

**Colorado Substance Abuse Trend and Response Task Force  
February 5, 2016**

**FINAL**

**Colorado Substance Abuse Trend and Response Task Force  
February 5, 2016  
10:00 am – 1:00 pm  
Colorado Municipal League  
1144 Sherman St., Denver, CO**

**Chair** – Attorney General Cynthia Coffman

**Vice –Chairs:**

- *Treatment* – Marc Condojani, Director, Community Treatment & Recovery Programs, Office of Behavioral Health, Colorado Dept. of Human Services
- *Prevention* – José Esquibel, Director, Office of Community Engagement, Colorado Dept. of Law (Attorney General's Office)
- *Law Enforcement* – Jerry Peters, Commander, Thornton Police Department

**Attendees:** Cynthia Coffman, Marc Condojani, José Esquibel, Shannon Breitzman, Jade Woodward, Rep. Kathleen Conti, Peggy Heil, Dan Rubinstein, Liz Hickman, Dorothy Macias, Amy Kingery, Karitha Karlasam, Jonathan Judge, Greg Daniels, Lisa Noble, Renie Dugwyler

**Guests:**, Annette Davis, Melissa Reiss, David Grayson, Laurie Lovedale, Emily White, Jennifer Anderson, Werner Buchanan, Patricia Ross, Whit Oyler, Sue Anderson, Gail Stone, Becky Helfand, Sarah Clark, Korey Elsquer, Rourke Weaver, Andrea Savanich, Gina Carbone, Tamara Gonzalez

**Introductions:** Attorney General Coffman called the meeting to order and attendees and guests introduced themselves.

**Review and Approval of Minutes:** Minutes from the November 7, 2015 meeting were approved by motion as submitted.

**Announcements from Task Force Members:**

Attorney General Coffman recognized Terri Connell for ten years of service to the Task Force and presented her a plaque of recognition on behalf of the Task Force.

Vice Chair Condojani announced that forty contracts for community-based prevention funded by the Office of Behavioral Health (OBH) are moving forward. Two positions have finally been filled within his office.

Sheriff Jim Geicker introduced his guests from The Drug Free World, Patricia Ross and Gail Stone. The Drug Free World has informational materials that are free. The Colorado Springs School Resource Officers have been using these materials, which include a box of booklets with pamphlets of assorted information about the effects and danger of drugs. The educator's guide is

**Colorado Substance Abuse Trend and Response Task Force  
February 5, 2016**

**FINAL**

being used internationally. A curriculum from this group has been picked up by schools, jails, church youth groups, government and nonprofit. There is also a student curriculum with non-judgmental content. But most importantly, it is accurate data. The Educator's Kit provides lesson plans for each drug. Includes high-quality videos that ask the question, "What do drugs actually do?" Patricia and Gail shared some portfolios of the information for review. Please contact them if you would like more information or a presentation. The organization is available for schools, communities, etc., and can implement how to bring to your program.

Vice-chair José Esquibel reported on the federal government announcement of a proposed \$1.1 billion in the President's budget to address opioid epidemic. Colorado will be well-positioned to apply for any available funds because of the work of the Colorado Consortium on Prescription Drug abuse and be ready if dollars come from congress. We will be ready to advance the access for Naloxone to first-response teams and medical assisted treatment.

National Association of Attorneys General (NAAG) is making a push with AG's across the county help address the opioid epidemic in their states. NAAG is sponsoring regional trainings for staff of AG offices on various issues related to addressing prescription drug abuse José will be presenting in March at a training in New Orleans. There will be another training in June.

The Colorado Health Institute recent study results showing Colorado at the top in national drug overdose. It is especially noted in the south and southeast counties of the state.

Efforts are underway to implement strategies related to addressing the increase of heroin in the state. Tom Gorman, Rocky Mountain High-Intensity Drug Trafficking Areas, (HIDTA), convened an ad-hoc early stage work group to discuss strategies for specifically addressing the increase of heroin and heroin abuse in Colorado. The work group is looking at strategies related to law enforcement, prevention, treatment and recovery and what needs to be done to build on existing efforts related to prescription drug abuse. There is will be coordination with the Colorado Consortium for Prescription Drug Abuse Prevention. The goal is to have an outline of proposed strategies for discussions in May 2016. We will discuss to what degree the SATF can get behind the strategies and associated actions.

Attorney General Coffman announced the new Attorney General's website:

<http://www.coloradoattorneygeneral.gov/>, which includes the web pages of the Office of Community Engagement (OCE): <http://coag.gov/OCE> . Included on this new web site are web pages for the Task Force. The SATF pages can be found at <http://coag.gov/SATF>

Social media efforts are being driven by the Office of Community Engagement Twitter account @OCEconnects. Partners are encouraged to use #SATF in content when messaging involves SATF.

**Legislation Updates:**

*Jennifer Anderson, Legislative Liaison for the Attorney General's Office*

Jenn gave an overview of legislation passed this session that is relevant to the work of the Task Force.

See page 8 below for a detail list and summary of substance abuse related legislation.

**Policy Priorities to Limit Harms for Colorado Youth from Marijuana Commercialization**

*Gina Carbone, Co-Founder and Policy Director, Smart Colorado*

Smart Colorado is a non-profit formed in 2013 after Amendment 64 passed. This organization is dedicated to minimizing the negative consequences of legalized marijuana for Colorado youth, especially with the increasingly availability and commercialization of marijuana.

Nationally, Colorado has the highest youth user of marijuana. There is also extreme concern about the potency of THC in marijuana products, being as high as 90% THC. There is a need for marking edibles so they easily recognized by THC potency, defining individual serving size, limiting concentrates, and advocating for education funding.

Action steps Smart Colorado sees as important to achieve are limiting product licenses and production, prohibit public social use, transition medical market toward prescription drug model and empower citizens to protect their communities and kids. Limiting the harm factor by increasing public funding for youth education programs with measurable results and comprehensive data collection to analyze the impact on youth and limit advertisements and false claims through regulation and enforcement.

See attached presentation, which is also available online at:

[http://coag.gov/sites/default/files/contentuploads/oc/Substance Abuse SA/SATF presentations/smart-co-protecting youth from marijuana 2-5-16.pdf](http://coag.gov/sites/default/files/contentuploads/oc/Substance%20Abuse%20SA/SATF%20presentations/smart-co-protecting%20youth%20from%20marijuana%202-5-16.pdf)

**Medication Assisted Treatment: Gaps Discussion**

*Vice-Chair Condojani opened discussions*

Gaps for implementing Medication Assisted Treatment include:

The primary difference between Suboxone and Subutex is that one of these medications also contains naloxone while the other one does not. Subutex contains a single active ingredient: buprenorphine. Suboxone contains two active ingredients: buprenorphine and naloxone.

Suboxone is used to treat opiate addiction. It is not for use as a pain medication. Suboxone can slow or stop your breathing and can be habit-forming, even at regular doses. Providers must be trained to use Suboxone. It is formulated in way that there is not the same risk of withdrawal.

Not many physicians are approved for it and fewer want to use it. We are looking at the need for this type of treatment in rural areas. However, doctors are fearful of working with patients that have addictions.

Vivitrol (naltrexone) blocks the effects of opioid medication, including pain relief or feelings of well-being that can lead to opioid abuse. Vivitrol is used as part of a treatment program for drug or alcohol dependence.

*Recommendations to consider:*

- Need to address concerns, including any recommendations that may necessitate legislation.
- Altering Suboxone so doctors won't be so concerned to prescribe. Abuse is happening and undetectable.
- Subutex (generic) for pregnant women. Buprenorphine is a Partial Agonist. As described above, buprenorphine only has a limited ability to activate opioid receptors. It can fill them up enough to stop someone from feeling sick, but it cannot activate these receptors enough to cause euphoria. Therefore less abusable, lower than hydroxycone.
- There are trainings and certification available through one day class that can be provided.
- Best practices needs to be used by doctors that are knowledgeable in addiction.
- Promote standards of best practice.

When a patient is initially placed on Medication Assisted Treatment, they are observed daily, and must see counselor, and be drug-tested in phase one, which could be a period of one or two times a week until the patient is in the last phase where a patient can have monthly use medication with training on storage and use.

- How do you support a phase one person? Peer training with someone in a phase 4-5 so patient gets help but not addiction.
- How to understand the long-term use. Knowledge is needed. There are results with long term maintaining and being a successful in life.
- Do all Suboxone providers must be matched with trained physicians.

### **Prescription Drug Abuse Consortium Update and Actions**

*Rob Valuk, University of Colorado Skaggs School of Pharmacy*

There is funding being allocated for public awareness about prescription drug disposal options as work continues to institute local take back site through the Colorado Medication Take Back Program.

The National Prescription Drug Take Back event is set for April 30, 2016 from 10AM - 2PM. A complete list of participants locally will be made available after April 1.

US DOJ DEA has Commitment for at least this spring and fall likely.

The National Prescription Drug Take-Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications

Take Meds Seriously campaign has been re-ignited through the OCE. OCE will be running social media efforts through Twitter and Facebook, with the message being pushed towards partners and general public education. We will rely on Rise Above for youth exposure

Rob received 1000 locking top files to work with a committee how to distribute.

### **Naloxone: Access and Promoting Use among First Responders**

*Lisa Raville, Executive Director, Harm Reduction Action Center*

*Joshua Blum, MD, Denver Health*

The opioid epidemic in Colorado continues to climb. Reportable heroin death rate in Denver has jumped from 1.1/100,000 to 6.5/100,000 in the past 8 years. Mortality rate for prescription opioids has doubled. The goal is to increase Naloxone access and expanding the use of rescue kits across multiple practice settings in Colorado. This would include:

- First responders statewide
- Harm Reduction organizations
- Substance use treatment facilities
- Pharmacies
- Releasing inmates
- Emergency Departments
- Primary Care
- Schools

**Colorado Substance Abuse Trend and Response Task Force  
February 5, 2016**

**FINAL**

Even with standing pharmacy orders for naloxone, it won't be widely distributed unless patients and family members ask for it and/or pharmacists are motivated. All of this requires increased efforts at both professional and public awareness. The barriers to implementation are funding, fragmentation between law enforcement organizations, hospitals, county jails, and competing demands of pharmacists and clinicians. For the majority of the public, it is unfamiliar and/or they are unaware of this tool is available to save lives.

Initial steps that would need to be taken are securing funding for kits for first responders statewide, creating central reporting tools for reversals and advertising and education to improve public awareness.

See attached presentation, which is also available online at:

[http://coag.gov/sites/default/files/contentuploads/oc/Substance\\_Abuse\\_SA/SATF\\_presentations/naloxone\\_for\\_life\\_-\\_2\\_5\\_16.pdf](http://coag.gov/sites/default/files/contentuploads/oc/Substance_Abuse_SA/SATF_presentations/naloxone_for_life_-_2_5_16.pdf)

**Substance Exposed Newborns Subcommittee**

*Jade Woodard, Colorado Alliance for Drug Endangered Children  
Kathryn Wells, MD, Denver Health*

*Areas of focus:*

Working with hospital on policies for drugs use testing of pregnant women related to:

- Recovery support services for families
- Fetal Alcohol Spectrum Disorders
- Screening and referral to services for pregnant women using drugs
- Coordination with Colorado Drug Endangered Children:
- Impact of marijuana and opioids trainings (child welfare professionals and others)

Prevention:

- Need for coordination
- Need to highlight effective prevention efforts in various communities

**Strategic Direction for 2016**

Vice Chair Esquibel opened up floor for comments.

*Communications:*

Regarding communications for Task Force, what do you want on the site for SATF?

- Presentations

**Colorado Substance Abuse Trend and Response Task Force  
February 5, 2016**

**FINAL**

- Minutes

Will work on sending meeting minutes 30 days after meeting.

Will look into a E-newsletter to communicate regularly.

Send information to Renie Dugwyler and we can pass along

Use this data to create briefs for issues.

*Prevention:*

- Prevention is very scattered, funding is fragmented not a lot of coordination.
- The Colorado Department of Public Health and Environment has a decision item for funding substance abuse prevention in communities to be implemented through local groups.
- There is some very good community prevention efforts occurring, but this is not well-known and is not well funded.

Follow up with Lisa and Shannon for prevention coordination

*Policy and Practice Recommendations:*

- Ask the Treatment of Work Group for recommendations on advancing the implementation of Medication Assisted Treatment (MAT) in Colorado.
- Address the stigma of MAT
- Increase access to Naloxone

See attached presentation, which is also available online at:

[http://coag.gov/sites/default/files/contentuploads/oc/Substance\\_Abuse\\_SA/SATF\\_presentations/satf\\_strategic\\_direction\\_slides\\_2-5-16.pdf](http://coag.gov/sites/default/files/contentuploads/oc/Substance_Abuse_SA/SATF_presentations/satf_strategic_direction_slides_2-5-16.pdf)

**Closing Comments and Adjournment**

Great information, presentations great, but not a lot of discussion time afterward to talk about what we have learned.

**Meeting Adjourned:** 1:25 p.m.

**Next Meeting:** TBA

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## Legislative Update

Jennifer Anderson  
Legislative Liaison  
Office of the Attorney General

### **BILL [HB16-1041](#)**

CONCERNING THE REMOVAL OF UNREASONABLY IMPRACTICABLE FINANCIAL REQUIREMENTS APPLICABLE TO MARIJUANA BUSINESSES THAT ARE REQUIRED TO BE LICENSED.

**Sponsors:** LEBSOCK / HOLBERT

The bill:

- \* Declares that, because bonds for medical marijuana businesses and retail marijuana establishments are unavailable in the current marketplace, the requirement to post a bond for the issuance or renewal of a state-issued license makes the operation of medical marijuana businesses and retail marijuana establishments unreasonably impracticable, a result prohibited by Colorado's constitution (section 1 of the bill);
- \* Repeals the requirement that medical marijuana businesses (sections 2 and 3) and retail marijuana establishments (sections 4 and 5) post a bond to be eligible for the issuance or renewal of a license; and
- \* Repeals the requirement that retail marijuana cultivation facilities file a state tax surety bond (section 6).

### **BILL [HB16-1064](#)**

CONCERNING LOCAL LICENSING OF MEDICAL MARIJUANA TESTING FACILITIES.

**Sponsors:** BROWN / ROBERTS

During the 2015 session, the general assembly authorized a medical marijuana testing facility

### **BILL [HB16-1079](#)**

CONCERNING A CERTIFICATION PROGRAM FOR CANNABIS THAT IS PESTICIDE-FREE.

**Sponsors:** BECKER K.

Because marijuana and hemp are illegal under federal law and federal law governs whether a product can be labeled or advertised as "organic", marijuana or hemp that is cultivated, processed, and sold in accordance with state law currently cannot be labeled or advertised as "organic". Section 3 of the bill directs the commissioner of agriculture to promulgate rules governing a program to enable consumers to easily identify medical and retail marijuana and industrial hemp that have been cultivated and processed without the use of pesticides. The department of agriculture will certify third parties who can certify whether the marijuana or hemp cultivated or processed at a particular cannabis facility is free of pesticides. Sections 1 and 2 allow marijuana product labels to include a standardized notification that the marijuana has been certified as being pesticide-free.

**BILL HB16-1092**

CONCERNING THE AUTHORIZATION OF A RETAIL MARIJUANA SPECIAL EVENT PERMIT.

**Sponsors:** MORENO

The bill authorizes a retail marijuana store to submit an application to the state retail marijuana licensing authority for a special event permit if the store is located within the jurisdictional boundaries of a local government that has approved the sale of retail marijuana. An application must list the particular retail marijuana stores that may participate at the special event along with other information specified by the state licensing authority by rule. Participating retail marijuana stores may donate retail marijuana products and sell retail marijuana and retail marijuana products. If the state licensing authority approves the application, it notifies the applicable local licensing authority, which can approve or deny the permit. The state or local licensing authority may deny an application if granting it would be injurious to the public welfare because of the nature of the special event, its location within the community, or the failure of the applicant in a past special event to conduct the event in compliance with applicable laws. A special event permit:

\* May be issued only if the location where the special event is held is accessible only to individuals 21 years of age or older;

\* May be issued for a closed street, highway, or public byway only if the local jurisdiction and permitted retail marijuana store licensees demonstrate that adequate security measures will be maintained;

\* Authorizes sale of retail marijuana and retail marijuana products only between the hours of 9 a.m. of the day specified in the permit and midnight on the same day;

\* Requires that sandwiches or other food snacks must be available during all hours of service of retail marijuana or retail marijuana products, but prepared meals need not be served;

\* Must not exceed 5 consecutive days; and

\* Cannot be used for more than 15 days in any one calendar year. If a violation occurs during a special event and the responsible licensee cannot be identified, the state licensing authority may issue a joint fine, which must not exceed \$100 per licensee or \$1,000 in the aggregate. The state and local licensing authorities can charge an application fee of \$150 per day for a retail marijuana permit and \$150 per day for a retail marijuana products permit.

**BILL HB16-1108**

CONCERNING THE OBLIGATION OF THE SELLER OF RESIDENTIAL REAL PROPERTY TO DISCLOSE THE PRIOR USE OF THE PROPERTY FOR INDOOR HORTICULTURAL OPERATIONS.

**Sponsors:** CONTI

The bill requires the Colorado real estate commission to adopt rules for the disclosure in a listing contract, contract of sale, or seller's disclosure of whether the property was used for the cultivation of 7 or more plants of specified size using any amount of pesticides or fertilizers. An exemption from the disclosure requirement is provided if the seller has the property inspected and certified safe by a qualified inspector. Section 2 of the bill authorizes and directs the state board of health, in consultation with the commissioner of agriculture, to adopt rules for the training and certification of inspectors.

**BILL HB16-1211**

CONCERNING LICENSING MARIJUANA TRANSPORTERS.

**Sponsors:** MELTON

The bill creates a retail marijuana transporter license and a medical marijuana transporter license. The license is valid for 5 years. A licensed marijuana transporter (transporter) provides logistics, distribution, and storage of marijuana and marijuana products. A transporter may contract with multiple businesses and may also hold another marijuana license. A transporter must be licensed by December 31, 2017, in order to continue to operate. The bill describes the circumstances under which a business can terminate a contract with a transporter.

**BILL HB16-1214**

CONCERNING MEASURES RELATED TO MARIJUANA.

**Sponsors:** CONTI

Under current law, a medical marijuana center may discount or donate medical marijuana or plants to indigent patients. The bill exempts any discounted or donated medical marijuana from production limits. The bill limits the damages that can be awarded when a person sues a law

enforcement agency for destruction of medical marijuana plants to \$6,000 or the actual damages, whichever is less. The bill requires the court to impose a fine of up to \$10,000 per day on a defendant convicted of illegal marijuana cultivation from the date the illegal marijuana cultivation operation was discovered by law enforcement until the date the illegal cultivation operation was no longer operational. In 2015, the general assembly passed Senate Bill 15-014, which limited the total number of plants that a primary caregiver can grow to 36 plants, unless the primary caregiver has a patient with an extended plant count, in which case the limit is 99 plants. Senate Bill 15-014 made the limits effective January 1, 2017. The bill makes the limits effective July 1, 2016.

**BILL SB16-015**

CONCERNING A REQUIREMENT THAT A GOVERNOR-DESIGNATED STATE AGENCY CLARIFY WHICH PESTICIDES MAY BE USED IN THE MARIJUANA INDUSTRY.

**Sponsors:** BAUMGARDNER / VIGIL

Current law requires the governor to designate one or more state agencies to compile a list of pesticides that cannot be used in the cultivation or processing of marijuana. The bill replaces these provisions with a directive that the governor designate a state agency to promulgate rules to designate criteria that identify pesticides that may be used in the cultivation of marijuana. The agency will list the pesticides that meet the criteria on its website.

**BILL SB16-040**

CONCERNING CHANGES TO THE REQUIREMENTS FOR OWNERS OF A LICENSED MARIJUANA BUSINESS.

**Sponsors:** HOLBERT / PABON

The bill includes in the definition of "owner", in the medical and retail marijuana codes, a recipient of a commercially reasonable royalty associated with the use by a licensee of intellectual property and a licensed employee who receives a share of the profits from an employee benefit plan. The state licensing authority has the authority to promulgate rules on the parameters of a commercially reasonable royalty. Under current law, an owner of a medical or retail marijuana business must have been a Colorado resident for at least 2 years prior to applying for licensure. The bill allows an owner to be either a 2-year resident of Colorado or a United States citizen on the date of the application for applications submitted on or after January 1, 2017, and prohibits an owner from being a publicly traded company. The bill requires a controlling interest of the licensees, as determined by the operating agreement, to be Colorado residents and maintain that residency while licensees.

**BILL SB16-041**

CONCERNING DATA COLLECTED BY THE DIVISION OF CRIMINAL JUSTICE IN THE DEPARTMENT OF PUBLIC SAFETY CONCERNING THE STUDY OF MARIJUANA IMPLEMENTATION.

**Sponsors:** BAUMGARDNER / PABON

Current law requires the division of criminal justice in the department of public safety (division) to gather data and undertake or contract for a study of law enforcement activity and costs related to the legalization of retail marijuana for the 2-year periods commencing January 1, 2006, and January 1, 2014. The study must include both marijuana-initiated contacts by law enforcement and marijuana arrest data. The bill eliminates the requirement that the division collect data and report on costs related to legalized retail marijuana and that the study include marijuana-initiated contacts with law enforcement.

**BILL [SB16-080](#)**

CONCERNING SECURED MARIJUANA CULTIVATION REQUIREMENTS.

**Sponsors:** NEWELL

Under current law, if a person is growing adult-use marijuana in a residence and a person under 21 years of age lives at the residence, the grow site must be in an enclosed and locked space. If no one under 21 years of age lives in the residence but a person under 21 years of age enters the residence, the person growing the marijuana must ensure access to the grow site is reasonably restricted while the person under 21 years of age is staying at the residence. The bill applies the same conditions to a person growing medical marijuana.

**Substance Abuse Bills**

**BILL [HB16-1017](#)**

CONCERNING APPEARANCES BEFORE A VICTIM IMPACT PANEL.

**Sponsors:** PABON / COOKE

For a person convicted of a traffic offense involving alcohol or drugs, current law allows the court to require the person to attend and pay up to \$25 for one appearance before a victim impact panel. The bill specifies that the person must attend in person and repeals the \$25 appearance fee cap.

**BILL [HB16-1068](#)**

CONCERNING THE REGULATION OF METHADONE TREATMENT FACILITIES.

**Sponsors:** LUNDEEN / LAMBER

Current law requires the unit within the department of human services that administers behavioral health programs and services (unit) to establish standards for facilities that treat drug abusers or dispense controlled substances to drug abusers. The bill requires additional standards for methadone treatment facilities, including minimum distances for such facilities from schools, colleges, and residential child care facilities and a disclosure of infractions by the owner of the facility, its holding company, or other facilities under the holding company. If infractions are disclosed, the unit shall determine whether the public interest requires denial of an application or

other remedial action. The bill also specifies that a methadone treatment facility is not a medical clinic for zoning purposes.

**BILL [HB16-1084](#)**

CONCERNING A MODIFICATION TO THE EXEMPTION FROM THE "COLORADO LIQUOR CODE" FOR HOME BREWERS TO PERMIT AN ADULT OTHER THAN THE HEAD OF A FAMILY TO ENGAGE IN HOME BREWING ACTIVITIES FOR PERSONAL USE WITHOUT OBTAINING A LIQUOR LICENSE.

**Sponsors:** LEBSOCK / HOLBERT

Under current law, a "head of a family" is allowed to brew beer for family use without obtaining a liquor license. The bill deletes the terminology "head of a family" and "family use" and replaces it with "adult" and "personal use".

**BILL [HB16-1168](#)**

CONCERNING THE CONTINUATION OF THE RURAL ALCOHOL AND SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM.

**Sponsors:** GINAL / SCOTT

Sunset Process - House Public Health Care and Human Services Committee. The bill extends the rural alcohol and substance abuse prevention and treatment program (program) through

**BILL [HB16-1176](#)**

CONCERNING THE AUTHORITY OF A LICENSED WHOLESALER TO ESTABLISH AN EMPLOYEE PURCHASE PROGRAM UNDER WHICH ITS EMPLOYEES MAY PURCHASE DIRECTLY FROM THE WHOLESALER ALCOHOL BEVERAGE PRODUCTS SOLD BY THAT WHOLESALER .

**Sponsors:** LEBSOCK / TATE

The bill authorizes a wholesaler licensed to sell vinous or spirituous liquors to establish a program to allow its employees to purchase directly from the wholesaler vinous or spirituous liquors that the wholesaler sells to licensed retailers.

**BILL [HB16-1191](#)**

CONCERNING THE CREATION OF A BILL OF RIGHTS FOR PERSONS EXPERIENCING HOMELESSNESS.

**Sponsors:** SALAZAR

The bill creates the "Colorado Right to Rest Act", which establishes basic rights for persons experiencing homelessness, including, but not limited to, the right to use and move freely in public spaces without discrimination, to rest in public spaces without discrimination, to eat or accept food in any public space where food is not prohibited, to occupy a legally parked vehicle, and to have a reasonable expectation of privacy of one's property. The bill does not create an obligation for a provider of services for persons experiencing homelessness to provide shelter or services when none are available.

**BILL [SB16-027](#)**

CONCERNING ALLOWING THE OPTION FOR MEDICAID CLIENTS TO OBTAIN PRESCRIBED DRUGS THROUGH THE MAIL.

**Sponsors:** MARTINEZ HUMENIK / PRIMAVERA

For persons receiving medical assistance (recipient), the bill allows the option to receive through the mail prescribed medications used to treat chronic medical conditions. The recipient may receive up to a certain amount of the medication and shall pay the same copayment amount as recipients receiving the medication through any other method. The department of health care policy and financing (department) shall encourage recipients to use local retail pharmacies for mail delivery. The state board of medical services shall adopt rules relating to the option to receive medications through the mail. A pharmacy providing maintenance medications to recipients must be enrolled with the department and registered with the state board of pharmacy and shall comply with state and federal law relating to the provisions of the maintenance medications.

**BILL [SB16-042](#)**

CONCERNING CONDITIONAL IMMUNITY FROM CERTAIN OFFENSES.

**Sponsors:** AGUILAR / MORENO

Under current law, a person who reports an emergency drug or alcohol overdose event is immune from criminal prosecution for certain drug-related offenses if certain conditions are satisfied. The bill amends these circumstances and extends this immunity to (1) apply to one or 2 other persons who also satisfy the reporting conditions and (2) immunize the reporters from arrests as well as from prosecutions. Under current law, an underage person who calls 911 and reports that another underage person is in need of medical assistance due to alcohol or marijuana consumption is immune from criminal prosecution for certain offenses if certain conditions are satisfied. The bill amends these circumstances and extends this immunity to (1) apply to one or 2 other persons who also satisfy the reporting conditions and (2) immunize the reporters from arrests as well as from prosecutions. The bill also extends this immunity to the underage person who was in need of medical assistance. A person who reports an emergency drug or alcohol overdose event and who meets the requirements for immunity is not subject to a violation of any condition of pretrial release, probation, or parole if the violation arises from the same course of events from which the emergency drug or alcohol overdose event arose. If a person reports an emergency drug or alcohol overdose event, and the person meets the requirements for immunity,

and the person is subject to an arrest warrant, a law enforcement officer responding to the emergency drug or alcohol overdose event, in lieu of making an arrest, shall issue a summons to the person if:

\* The warrant involves a failure to appear, a failure to pay a fine, or any misdemeanor, petty offense, or traffic offense; and

\* The warrant does not involve a felony alleged to have been committed by the person. If a person suffers an emergency drug or alcohol overdose event, the event is reported in good faith, and the person is subject to an arrest warrant, a law enforcement officer responding to the emergency drug or alcohol overdose event, in lieu of making an arrest, shall issue a summons to the person if:

\* The warrant involves a failure to appear, a failure to pay a fine, or any misdemeanor, petty offense, or traffic offense; and

\* The warrant does not involve a felony alleged to have been committed by the person.

**BILL SB16-118**

CONCERNING A SCREENING QUESTIONNAIRE TO IDENTIFY CHILDREN IMPACTED BY PRENATAL SUBSTANCE EXPOSURE.

**Sponsors:** NEWELL / SINGER

The bill directs the department of public health and environment (department) to identify a screening questionnaire related to prenatal substance exposure. Information gathered from a screening questionnaire may not be used for either criminal purposes or to justify contact with county departments of human or social services, unless a program's or entity's mandatory reporter of abuse and neglect status is triggered. Home visitation programs, the juvenile justice system, the child welfare system, early childhood providers, schools, and school districts developing a individualized family service plan or a child's initial individualized education program are required to use a screening questionnaire. Birthing facilities and health care providers are strongly encouraged to adopt a consistent practice of screening and documentation for prenatal substance exposure. "Prenatal substance exposure" is defined in the bill as prenatal exposure to regular or binge use of alcohol, over-the-counter and prescription medications, or controlled substances.