

First Regular Session  
Seventy-first General Assembly  
STATE OF COLORADO

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 17-1124.01 Brita Darling x2241

**HOUSE BILL 17-1351**

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**HOUSE SPONSORSHIP**

**Pettersen and Rankin,**

**SENATE SPONSORSHIP**

**Crowder and Jahn,**

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**House Committees**

Health, Insurance, & Environment  
Appropriations

**Senate Committees**

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**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.**

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**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.*

HOUSE  
3rd Reading Unamended  
May 4, 2017

HOUSE  
Amended 2nd Reading  
May 2, 2017

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.

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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; ■■■

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

1 residential and inpatient substance use disorder treatment; and

2 (h) In addition to exploring treatment options, Colorado's  
3 prescription drug use monitoring program can help identify clients who  
4 might be at risk of an opioid overdose or who may benefit from increased  
5 care coordination, and thirty-four states are already using their  
6 prescription drug use monitoring program as a tool to do so while  
7 protecting confidentiality.

8 (2) Therefore, the general assembly declares that the department  
9 of health care policy and financing and the department of human services  
10 should prepare and submit a report to the general assembly concerning  
11 treatment options for substance use disorders under the medicaid  
12 program. Further, the department of health care policy and financing  
13 should be permitted to access the prescription drug use monitoring  
14 program for purposes of helping to identify clients at risk of opioid  
15 overdose or in need of increased care coordination.

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

18 **25.5-4-212. Feasibility study - residential and inpatient**  
19 **substance use disorder treatment - repeal.** (1) ON OR BEFORE  
20 NOVEMBER 1, 2017, THE STATE DEPARTMENT SHALL PREPARE A WRITTEN  
21 REPORT WITH ASSISTANCE FROM THE DEPARTMENT OF HUMAN SERVICES'  
22 OFFICE OF BEHAVIORAL HEALTH CONCERNING THE FEASIBILITY OF  
23 PROVIDING RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER  
24 TREATMENT AS PART OF THE MEDICAID PROGRAM. THE STATE  
25 DEPARTMENT SHALL SUBMIT THE REPORT TO THE JOINT BUDGET  
26 COMMITTEE, THE PUBLIC HEALTH CARE AND HUMAN SERVICES COMMITTEE  
27 OF THE HOUSE OF REPRESENTATIVES, THE HEALTH AND HUMAN SERVICES

1 COMMITTEE OF THE SENATE, OR ANY SUCCESSOR COMMITTEES, AND TO  
2 ANY LEGISLATIVE STUDY COMMITTEE ADDRESSING SUBSTANCE USE  
3 DISORDER TREATMENT THAT MEETS DURING THE 2017 LEGISLATIVE  
4 INTERIM. THE STATE DEPARTMENT SHALL PREPARE A COMPREHENSIVE  
5 REPORT, INCLUDING WITHIN THE REPORT INFORMATION PROVIDED BY THE  
6 DEPARTMENT OF HUMAN SERVICES, AS WELL AS ANY OTHER SOURCES OF  
7 INFORMATION AS DETERMINED BY THE STATE DEPARTMENT.

8 (2) THE STATE DEPARTMENT SHALL CONSIDER AND REPORT ON  
9 THE FOLLOWING:

10 (a) THE PREVALENCE OF OPIOID ADDICTION AND OTHER  
11 SUBSTANCE USE DISORDERS IN COLORADO, INCLUDING DEMOGRAPHIC AND  
12 GEOGRAPHIC INFORMATION;

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

15 (c) A DESCRIPTION OF RESIDENTIAL AND INPATIENT SUBSTANCE  
16 USE DISORDER TREATMENT AND THE ACTUAL OR ESTIMATED COST OF THE  
17 SERVICES;

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

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

24 (f) ANY FEDERAL AUTHORIZATION NECESSARY TO INCLUDE  
25 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AS  
26 A BENEFIT UNDER THE MEDICAID PROGRAM OR WAIVER OF FEDERAL RULES  
27 THAT WOULD ALLOW FOR EXPANSION OF RESIDENTIAL AND INPATIENT

1 TREATMENT;

2 (g) AN ESTIMATE OF THE NUMBER OF MEDICAID CLIENTS WHO MAY  
3 BE ELIGIBLE FOR THE BENEFIT IF THE BENEFIT WERE INCLUDED AS PART OF  
4 THE MEDICAID PROGRAM;

5 (h) WHETHER FACILITIES CURRENTLY PROVIDING RESIDENTIAL  
6 AND INPATIENT SUBSTANCE USE DISORDER TREATMENT IN COLORADO  
7 WOULD BE ABLE TO PROVIDE THOSE SERVICES UNDER THE MEDICAID  
8 PROGRAM;

9 (i) AN ESTIMATE OF STATE COSTS ASSOCIATED WITH PROVIDING  
10 RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AS  
11 PART OF THE MEDICAID PROGRAM;

12 (j) PUBLISHED RESEARCH RELATING TO OTHER STATE COSTS  
13 INCURRED FOR THE MEDICAID PROGRAM AND OTHER PUBLIC ASSISTANCE  
14 PROGRAM EXPENSES THAT MAY BE AVOIDED IF RESIDENTIAL AND  
15 INPATIENT SUBSTANCE USE DISORDER TREATMENT IS INCLUDED AS PART  
16 OF THE MEDICAID PROGRAM;

17 (k) IF KNOWN, OTHER STATES PROVIDING RESIDENTIAL AND  
18 INPATIENT SUBSTANCE USE DISORDER TREATMENT AS PART OF THE  
19 MEDICAID PROGRAM AND THE EXPERIENCES OF THOSE STATES RELATING  
20 TO IMPLEMENTATION, COST, SAVINGS, AND EFFICACY OF RESIDENTIAL AND  
21 INPATIENT TREATMENT;

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

25 (m) IF KNOWN, THE NUMBER OF COUNTY LAW ENFORCEMENT  
26 CONTACTS RELATED TO PERSONS USING DRUGS OR ALCOHOL AND THE  
27 PERCENTAGE OF PERSONS ENTERING COUNTY JAILS WHO HAVE SUBSTANCE

1 USE DISORDERS; AND

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

5 (3) AS PART OF THE REPORT, THE STATE DEPARTMENT AND THE  
6 DEPARTMENT OF HUMAN SERVICES SHALL INCLUDE RECOMMENDATIONS  
7 TO THE GENERAL ASSEMBLY CONCERNING:

8 (a) THE TIME FRAME FOR IMPLEMENTATION OF RESIDENTIAL AND  
9 INPATIENT SUBSTANCE USE DISORDER TREATMENT AS A BENEFIT UNDER  
10 THE MEDICAID PROGRAM, AS WELL AS ANY OTHER BENEFIT PLANNING OR  
11 IMPLEMENTATION CONSIDERATIONS;

12 (b) EFFECTIVE USE OF STATE AND FEDERAL FUNDING AND THE  
13 IMPROVEMENT OF COORDINATION AMONG STATE AGENCIES IN  
14 ADMINISTERING ALL SUBSTANCE USE DISORDER PROGRAMS AND  
15 TREATMENT OPTIONS IN COLORADO;

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

19 (d) CHANGES, IF ANY, TO TRAINING REQUIREMENTS FOR CERTIFIED  
20 ADDICTION COUNSELORS NECESSARY TO IMPLEMENT EFFECTIVE  
21 SUBSTANCE USE DISORDER TREATMENT AND TO MEET FEDERAL  
22 REQUIREMENTS FOR MEDICAID PROVIDERS.

23 (4) IN PREPARING THE REPORT, THE STATE DEPARTMENT AND THE  
24 DEPARTMENT OF HUMAN SERVICES MAY USE NATIONAL DATA FROM  
25 RECOGNIZED SOURCES IF STATE-LEVEL DATA IS UNAVAILABLE AND MAY  
26 SOLICIT INFORMATION AND RESEARCH FROM STATE AGENCIES AND OTHER  
27 ORGANIZATIONS REGARDING THE SOCIAL AND FINANCIAL IMPACTS OF

1 SUBSTANCE USE DISORDERS IN COLORADO AND EFFECTIVE OPTIONS FOR  
2 TREATMENT.

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

4 **SECTION 3.** In Colorado Revised Statutes, 12-42.5-404, add  
5 (3)(j) as follows:

6 **12-42.5-404. Program operation - access - rules.** (3) The  
7 program is available for query only to the following persons or groups of  
8 persons:

9 (j) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, ON  
10 AND AFTER THE EFFECTIVE DATE OF THIS SUBSECTION (3)(j), FOR  
11 PURPOSES OF CARE COORDINATION AND UTILIZATION REVIEW PERTAINING  
12 TO RECIPIENTS OF MEDICAL ASSISTANCE PURSUANT TO ARTICLES 4, 5, AND  
13 6 OF TITLE 25.5, SO LONG AS THE DEPARTMENT OF HEALTH CARE POLICY  
14 AND FINANCING'S USE OF PROGRAM DATA IS CONSISTENT WITH THE  
15 FEDERAL "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
16 OF 1996", AS AMENDED, PUB.L. 104-191, AND THE FEDERAL REGULATIONS  
17 IMPLEMENTING THE ACT, INCLUDING THE REQUIREMENT TO REMOVE ANY  
18 IDENTIFYING DATA UNLESS EXEMPTED FROM THE REQUIREMENT.

19 **SECTION 4. Appropriation.** (1) For the 2017-18 state fiscal  
20 year, \$37,500 is appropriated to the department of health care policy and  
21 financing. This appropriation is from the marijuana tax cash fund created  
22 in section 39-28.8-501 (1), C.R.S. To implement this act, the department  
23 may use this appropriation for general professional services and special  
24 projects.

25 (2) For the 2017-18 state fiscal year, the general assembly  
26 anticipates that the department of health care policy and financing will  
27 receive \$37,500 in federal funds for general professional services and

1 special projects to implement this act. The appropriation in subsection (1)  
2 of this section is based on the assumption that the department will receive  
3 this amount of federal funds, which is included for informational  
4 purposes only.

5 **SECTION 5. Safety clause.** The general assembly hereby finds,  
6 determines, and declares that this act is necessary for the immediate  
7 preservation of the public peace, health, and safety.