

August 24, 2023

TO: Opioid and Other Substance Use Disorders Study Committee

FROM: Representative Chris deGruy Kennedy, Chair, 303-866-2951

SUBJECT: Stakeholder Survey Results for the Opioid and Other Substance Use Disorders Study Committee

Overview

This memorandum presents the results of a recent survey ranking the policy recommendations submitted by stakeholders and interested persons for consideration by the Opioid and Other Substance Use Disorders Study Committee. It also outlines the process for discussing and identifying priorities for bill requests during our upcoming meeting on August 30th, 2023.

The following section outlines the process used to conduct the survey.

Survey Process

A survey was conducted among stakeholders to help identify policy recommendations for legislative consideration by the Opioid and Other Substance Use Disorders Interim Study Committee.

Throughout the informational presentations provided during previous meetings, a variety of policy recommendations were gathered by staff and separated into four main categories: Prevention, Harm Reduction, Treatment and Recovery.

These recommendations were listed and respondents were asked to review each policy concept and select its level of importance, based on what they think should be prioritized by the committee. The options for ranking were as follows: "Helpful But Not A Priority", "Priority", and "Very High Priority".

Participants were encouraged to limit the "Priority" and "Very High Priority" ratings for their top 3-5 priorities in each category, but were free to use these ratings as they wanted. Additionally, stakeholders had an opportunity to share specific thoughts on policy concepts for each category, and an opportunity at the end of the survey to share ideas we may have missed.

The survey was sent to 179 key stakeholders across the state of Colorado and was live from August 17th to August 22, 2023. The survey was also posted publicly on the Opioid and Other Substance Use Disorders Study Committee's web page.

Survey Results

In total, 152 stakeholders responded to the survey. The following sections provide results for each policy recommendation in every category.

Prevention

Policy Recommendation	Helpful but Not a Priority	High Priority	Very High Priority
Technical cleanup of Prescription Drug Monitoring Program (PDMP).	86	29	13
Fund the continuation of the Colorado Grant Writing Assistance Program, which provides professional grant writers to small non-profit organizations and small local governments, especially in rural/frontier and urban underserved communities	55	52	27
Fund a THC edibles safe storage campaign for children, adults, and family-serving professionals to prevent ingestion of those edibles by small children.	82	37	13
Add Gabapentin, a drug known to increase the effects of opioids and overdose risk, to the Prescription Drug Monitoring Program.	76	36	14
Continue and increase annual funding for the Prenatal Substance Use Data Linkage Project on Pregnant and Parenting Moms and Children for tracking longitudinal outcomes and progress on state investments over time.	37	68	27
Increase flexibility for the use of prevention funds so prevention specialists can be nimble and responsive to new challenges as they emerge.	28	37	69
Expand SBIRT (Screening, Brief Intervention and Referral to Treatment) for adolescents and outreach to providers/schools, including opening the State Medicaid billing codes for 3-15 minutes of SBIRT services reimbursement.	29	43	66
Provide legal protection to local Departments of Human Services and law enforcement agencies to release records on drug overdose deaths to local Overdose Fatality Review Boards.	58	45	20

<i>*Coroners and local Public Health departments already have protections in place.</i>			
Dedicated funding for prevention workforce recruitment/retention initiatives in communities of color.	21	49	61
Allow HCPF to access the PDMP	85	30	10
Improve insurance coverage of Cognitive Behavioral Therapy (CBT) for Pain Management.	35	41	51

Harm Reduction

Policy Recommendation	Helpful but Not a Priority	High Priority	Very High Priority
Authorize and evaluate a pilot Overdose Prevention Center (OPC) program, where people can use previously obtained drugs under supervision and with sterile equipment, as well as get peer support and referrals to treatment programs.	32	29	77
Provide state statute authorization for drug testing services at harm reduction organizations.	46	47	33
Clarify drug paraphernalia law to allow clean pipe distribution as part of harm reduction services.	39	42	48
Prohibit warrant checking in emergency rooms.	38	36	55
Continue funding for the Opiate Antagonist Bulk Purchase Fund.	22	44	65
Ensure that pharmacists can still bill insurance carriers for naloxone, even when dispensed over-the-counter.	31	57	44
Public awareness campaign for primary care providers and pediatricians to prescribe Naloxone to teens as a standard of care.	42	53	41
Clarify immunity for school districts regarding students carrying and administering Naloxone on school property and at school events, and allow schools to train students in administering	32	51	53

Naloxone.			
Expand funding for public awareness initiatives (i.e. drug testing kits).	42	53	33

Treatment

Policy Recommendation	Helpful but Not a Priority	High Priority	Very High Priority
Create and set a standard Medicaid pay rate for Regional Accountability Entities (RAEs).	39	44	37
Incentivize and support clinics and pharmacies to provide Opioid Treatment on Demand (OTD).	19	49	59
Require Skilled Nursing Facilities (SNF) to accommodate deliveries of methadone from an Outpatient Opioid Treatment Program.	42	45	28
Preserve telehealth flexibility allowed by the DEA to provide SUD care with controlled substances, and ensure that payers cover telehealth appointments at the same rate as in-person appointments.	24	35	68
Establish a Buprenorphine Hotline with physicians who can diagnose OUD and prescribe treatment over the phone.	42	39	40
Prevent Colorado from reducing unobserved (take-out) methadone doses below the limits allowed by SAMHSA.	52	34	27
Continue funding for Jail-Based Behavioral Services program.	22	42	70

Direct HCPF to apply for Medicaid 1115 waiver allowing limited Medicaid coverage for incarcerated individuals.	25	42	60
Prohibit restrictive admission criteria in publicly funded detox withdrawal management and inpatient facilities.	32	40	50
Require prosecutors to offer diversion to adults with first-time misdemeanor offenses, excluding violent offenders.	35	42	45
Prohibit local governments from blocking treatment service providers from opening facilities.	33	43	48
Train more pediatricians and other clinicians on Medications for Opioid Use Disorder (MOUD).	40	45	46
Expand and fund evidence-based treatment options for stimulant use disorders, such as contingency management	31	42	50
Authorize Pharmacist Independent Prescriptive Authority to increase access to and administration of MOUD at pharmacies.	41	44	43
Direct HCPF to apply for a State Plan Amendment (SPA) for Medicaid coverage of a partial hospitalization level of care.	43	47	32
Adjust licensure requirements to allow providers to bring on a greater number of trainees	53	47	17
Incentivize cross-training for mental health providers to include SUD treatment.	33	47	46
Require insurance to reimburse out-of-network providers for certain SUD care if there are not sufficient in-network providers.	28	52	51
Require alignment of provider credentialing process between carriers.	56	36	27
Support and expand telehealth workforce by reducing administrative burdens associated with retail telehealth.	55	43	24
Expand access to microcredentials.	75	28	7

Dedicated funding for treatment workforce recruitment/retention initiatives in communities of color.	37	49	36
Remove all prior authorizations for any dose of Buprenorphine (including those above FDA labeling) that is prescribed by a medical provider for both public and private insurance.	43	36	39

Recovery

Policy Recommendation	Helpful but Not a Priority	High Priority	Very High Priority
Implement a designation/recognition process for recovery-friendly workplaces.	74	30	18
Create incentives for recovery-friendly workplaces, such as tax credits or workers compensation premium adjustments.	55	49	16
Explore pathways to sustainability for recovery support services that are housed in Community Based Organizations and support the health and behavioral health needs of families but do not qualify as a Recovery Support Services Organization (RSSO) or a clinical provider.	54	40	16
Funding for transitional housing and recovery residences.	9	36	89
Revisit/Evaluate the Housing Voucher Program or people in recovery managed in the Division of Housing.	39	47	33
Recovery Support Service Grant Transparency: require grant recipients to support multiple pathways to recovery.	43	46	29
Encourage school districts to replicate the success of the Recovery High School model.	44	44	29
Support Collegiate Recovery Programs.	53	44	18
Support expansion of the peer support profession.	33	44	46
Require health insurance to cover recovery services.	12	28	90

Establish standards for Recovery Community Organizations (RCOs) through community-informed processes	48	51	14
Support and expand child care for parents receiving treatment and recovery services, including those working in peer support.	19	52	52
Explore the addition of “enrollment in Treatment & Recovery Services” as an eligible activity for Colorado Child Care Assistance Program (CCAP).	37	54	29
Affirm that recovery residences are a residential use of land and prohibit discrimination.	49	42	23

Discussion & Identifying Priorities for Bill Requests.

During our upcoming meeting on August 30th, we’ve left time to discuss the results of this survey (*see agenda*) and how it will guide our work moving forward.

Prior to our next meeting, please review the results of the survey and come prepared to speak to your top priorities in each category (Prevention, Harm Reduction, Treatment and Recovery), as well as your concerns with any policy recommendation.

After we have discussed and established our priorities for each category, the following month will be spent further exploring these concepts and working on bill drafts in preparation of our next meeting on September 27th, 2023.