

Second Regular Session
Seventy-first General Assembly
STATE OF COLORADO

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 18-0257.01 Brita Darling x2241

HOUSE BILL 18-1007

HOUSE SPONSORSHIP

Kennedy and Singer, Pettersen

SENATE SPONSORSHIP

Lambert and Jahn, Aguilar, Tate

House Committees

Public Health Care & Human Services

Senate Committees

State, Veterans, & Military Affairs

A BILL FOR AN ACT

101 **CONCERNING PAYMENT ISSUES RELATED TO SUBSTANCE USE**
102 **DISORDERS.**

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 requires all individual and group health benefit plans to provide coverage without prior authorization for a five-day supply of buprenorphine for a first request within a 12-month period.

Additionally, all individual and group health benefit plans that cover physical therapy, acupuncture, or chiropractic services shall not

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.

SENATE
3rd Reading Unamended
May 3, 2018

SENATE
2nd Reading Unamended
May 2, 2018

HOUSE
3rd Reading Unamended
April 20, 2018

HOUSE
Amended 2nd Reading
April 19, 2018

subject those services to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable than those applicable to primary care services under the plan if the covered person has a diagnosis of chronic pain and has or has had a substance use disorder diagnosis.

The bill prohibits carriers from taking adverse action against a provider or from providing financial incentives or disincentives to a provider based solely on a patient satisfaction survey relating to the patient's satisfaction with pain treatment.

The bill clarifies that an "urgent prior authorization request" to a carrier includes a request for authorization of medication-assisted treatment for substance use disorders.

The bill permits a pharmacist who has entered into a collaborative pharmacy practice agreement with one or more physicians to administer injectable medication-assisted treatment for substance use disorders and receive an enhanced dispensing fee for the administration.

The bill prohibits carriers from requiring a covered person to undergo step therapy using a prescription drug or drugs that include an opioid before covering a non-opioid prescription drug recommended by the covered person's provider.

The bill requires the Colorado medical assistance program to authorize reimbursement for a ready-to-use version of intranasal naloxone hydrochloride without prior authorization.

The bill prohibits the requirement that a recipient of medical assistance undergo a step-therapy protocol using a prescription drug containing an opioid prior to authorizing reimbursement for a non-opioid prescription drug recommended by the person's health care provider.

The bill permits a pharmacist who has entered into a collaborative pharmacy practice agreement with one or more physicians to administer injectable medication-assisted treatment for substance use disorders and receive an enhanced dispensing fee under the Colorado medical assistance program for the administration.

The bill requires the department of health care policy and financing and the office of behavioral health in the department of human services to establish rules that standardize utilization management authority timelines for the non-pharmaceutical components of medication-assisted treatment for substance use disorders.

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

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **amend**

3 (5.5)(a)(III) as follows:

4 **10-16-104. Mandatory coverage provisions - definitions -**

1 **rules. (5.5) Behavioral, mental health, and substance use disorders**
2 **- rules. (a) (III) (A) EXCEPT AS PROVIDED IN SUBSECTION (5.5)(a)(III)(B)**
3 **OF THIS SECTION, any preauthorization or utilization review mechanism**
4 **used in the determination to provide the coverage required by this**
5 **paragraph (a) SUBSECTION (5.5)(a) must be the same as, or no more**
6 **restrictive than, that used in the determination to provide coverage for a**
7 **physical illness. The commissioner shall adopt rules as necessary to**
8 **implement and administer this subsection (5.5).**

9 (B) A HEALTH BENEFIT PLAN SUBJECT TO THIS SUBSECTION (5.5)
10 MUST PROVIDE COVERAGE WITHOUT PRIOR AUTHORIZATION FOR A
11 FIVE-DAY SUPPLY OF AT LEAST ONE OF THE FEDERAL FOOD AND DRUG
12 ADMINISTRATION-APPROVED DRUGS FOR THE TREATMENT OF OPIOID
13 DEPENDENCE; EXCEPT THAT THIS REQUIREMENT IS LIMITED TO A FIRST
14 REQUEST WITHIN A TWELVE-MONTH PERIOD.

15 **SECTION 2.** In Colorado Revised Statutes, 10-16-121, **add**
16 **(1)(e) as follows:**

17 **10-16-121. Required contract provisions in contracts between**
18 **carriers and providers - definitions. (1) A contract between a carrier**
19 **and a provider or its representative concerning the delivery, provision,**
20 **payment, or offering of care or services covered by a managed care plan**
21 **must make provisions for the following requirements:**

22 (e) THE CONTRACT MUST CONTAIN A PROVISION THAT STATES THE
23 CARRIER SHALL NOT TAKE AN ADVERSE ACTION AGAINST A PROVIDER OR
24 PROVIDE FINANCIAL INCENTIVES OR SUBJECT THE PROVIDER TO FINANCIAL
25 DISINCENTIVES BASED SOLELY ON A PATIENT SATISFACTION SURVEY OR
26 OTHER METHOD OF OBTAINING PATIENT FEEDBACK RELATING TO THE
27 PATIENT'S SATISFACTION WITH PAIN TREATMENT.

1 **SECTION 3.** In Colorado Revised Statutes, 10-16-124.5, **amend**
2 (8)(b) as follows:

3 **10-16-124.5. Prior authorization form - drug benefits - rules**
4 **of commissioner - definitions.** (8) As used in this section:

5 (b) "Urgent prior authorization request" means:

6 (I) A request for prior authorization of a drug benefit that, based
7 on the reasonable opinion of the prescribing provider with knowledge of
8 the covered person's medical condition, if determined in the time allowed
9 for nonurgent prior authorization requests, could:

10 (⊕) (A) Seriously jeopardize the life or health of the covered
11 person or the ability of the covered person to regain maximum function;
12 or

13 (⊕) (B) Subject the covered person to severe pain that cannot be
14 adequately managed without the drug benefit that is the subject of the
15 prior authorization request; OR

16 (II) A REQUEST FOR PRIOR AUTHORIZATION FOR
17 MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS.

18 **SECTION 4.** In Colorado Revised Statutes, **add** 10-16-143.5 as
19 follows:

20 **10-16-143.5. Pharmacy reimbursement - substance use**
21 **disorder - injections.** IF A PHARMACY HAS ENTERED INTO A
22 COLLABORATIVE PHARMACY PRACTICE AGREEMENT WITH ONE OR MORE
23 PHYSICIANS PURSUANT TO SECTION 12-42.5-602 TO ADMINISTER
24 INJECTABLE ANTAGONIST MEDICATION FOR MEDICATION-ASSISTED
25 TREATMENT FOR SUBSTANCE USE DISORDERS, THE PHARMACY
26 ADMINISTERING THE DRUG SHALL RECEIVE AN ENHANCED DISPENSING FEE.

27 **SECTION 5.** In Colorado Revised Statutes, 25.5-5-411, **amend**

1 (4)(b) as follows:

2 **25.5-5-411. Medicaid community mental health services -**
3 **legislative declaration - administration - rules.** (4) (b) (I) The state
4 department shall establish cost-effective, capitated rates for community
5 mental health services in a manner that includes cost containment
6 mechanisms. These cost containment mechanisms may include, but are
7 not limited to, restricting average per member per month utilization
8 growth, restricting unit cost growth, limiting allowable administrative
9 cost, establishing minimum medical loss ratios, or establishing other cost
10 containment mechanisms that the state department determines
11 appropriate.

12 (II) THE STATE DEPARTMENT AND THE OFFICE OF BEHAVIORAL
13 HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, IN COLLABORATION
14 WITH COMMUNITY MENTAL HEALTH SERVICES PROVIDERS AND SUBSTANCE
15 USE DISORDER PROVIDERS, SHALL ESTABLISH RULES THAT STANDARDIZE
16 UTILIZATION MANAGEMENT AUTHORITY TIMELINES FOR THE
17 NONPHARMACEUTICAL COMPONENTS OF MEDICATION-ASSISTED
18 TREATMENT FOR SUBSTANCE USE DISORDERS.

19 **SECTION 6.** In Colorado Revised Statutes, **add 25.5-5-509** as
20 follows:

21 **25.5-5-509. Substance use disorder - prescription drugs.**
22 NOTWITHSTANDING ANY PROVISIONS OF THIS PART 5 TO THE CONTRARY,
23 FOR THE TREATMENT OF A SUBSTANCE USE DISORDER, IN PROMULGATING
24 RULES, AND SUBJECT TO ANY NECESSARY FEDERAL AUTHORIZATION, THE
25 STATE BOARD SHALL AUTHORIZE REIMBURSEMENT FOR AT LEAST ONE
26 FEDERAL FOOD AND DRUG ADMINISTRATION-APPROVED READY-TO-USE
27 OPIOID OVERDOSE REVERSAL DRUG WITHOUT PRIOR AUTHORIZATION.

1 **SECTION 7.** In Colorado Revised Statutes, **add 25.5-5-510** as
2 follows:

3 **25.5-5-510. Pharmacy reimbursement - substance use disorder**
4 **- injections.** IF A PHARMACY HAS ENTERED INTO A COLLABORATIVE
5 PHARMACY PRACTICE AGREEMENT WITH ONE OR MORE PHYSICIANS
6 PURSUANT TO SECTION 12-42.5-602 TO ADMINISTER INJECTABLE
7 ANTAGONIST MEDICATION FOR MEDICATION-ASSISTED TREATMENT FOR
8 SUBSTANCE USE DISORDERS, THE PHARMACY ADMINISTERING THE DRUG
9 SHALL RECEIVE AN ENHANCED DISPENSING FEE THAT ALIGNS WITH THE
10 ADMINISTRATION FEE PAID TO A PROVIDER IN A CLINICAL SETTING.

11 **SECTION 8. Act subject to petition - effective date.** This act
12 takes effect January 1, 2019; except that, if a referendum petition is filed
13 pursuant to section 1 (3) of article V of the state constitution against this
14 act or an item, section, or part of this act within the ninety-day period
15 after final adjournment of the general assembly, then the act, item,
16 section, or part will not take effect unless approved by the people at the
17 general election to be held in November 2018 and, in such case, will take
18 effect on January 1, 2019, or on the date of the official declaration of the
19 vote thereon by the governor, whichever is later.