



# COLORADO CONSORTIUM

for Prescription Drug Abuse Prevention

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Presentation to the Colorado General Assembly  
Opioid and Other Substance Use Disorders Interim Study Committee

**August 13, 2019**



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# Objectives

## Morning:

- Briefly review stakeholder process
- Summarize key stakeholder findings on *Treatment*

## Afternoon:

- Summarize key stakeholder findings on *Recovery*
- Share policy recommendations from the Consortium's perspective



# Review of Stakeholder Process



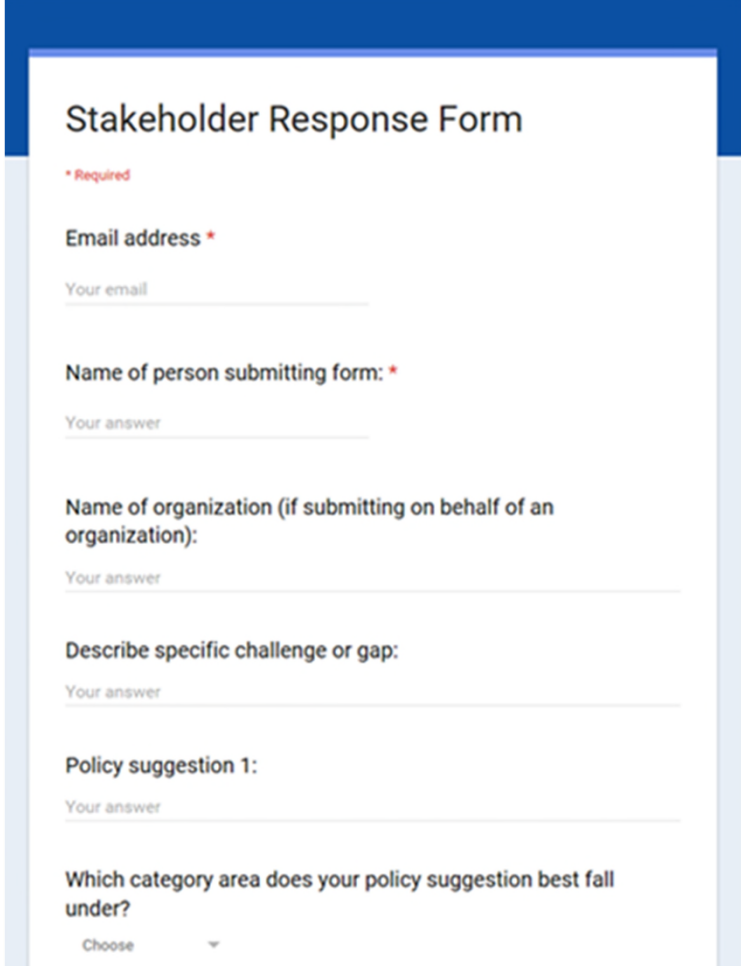
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# Stakeholder Process

- Feedback received via paper and electronic forms
- Submissions from local govt, non-profits, private enterprise, professional associations, people directly affected and other private citizens
- Sent via Leg Council and various distributions



The image shows a screenshot of a web-based form titled "Stakeholder Response Form". The form is set against a white background with a blue header bar at the top. Below the title, there is a red asterisk indicating a required field. The form contains several input fields: "Email address \*", "Name of person submitting form: \*", "Name of organization (if submitting on behalf of an organization):", "Describe specific challenge or gap:", "Policy suggestion 1:", and a dropdown menu for "Which category area does your policy suggestion best fall under?". Each input field has a placeholder text "Your answer" or "Your email".



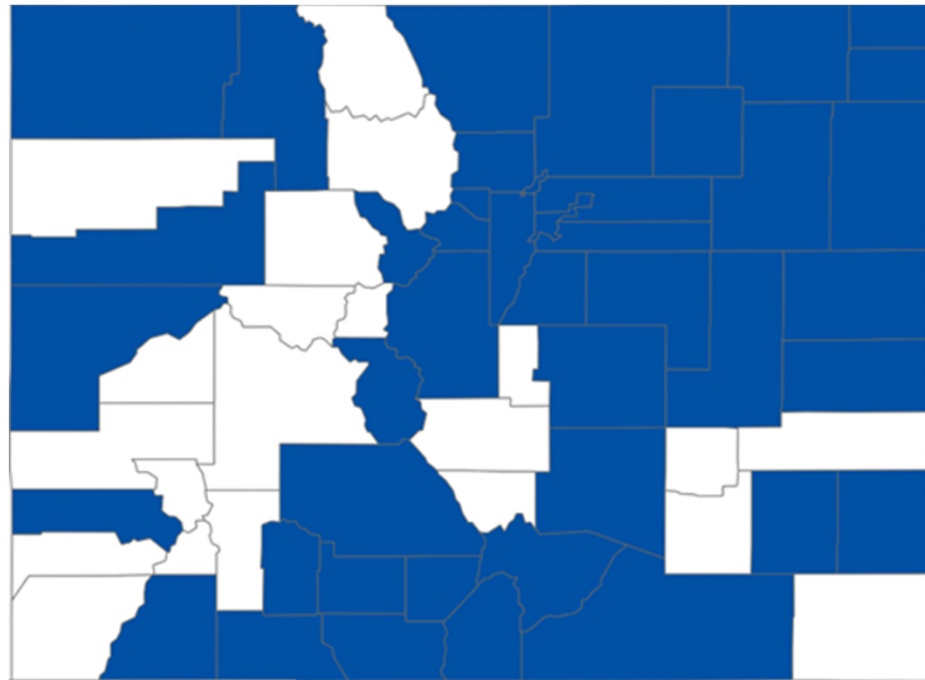
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# More than 251 Submissions Received

- Representing **246** individuals or groups
- Submissions came from groups or individuals in **47** counties



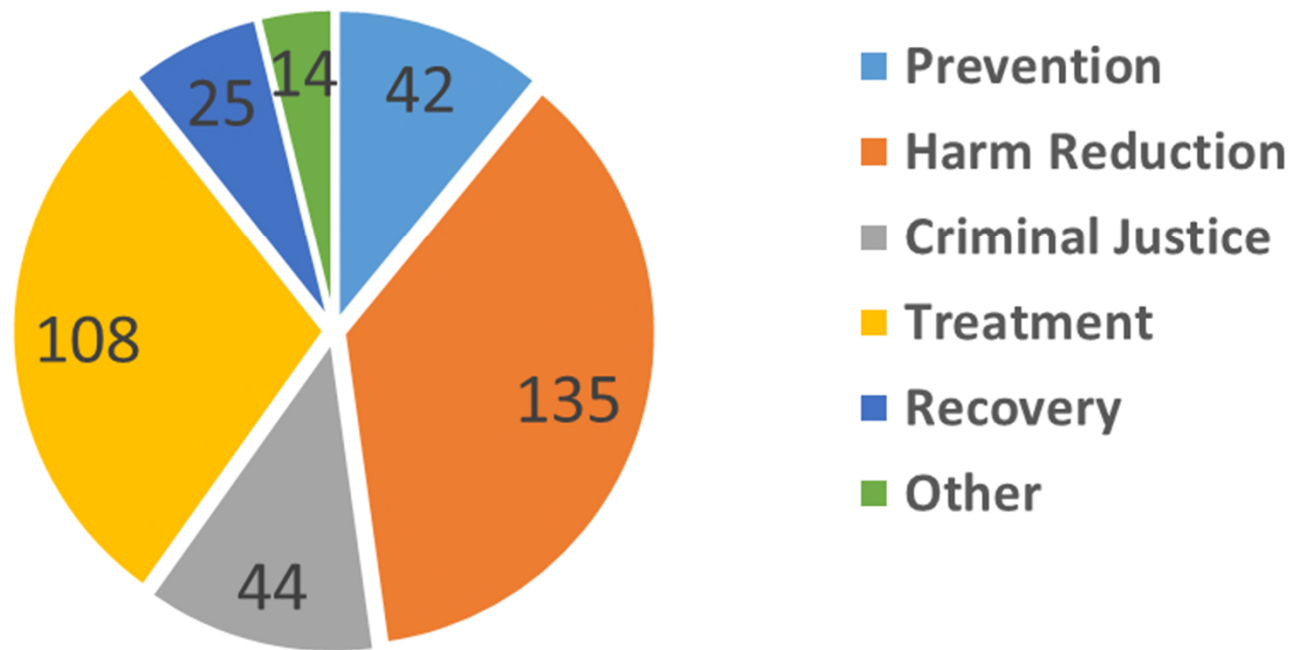
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# Representation of Policy Suggestions

Policy Recommendations by Category  
(n=369)



# Treatment Stakeholder Recommendations

*Please review Executive Summary  
and binder provided of all  
submissions*



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# Common Treatment Themes

- Payment & Coverage (Medicaid, private insurance)
- Funding Sources (SB16-202, Federal Block Grant)
- Continuum of Care
- Access to Treatment
- Quality of Treatment
- Medication Assisted Treatment (MAT)
- Workforce Development
- Treatment Options for Youth





# Payment and Coverage

- Develop/promote health plan network adequacy ensuring access multi-modal approach to tx on demand
- Enforce parity (ensure SUD rates match MH rates)
- Develop adequate reimbursement SUD rate with stakeholder engagement
- Require all insurers use ASAM placement criteria
- Assign state agency to review insurance claim denials
- Integrate MH & SUD co-occurring services in state incentive measures



# Medicaid

- Address access to tx during lapses in Medicaid
- Triple Medicaid reimbursement for treatment of OUD
- Lift 25 mile rule in place for rural exceptions
- Fold SUD treatment in RAEs
- Increase Medicaid outpatient reimbursement rates prior to expanding residential benefits



# Federal Block Grant

- Reverse the state's decision to restrict Block Grant funding to indigent only
  - Review 42 U.S.C 300 21 for CO Block Grant to align with federal grant purpose
- Require transparent reports of established measures for funded agencies



# SB16-202

- Require bi-annual needs assessment with stakeholder engagement in funding decisions
- Restructure MSO system
  - Address conflict of interest for serving on boards
  - Require regular rebidding on MSO contracts
  - Eliminate bureaucratic layers to regional funding
  - Allocate funding directly to direct service providers



# Continuum of Care

- Combine and align state statues for 27-81 and 27-82 to eliminate separation of alcohol and other SUD
  - Ensure 27-81 and 27-82 are connected with M-1 process
- Establish coordinated network of person-centered community based services including:
  - Housing, Employment, Transportation, Childcare



# Access to Treatment

- Increase access to evidence-based treatment
  - Encourage development of more medical withdrawal management, residential tx, long-term recovery residences
- Increase funding for treatment focusing on other SUD (benzos, alcohol & meth)
  - Trust local communities to address the primary substance problems in their own area (i.e. meth bigger issue than opioids in some areas)
  - Create IOP for 3-4 mos, tailor treatment programs for meth
- Continue rural/frontier treatment expansion (as with HB1287)



# Access to Treatment (continued)

- Review sustainable funding mechanisms (TANF, Human Services etc.)
- Expand eligibility criteria for SUD treatment
  - Address intoxication level, sexual offense charges etc.
- Increase integration of crisis services with detox



# Quality of Treatment

- Establish a report card system for substance use treatment services in CO
- Ensure all services use evidence-based care
- Implement comprehensive SUD assessment using ASAM criteria for placement
- Continue funding training on SUD in primary care setting





# Medication Assisted Treatment (MAT)

- Require detox to provide length of stay adequate for MAT induction
- Mandate Medicaid coverage of Sublocade
  - Fund pilot program for Sublocade in FQHC
- Revisit OMAT rules regarding 50:1 ratio
- Incentivize more OTPs in rural CO
- Address Medicaid regulations on naltrexone injection for pharmacies



# Medication Assisted Treatment (MAT) (continued)

- Encourage pilots for ED bup induction
- Require all treatment facilities to offer MAT
- Prohibit blanket policies that prohibit MAT
- Mandate availability of MAT in all counties
- Prohibit providers from prescribing narcotic for those in methadone treatment
- Require prescribers of MAT to include psychotherapy component



# Workforce Development

- Increase salaries for community SUD providers in alignment with state & MH providers
- Incentivize addiction med consults in hospital
- Create incentive program for providers on Eastern plains
- Address DORA delays to licensure approval
- Amend OBH rule 21.210.1.B where more than 50% of staff must be CAC II,III or LAC
- Waive CAC III requirements for rural tx providers



# Treatment Options for Youth

- Increase number of psychiatrists focused on youth SUD
- Create financial incentives for providers to treat SUD in youth
- Mandate parental involvement in judicial process for youth
- Encourage hospitals to create protocol for youth SUD referrals



# Workforce Training

- Require SUD training for all crisis workers and case management providers
- Require training for clinicians in Trauma-Informed Therapy & Intergenerational Trauma
- Increase availability of DUI facilitator trainings



# Federal

- Eliminate waiver requirements for prescribing buprenorphine
- Reduce federal regulations on outpatient treatment providers
- Allow advance practice nurses to prescribe methadone



*Please Review  
Stakeholder  
Feedback  
Summary and  
Complete  
Submissions*



**Stakeholder Policy Feedback  
July 2019**

Opioid and Other Substance Use Disorders Committee



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# Questions?

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