

Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading

LLS NO. 18-0258.02 Brita Darling x2241

HOUSE BILL 18-1136

HOUSE SPONSORSHIP

Pettersen, Buck, Kennedy, Singer

SENATE SPONSORSHIP

Priola and Jahn, Aguilar, Lambert, Tate

House Committees

Public Health Care & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING TREATMENT FOR INDIVIDUALS WITH SUBSTANCE USE**
102 **DISORDERS, AND, IN CONNECTION THEREWITH, ADDING**
103 **RESIDENTIAL AND INPATIENT TREATMENT TO THE COLORADO**
104 **MEDICAL ASSISTANCE PROGRAM AND MAKING AN**
105 **APPROPRIATION.**

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/>.)

Opioid and Other Substance Use Disorders Interim Study Committee. The bill adds residential and inpatient substance use disorder

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

services to the Colorado medical assistance program. The benefit is limited to persons who meet nationally recognized, evidence-based level of care criteria for residential and inpatient substance use disorder treatment. The benefit will not be effective until the department of health care policy and financing seeks and receives any federal authorization necessary to secure federal financial participation in the program.

If an enhanced residential and inpatient substance use disorder treatment benefit becomes available, managed care organizations shall reprioritize the use of money allocated from the marijuana tax cash fund to assist in providing treatment, including residential treatment, to persons who are not otherwise covered by public or private insurance.

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

2 **SECTION 1.** In Colorado Revised Statutes, 25.5-5-202, **add**
3 (1)(x) as follows:

4 **25.5-5-202. Basic services for the categorically needy - optional**
5 **services - repeal.** (1) Subject to the provisions of subsection (2) of this
6 section, the following are services for which federal financial
7 participation is available and that Colorado has selected to provide as
8 optional services under the medical assistance program:

9 (x) (I) RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
10 TREATMENT AND MEDICAL DETOXIFICATION SERVICES PURSUANT TO
11 SECTION 25.5-5-324.

12 (II) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (1)(x)(I)
13 OF THIS SECTION, RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
14 TREATMENT SHALL NOT TAKE EFFECT UNLESS ALL NECESSARY APPROVALS
15 UNDER FEDERAL LAW AND REGULATION HAVE BEEN OBTAINED TO RECEIVE
16 FEDERAL FINANCIAL PARTICIPATION FOR THE COSTS OF SUCH SERVICES.

17 (III) THIS SUBSECTION (1)(x) IS REPEALED, EFFECTIVE JULY 1,
18 2022.

19 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-324 as

1 follows:

2 **25.5-5-324. Residential and inpatient substance use disorder**
3 **treatment - medical detoxification services - federal approval - repeal.**

4 (1) SUBJECT TO AVAILABLE APPROPRIATIONS AND TO THE EXTENT
5 PERMITTED UNDER FEDERAL LAW, THE MEDICAL ASSISTANCE PROGRAM
6 PURSUANT TO THIS ARTICLE 5 AND ARTICLES 4 AND 6 OF THIS TITLE 25.5
7 INCLUDES RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
8 TREATMENT AND MEDICAL DETOXIFICATION SERVICES. PARTICIPATION IN
9 THE RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT
10 AND MEDICAL DETOXIFICATION SERVICES BENEFIT IS LIMITED TO PERSONS
11 WHO MEET NATIONALLY RECOGNIZED, EVIDENCE-BASED, LEVEL OF CARE
12 CRITERIA FOR RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
13 TREATMENT AND MEDICAL DETOXIFICATION SERVICES. THE BENEFIT
14 SHALL SERVE PERSONS WITH SUBSTANCE USE DISORDERS, INCLUDING
15 THOSE WITH CO-OCCURRING MENTAL HEALTH DISORDERS.

16 (2) (a) NO LATER THAN OCTOBER 1, 2018, THE STATE
17 DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE
18 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AND
19 MEDICAL DETOXIFICATION SERVICES WITH FULL FEDERAL FINANCIAL
20 PARTICIPATION. RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
21 TREATMENT AND MEDICAL DETOXIFICATION SERVICES SHALL NOT TAKE
22 EFFECT UNTIL FEDERAL APPROVAL HAS BEEN OBTAINED.

23 (b) PRIOR TO SEEKING FEDERAL APPROVAL PURSUANT TO
24 SUBSECTION (2)(a) OF THIS SECTION, THE STATE DEPARTMENT SHALL SEEK
25 INPUT FROM RELEVANT STAKEHOLDERS, INCLUDING EXISTING PROVIDERS
26 OF SUBSTANCE USE DISORDER TREATMENT AND MEDICAL DETOXIFICATION
27 SERVICES AND MANAGED SERVICE ORGANIZATIONS. THE STATE

1 DEPARTMENT SHALL SEEK INPUT AND INVOLVE STAKEHOLDERS IN
2 DECISIONS REGARDING:

3 (I) THE COORDINATION OF BENEFITS WITH MANAGED SERVICE
4 ORGANIZATIONS AND THE OFFICE OF BEHAVIORAL HEALTH IN THE
5 DEPARTMENT OF HUMAN SERVICES;

6 (II) THE MOST APPROPRIATE ENTITY FOR ADMINISTRATION OF THE
7 BENEFIT;

8 (III) THE PROVISION OF WRAPAROUND SERVICES NEEDED DURING
9 TREATMENT AND THE PROVISION OF REQUIRED SERVICES FOLLOWING
10 TREATMENT THAT MAY NOT BE COVERED THROUGH THE MEDICAL
11 ASSISTANCE PROGRAM;

12 (IV) THE AUTHORIZATION PROCESS FOR APPROVAL OF SERVICES;
13 AND

14 (V) THE DEVELOPMENT OF A REIMBURSEMENT RATE
15 METHODOLOGY TO ENSURE SUSTAINABILITY THAT CONSIDERS A
16 PROVIDER'S COST OF PROVIDING CARE INCLUDING LOWER-VOLUME
17 PROVIDERS IN RURAL AREAS.

18 (3) (a) NO LATER THAN JANUARY 15, 2022, THE STATE
19 DEPARTMENT SHALL PREPARE AND SUBMIT A REPORT TO THE JOINT
20 BUDGET COMMITTEE AND TO THE JOINT HEALTH AND HUMAN SERVICES
21 COMMITTEE, OR ANY SUCCESSOR COMMITTEES, CONCERNING THE
22 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT
23 PURSUANT TO THIS SECTION, INCLUDING, AT A MINIMUM:

24 (I) THE NUMBER OF PERSONS WHO RECEIVED SERVICES PURSUANT
25 TO THIS SECTION AND THE SERVICE PROVIDED;

26 (II) THE LENGTH OF TIME THAT SERVICES WERE PROVIDED;

27 (III) THE LOCATION WHERE SERVICES WERE PROVIDED;

1 (IV) THE EFFECTIVENESS OF THE SERVICES PROVIDED, INCLUDING
2 THE RATE OF RELAPSE TO SUBSTANCE USE DISORDER FOLLOWING
3 TREATMENT; AND

4 (V) ANY OTHER INFORMATION AS DETERMINED BY THE STATE
5 DEPARTMENT THAT IS RELEVANT TO THE BENEFIT.

6 (b) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2022.

7 **SECTION 3.** In Colorado Revised Statutes, 27-80-107.5, **amend**
8 (4)(c) as follows:

9 **27-80-107.5. Increasing access to effective substance use**
10 **disorder services act - managed service organizations - substance use**
11 **disorder services - assessment - community action plan - allocations**
12 **- reporting requirements - evaluation.** (4) (c) It is the intent of the
13 general assembly that each designated managed service organization use
14 money allocated to it from the marijuana tax cash fund to cover
15 expenditures for substance use disorder services that are not otherwise
16 covered by public or private insurance. Except as provided in ~~paragraph~~
17 ~~(a) of this subsection~~ (4) SUBSECTION (4)(a) OF THIS SECTION, each
18 managed service organization may use its allocation from the marijuana
19 tax cash fund to implement its community action plan and increase access
20 to substance use disorder services for populations in need of such services
21 that are within its geographic region. IF AN ENHANCED RESIDENTIAL AND
22 INPATIENT SUBSTANCE USE DISORDER TREATMENT AND MEDICAL
23 DETOXIFICATION SERVICES BENEFIT BECOMES AVAILABLE UNDER THE
24 COLORADO MEDICAL ASSISTANCE PROGRAM, MANAGED SERVICE
25 ORGANIZATIONS SHALL DETERMINE TO WHAT EXTENT MONEY ALLOCATED
26 FROM THE MARIJUANA TAX CASH FUND MAY BE USED TO ASSIST IN
27 PROVIDING SUBSTANCE USE DISORDER TREATMENT, INCLUDING

1 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AND
2 MEDICAL DETOXIFICATION SERVICES, IF THOSE SERVICES ARE NOT
3 OTHERWISE COVERED BY PUBLIC OR PRIVATE INSURANCE.

4 **SECTION 4. Appropriation.** (1) For the 2018-19 state fiscal
5 year, \$236,827 is appropriated to the department of health care policy and
6 financing for use by the executive director's office. Of this appropriation,
7 \$155,193 is from the general fund and \$81,634 is from the healthcare
8 affordability and sustainability fee cash fund created in section
9 25.5-4-402.4 (5)(a), C.R.S. To implement this act, the office may use this
10 appropriation as follows:

11 (a) \$51,375, which consists of \$33,666 from the general fund and
12 \$17,709 from the healthcare affordability and sustainability fee cash fund,
13 for personal services, which amount is based on an assumption that the
14 office will require an additional 1.5 FTE;

15 (b) \$72,952, which consists of \$47,806 from the general fund and
16 \$25,146 from the healthcare affordability and sustainability fee cash fund,
17 for operating expenses; and

18 (c) \$112,500, which consists of \$73,721 from the general fund and
19 \$38,779 from the healthcare affordability and sustainability fee cash fund,
20 for general professional services and special projects.

21 (2) For the 2018-19 state fiscal year, the general assembly
22 anticipates that the department of health care policy and financing will
23 receive \$236,828 in federal funds to implement this act, which amount is
24 included for informational purposes only. The appropriation in subsection
25 (1) of this section is based on the assumption that the department will
26 receive this amount of federal funds to be used by the executive director's
27 office as follows:

- 1 (a) \$51,375 for personal services;
2 (b) \$72,953 for operating expenses; and
3 (c) \$112,500 for general professional services and special
4 projects.

5 **SECTION 5. Safety clause.** The general assembly hereby finds,
6 determines, and declares that this act is necessary for the immediate
7 preservation of the public peace, health, and safety.