPECIFIED IN SECTION 2-3-303.3 OR RULE 24A OF THE JOINT RULES OF THE SENATE AND THE HOUSE OF REPRESENTATIVES. THE

EXECUTIVE COMMITTEE SHALL SPECIFY REQUIREMENTS GOVERNING MEMBERS' PARTICIPATION IN THE TASK FORCE. THE TASK FORCE SHALL NOT SUBMIT BILL DRAFTS AS PART OF THEIR RECOMMENDATIONS.

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

**SECTION 33.** In Colorado Revised Statutes, 25-1.5-506, **amend** (4)(a) introductory portion; and **add** (4)(c) as follows:

**25-1.5-506. Colorado health service corps fund - created - acceptance of grants and donations - annual appropriation from marijuana tax cash fund - repeal.** (4) (a) For the 2018-19 fiscal year and each fiscal year thereafter, the general assembly shall appropriate ~~two~~ THREE million five hundred thousand dollars from the marijuana tax cash fund created in section 39-28.8-501 to the primary care office to:

(c) (I) IN ADDITION TO THE APPROPRIATION DESCRIBED IN SUBSECTION (4)(a) OF THIS SECTION, FOR THE 2021-22 STATE FISCAL YEAR THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE MILLION SEVEN HUNDRED THOUSAND DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-226 TO THE PRIMARY CARE OFFICE FOR THE USES DESCRIBED IN SUBSECTION (4)(a) OF THIS SECTION. IF ANY UNEXPENDED OR UNENCUMBERED MONEY APPROPRIATED FOR A FISCAL YEAR REMAINS AT THE END OF THAT FISCAL YEAR, THE PRIMARY CARE OFFICE MAY EXPEND THE MONEY FOR THE SAME PURPOSES IN THE NEXT FISCAL YEAR WITHOUT FURTHER APPROPRIATION.

(II) THIS SUBSECTION (4)(c) IS REPEALED, EFFECTIVE JANUARY 1, 2024.

**SECTION 34.** In Colorado Revised Statutes, 27-80-123, **amend** (4) and (5)(b) as follows:

**27-80-123. High-risk families cash fund - creation - services provided - report - definition.** (4) The department may expend money in the fund for the following purposes:

(a) For services to high-risk parents, including pregnant and parenting women, with substance use disorders; ~~and~~

(b) For services for high-risk children and youth with behavioral health disorders; AND

(c) FOR SERVICES FOR FAMILIES WITH BEHAVIORAL HEALTH NEEDS, INCLUDING FAMILY-CENTERED TREATMENT MODELS.

(5) (b) Money expended by the department must be used for one-time allocations to increase treatment capacity, including start-up costs and capital expenditures, or to provide substance use disorder recovery and wraparound services, including THE PRENATAL PLUS PROGRAM AND access to child care, to high-risk families.

**SECTION 35.** In Session Laws of Colorado 2019, **amend** section 2 of chapter 325 as follows:

**Section 2. Appropriation.** (1) For the 2019-20 state fiscal year, \$2,944,809 is appropriated to the department of public health and environment for use by the prevention services division. This appropriation is from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To implement this act, the division may use this appropriation for the primary care office. Any money appropriated in this section not expended prior to July 1, 2020, is further appropriated to the division for the 2020-21 and ~~2021-22~~ THROUGH 2023-24 state fiscal years for the same purpose.

(2) For the 2019-20 state fiscal year, \$55,191 is appropriated to the department of public health and environment for use by the prevention services division. This appropriation is from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S., and is based on an assumption that the division will require an additional 0.8 FTE. To implement this act, the division may use this appropriation for the primary care office.

**SECTION 36.** In Colorado Revised Statutes, **repeal** 25-20.5-1104 and 27-82-205.

**SECTION 37. Appropriation.** (1) For the 2021-22 state fiscal year, \$1,017,614 is appropriated to the department of health care policy and financing. This appropriation is from the general fund. To implement this act, the department may use this appropriation as follows:

(a) \$130,043 for use by the executive director's office for personal

services, which amount is based on an assumption that the office will require an additional 2.8 FTE.;

(b) \$11,325 for use by the executive director's office for operating expenses;

(c) \$33,960 for use by the executive director's office for general professional services and special projects related to general administration;

(d) \$764,067 for use by the executive director's office for professional services contracts related to utilization and quality review contracts, which amount is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year; and

(e) \$78,219 for medical and long-term care services for medicaid-eligible individuals, which amount is subject to the "(M)" notation as defined in the annual general appropriation act for the same fiscal year.

(2) For the 2021-22 state fiscal year, \$250,000 is appropriated to the department of health care policy and financing. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230, C.R.S., and of money the state received from the federal coronavirus state fiscal recovery fund. The department may use the appropriation for training health-care and behavioral health-care professionals in substance use screening, brief intervention, and referral to treatment. Any money appropriated in this subsection (2) not expended prior to July 1, 2022, is further appropriated to the department for the 2022-23 state fiscal year for the same purpose.

(3) For the 2021-22 state fiscal year, the general assembly anticipates that the department of health care policy and financing will receive \$1,017,613 in federal funds to implement this act. The appropriation in subsection (1) of this section is based on the assumption that the department will receive this amount of federal funds to be used as follows:

(a) \$130,042 for use by the executive director's office for personal services, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year;

(b) \$11,325 for use by the executive director's office for operating

expenses, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year;

(c) \$33,960 for use by the executive director's office for general professional services and special projects related to general administration, which amount is subject to the "(I)" notation as defined in the annual general appropriation act for the same fiscal year;

(d) \$764,067 for use by the executive director's office for professional services contracts related to utilization and quality review contracts; and

(e) \$78,219 for medical and long-term care services for medicaid-eligible individuals.

(4) For the 2021-22 state fiscal year, \$3,825,000 is appropriated to the department of higher education from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S., for use by the center for research into substance use disorder prevention, treatment, and recovery support strategies at the university of Colorado health sciences center. The center may use this appropriation as follows:

(a) \$3,000,000 for the medication-assisted treatment expansion pilot program;

(b) \$750,000 for public awareness campaigns related to safe medication practices; and

(c) \$75,000 for the perinatal substance use data linkage project.

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

(6) (a) For the 2021-22 state fiscal year, \$2,630,000 is appropriated to the department of higher education. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230, C.R.S., and of money the state received from the federal coronavirus state

fiscal recovery fund. To implement this act, the department may use this appropriation as follows:

(I) \$1,000,000 for use by the center for research into substance use disorder prevention, treatment, and recovery support strategies at the university of Colorado health sciences center for training and education for health-care, behavioral health-care, and public health-care professionals, to further promote the use of evidence-based models of care for treatment of pain and substance use disorders, grant writing assistance for local organizations, and to further strengthen recovery support programs and services;

(II) \$1,000,000 for use by the regents of the university of Colorado for allocation to the school of medicine for the regional health connector workforce program; and

(III) \$630,000 for use by the regents of the university of Colorado for allocation to the school of medicine for practice consultation services and stipends for health-care providers who are eligible to provide medication for opioid use disorder.

(b) Any money appropriated in this subsection (6) not expended prior to July 1, 2022, is further appropriated to the department for the 2022-23 state fiscal year for the same purposes.

(7) For the 2021-22 state fiscal year, \$6,050,000 is appropriated to the department of human services for use by the office of behavioral health. This appropriation is from the general fund. To implement this act, the office may use this appropriation as follows:

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

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

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

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



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

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

(9)(a) For the 2021-22 state fiscal year, \$86,750,000 is appropriated to the department of human services for use by the office of behavioral health. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230, C.R.S., and of money the state received from the federal coronavirus state fiscal recovery fund. The office may use this appropriation as follows:

(I) \$10,000,000 directed to the managed service organizations for increasing access to effective substance use disorder treatment and recovery;

(II) \$2,000,000 for services provided to school-aged children and parents by community mental health center school-based clinicians and prevention specialists;

(III) \$5,000,000 for Colorado crisis system services in response to the effect of COVID-19 on the behavioral health of Colorado residents, including statewide access to crisis system services for children and youth;

(IV) \$2,000,000 for behavioral health and substance use disorder treatment for children, youth, and their families;

(V) \$1,000,000 for a mental health awareness campaign;

(VI) \$18,000,000 for the workforce development program;

(VII) \$26,000,000 for statewide care coordination infrastructure;

(VIII) \$9,000,000 for the county-based behavioral health grant program;

(IX) \$500,000 for community transition services for guardianship services for individuals transitioning out of mental health institutes;

(X) \$5,000,000 for jail based behavioral health services;

(XI) \$3,250,000 for community mental health centers for unanticipated services and expenses related to COVID-19, including capacity building and strategies to address the direct care workforce for the purpose of increasing access to meet the growing demand for services; and

(XII) \$5,000,000 for a pilot program for residential placement of children and youth with high acuity physical, mental, or behavioral health needs.

(b) Any money appropriated in this subsection (9) not expended prior to July 1, 2022, is further appropriated to the office for the 2022-23 state fiscal year for the same purpose.

(10) For the 2021-22 state fiscal year, \$3,000,000 is appropriated to the high-risk families cash fund created in section 27-80-123 (2), C.R.S. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230, C.R.S., and of money the state received from the federal coronavirus state fiscal recovery fund. The department of human services is responsible for the accounting related to this appropriation.

(11) For the 2021-22 state fiscal year, \$500,000 is appropriated to the department of human services. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230, C.R.S., and of money the state received from the federal coronavirus state fiscal recovery fund. The department may use this appropriation for the early childhood mental health consultation program. Any money appropriated in this subsection (11) not expended prior to July 1, 2022, is further appropriated to the department for the 2022-23 state fiscal year for the same purpose.

(12) For the 2021-22 state fiscal year, \$300,000 is appropriated to the department of human services for use by the office of the ombudsman for behavioral health access to care. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230, C.R.S., and of money the state received from the federal coronavirus state fiscal recovery fund. The office may use the appropriation to help resolve behavioral health-care access and coverage concerns or complaints for consumers and health-care providers. Any money appropriated in this subsection (12) not expended prior to July 1, 2022, is further appropriated

to the department for the 2022-23 state fiscal year for the same purpose.

(13) For the 2021-22 state fiscal year, \$50,000 is appropriated to the legislative department. This appropriation is from the general fund. The department may use this appropriation to implement this act.

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

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

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

(15) For the 2021-22 state fiscal year, \$2,700,000 is appropriated to the department of public health and environment for use by the primary care office. This appropriation consists of \$1,000,000 from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S., and \$1,700,000 from the behavioral and mental health cash fund created in section 24-75-230, C.R.S., of money the state received from the federal coronavirus state fiscal recovery fund, and is based on an assumption that the office will require an additional 1.0 FTE. To implement this act, the office may use this appropriation for loan repayments for behavioral healthcare providers and candidates for licensure participating in the Colorado mental health services corps and scholarships for addiction counselors.

(16) (a) For the 2021-22 state fiscal year, \$4,200,000 is appropriated to the department of public health and environment. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230, C.R.S., and of money the state received from the federal coronavirus state fiscal recovery fund. The department may use this appropriation as follows:

(I) \$1,000,000 for the opiate antagonist bulk purchase fund, created in section 25-1.5-115, C.R.S.;

(II) \$2,000,000 for the Colorado HIV and AIDS prevention grant program created in section 25-4-1403, C.R.S.; and

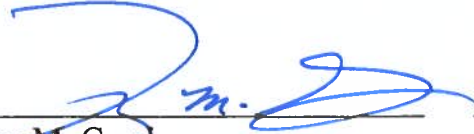
(III) \$1,200,000 for school-based health centers.

(b) Any money appropriated in this subsection (16) not expended prior to July 1, 2022, is further appropriated to the department for the 2022-23 state fiscal year for the same purpose.

**SECTION 38. Effective date.** Sections 2, 6, 15, 16, 17, 18, 19, 25, 31, 32, 33, 37 (2), 37 (6), 37 (9), 37 (10), 37 (11), 37 (12), 37 (15), and 37 (16) of this act take effect only if Senate Bill 21-288 becomes law, and, in which case, sections 2, 6, 15, 16, 17, 18, 19, 25, 31, 32, 33, 37 (2), 37 (6), 37 (9), 37 (10), 37 (11), 37 (12), 37 (15), and 37 (16) of this act take effect either upon the effective date of this act or one day after the passage of Senate Bill 21-288, whichever is later.

**SECTION 39. Safety clause.** The general assembly hereby finds,

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



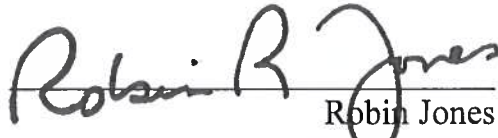
Leroy M. Garcia  
PRESIDENT OF  
THE SENATE



Alec Garnett  
SPEAKER OF THE HOUSE  
OF REPRESENTATIVES

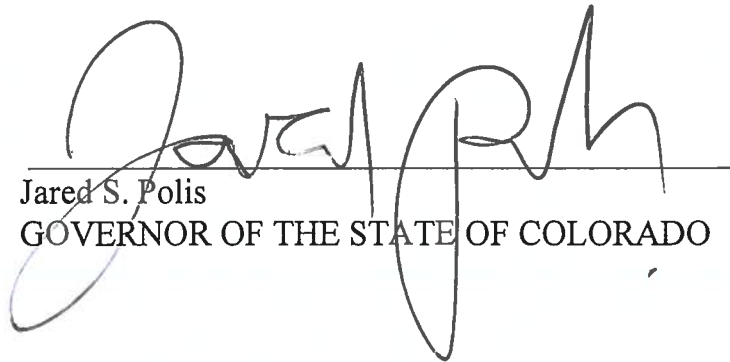


Cindi L. Markwell  
SECRETARY OF  
THE SENATE



Robin Jones  
CHIEF CLERK OF THE HOUSE  
OF REPRESENTATIVES

APPROVED June 28, 2021 at 12:00 pm  
(Date and Time)



Jared S. Polis  
GOVERNOR OF THE STATE OF COLORADO