

# Colorado General Assembly

## Interim Study Committee on Opioids and Other Substance Use Disorders

### Bill Summaries

*January 2017*

After hearing testimony from a wide variety of health care stakeholders, the bipartisan Interim Study Committee of ten legislators (five Republicans and five Democrats), crafted and approved a package of six bills. Each bill tackles a major component of our opioid crisis in Colorado. Generally, the legislation seeks to prevent opioid addiction in the first place, intervene early when possible, and make sure people who are ready to get help are able to get the help they need.

#### **Bill #1 – Prevention & Education: Opioid Misuse Prevention ([HB18-1003](#))**

This bill establishes a new continuing education program for medical professionals, expands grants for SBIRT (Screening, Brief Intervention, and Referral to Treatment) training through the Colorado department of Health Care Policy and Financing, and allows school-based health clinics to apply for grants to expand behavioral health services. The bill also establishes a year-round statutory committee of legislators to continue the work started by this interim committee for five years.

#### **Bill #2 – Clinical Practice for Opioid Prescribing ([SB18-022](#))**

This bill establishes opioid prescribing limits for medical professionals to a seven-day supply for acute conditions and mandates these professionals to check the Prescription Drug Monitoring Program (PDMP) database for prescription refills. The bill also facilitates electronic prescribing practices and adds accountability measures to an ongoing, federal grant-funded initiative to modernize and expand the applications of the PDMP.

#### **Bill #3 – Harm Reduction & Criminal Justice: Substance Use Disorders Harm Reduction ([SB18-040](#))**

“Harm reduction” means working directly with addicts to minimize the harm they cause themselves prior to seeking treatment. This bill creates a pilot project for a supervised injection facility (SIF) in Denver. Like needle-exchange programs, data show that SIFs do not increase the use of illicit drugs, but do reduce the spread of diseases like HIV and Hepatitis C and reduces overdose deaths while providing education and opportunities to seek treatment for their substance use disorder (SUD). This bill also directs the Commission on Criminal and Juvenile Justice to study the current penalties for the distribution and manufacturing of dangerous, synthetic opioids like fentanyl and carfentanil. This bill also allows schools and school districts to enact policies under which school staff may obtain an opiate antagonist and administer it to a person overdosing on an opiate.

#### **Bill #4 – Workforce: Expand Access Behavioral Health Care Providers ([SB18-0024](#))**

This bill addresses shortfalls in the SUD treatment workforce by expanding the Colorado Health Service Corps Program, which includes loan repayment and scholarship programs for medical professionals who commit to serving in shortage areas.

#### **Bill #5 – Medicaid Residential Treatment: Substance Use Disorder Treatment ([HB18-1136](#))**

The bill establishes under Medicaid a benefit to cover up to 90 days of residential treatment for qualifying individuals with SUD, pending federal authorization. House Bill 17-1351 directed the Department of Health Care Policy and Financing to study the potential cost and impact of this residential benefit and issue a report by November 1. Bill #5 will pick up where this study leaves off.

#### **Bill #6 – Payment Reform: Substance Use Disorder Payment and Coverage ([HB18-1007](#))**

The bill improves “prior authorization” standards to ensure insurance companies and Medicaid give timely approval for medication-assisted treatment (MAT) so SUD patients don’t go back to opioids while waiting for approval to begin MAT. The bill also makes sure pharmacists are able to administer certain kinds of MAT, and for someone with a dual diagnosis of pain and SUD, reduces copays for physical therapy, acupuncture, and chiropractic care.