

HB1017_L.002

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Public Health Care & Human Services.

HB20-1017 be amended as follows:

1 Amend proposed committee amendment (HB1017_L.001), page 1, strike
2 lines 1 through 18 and substitute:

3 "Amend printed bill, page 2, lines 6 and 7, strike "AND AT LEAST ONE
4 OPIOID ANTAGONIST".

5 Page 2, line 8, strike "DISORDER" and substitute "DISORDER. THE
6 CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL DIAGNOSE
7 AND BEGIN PROCURING THE OPIOID AGONIST AS SOON AS PRACTICABLE, BUT
8 NO LATER THAN THREE DAYS AFTER THE PERSON IS TAKEN INTO CUSTODY.
9 THE CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL
10 MAINTAIN THE TREATMENT OF THE PERSON".

11 Page 3, line 1, strike "INCARCERATION." and substitute "INCARCERATION,
12 AS MEDICALLY NECESSARY. THE PERSON MAY TRANSITION FROM AN OPIOID
13 AGONIST TO AN OPIOID ANTAGONIST IF A MEDICAL PROFESSIONAL
14 DETERMINES SUCH A TRANSITION IS MEDICALLY APPROPRIATE.".

15 Page 3, line 16, strike "AND AT LEAST ONE OPIOID ANTAGONIST".

16 Page 3, line 17, strike "DISORDER" and substitute "DISORDER. THE FACILITY
17 SHALL DIAGNOSE AND BEGIN PROCURING THE OPIOID AGONIST AS SOON AS
18 PRACTICABLE, BUT NO LATER THAN THREE DAYS AFTER THE PERSON IS
19 TAKEN INTO CUSTODY. THE FACILITY SHALL MAINTAIN THE TREATMENT OF
20 THE PERSON".

21 Page 3, line 18, strike "INCARCERATION." and substitute "INCARCERATION,
22 AS MEDICALLY NECESSARY. THE PERSON MAY TRANSITION FROM AN OPIOID
23 AGONIST TO AN OPIOID ANTAGONIST IF A MEDICAL PROFESSIONAL
24 DETERMINES SUCH A TRANSITION IS MEDICALLY APPROPRIATE.".

25 Page 4, line 11, strike "AND AT LEAST ONE OPIOID ANTAGONIST".

26 Page 4, line 13, strike "DISORDER" and substitute "DISORDER. THE FACILITY
27 SHALL DIAGNOSE AND BEGIN PROCURING THE OPIOID AGONIST AS SOON AS
28 PRACTICABLE, BUT NO LATER THAN THREE DAYS AFTER THE PERSON IS
29 COMMITTED TO OR PLACED WITH THE FACILITY. THE FACILITY SHALL
30 MAINTAIN THE TREATMENT OF THE PERSON".

31 Page 4, line 14, strike "PLACEMENT." and substitute "PLACEMENT, AS
32 MEDICALLY NECESSARY. THE PERSON MAY TRANSITION FROM AN OPIOID
33 AGONIST TO AN OPIOID ANTAGONIST IF A MEDICAL PROFESSIONAL
34 DETERMINES SUCH A TRANSITION IS MEDICALLY APPROPRIATE.".

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