CHAPTER 226

EDUCATION - POSTSECONDARY

SENATE BILL 17-074

BY SENATOR(S) Garcia, Jahn, Todd, Aguilar, Baumgardner, Court, Crowder, Donovan, Fenberg, Fields, Gardner, Guzman, Hill, Jones, Kagan, Kefalas, Kerr, Lambert, Lundberg, Marble, Martinez Humenik, Merrifield, Moreno, Neville T., Priola, Smallwood, Tate, Williams A., Zenzinger, Grantham;

also REPRESENTATIVE(S) Esgar, Becker K., Bridges, Danielson, Garnett, Gray, Hansen, Hooton, Jackson, Kennedy, Lontine, Michaelson Jenet, Mitsch Bush, Navarro, Pettersen, Rosenthal, Valdez, Winter, Young.

AN ACT

CONCERNING THE CREATION OF A PILOT PROGRAM IN CERTAIN AREAS OF THE STATE EXPERIENCING HIGH LEVELS OF OPIOID ADDICTION TO AWARD GRANTS TO INCREASE ACCESS TO ADDICTION TREATMENT, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

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

SECTION 1. In Colorado Revised Statutes, **add** part 8 to article 21 of title 23 as follows:

PART 8 MEDICATION-ASSISTED TREATMENT (MAT) EXPANSION PILOT PROGRAM

23-21-801. Short title. The short title of this part 8 is the "Medication-assisted Treatment Expansion Pilot Program Act".

23-21-802. Legislative declaration. (1) The General assembly finds that:

- (a) In an effort to address the growing opioid addiction problem throughout the nation, on July 22, 2016, President Obama signed into law the federal "Comprehensive Addiction and Recovery Act of 2016", also referred to as "CARA";
- (b) CARA AUTHORIZES QUALIFIED NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS IN COMMUNITY- AND OFFICE-BASED PRACTICE SETTINGS TO PRESCRIBE CERTAIN MEDICATIONS USED IN THE TREATMENT OF OPIOID ADDICTION AS A MEANS

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

OF INCREASING ACCESS TO TREATMENT FOR OPIOID-DEPENDENT PATIENTS;

- (c) Opioid addiction has emerged as a significant public health concern in Colorado, with over ten thousand deaths attributed to drug overdose since 2000 and the annual rate of drug overdose deaths doubling from 7.8 deaths per one hundred thousand people in 2000 to 15.7 deaths per one hundred thousand people in 2015, a rate significantly higher than the national rate;
- (d) Southeast Colorado comprises six percent of the state's population and accounts for eighteen percent of admissions for heroin treatment, the Pueblo county jail sees over one thousand seven hundred opioid protocol prisoners each year, and the Pueblo fire department used an opioid antagonist to halt an opioid-related drug overdose event one hundred forty times in 2015;
- (e) In Routt county, drug overdose death rates have increased nearly six-fold from 2014 to 2016, and over sixty-five percent of these deaths were related to prescription opioids;
- (f) Despite the prevalence of opioid addiction and opioid-related overdose events in Pueblo and Routt counties, only three doctors in Pueblo county and one doctor in Routt county are able to provide medication-assisted treatment to opioid-dependent patients in those counties;
- (g) Medication-assisted treatment, which includes the use of medication and behavioral therapies to treat individuals with opioid addictive disorders:
- (I) HAS PROVEN TO BE CLINICALLY EFFECTIVE AND TO SIGNIFICANTLY REDUCE THE NEED FOR INPATIENT DETOXIFICATION SERVICES FOR INDIVIDUALS WITH OPIOID ADDICTIVE DISORDERS;
- (II) PROVIDES A COMPREHENSIVE, INDIVIDUALLY TAILORED PROGRAM OF TREATMENT FOR OPIOID-DEPENDENT PATIENTS;
 - (III) IS INTENDED TO ACHIEVE FULL RECOVERY;
- (IV) CAN CONTRIBUTE TO LOWERING A PERSON'S RISK OF CONTRACTING HIV OR HEPATITIS C BY REDUCING THE POTENTIAL FOR RELAPSE; AND
- (V) HAS IMPROVED PATIENT SURVIVAL RATES, INCREASED RETENTION IN TREATMENT, DECREASED ILLICIT OPIOID USE AND OTHER CRIMINAL ACTIVITY AMONG INDIVIDUALS WITH SUBSTANCE ABUSE DISORDERS, INCREASED PATIENTS' ABILITY TO ATTAIN AND RETAIN EMPLOYMENT, AND IMPROVED BIRTH OUTCOMES AMONG PREGNANT WOMEN WHO HAVE SUBSTANCE USE DISORDERS;
- (h) In order to increase access to addiction treatment in areas of the state where opioid addiction is prevalent, it is necessary to establish a pilot program to award grants to:

- (I) Organizations or practices with nurse practitioners and physician assistants to enable them to obtain the training and ongoing support required to prescribe medications, such as buprenorphine and all other medications and therapies approved by the federal food and drug administration, to treat opioid use disorders; and
- (II) COMMUNITY AGENCIES TO PROVIDE BEHAVIORAL THERAPIES, IN CONJUNCTION WITH MEDICATION TREATMENT, TO TREAT INDIVIDUALS WITH OPIOID USE DISORDERS; AND
- (i) Since the pilot program will provide access to treatment to individuals with substance use disorders, the use of retail marijuana tax revenues to fund the pilot program is authorized under section 39-28.8-501 (2)(b)(IV)(C).
- **23-21-803. Definitions.** As used in this part 8, unless the context otherwise requires:
- (1) "Advisory board" means the MAT expansion advisory board created in section 23-21-805.
- (2) "College of nursing" means the college of nursing at the university of Colorado Anschutz medical campus, operated by the board of regents of the university of Colorado.
- (3) "Federal act" means section 303 of the federal "Comprehensive Addiction and Recovery Act of 2016", Pub.L. 114-198.
- (4) "MEDICATION-ASSISTED TREATMENT" OR "MAT" MEANS A COMBINATION OF BEHAVIORAL THERAPY AND MEDICATIONS, SUCH AS BUPRENORPHINE AND ALL OTHER MEDICATIONS AND THERAPIES, APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION TO TREAT OPIOID USE DISORDER.
- (5) "Nurse practitioner" means an advanced practice nurse, as defined in section 12-38-103 (1.5), who is listed on the advanced practice registry in accordance with section 12-38-111.5 and is authorized by the state board of nursing in accordance with section 12-38-111.6 to prescribe controlled substances and prescription drugs.
- (6) "Physician assistant" means a person licensed as a physician assistant by the Colorado medical board in accordance with section 12-36-107.4 who is authorized, in accordance with section 12-36-106 (5), to perform acts constituting the practice of medicine, including prescribing controlled substances, and who is under the supervision of a physician trained in MAT.
- (7) "PILOT PROGRAM" OR "MAT EXPANSION PILOT PROGRAM" MEANS THE MEDICATION-ASSISTED TREATMENT EXPANSION PILOT PROGRAM CREATED IN SECTION 23-21-804.
 - (8) "PILOT PROGRAM AREA" MEANS THE AREAS OF THE STATE IN WHICH THE PILOT

PROGRAM IS AVAILABLE, AS SPECIFIED IN SECTION 23-21-804 (1)(b).

- (9) "QUALIFIED NURSE PRACTITIONER OR PHYSICIAN ASSISTANT" MEANS A NURSE PRACTITIONER OR PHYSICIAN ASSISTANT WHO IS A QUALIFYING PRACTITIONER, AS DEFINED IN THE FEDERAL ACT AND REGULATIONS ADOPTED UNDER THE FEDERAL ACT, AND IS REGISTERED IN ACCORDANCE WITH 21 U.S.C. SEC. 823 (g).
- 23-21-804. Medication-assisted treatment expansion pilot program created pilot program location eligible grant recipients rules. (1) (a) There is hereby created the medication-assisted treatment expansion pilot program to provide grants to community agencies, office-based practices, behavioral health organizations, and substance abuse treatment organizations to enable:
- (I) Nurse practitioners or physician assistants working in those settings to obtain training and ongoing support required under the federal act in order to prescribe buprenorphine and all other medications and therapies approved by the federal food and drug administration as part of medication-assisted treatment provided to individuals with an opioid use disorder; and
- (II) Those agencies, practices, and organizations to provide behavioral therapies and support in conjunction with medication-assisted treatment for individuals with an opioid use disorder.
- (b) The MAT expansion pilot program is available to provide grants to community agencies, office-based practices, behavioral health organizations, and substance abuse treatment organizations practicing or providing treatment in Pueblo county or Routt county.
- (2) A GRANT RECIPIENT MAY USE THE MONEY RECEIVED THROUGH THE PILOT PROGRAM FOR THE FOLLOWING PURPOSES:
- (a) To enable nurse practitioners or physician assistants practicing or working in the grant recipient's setting in the pilot program area to obtain the training required to be a qualified nurse practitioner or physician assistant in order to prescribe buprenorphine and all other medications and therapies approved by the federal food and drug administration as part of medication-assisted treatment for individuals with opioid use disorders; and
- (b) TO INCREASE ACCESS TO MEDICATION-ASSISTED TREATMENT FOR INDIVIDUALS WITH OPIOID USE DISORDERS IN THE PILOT PROGRAM AREA.
- (3) The college of nursing shall administer the MAT expansion pilot program and, subject to available appropriations, shall award grants as provided in this part 8 starting as soon as practicable in the 2017-18 fiscal year, but no later than January 2018. Subject to available appropriations, grants shall be paid out of money annually appropriated for the pilot program as provided in section 23-21-808.

- (4) The college of nursing shall implement the MAT expansion pilot program in accordance with this part 8 and shall develop, with assistance from and in coordination with the advisory board, pilot program guidelines and procedures as necessary to implement the pilot program, including guidelines and procedures specifying the time frames for applying for grants; the form of the pilot program grant application; the time frames for distributing grant money, technical assistance, and consultation to grant recipients; and evaluation of the pilot program.
- **23-21-805. MAT expansion advisory board - created - duties.** (1) There is hereby created in the college of nursing the MAT expansion advisory board, which shall:
 - (a) REVIEW AND APPROVE PILOT PROGRAM GUIDELINES AND PROCEDURES;
- (b) Advise and provide assistance to the college of nursing on the implementation of the pilot program;
- (c) REVIEW AND MAKE RECOMMENDATIONS TO THE COLLEGE OF NURSING ON GRANT APPLICATIONS, INCLUDING RECOMMENDATIONS FOR GRANT AWARD AMOUNTS;
 - (d) Assist the college of nursing in evaluating the pilot program; and
- (e) Perform other tasks, as requested by the college of nursing, related to the implementation and administration of the pilot program.
- (2) (a) The advisory board consists of representatives of the following entities or organizations who are designated by the entity or organization:
 - (I) THE COLLEGE OF NURSING;
- (II) THE STATE SUBSTANCE ABUSE TREND AND RESPONSE TASK FORCE CREATED IN SECTION 18-18.5-103;
- (III) THE COLORADO CONSORTIUM FOR PRESCRIPTION DRUG ABUSE PREVENTION, ADMINISTERED UNDER THE SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES AT THE UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS;
 - (IV) THE COLORADO NURSES ASSOCIATION;
 - (V) THE COLORADO ACADEMY OF PHYSICIAN ASSISTANTS; AND
 - (VI) THE PHYSICIAN ASSISTANT PROGRAM AT THE UNIVERSITY OF COLORADO.
- (b) In addition to the members specified in subsection (2)(a) of this section, at least one medical or public health professional from each county in the pilot program area, appointed as follows, shall serve on the advisory board:

- (I) The northwest Colorado community health partnership in Routt county shall appoint a medical or public health professional from Routt county; and
- (II) THE PUEBLO COUNTY HEROIN TASK FORCE SHALL APPOINT A MEDICAL OR PUBLIC HEALTH PROFESSIONAL FROM PUEBLO COUNTY.
- **23-21-806. Grant application criteria awards.** (1) To receive a grant, an eligible organization or practice must submit an application to the college of nursing in accordance with pilot program guidelines and procedures established by the college of nursing. At a minimum, the application must include the following information:
 - (a) THE PURPOSE FOR WHICH THE APPLICANT WILL USE THE GRANT;
 - (b) THE AMOUNT OF GRANT MONEY REQUESTED;
- (c) The number of nurse practitioners or physician assistants willing to complete the required training;
- (d) Identification of any incentives to assist nurse practitioners or physician assistants in completing the required training and becoming certified to prescribe buprenorphine;
- (e) An agreement to institute policies and procedures for implementing medication-assisted treatment;
- (f) A DESCRIPTION OF HOW THE APPLICANT WILL ACHIEVE IMPROVED ACCESS TO MEDICATION-ASSISTED TREATMENT IN THE PILOT PROGRAM AREA;
- (g) IDENTIFICATION OF EXPECTED OUTCOMES OF CARE FOR OPIOID-DEPENDENT PATIENTS; AND
 - (h) AN EVALUATION PLAN.
- (2) The advisory board shall review the applications received pursuant to this section and make recommendations to the college of nursing regarding grant recipients and awards. In recommending grant awards and in awarding grants, the advisory board and the college of nursing shall consider the following criteria:
 - (a) THE ELIGIBILITY OF THE APPLICANTS;
- (b) The number of opioid-dependent patients that could be served by nurse practitioners or physician assistants working in or with a practice or organization applying for a grant;
- (c) The written commitment of the applicant to implement policies and procedures for providing MAT;
 - (d) The written commitment of the applicant to have nurse

PRACTITIONERS OR PHYSICIAN ASSISTANTS PARTICIPATE IN PERIODIC CONSULTATIONS WITH COLLEGE OF NURSING STAFF; AND

- (e) The written commitment of the applicant to participate in the evaluation of the pilot program.
- (3) Subject to available appropriations, in the 2017-18 and 2018-19 fiscal years, the college of nursing shall award grants to applicants approved in accordance with this section and shall distribute the grant money to grant recipients within ninety days after issuing the grant awards.
- **23-21-807. Reporting requirements.** (1) EACH ORGANIZATION OR PRACTICE THAT RECEIVES A GRANT THROUGH THE PILOT PROGRAM SHALL SUBMIT AN ANNUAL REPORT TO THE COLLEGE OF NURSING BY A DATE SET BY THE COLLEGE OF NURSING. AT A MINIMUM, THE REPORT MUST INCLUDE THE FOLLOWING INFORMATION:
- (a) The amount of the grant and the date on which the grant was received;
- (b) An accounting of how the grant money was spent and whether any grant money was not expended;
- (c) The number of nurse practitioners or physician assistants who were trained and who received certification to prescribe buprenorphine and all other medications and therapies approved by the federal food and drug administration to treat opioid use disorder; and
- (d) A detailed description of the training received by nurse practitioners or physician assistants; whether the nurse practitioners or physician assistants completed the training and attained status as a qualified nurse practitioner or physician assistant; whether the nurse practitioners or physician assistants that attained qualified nurse practitioner or physician assistants that attained qualified nurse practitioner or physician assistant status are currently able to provide and are providing medication-assisted treatment to opioid-dependent patients; the number of individuals with opioid use disorders treated in the previous two years before the pilot program; and the number of opioid-dependent patients treated during the pilot program period by each qualified nurse practitioner or physician assistant.
- (2) On or before June 30, 2018, and on or before June 30, 2019, the college of nursing shall submit a summarized report on the pilot program to the health and human services committee of the senate and the health, insurance, and environment and public health care and human services committees of the house of representatives, or any successor committees, and to the governor. At a minimum, the report must include:
 - (a) A DESCRIPTION OF THE PILOT PROGRAM;
- (b) A LIST IDENTIFYING THE GRANT RECIPIENTS, INCLUDING THE AMOUNT AWARDED TO EACH GRANT RECIPIENT AND A DETAILED DESCRIPTION OF HOW EACH

GRANT RECIPIENT USED THE GRANT AWARD;

- (c) THE TOTAL NUMBER OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS WHO COMPLETED THE REQUIRED TRAINING AND BECAME CERTIFIED TO PRESCRIBE BUPRENORPHINE, LISTED BY COUNTY PARTICIPATING IN THE PILOT PROGRAM;
- (d) The total number of patients served during the course of the pilot program, listed by county participating in the pilot program;
- (e) A summary of policies and procedures instituted by grant recipients related to the provision of MAT by qualified nurse practitioners and physician assistants;
 - (f) A SUMMARY OF EVALUATION RESULTS OF THE PILOT PROGRAM; AND
- (g) A SUMMARY OF LESSONS LEARNED AND RECOMMENDATIONS FOR IMPLEMENTING MAT AS PROVIDED BY NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS IN OTHER COMMUNITIES IN THE STATE.
- 23-21-808. Funding for pilot program. (1) (a) For the 2017-18 and 2018-19 state fiscal years, the general assembly shall annually appropriate five hundred thousand dollars per fiscal year from the marijuana tax cash fund created in Section 39-28.8-501 to the board of regents of the university of Colorado, for allocation to the college of nursing to implement the MAT expansion pilot program. The college of nursing may use a portion of the money annually appropriated for the pilot program to pay the direct and indirect costs that the college of nursing incurs to administer the pilot program, as well as to provide consulting services to and oversight of grant recipients, for data collection and analysis, evaluation of the pilot program, and program reporting.
- (b) If any unexpended or uncommitted money appropriated for the 2017-18 fiscal year remains at the end of that fiscal year, the school of nursing may expend the money in accordance with this section in the 2018-19 fiscal year. Any unexpended or uncommitted money remaining at the end of the 2018-19 fiscal year reverts to the marijuana tax cash fund.
- (2) THE COLLEGE OF NURSING MAY ACCEPT AND EXPEND ANY GIFTS, GRANTS, OR DONATIONS IT RECEIVES TO IMPLEMENT OR ADMINISTER THE PILOT PROGRAM.
 - **23-21-809.** Repeal of part. This part 8 is repealed, effective June 30, 2020.
- **SECTION 2. Appropriation.** For the 2017-18 state fiscal year, \$500,000 is appropriated to the department of higher education for use by the regents of the university of Colorado. This appropriation is from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To implement this act, the regents may use this appropriation for allocation to the college of nursing for the medication assisted treatment expansion pilot program.

SECTION 3. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: May 22, 2017