

Stakeholder Task Force Outline for 9/5/17 Meeting

General Policy Proposal Categories and Considerations

1. Improving Clinical Practice to Improve Prescribing / Reduce Opioid Use Disorder
 - a. Mandatory Continuing Medical Education (CME) for physicians
 - b. Opioid quantity/dose limits for acute pain prescriptions (e.g., 7 day limit)
 - c. Allow/Require ePrescribing of opioids (or all controlled substances)
 - d. Require co-prescribing of naloxone for persons at risk
 - e. Registration of Pharmacy Technicians (similar to surgical technicians)

2. Prescription Drug Monitoring Program
 - a. Mandatory use (physicians and pharmacists)
 - b. Report cards / profiling (push to all physicians or those defined as outliers)
 - c. Payer access
 - d. Simplified research access
 - e. Improved electronic health records access integration

3. Workforce Development for Substance Use Disorder Treatment
 - a. Create arm of CHSC for behavioral health professionals
 - b. Student loan repayment for Behavioral Health/Certified Addiction Counselor provider training
 - c. Scholarship fund for Certified Addiction Counselor provider training
 - d. CDPHE shortage designation for behavioral health
 - e. Standards: training & standards of care for CACs

4. Payment Reform
 - a. Remove/prohibit Prior Authorization for MAT & inpatient treatment
 - b. Include all FDA approved medications for MAT on Medicaid preferred drug list
 - c. Extend Medicaid eligibility for mothers of newborns (up to 30 days post delivery)
 - d. Assure coverage for:
 - i. ALTOs on insurer formularies (essential benefit)
 - ii. Medical detox (withdrawal management)
 - iii. Inpatient/Residential treatment
 - iv. Medication Assisted Treatment (MAT)
 - v. Recovery Support Services

5. Harm Reduction
 - a. Address nuisance law (allow local control over decisions re: syringe access, SIF, remove barriers; without local public health department approval)

- b. Allow emergency departments to serve as syringe access sites
 - c. Create Central Registry to eliminate need for ID card for access to methadone services
6. Recovery
- a. Tax incentives for businesses to hire people in recovery
 - b. Develop regulations on sober living facilities
 - c. Develop “Recovery Model of Care”
7. Other
- a. Regulation review (CDPHE, DORA, etc.)
 - b. Pilot program to implement school-based screening and treatment
 - c. Expand access to MAT in jails/prisons
 - d. Define “medical necessity”, “acute pain”, and “at risk” across all disciplines
 - e. Funding Requests:
 - i. Public Awareness (request: \$1.0M/year)
 - ii. SBIRT
 - iii. Treatment (medical detox, inpatient/residential, MAT)
 - iv. Recovery support services
 - v. Naloxone
 - vi. Syringe exchange
 - vii. Workforce development (request: \$2.5M from MTRF)
 - viii. EDIE (emergency department information exchange)
 - ix. Coalition support

Suggested Bill Titles (examples only):

1. Safe Opioid Prescribing Act (provisions outlined in section [1] above)
2. Prescription Drug Monitoring Program Enhancement Act [2]
3. Substance Use Disorders Workforce Development Act [3]
4. Access to Safe and Effective Therapies for Pain and Addiction Act [4,6]
5. Harm Reduction and Communicable Disease Prevention Act [5]
6. Funding for Opioid and Other Substance Use Disorders (funding bill) [several]