

First Regular Session
Seventy-first General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 17-1124.01 Brita Darling x2241

HOUSE BILL 17-1351

HOUSE SPONSORSHIP

Pettersen,

SENATE SPONSORSHIP

Crowder and Jahn,

House Committees

Health, Insurance, & Environment

Senate Committees

A BILL FOR AN ACT

101 CONCERNING UTILIZING INFORMATION TO IMPROVE TREATMENT FOR
102 SUBSTANCE USE DISORDERS UNDER THE MEDICAID PROGRAM.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires the department of health care policy and financing, in collaboration with the department of human services (departments), to prepare a written report for committees of the general assembly relating to residential and inpatient substance use disorder treatment options under the medicaid program, the cost of treatment, and the potential impact on other state and county programs and services if

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

residential and inpatient substance use disorder treatment options were effective. The departments' report shall also include recommendations relating to the implementation of residential and inpatient substance use disorder treatment, better coordination of substance use disorder services among state agencies, and necessary changes to state law to implement treatment.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 hereby finds and declares that:

4 (a) According to the 2015 national survey on drug use and health,
5 an estimated twenty-two million Americans have a drug or alcohol use
6 disorder that needs treatment, yet only one in ten receive it;

7 (b) Because loss of income is a symptom of substance use
8 disorders, an inability to pay is among the biggest barriers to receiving
9 treatment;

10 (c) Colorado faces a prescription drug and heroin use problem,
11 with drug overdose deaths in Colorado increasing by sixty-eight percent
12 between 2002 and 2014;

13 (d) Opioid painkillers cause nearly seventeen thousand overdose
14 deaths nationwide and three hundred such deaths in Colorado annually;

15 (e) In 2015, nearly thirty percent of total overdose deaths in
16 Colorado were medicaid clients;

17 (f) According to the national institute on drug abuse, every dollar
18 invested in the treatment of substance use disorders yields a return of up
19 to seven dollars in reduced drug-related crime and criminal justice costs,
20 and, when health care savings are included, more than a twelve-dollar
21 return on investment; and

22 (g) States have an option as part of the medicaid program to cover

1 residential and inpatient substance use disorder treatment.

2 (2) Therefore, the general assembly declares that the department
3 of health care policy and financing and the department of human services
4 should prepare and submit a report to the general assembly concerning
5 treatment options for substance use disorders under the medicaid
6 program.

7 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-4-212 as
8 follows:

9 **25.5-4-212. Feasibility study - residential and inpatient**
10 **substance use disorder treatment - repeal.** (1) ON OR BEFORE
11 NOVEMBER 1, 2017, THE STATE DEPARTMENT AND THE DEPARTMENT OF
12 HUMAN SERVICES SHALL JOINTLY PREPARE A WRITTEN REPORT
13 CONCERNING THE FEASIBILITY OF PROVIDING RESIDENTIAL AND INPATIENT
14 SUBSTANCE USE DISORDER TREATMENT AS PART OF THE MEDICAID
15 PROGRAM. THE STATE DEPARTMENT SHALL SUBMIT THE REPORT TO THE
16 JOINT BUDGET COMMITTEE, THE PUBLIC HEALTH CARE AND HUMAN
17 SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES, THE HEALTH
18 AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY SUCCESSOR
19 COMMITTEES, AND TO ANY LEGISLATIVE STUDY COMMITTEE ADDRESSING
20 SUBSTANCE USE DISORDER TREATMENT THAT MEETS DURING THE 2017
21 LEGISLATIVE INTERIM. THE STATE DEPARTMENT SHALL PREPARE A
22 COMPREHENSIVE REPORT, INCLUDING WITHIN THE REPORT INFORMATION
23 PROVIDED BY THE DEPARTMENT OF HUMAN SERVICES, AS WELL AS ANY
24 OTHER SOURCES OF INFORMATION AS DETERMINED BY THE STATE
25 DEPARTMENT.

26 (2) THE STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN
27 SERVICES SHALL CONSIDER AND REPORT ON THE FOLLOWING:

1 (a) THE PREVALENCE OF OPIOID ADDICTION AND OTHER
2 SUBSTANCE USE DISORDERS IN COLORADO, INCLUDING DEMOGRAPHIC AND
3 GEOGRAPHIC INFORMATION;

4 (b) EVIDENCE-BASED BEST PRACTICES FOR THE TREATMENT OF
5 SUBSTANCE USE DISORDERS;

6 (c) A DESCRIPTION OF RESIDENTIAL AND INPATIENT SUBSTANCE
7 USE DISORDER TREATMENT AND THE ACTUAL OR ESTIMATED COST OF THE
8 SERVICES;

9 (d) PUBLICLY FUNDED RESIDENTIAL AND INPATIENT SUBSTANCE
10 USE DISORDER TREATMENT CURRENTLY PROVIDED IN THE STATE, THE
11 ELIGIBILITY CRITERIA FOR THAT TREATMENT, AND INFORMATION
12 CONCERNING TREATMENT OUTCOMES FOR CLIENTS;

13 (e) RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
14 TREATMENT THAT IS NOT CURRENTLY INCLUDED IN COLORADO'S STATE
15 MEDICAID PLAN BUT THAT MAY BE PROVIDED BY THE STATE AS AN
16 OPTIONAL BENEFIT OR THROUGH A FEDERAL WAIVER;

17 (f) ANY FEDERAL AUTHORIZATION NECESSARY TO INCLUDE
18 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AS
19 A BENEFIT UNDER THE MEDICAID PROGRAM OR WAIVER OF FEDERAL RULES
20 THAT WOULD ALLOW FOR EXPANSION OF RESIDENTIAL AND INPATIENT
21 TREATMENT;

22 (g) AN ESTIMATE OF THE NUMBER OF MEDICAID CLIENTS WHO MAY
23 BE ELIGIBLE FOR THE BENEFIT IF THE BENEFIT WERE INCLUDED AS PART OF
24 THE MEDICAID PROGRAM;

25 (h) CAPACITY IN COLORADO FOR RESIDENTIAL AND INPATIENT
26 SUBSTANCE USE DISORDER TREATMENT CURRENTLY AND IF RESIDENTIAL
27 AND INPATIENT SUBSTANCE USE DISORDER TREATMENT IS INCLUDED AS

1 PART OF THE MEDICAID PROGRAM;

2 (i) AN ESTIMATE OF STATE COSTS ASSOCIATED WITH PROVIDING
3 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AS
4 PART OF THE MEDICAID PROGRAM;

5 (j) PUBLISHED RESEARCH RELATING TO OTHER STATE COSTS
6 INCURRED FOR THE MEDICAID PROGRAM AND OTHER PUBLIC ASSISTANCE
7 PROGRAM EXPENSES THAT MAY BE AVOIDED IF RESIDENTIAL AND
8 INPATIENT SUBSTANCE USE DISORDER TREATMENT IS INCLUDED AS PART
9 OF THE MEDICAID PROGRAM;

10 (k) IF KNOWN, OTHER STATES PROVIDING RESIDENTIAL AND
11 INPATIENT SUBSTANCE USE DISORDER TREATMENT AS PART OF THE
12 MEDICAID PROGRAM AND THE EXPERIENCES OF THOSE STATES RELATING
13 TO IMPLEMENTATION, COST, SAVINGS, AND EFFICACY OF RESIDENTIAL AND
14 INPATIENT TREATMENT;

15 (l) IF KNOWN, THE NUMBER AND COST OF EMERGENCY ROOM VISITS
16 OR HOSPITAL STAYS BY MEDICAID CLIENTS IN COLORADO RELATING TO
17 SUBSTANCE USE DISORDERS;

18 (m) IF KNOWN, THE NUMBER OF COUNTY LAW ENFORCEMENT
19 CONTACTS RELATED TO PERSONS USING DRUGS OR ALCOHOL AND THE
20 PERCENTAGE OF PERSONS ENTERING COUNTY JAILS WHO ARE SUFFERING
21 FROM SUBSTANCE USE DISORDERS; AND

22 (n) IF KNOWN, STATE AND NATIONAL RESEARCH ON HOW ACCESS
23 TO RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT
24 IMPACTS RECIDIVISM AND LAW ENFORCEMENT RESOURCES.

25 (3) AS PART OF THE REPORT, THE STATE DEPARTMENT AND THE
26 DEPARTMENT OF HUMAN SERVICES SHALL INCLUDE RECOMMENDATIONS
27 TO THE GENERAL ASSEMBLY CONCERNING:

1 (a) THE TIME FRAME FOR IMPLEMENTATION OF RESIDENTIAL AND
2 INPATIENT SUBSTANCE USE DISORDER TREATMENT AS A BENEFIT UNDER
3 THE MEDICAID PROGRAM, AS WELL AS ANY OTHER BENEFIT PLANNING OR
4 IMPLEMENTATION CONSIDERATIONS;

5 (b) EFFECTIVE USE OF STATE AND FEDERAL FUNDING AND THE
6 IMPROVEMENT OF COORDINATION AMONG STATE AGENCIES IN
7 ADMINISTERING ALL SUBSTANCE USE DISORDER PROGRAMS AND
8 TREATMENT OPTIONS IN COLORADO;

9 (c) CHANGES TO STATE LAW NECESSARY TO IMPLEMENT THE
10 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT
11 BENEFIT AS PART OF THE MEDICAID PROGRAM; AND

12 (d) CHANGES, IF ANY, TO TRAINING REQUIREMENTS FOR CERTIFIED
13 ADDICTION COUNSELORS NECESSARY TO IMPLEMENT EFFECTIVE
14 SUBSTANCE USE DISORDER TREATMENT.

15 (4) IN PREPARING THE REPORT, THE STATE DEPARTMENT AND THE
16 DEPARTMENT OF HUMAN SERVICES MAY USE NATIONAL DATA FROM
17 RECOGNIZED SOURCES IF STATE-LEVEL DATA IS UNAVAILABLE AND MAY
18 SOLICIT INFORMATION AND RESEARCH FROM STATE AGENCIES AND OTHER
19 ORGANIZATIONS REGARDING THE SOCIAL AND FINANCIAL IMPACTS OF
20 SUBSTANCE USE DISORDERS IN COLORADO AND EFFECTIVE OPTIONS FOR
21 TREATMENT.

22 (5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2019.

23 **SECTION 3. Safety clause.** The general assembly hereby finds,
24 determines, and declares that this act is necessary for the immediate
25 preservation of the public peace, health, and safety.