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)
3. Substance Use Disorders Workforce Development Act [3]
6. Funding for Opioid and Other Substance Use Disorders (funding bill) [several]