

**First Regular Session
Seventy-first General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 17-1124.01 Brita Darling x2241

HOUSE BILL 17-1351

HOUSE SPONSORSHIP

Pettersen,

SENATE SPONSORSHIP

Crowder and Jahn,

House Committees

Health, Insurance, & Environment
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING UTILIZING INFORMATION TO IMPROVE TREATMENT FOR**
102 **SUBSTANCE USE DISORDERS UNDER THE MEDICAID PROGRAM,**
103 **AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires the department of health care policy and financing, in collaboration with the department of human services (departments), to prepare a written report for committees of the general assembly relating to residential and inpatient substance use disorder treatment options under the medicaid program, the cost of treatment, and

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

the potential impact on other state and county programs and services if residential and inpatient substance use disorder treatment options were effective. The departments' report shall also include recommendations relating to the implementation of residential and inpatient substance use disorder treatment, better coordination of substance use disorder services among state agencies, and necessary changes to state law to implement treatment.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 hereby finds and declares that:

4 (a) According to the 2015 national survey on drug use and health,
5 an estimated twenty-two million Americans have a drug or alcohol use
6 disorder that needs treatment, yet only one in ten receive it;

7 (b) Because loss of income is a symptom of substance use
8 disorders, an inability to pay is among the biggest barriers to receiving
9 treatment;

10 (c) Colorado faces a prescription drug and heroin use problem,
11 with drug overdose deaths in Colorado increasing by sixty-eight percent
12 between 2002 and 2014;

13 (d) Opioid painkillers cause nearly seventeen thousand overdose
14 deaths nationwide and three hundred such deaths in Colorado annually;

15 (e) In 2015, nearly thirty percent of total overdose deaths in
16 Colorado were medicaid clients;

17 (f) According to the national institute on drug abuse, every dollar
18 invested in the treatment of substance use disorders yields a return of up
19 to seven dollars in reduced drug-related crime and criminal justice costs,
20 and, when health care savings are included, more than a twelve-dollar
21 return on investment; and

22 (g) States have an option as part of the medicaid program to cover

1 residential and inpatient substance use disorder treatment.

2 (2) Therefore, the general assembly declares that the department
3 of health care policy and financing and the department of human services
4 should prepare and submit a report to the general assembly concerning
5 treatment options for substance use disorders under the medicaid
6 program.

7 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-4-212 as
8 follows:

9 **25.5-4-212. Feasibility study - residential and inpatient**
10 **substance use disorder treatment - repeal.** (1) ON OR BEFORE
11 NOVEMBER 1, 2017, THE STATE DEPARTMENT SHALL PREPARE A WRITTEN
12 REPORT WITH ASSISTANCE FROM THE DEPARTMENT OF HUMAN SERVICES'
13 OFFICE OF BEHAVIORAL HEALTH CONCERNING THE FEASIBILITY OF
14 PROVIDING RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
15 TREATMENT AS PART OF THE MEDICAID PROGRAM. THE STATE
16 DEPARTMENT SHALL SUBMIT THE REPORT TO THE JOINT BUDGET
17 COMMITTEE, THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE
18 OF THE HOUSE OF REPRESENTATIVES, THE HEALTH AND HUMAN SERVICES
19 COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES, AND TO
20 ANY LEGISLATIVE STUDY COMMITTEE ADDRESSING SUBSTANCE USE
21 DISORDER TREATMENT THAT MEETS DURING THE 2017 LEGISLATIVE
22 INTERIM. THE STATE DEPARTMENT SHALL PREPARE A COMPREHENSIVE
23 REPORT, INCLUDING WITHIN THE REPORT INFORMATION PROVIDED BY THE
24 DEPARTMENT OF HUMAN SERVICES, AS WELL AS ANY OTHER SOURCES OF
25 INFORMATION AS DETERMINED BY THE STATE DEPARTMENT.

26 (2) THE STATE DEPARTMENT SHALL CONSIDER AND REPORT ON
27 THE FOLLOWING:

1 (a) THE PREVALENCE OF OPIOID ADDICTION AND OTHER
2 SUBSTANCE USE DISORDERS IN COLORADO, INCLUDING DEMOGRAPHIC AND
3 GEOGRAPHIC INFORMATION;

4 (b) EVIDENCE-BASED BEST PRACTICES FOR THE TREATMENT OF
5 SUBSTANCE USE DISORDERS;

6 (c) A DESCRIPTION OF RESIDENTIAL AND INPATIENT SUBSTANCE
7 USE DISORDER TREATMENT AND THE ACTUAL OR ESTIMATED COST OF THE
8 SERVICES;

9 (d) THE ELIGIBILITY CRITERIA FOR PUBLICLY FUNDED RESIDENTIAL
10 AND INPATIENT SUBSTANCE USE DISORDER TREATMENT;

11 (e) RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
12 TREATMENT THAT IS NOT CURRENTLY INCLUDED IN COLORADO'S STATE
13 MEDICAID PLAN BUT THAT MAY BE PROVIDED BY THE STATE AS AN
14 OPTIONAL BENEFIT OR THROUGH A FEDERAL WAIVER;

15 (f) ANY FEDERAL AUTHORIZATION NECESSARY TO INCLUDE
16 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AS
17 A BENEFIT UNDER THE MEDICAID PROGRAM OR WAIVER OF FEDERAL RULES
18 THAT WOULD ALLOW FOR EXPANSION OF RESIDENTIAL AND INPATIENT
19 TREATMENT;

20 (g) AN ESTIMATE OF THE NUMBER OF MEDICAID CLIENTS WHO MAY
21 BE ELIGIBLE FOR THE BENEFIT IF THE BENEFIT WERE INCLUDED AS PART OF
22 THE MEDICAID PROGRAM;

23 (h) WHETHER FACILITIES CURRENTLY PROVIDING RESIDENTIAL
24 AND INPATIENT SUBSTANCE USE DISORDER TREATMENT IN COLORADO
25 WOULD BE ABLE TO PROVIDE THOSE SERVICES UNDER THE MEDICAID
26 PROGRAM;

27 (i) AN ESTIMATE OF STATE COSTS ASSOCIATED WITH PROVIDING

1 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AS
2 PART OF THE MEDICAID PROGRAM;

3 (j) PUBLISHED RESEARCH RELATING TO OTHER STATE COSTS
4 INCURRED FOR THE MEDICAID PROGRAM AND OTHER PUBLIC ASSISTANCE
5 PROGRAM EXPENSES THAT MAY BE AVOIDED IF RESIDENTIAL AND
6 INPATIENT SUBSTANCE USE DISORDER TREATMENT IS INCLUDED AS PART
7 OF THE MEDICAID PROGRAM;

8 (k) IF KNOWN, OTHER STATES PROVIDING RESIDENTIAL AND
9 INPATIENT SUBSTANCE USE DISORDER TREATMENT AS PART OF THE
10 MEDICAID PROGRAM AND THE EXPERIENCES OF THOSE STATES RELATING
11 TO IMPLEMENTATION, COST, SAVINGS, AND EFFICACY OF RESIDENTIAL AND
12 INPATIENT TREATMENT;

13 (l) IF KNOWN, THE NUMBER AND COST OF EMERGENCY ROOM VISITS
14 OR HOSPITAL STAYS BY MEDICAID CLIENTS IN COLORADO RELATING TO
15 SUBSTANCE USE DISORDERS;

16 (m) IF KNOWN, THE NUMBER OF COUNTY LAW ENFORCEMENT
17 CONTACTS RELATED TO PERSONS USING DRUGS OR ALCOHOL AND THE
18 PERCENTAGE OF PERSONS ENTERING COUNTY JAILS WHO HAVE SUBSTANCE
19 USE DISORDERS; AND

20 (n) IF KNOWN, STATE AND NATIONAL RESEARCH ON HOW ACCESS
21 TO RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT
22 IMPACTS RECIDIVISM AND LAW ENFORCEMENT RESOURCES.

23 (3) AS PART OF THE REPORT, THE STATE DEPARTMENT AND THE
24 DEPARTMENT OF HUMAN SERVICES SHALL INCLUDE RECOMMENDATIONS
25 TO THE GENERAL ASSEMBLY CONCERNING:

26 (a) THE TIME FRAME FOR IMPLEMENTATION OF RESIDENTIAL AND
27 INPATIENT SUBSTANCE USE DISORDER TREATMENT AS A BENEFIT UNDER

1 THE MEDICAID PROGRAM, AS WELL AS ANY OTHER BENEFIT PLANNING OR
2 IMPLEMENTATION CONSIDERATIONS;

3 (b) EFFECTIVE USE OF STATE AND FEDERAL FUNDING AND THE
4 IMPROVEMENT OF COORDINATION AMONG STATE AGENCIES IN
5 ADMINISTERING ALL SUBSTANCE USE DISORDER PROGRAMS AND
6 TREATMENT OPTIONS IN COLORADO;

7 (c) CHANGES TO STATE LAW NECESSARY TO IMPLEMENT THE
8 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT
9 BENEFIT AS PART OF THE MEDICAID PROGRAM; AND

10 (d) CHANGES, IF ANY, TO TRAINING REQUIREMENTS FOR CERTIFIED
11 ADDICTION COUNSELORS NECESSARY TO IMPLEMENT EFFECTIVE
12 SUBSTANCE USE DISORDER TREATMENT AND TO MEET FEDERAL
13 REQUIREMENTS FOR MEDICAID PROVIDERS.

14 (4) IN PREPARING THE REPORT, THE STATE DEPARTMENT AND THE
15 DEPARTMENT OF HUMAN SERVICES MAY USE NATIONAL DATA FROM
16 RECOGNIZED SOURCES IF STATE-LEVEL DATA IS UNAVAILABLE AND MAY
17 SOLICIT INFORMATION AND RESEARCH FROM STATE AGENCIES AND OTHER
18 ORGANIZATIONS REGARDING THE SOCIAL AND FINANCIAL IMPACTS OF
19 SUBSTANCE USE DISORDERS IN COLORADO AND EFFECTIVE OPTIONS FOR
20 TREATMENT.

21 (5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2019.

22 **SECTION 3. Appropriation.** (1) For the 2017-18 state fiscal
23 year, \$37,500 is appropriated to the department of health care policy and
24 financing. This appropriation is from the marijuana tax cash fund created
25 in section 39-28.8-501 (1), C.R.S. To implement this act, the department
26 may use this appropriation for general professional services and special
27 projects.

1 (2) For the 2017-18 state fiscal year, the general assembly
2 anticipates that the department of health care policy and financing will
3 receive \$37,500 in federal funds for general professional services and
4 special projects to implement this act. The appropriation in subsection (1)
5 of this section is based on the assumption that the department will receive
6 this amount of federal funds, which is included for informational
7 purposes only.

8 **SECTION 4. Safety clause.** The general assembly hereby finds,
9 determines, and declares that this act is necessary for the immediate
10 preservation of the public peace, health, and safety.