



Legislative Council Staff

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Memorandum

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TO: Interested Persons

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SUBJECT: 2021 and 2022 Behavioral Health Legislation

Summary

The opioid epidemic, the COVID-19 pandemic, and the rise of homelessness strained Colorado's behavioral health system. This memorandum covers the actions the Colorado General Assembly has taken to strengthen Colorado's behavioral health care system, including creating the Behavioral Health Administration, strengthening the behavioral health care workforce, increasing rural health care access, and treating and preventing substance abuse issues.

Behavioral Health Administration

In the spring of 2019, Governor Jared Polis created the Colorado's Behavioral Health Task Force (task force) and directed the Colorado Department of Human Services (DHS) to lead the task force. The task force was charged with creating a roadmap to improve the state's behavioral health system and reduce costs for services. One of the major [recommendations](#) of the task force was to create a Behavioral Health Administration (BHA) to lead, promote, and administer the state's behavioral health efforts.

The legislature passed [House Bill 21-1097](#) in 2021, which required DHS to submit a plan for the creation of the BHA. [House Bill 22-1278](#) implements that plan, and creates the BHA within the DHS. The BHA is charged with creating a coordinated, cohesive, and effective behavioral health system in Colorado. The BHA must establish:

- a statewide behavioral health grievance system;
- a behavioral health performance monitoring system;
- a comprehensive behavioral health safety net system; and
- regionally based behavioral health administrative service organizations.

The BHA is the licensing authority for all behavioral health care entities. Any state agency that administers a behavioral health program must collaborate with the BHA.

Strengthening and Supporting the Workforce

The task force also recommended that the state work to develop its behavioral health care workforce by improving the training and resources available to workers within the field and by increasing supports for the nontraditional workforce. Providing adequate resources for peer support professionals was a particular emphasis of the task force. Peer support professionals are people who have been successful in the recovery process who help others experiencing similar situations. In order to expand the state's network of peer support professionals, [House Bill 21-1021](#) was enacted to allow DHS to reimburse organizations that offer peer support professional services.

The General Assembly further expanded Colorado's behavioral health care workforce with [House Bill 21-1279](#) and [Senate Bill 22-077](#), which enters Colorado into the Occupational Therapy Licensure Interstate Compact and the Interstate Licensed Professional Counselor Compact. HB 21-1279 allows occupational therapists and occupational therapy assistants who are licensed by a member state to provide their services in other member states, and SB 22-077 does the same for licensed professional counselors. Together, these two bills expand the state's access to licensed behavioral health care professionals.

The behavioral health care workforce has also benefited from efforts to support the health care workforce at large. [Senate Bill 22-226](#) created the Health Care Workforce Resilience and Retention Program (program). The program was created to provide technical assistance and grants to community partners to develop programs, services, and best practices, and for planning, research, and evaluation related to resilience and retention of health care workers. SB 22-226 also created the Practice-Based Health Education Grant Program to financially support programs that offer practice-based training opportunities for students pursuing a license in the health care field. These bills were a part of Colorado's efforts to expand and better train the behavioral health care workforce in the state.

Addressing Disparities in Rural Health Care Access

Rural health care providers often face increased challenges when compared to their urban counterparts, including providing access to essential services, attracting the necessary workforce to remote areas, and addressing financial constraints. During the 2022 legislative session, the General Assembly made efforts to address these challenges, including as they relate to behavioral health. [Senate Bill 22-200](#) focused on addressing health care funding. The bill established a Rural Provider Access and Affordability Stimulus Grant Program within the Colorado Department of Health Care Policy and Financing (HCPF). The intent of this grant program is to fund projects that modernize access and information technology for rural health care providers. The bill also established an advisory committee to advise HCPF on the adoption of guidelines, rules, and the selection of grant recipients.

The legislature passed [Senate Bill 22-172](#) in order to address the unique challenges facing the rural health care workforce, including the behavioral health care workforce. The bill established the Colorado Rural Health Care Workforce Initiative to expand the number of health care professionals practicing in Colorado's rural or frontier counties. The initiative authorizes institutions of higher education to establish a rural track within any health care professional education program. A rural

track must set aside seats for students who express an interest in studying and working in a rural or frontier county, offer a curriculum related to practicing the health care discipline in rural or frontier counties, place students in rural or frontier counties for hands-on instruction and training, and award scholarships to students in the rural track. After completing their education, students must commit to working as a health care professional in a rural or frontier county for two years. The University of Colorado's School of Medicine is tasked with recruiting and admitting students, identifying rural or frontier counties where students may be placed, arrange or advise other schools about arranging housing for students, and provide a curriculum for working in a rural or frontier county.

Substance Abuse Issues

Ever since the U.S. Department of Health and Human Services declared a public health emergency regarding opioid addiction in 2017, states have been implementing legislative solutions to substance abuse issues. During the past two legislative sessions, Colorado continued its focus on prevention, treatment, and postvention of substance abuse issues. [Senate Bill 21-137](#) addresses all three. The bill created the Regional Health Connector Workforce Program in the University of Colorado's School of Medicine to assist facilities and community agencies with connecting patients with mental health or substance use disorders to support and treatment options. It also requires HCPF, the BHA, residential treatment providers, and managed care entities to develop a process for determining the medical necessity for substance use disorder treatment. Lastly, it extends the requirement established in Senate Bill 18-22, which limited the amount of opioids a health care provider may prescribe.

[House Bill 21-1276](#) focuses on preventing substance abuse by requiring insurance carriers to cover alternatives to opioids and atypical opioids approved by the federal Food and Drug Administration (FDA) at the lowest coverage levels. A carrier cannot require step therapy for any additional FDA-approved atypical opioids. Additionally, the applicable board for an allowed opioid provider must create rules that limit the supply of a benzodiazepine to a patient who has not had a prescription for a benzodiazepine in the last 12 months. The bill also extends the requirement that a health care provider must search the prescription drug monitoring program before prescribing an opioid indefinitely and requires a provider to search the program on all prescription fills, not just the second fill. Lastly, the BHA must convene a collaborative concerning evidence-based prevention practices.

Additional Resources:

- [2019 Opioid and Other Substance Use Disorders Study Committee Final Report](#)
- [2022 Behavioral Health Transformational Task Force Final Report](#)
- [Opioid Interim Committee Bills: Programs, Funding, and Repeal Date Information](#)
- [Overview of Behavioral Health Administration](#)
- [Summary of 2022 Behavioral Health Legislation](#)
- [Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems](#)