

## **Opioid and Other Substance Use Disorders Study Committee Working Group - Treatment**

Legislator Attendance: Representative deGruy Kennedy (chair), Representative Epps, Senator Priola, Representative Young, Representative Armagost

### 3:04 p.m. Opening Remarks

Representative deGruy Kennedy opened up the meeting and explained how the process of the working groups would go.

### 3:05 p.m. Discussion on Treatment Bill Draft

Opened discussion on potential policy concepts for the treatment bill draft. Discussed Do Not Draft bills that have been set aside since they are related to funding requests. Those will be part of a letter to the Joint Budget Committee.

- Support and expand child care for parents in recovery or treatment - create a one-time general fund allocation to the Colorado Child Abuse Prevention Trust Fund.
- Add enrollment in treatment and recovery services to the Child Care Assistance Program.
- Medicaid reimbursement through Regional Accountability Entities (RAEs).
- Incentivize and support clinics and pharmacies to provide opioid treatment on demand.
- Require skilled nursing facilities to accommodate deliveries of methadone from outpatient opioid treatment programs.
- Establish a buprenorphine hotline.
- Prevent the reduction of unobserved methadone doses below the limits allowed by SAMHSA.
- Direct HCPF to apply for a medicaid 1115 Waiver for limited medicaid coverage for incarcerated individuals.
- Prohibit restrictive admissions criteria in publicly funded detox withdrawal management.
- Require prosecutors to offer diversion to adults with first-time misdemeanor offenses.
- Train more pediatricians and other clinicians on medications for opioid use disorder.
- Expand and fund evidence-based treatment options for stimulant use disorders.

- Authorize pharmacist independent prescriptive authority to increase access and administration of medications for opioid use disorders at pharmacies.
- Direct HCPF/Medicaid coverage of a partial hospitalization level of care.
- Expansion of opportunities for providers to appropriately supervise trainees.
- Require alignment of provider credentialing process between carriers.
- Dedicated funding for treatment workforce recruitment and retention initiatives in communities of color.
- Remove all prior authorization for any dose of buprenorphine that is prescribed by a medical provider.
- Preserve telehealth flexibility allowed by DEA to provide substance use disorder care with controlled substances.
- Commercial insurance network adequacy.
- Better support for smaller providers.

#### 3:35 p.m. Open Discussion

Open discussion regarding whether the Prior Authorization on Doses would need an actuarial study was held. It is understood that an actuarial study is not needed to move forward. Additional topics included care for chronic pain patients, access to care during incarceration, withdrawal management, funding concerns for jails and overlap with ACC Phase 11.

4:14 pm Adjourned