

Opioid and Other Substance Use Disorders Interim Study Committee

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Committee Charge

The Opioid and Other Substance Use Disorders Interim Study Committee was created pursuant to Interim Committee Request Letter 2017-02, as approved by the Legislative Council on April 28, 2017. The committee is charged with studying the following issues:

- the scope of the substance use disorder problem in Colorado and current prevention, intervention, harm reduction, treatment, and recovery resources available;
- actions taken by other states and countries to address substance use disorders, including evidence-based best practices;
- existing gaps in prevention, intervention, harm reduction, treatment, and recovery resources available to Coloradans; and
- possible legislative options to address the gaps and hurdles to accessing prevention, intervention, harm reduction, treatment, and recovery resources.

Committee Activities

The committee met six times during the 2017 interim. The committee discussed and heard testimony on the scope of the opioid epidemic from medical and mental health providers and learned about state agency programs and initiatives aimed at addressing opioid misuse, treatment, and recovery. In addition, members of law enforcement spoke about issues that the criminal justice system faces when incarcerating individuals who use opioids, and health insurers discussed proactive step they have taken to help reduce the overprescribing of opioids and the misuse of opioids. Briefings and presentations were made by a variety of stakeholders, including:

- state agencies, including the Department of Public Health and Environment; the Department of Human Services; the Department of Regulatory Agencies; the Department of Corrections; the Colorado Department of Public Safety; and the Judicial Branch;
- elected officials, including Lieutenant Governor Donna Lynne and U. S. Senator Michael Bennet;
- the U.S. Food and Drug Administration;
- the Colorado Consortium for Prescription Drug Abuse Prevention and the Substance Abuse Trend and Response Task Force;
- the Colorado Health Institute and the Pew Charitable Trusts;
- member organizations representing medical professionals, such as the Colorado Medical Society; the Academy of Family Physicians; the Colorado Dental Association; the Colorado Pharmacists Society; the American Physical Therapy Association, and Colorado Nurses Association;
- pharmacy benefit managers and retail pharmacies;
- behavioral health providers;
- treatment providers;
- harm reduction providers;

- recovery groups;
- commercial health insurance and workers' compensation insurance providers; and
- county sheriffs and the Colorado District Attorneys' Council.

The committee was supported by a task force made up of committee members and stakeholders. The following subsections discuss the committee's activities in further detail.

Scope of problem and Colorado response. The Department of Public Health and Environment, the Department of Human Services, the Colorado Consortium for Prescription Drug Abuse Prevention, and the Substance Abuse Trend and Response Task Force provided statistics on opioid use, misuse, and overdoses nationally and in Colorado. The groups also discussed current strategies to address opioid addiction and overdoses, including state substance abuse programs, increasing access to naloxone, monitoring prescription drugs, and syringe access programs.

Providers and prescribers. The committee heard from representatives of the Colorado Medical Society, the Colorado Academy of Family Physicians, the Colorado Dental Association, the Colorado Pharmacists Society, retail pharmacies, the Colorado Pain Society, the Colorado Society of Anesthesiologists, the Colorado Providers Association, the American Physical Therapy Association, the Colorado Nurses Association, Hospice and Palliative Care Association of the Rockies, and the Colorado Association of Nurse Anesthetists. Discussion covered the use and misuse of opioids and actions taken by providers that could reduce the misuse of opioids. These topics include utilizing the Prescription Drug Monitoring Program (PDMP) in the Department of Regulatory Agencies to record and monitor opioid prescriptions issued by providers and dispensed by pharmacists, limiting initial opioid prescriptions, and alternative therapies used to address pain, such as physical therapy and massage therapy. Strategies to manage pain for patients with chronic diseases or in hospice care were also discussed.

Treatment and recovery. The committee heard from representatives of substance use treatment providers and recovery groups, including the Colorado Department of Human Services, Arapahoe House, the Colorado Behavioral Health Care Council, Colorado Society of Addiction Medicine, and Young People in Recovery. Discussion included explanation of the various therapies and programs used to address opioid misuse, including in-patient treatment, outpatient treatment, and medication-assisted treatment (MAT). Strategies and challenges for long-term recovery from substance abuse were also discussed.

Insurance coverage. Representatives of Colorado Medicaid discussed coverage for treating long-term pain and addiction, as well as coverage for MAT, social detoxification services, targeted case management, and individual, group, and family counseling. Representatives of private insurers and workers' compensation insurers discussed efforts to align pharmacy benefits with the federal Centers for Disease Control and Prevention guidelines for prescribing opioids for chronic pain; create programs designed to monitor patients who are prescribed opioids; and promote the use of naloxone or MAT medications to treat opioid misuse.

Law enforcement and courts. Members of law enforcement and the corrections system discussed the implementation of programs to provide MAT to inmates and individuals on parole. In addition, law enforcement representatives discussed drug take-back programs, the experiences of inmates who detox while incarcerated, their use of local detox facilities, and drug courts. The committee also heard from court officials and district attorneys about the Law Enforcement Assisted Diversion Program (LEAD), which is a pre-booking diversion program that aims to improve public health and end the cycle of recidivism. Discussion also covered criminal activity related to the sale and distribution of illegal drugs.

Task force. The committee convened a task force to assist with research and to form recommendations regarding opioid and other substance misuse. Membership in the task force was voluntary and consisted of representatives from various stakeholder organizations. The task force met independently of the committee to formulate policy recommendations, and presented a summary of recommendations to the committee at the September 12 meeting.

Committee Recommendations

As a result of committee discussion and deliberation, the Opioid and Other Substance Use Disorders Interim Study Committee recommends the following six bills for consideration in the 2018 legislative session.

Bill A – Prevention of Opioid Misuse. This bill implements several policies related to the prevention of opioid and substance misuse, including:

- establishing the Opioid and Other Substance Use Disorders Study Committee as an ongoing year-round study committee through July 1, 2020, and authorizing the committee to meet up to six times per year and to refer up to six bills per year;
- directing the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies to develop and implement continuing medical education activities to help prescribers of pain medication to safely and effectively manage patients with pain and prescribe opioids when appropriate, and directing the General Assembly to appropriate \$750,000 from the Marijuana Cash Fund to the center for this purpose;
- clarifying that behavioral health services offered by school-based health centers funded by grants from the Colorado Department of Public Health and Environment (CDPHE) may include education, intervention, and prevention services for opioid, alcohol, and other substance use disorders, and directing the General Assembly to appropriate \$750,000 from the Marijuana Cash Fund to the CDPHE to fund grants to school-based health centers for this purpose;
- directing the Department of Health Care Policy and Financing (HCPF) to award grants totaling \$500,000 to one or more organizations to operate a screening, brief intervention, and referral to treatment (SBIRT) program that meets certain requirements starting on July 1, 2018; and
- directing HCPF to develop an online interactive patient education module for women of childbearing age, and to employ a full-time employee to provide in-person training, to inform women about the risks of alcohol-exposed pregnancies, and directing the General Assembly to appropriate \$150,000 from the Marijuana Cash Fund for this purpose.

Bill B – Clinical Practices for Safe Opioid Prescribing. This bill limits the number of opioid pills that a health care provider may initially prescribe to a patient to a seven-day supply. At the discretion of the provider, the prescription may include one refill for an additional seven-day supply. The bill includes a number of exceptions to the limitation and allows for a health care provider to electronically prescribe opioids.

With certain exceptions, the bill also requires health care providers or their designees, to query the Prescription Drug Monitoring Program (PDMP) prior to prescribing the first refill prescription for an opioid. When querying the PDMP for the first time, each health care provider or designee is required to identify his or her area of health care specialty or practice. The provisions in the bill are repealed September 1, 2021.

Bill C – Harm Reduction and Criminal Penalties. This bill authorizes a single supervised injection facility to be operated as a pilot program in the city and county of Denver. A supervised injection facility is a location where intravenous drug user can inject previously acquired drugs in a safe and sanitary environment supervised by medical staff. The Denver Public Health Agency must seek approval from the Denver Board of Health to operate the pilot facility. The bill outlines a stakeholder process for the Denver Board of Health to follow when evaluating the approval of the pilot facility. The bill exempts employees, volunteers and participants at a supervised injection facility from drug paraphernalia laws and provides immunity from civil liability and criminal penalty resulting from their participation in an approved supervised injection facility. The Denver Public Health Agency, or the contracted nonprofit operating the pilot facility, must report to the health committees of the General Assembly by October 1, 2021.

In addition, the bill allows clean syringe exchange programs to be operated in hospitals. It also allows schools and school districts to enact policies under which a school may obtain opiate antagonists for administering to persons overdosing on an opiate. A trained employee or agent of a school may administer the opiate antagonist in accordance with the school or school district policy. Lastly, the bill requires the Colorado Commission on Criminal and Juvenile Justice to study criminal penalties relating to opioids and synthetic opioids and to include its findings and recommendations in its annual report.

Bill D – Increasing Access to Behavioral Health Care Providers. This bill adds behavioral health care providers and candidates for licensure to the list of health care providers eligible for loan repayment under the Colorado Health Service Corps Program (CHSC). Candidates for licensure must serve at least two years in a health professional shortage area after obtaining a license, plus the time spent obtaining supervised experience hours. In addition, the Primary Care Office in the Colorado Department of Public Health and Environment (CDPHE) must create and administer state-designated health professional shortage areas for the CHSC, and the bill removes the previous requirement that CHSC loan repayment recipients serve in a federally designated health professional shortage area.

Beginning in FY 2018-19, the bill creates a scholarship program to cover the costs of obtaining certification as an addiction counselor for individuals who agree to serve in a state or federally designated health professional shortage area for at least six consecutive months. Scholarships may cover up to the full costs of educational materials and direct expenses and must be paid to the academic institution or state-approved trainer. The 13-member CHSC Advisory Council must review applications and make recommendations to the Primary Care Office.

Beginning in FY 2018-19, the General Assembly must annually appropriate \$2.5 million from the Marijuana Tax Cash Fund for loan repayment for behavioral health care providers and candidates for licensure, and for scholarships for addiction counselors. In addition, the bill adds two members to the CHSC Advisory Council: a representative of a substance use disorder service provider and a licensed or certified addiction counselor. When considering applications from behavioral health care providers for loan repayment through the CHSC and the newly created scholarship program, the CHSC Advisory Council must give priority to applicants who are practicing with a nonprofit or public employer.

Bill E – Inpatient and Residential Substance Use Treatment. This bill adds inpatient and residential substance use disorder treatment as a benefit under the Colorado Medicaid Program, conditional upon federal approval. The Department of Health Care Policy and Financing (HCPF) must seek necessary federal approval by October 1, 2018. The benefit is limited to persons meeting nationally recognized, evidence-based, level of care criteria for residential and inpatient substance use disorder treatment. If the benefit is approved by the federal government, the bill also requires that moneys from the Marijuana Tax Cash Fund provided to managed service organizations be reprioritized to assist in providing substance use disorder treatment, including inpatient and residential treatment, to persons who are not otherwise covered by public or private health insurance.

Bill F – Payment and Coverage for Substance Use Disorder Treatment. This bill makes several changes to substance use treatment under health insurance plans and the state Medicaid program, as described below. For both individual and group health plans and Medicaid, the bill:

- prohibits a requirement that patient undergo step therapy that mandates the use of an opioid medication prior to providing coverage for a non-opioid prescription drug recommended by a patient's health care provider;
- requires that an enhanced dispensing fee be provided to pharmacists administering injections of medication-assisted treatment if the pharmacist is working under a collaborative practice agreement with one or more physicians.

For individual and group health plans, the bill also:

- requires that health plans provide coverage for a five-day supply of buprenorphine, without prior authorization, for the first request received in a 12-month period;
- specifies that dollar limits, deductibles, copayments, or coinsurance for physical therapy, acupuncture, or chiropractic care, if covered by the health plan, cannot be higher than those for primary care services for covered persons who are diagnosed with chronic pain and who have or have had a substance use disorder diagnosis;
- requires that health plans include language when contracting with providers that states that the carrier will not take adverse action against a provider or withhold financial incentives based solely on the results of patient satisfaction surveys relating to the patient's satisfaction with pain treatment; and
- requires that requests for medication-assistant treatment for substance use disorders be treated as an urgent prior authorization request that the insurer must approve or deny in a more expedited manner than non-urgent prior authorization requests.

For the Colorado Medicaid program, the bill requires that coverage be provided for an FDA-approved ready-to-use intranasal form of naloxone hydrochloride without prior authorization. In addition, the bill requires the Medicaid program and the Office of Behavioral Health in the Department of Human Services to establish rules to standardize utilization management authority timelines for the non-pharmaceutical components of medication-assisted treatment for substance use disorders.