



Colorado Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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February 20, 2024

The Honorable Lindsey Daugherty
Chair
House Committee on Health & Human Services
200 E Colfax Avenue, Old State Library
Denver, CO 80203

**Re: COSAM's Support for HB24-1037 and HB24-1045, Substance Use
Disorders Harm Reduction and Treatment for Substance Use Disorders**

Dear Chair Daugherty:

On behalf of the Colorado Society of Addiction Medicine (COSAM), the medical specialty society representing physicians and clinicians in Colorado specializing in the prevention and treatment of addiction, we write today in support of two bills appearing before the committee: HB24-1037 and HB24-1045. These two important pieces of legislation will reduce harm associated with drug use and expand evidence-based treatment for substance use disorder (SUD). We urge the committee to favorably report both HB24-1037 and HB24-1045. Together, they will meaningfully improve our statewide response to the addiction and overdose epidemic.

HB24-1037 would bolster harm reduction efforts in our state. Specifically, the bill strengthens Good Samaritan protections for the distribution of opioid antagonists (naloxone). Additionally, HB24-1037 further exempts persons from prosecution for possessing drug paraphernalia provided by a syringe service program (SSPs). Overall, we feel that this bill is a positive step to ensure that critical harm reduction supplies, like naloxone and fentanyl test strips, are broadly accessible in our communities. Further, the legislation would reduce potential exposure to the criminal legal system for persons with addiction. Instead, the bill will allow these persons to seek treatment on their terms. Simply put, harm reduction saves lives and increases opportunities for treatment. The provisions of HB24-1037 are evidence-based and will help our state better address the challenges posed by addiction and overdose.

Relatedly, HB24-1045 contains several provisions that would improve the accessibility of treatment for SUD in Colorado. Notably, the bill would prohibit insurance carriers from imposing prior authorization on FDA-approved medications for SUD based solely on the dosage amount. Further, the bill would allow pharmacists practicing under collaborative practice agreements to receive reimbursement for prescribing or administering medications for SUD. Prior authorization is harmful to patients with SUD and can cause delays in obtaining prescriptions. Delays and uncertainty significantly impact patient outcomes.¹ Further, in the age of high dosage synthetic opioid (HPSOs), practitioners must be able to treat patients with a full array of evidence-based tools. As such, higher dosage treatment options should not be restricted to patients who may benefit.² Additionally, the inclusion of pharmacists as an extension of the collaborative care team for the treatment of SUD can further broaden access to treatment at a time of desperate need.

In sum, HB24-1037 and HB24-1045 are important measures to increase access to treatment and save lives. COSAM strongly supports these bills and is grateful to the bill sponsors. **As such, we urge the committee to favorably report HB24-1037 and HB24-1045 and support their advancement.** Please do not hesitate to contact me if there is any other assistance that we can provide.

Sincerely,

Stephanie Stewart MD, MPHS, FASAM
Public Policy Liaison, Colorado Society of Addiction Medicine (COSAM)
stephanie.stewart@ucdenver.edu
Cell: 847 525 3527

CC:

The Honorable Mary Young
The Honorable Mary Bradfield
The Honorable Brandi Bradley
The Honorable Kyle Brown
The Honorable Regina English
The Honorable Eliza Hamrick
The Honorable Tim Hernandez
The Honorable Richard Holtorf
The Honorable Sheila Lieder
The Honorable Karen McCormick
The Honorable David Ortiz
The Honorable Ron Weinberg

Honorable members of the Senate Health and Human Services Committee,
My name is Toi Hughes, and I come before you today as a wife, a college student, and a recovered addict.

I am writing to strongly support the passage of HB 24-1037 The Substance Use Disorders Harm Reduction bill.

Originally from Louisiana, I have called Colorado home for the past three years. Additionally, I am the outreach coordinator and a proud member of the Positive Women's Network Colorado.

At 42 years old, I have faced numerous challenges throughout my life, particularly in my struggles with substance abuse. I have been living with HIV since the age of 16. There are many reasons people choose to use drugs and mine were complicated but it was how I coped in a place that didn't support me. My only other option was suicide.

My challenges led me down a path where I encountered various diseases that nearly claimed my life. Louisiana did not start its first syringe exchange program until 2006 in New Orleans. For me, living in rural Louisiana there was no access. It was simple. If you injected drugs, you shared needles. From this practice, I acquired a bacterial infection that entered my bloodstream and the fluids surrounding my brain, resulting in a two-week hospitalization. This experience was a direct consequence of needle sharing.

In Colorado, we have done better. We have easily accessible and respectful syringe access services like those at the Harm Reduction Action Center and people can protect themselves if they choose to use drugs. Why would we go to this effort and expense to reduce harm only to make these syringes illegal? Section 4 of HB 24-1037 would remove the prohibition for people in syringe exchange programs to hold onto their supplies.

Also in this bill, we expand protections for "good samaritans" and cover the organizations which provide the supplies and training. During this crisis in overdose deaths, we need more people safely and legally able to help, not legally endanger those that do. I vividly recall the tragic loss of my best friend, who overdosed in a setting where others were also using drugs. Despite realizing she needed help, those present were too fearful to seek assistance, and lacking access to Narcan, they left her body in an abandoned house, covering it with old clothes. These harrowing experiences underscore the critical importance of harm reduction and support services for individuals struggling with addiction.

Today, I am a dedicated student on the verge of graduating with a degree in communications. I am committed to dedicating time each week to distributing Narcan and clean needles in my community, determined to prevent others from enduring the hardships I have faced. It has been nearly eight years since I last used drugs, and each day of my recovery fills me with immense gratitude and joy. I firmly believe that harm reduction initiatives offer individuals the chance to turn their lives around, just as I have done

Thank you for considering my testimony and for your dedication to improving the lives of individuals affected by addiction in Colorado

Sincerely,
Toi Hughes
March 26th, 2024

Dear Members of the Senate Health and Human Services Committee,

My name is Rica Rodriguez-Hernandez. I am the Founder and Executive Director of Promotores De Esperanza (PDE). PDE is a harm reduction service organization that provides peer recovery coaching and training scholarships, peer-led support groups, AcuDetox services, and community-based overdose education and prevention training and services along with free Naloxone, Fentanyl & Xylazine test strip distribution. We currently partner with Caring for Denver, DDPHE, the CDC, and Colorado Health Foundation on the Overdose 2 Action, and other grants to bring BIPOC-led, bilingual, non-clinical recovery peer support services across Colorado.

I writing in strong support of HB 24-1037, a bill that reduces warrant checking for people who use drugs in hospital settings. With the continued criminalization of people who use drugs and the volatility of the massively toxic illicit drug supply, we need people in the community accessing medical services. People should not have to fear for their freedom when accessing medical services. Systems such as healthcare settings lose the trust of patients by running warrants and locking them up for attempting to access medical attention. **People can not find recovery if they are not alive, and we can't keep them alive if they are not seeking the critical medical attention that they need and deserve without the worry of being incarcerated during a medical crisis or emergency.** People who use drugs and healthcare providers have had a tumultuous relationship for years. It is counter productive to our public health goals and inhumane to use a medical crisis for the gain of the criminal legal system.

HR24-1037 clarifies that civil and criminal immunity protects a person who acts in good faith to furnish or administer an opioid antagonist and also protects a person who distributes the opioid antagonist.

One of the services my organization Promotore de Esperanza provides is lifesaving overdose education and prevention and aftercare. Recently, my team had the privilege of educating a classroom of junior high school students about overdose awareness, Naloxone administration and post-overdose community aftercare. We educated and supplied two young ladies with Naloxone. After our presentation, one of the young ladies was in a vehicle at Kennedy High School when three of her friends overdosed. She shared with us one week after the nearly fatal incident, that she was able to save her friends by administering Naloxone thanks to the lifesaving education provided by my team.

She said quite honestly that she considered running away from the scene when it happened. She was worried that she would get into trouble, but then she remembered that my team had educated her about the "Good Samaritan" laws and other protections in place in Colorado. She made the life-saving decision to administer Naloxone to three of her friends and also complied with the law

and waited for EMS to arrive. Two of her friends regained consciousness before EMS arrived, and one required additional support from EMS, but all three were saved by her that day. (See the news article, "[1 hospitalized after suspected drug overdose at JFK High School.](#)")

We were ecstatic that she felt safe coming back to my team for more Naloxone the next week. She is now educating her peers about the dangers of street drugs and how to save a life with Naloxone.

People in vulnerable and marginalized communities are largely impacted by the lifelong effects of persecution during this health crisis. Again, I am writing in strong support of HB 24-1037. I respectfully ask that you all wear your harm reduction lenses when voting to pass this critical bill out of committee. It will impact thousands of Colorado's most vulnerable communities. Thank you for your time

Respectfully,

Rica Rodriguez-Hernandez, CPFS
Promotores De Esperanza (PDE)
Founder and Executive Director
720-589-2215
Promotores5280@Gmail.com

Madam Chair and Members of the Committee,

My name is Mary Jane Maestas. I am a Mother, a retired Over The Road truck driver, and a person in recovery with 3yrs, 6 months and 16 days of sobriety today. I am a Peer Support Specialist with Promotores de Esperanza and the Co Chair for the Colorado Chapter of US Positive Women's Network, and I have been living with HIV since 2011.

Because of my lived experience with substance use disorder and recovery, I have made it my life's work to educate my community about the dangers of the illicit drug supply. Which is why I am here testifying in support of HB24-1037.

A few years back, while visiting a friend in a rural community on the Western Slope. I saw a young man come out of the bathroom, and he appeared like he was going to fall down. At the time I had no idea if he had or what type of drugs he had taken, but my overdose response training quickly kicked into gear as he became unresponsive and turned blue within a matter of minutes. My friend and I were able to lay down and I started rescue breathing for him, while desperately begging my friends to call 911. They weren't willing to call the police for fear of being arrested so I had to stop breathing for him and call 911 myself.

We didn't have any Naloxone, but because of my training in overdose response.

I was able to keep my friend alive with rescue breathing until the first responders arrived and administered Naloxone. Today he is healthy and in recovery, but people can't find recovery if they are not alive, and we can't keep our valued community members alive if folks are afraid to call 911 in the event of a medical emergency such as an overdose. People should not have to fear incarceration or new charges when responding to a medical emergency.

Research shows that comprehensive SSPs have played an important role in reducing the transmission of viral hepatitis, HIV and other STI's and I fully support this bill's expansion of syringe service programs to include drug testing services. This could have prevented my friend's near-fatal opioid overdose, and could save the thousands of Coloradans who have died this year alone from **PREVENTABLE** opioid overdoses.

To close, I ask you to consider my testimony in strong support of HB24-1037 and the life-saving provisions this legislation would provide to our most vulnerable community members, those at greatest risk of overdose when voting this critical bill out of your committee.

Thank you for your time!

Mary Jane Maestas

Promotores de Esperanza

Co Chapter US Positive Women's Network

maestas.maryj@gmail.com

(303) 961-1843