



## Substance Use Disorders

In response to the high rate of opioid-related addiction and deaths in Colorado, the Colorado General Assembly created the *Opioid and Other Substance Use Disorders Study Committee*. The committee convened during the 2017 and 2018 interims and will convene again during the 2019 interim to study issues related to substance use disorders (SUD) and develop solutions. The committee recommended two bills for introduction during the 2019 legislative session. In addition, several other bills related to substance use prevention, the reduction of harm, and addiction treatment and recovery support were enacted.

### Prevention

*Senate Bill 19-079* focuses on reducing the use of fraudulent prescriptions for opioids by requiring most medical professionals who prescribe a schedule II, III, or IV controlled substance to do so electronically, with certain exceptions. The bill allows a pharmacist who receives an order for a controlled substance that is not transmitted electronically, but is otherwise valid and consistent with current law, to dispense the controlled substance.

Under *Senate Bill 19-228*, health insurers must provide an enhanced reimbursement fee to a pharmacy that provides counseling concerning the risk of opioids to a patient who has not previously received an opioid prescription. The bill prohibits medical providers from accepting any benefit from a pharmaceutical

manufacturer or representative for prescribing specific medications and requires opioid prescriptions to bear a warning label. Other provisions of the bill:

- allow medical examiners and coroners access to the Prescription Drug Monitoring Program when investigating an individual's death or injury which occurred under unusual suspicious or unnatural circumstances;
- require the Colorado Department of Human Services (DHS) to take various steps to address concerns around prenatal substance use exposure;
- appropriate funds to the Colorado Department of Public Health and Environment (CDPHE) for state and local programming to address SUDs;
- create grant programs in DHS focusing on at-risk youth and families that are impacted by SUD;
- require the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies (center) to develop and implement a program to increase public awareness about the safe use, storage, and disposal of opioids, and about the availability of antagonist drugs, such as Naloxone;
- permit the center to conduct a statewide perinatal substance use data linkage project that uses relevant data to improve outcomes for families impacted by substance use during pregnancy; and

---

## Substance Use Disorders (cont'd)

---

- require medical providers to complete SUD training during continuing education.

### Harm Reduction

*Senate Bill 19-227* focuses on harm reduction strategies. The bill allows school districts to develop policies to obtain and administer opioid antagonists; specifies that hospitals may operate a syringe exchange site; expands the state's medication take-back program; requires entities that have automated external defibrillators available to the public to also have opioid antagonists available to the public; and requires DHS to create mobile response units to provide medication-assisted treatment (MAT) in jails.

### Treatment

The Medication-Assisted Treatment Pilot Program, created in 2017, provides grant funding to increase access to MAT and help nurse practitioners and physician assistants in Pueblo and Routt Counties obtain training and support to prescribe MAT. The pilot sites in these two counties have been successful in expanding the number of medical providers who are eligible to administer MAT. *Senate Bill 19-001* extends the existing program for an additional two years, increases program funding, and expands the list of eligible participants to counties in the San Luis Valley and up to an additional two counties where a need is demonstrated.

*Senate Bill 19-008*, recommended by the *Opioid and Other Substance Use Disorders Study Committee*, focuses on providing SUD treatment resources to individuals involved in the criminal justice system. The bill requires county jails that accept state funding for jail-based behavioral health services to have a comprehensive policy for the provision of MAT

to confined individuals and requires the Department of Corrections (DOC) to allow MAT to continue in cases where an offender was receiving treatment in a county jail prior to transfer into DOC custody. The Commission on Criminal and Juvenile Justice is directed to study and make recommendations on various issues concerning the treatment of individuals with SUDs involved with the criminal justice system. Under the bill, CDPHE must develop and implement the Harm Reduction Grant Program to provide funding for the development of programs that reduce health risks associated with drug use and improve coordination between law enforcement agencies, public health agencies, and community-based organizations. The bill also allows for the sealing of criminal records for certain offenses involving controlled substances.

*House Bill 19-1287* requires DHS to establish a centralized, web-based behavioral health capacity tracking system to track bed space and availability at a variety of health care facilities which provide SUD treatment services as well as track practitioners who provide behavioral health treatment. This system is intended to provide real-time data that is accessible to health care professionals, law enforcement, court personnel, and the public. The bill also requires DHS to establish a care navigation system to assist individuals in accessing SUD treatment and creates a grant program to provide SUD treatment in certain rural and frontier communities.

Medicaid's Special Connections program supports pregnant women who have SUDs by providing case management, individual and group counseling, and health education during pregnancy through one year postpartum. *House Bill 19-1193* expands this program and allows the Department of Health Care Policy and Financing to seek federal authority to enroll women during the postpartum period instead

---

## Substance Use Disorders (cont'd)

---

of only prenatally. The bill creates a pilot program to award grants for urban, rural, and centralized child care navigation services, and for a mobile child care service pilot at three treatment centers. The bill also authorizes DHS to use state funds to provide residential substance use disorder treatment to this population; expands criminal protections for women who disclose substance use during pregnancy while seeking or participating in treatment; and encourages healthcare practitioners and county departments of human services to identify and refer high-risk pregnant and one-year postpartum women for a needs assessment.

### Recovery

The Colorado Department of Local Affairs administers a state housing voucher program that provides housing assistance to individuals with mental health disorders or co-occurring behavioral health disorders who are transitioning from DOC, the Division of Youth Services, or a county jail into the community. *House Bill 19-1009*, recommended by the *Opioid and Other Substance Use Disorders Study Committee*, expands the eligibility for the program to individuals transitioning from a mental health institute or a psychiatric hospital and individuals with SUDs who are transitioning back into the community from a residential treatment program or who are engaged in the Community Transition Specialist Program. The bill also requires certification of recovery residences and creates an advisory committee on the use of any funds received by the state as a result of opioid-related litigation.