

First Regular Session
Seventy-first General Assembly
STATE OF COLORADO

PREMENDED

*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 and Rankin,

SENATE SPONSORSHIP

Crowder and Jahn,

House Committees

Health, Insurance, & Environment
Appropriations

Senate Committees

Finance
Appropriations

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.

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.

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.

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

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

10 **25.5-4-212. Feasibility study - residential and inpatient**
11 **substance use disorder treatment - repeal.** (1) ON OR BEFORE
12 NOVEMBER 1, 2017, THE STATE DEPARTMENT SHALL PREPARE A WRITTEN
13 REPORT WITH ASSISTANCE FROM THE DEPARTMENT OF HUMAN SERVICES'
14 OFFICE OF BEHAVIORAL HEALTH CONCERNING THE FEASIBILITY OF
15 PROVIDING RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
16 TREATMENT AS PART OF THE MEDICAID PROGRAM. IN ADDITION, THE
17 REPORT MUST ALSO INCLUDE AN ANALYSIS OF PROVIDING RESIDENTIAL
18 AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AS A
19 STATE-FUNDED BENEFIT RATHER THAN THROUGH THE MEDICAID PROGRAM.

20 THE STATE DEPARTMENT SHALL SUBMIT THE REPORT TO THE JOINT
21 BUDGET COMMITTEE, THE PUBLIC HEALTH CARE AND HUMAN SERVICES
22 COMMITTEE OF THE HOUSE OF REPRESENTATIVES, THE HEALTH AND
23 HUMAN SERVICES COMMITTEE OF THE SENATE, OR ANY SUCCESSOR
24 COMMITTEES, AND TO ANY LEGISLATIVE STUDY COMMITTEE ADDRESSING
25 SUBSTANCE USE DISORDER TREATMENT THAT MEETS DURING THE 2017
26 LEGISLATIVE INTERIM. THE STATE DEPARTMENT SHALL PREPARE A
27 COMPREHENSIVE REPORT, INCLUDING WITHIN THE REPORT INFORMATION

1 PROVIDED BY THE DEPARTMENT OF HUMAN SERVICES, AS WELL AS ANY
2 OTHER SOURCES OF INFORMATION AS DETERMINED BY THE STATE
3 DEPARTMENT.

4 (2) THE STATE DEPARTMENT SHALL CONSIDER AND REPORT ON
5 THE FOLLOWING:

6 (a) THE PREVALENCE OF OPIOID ADDICTION AND OTHER
7 SUBSTANCE USE DISORDERS IN COLORADO, INCLUDING DEMOGRAPHIC AND
8 GEOGRAPHIC INFORMATION;

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

11 (c) A DESCRIPTION OF RESIDENTIAL AND INPATIENT SUBSTANCE
12 USE DISORDER TREATMENT AND A COMPARISON OF THE TREATMENT COSTS
13 AND ADMINISTRATIVE COSTS OF PROVIDING THE SERVICE UTILIZING
14 MEDICAID DOLLARS OR WITH STATE FUNDING;

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

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

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

26 (g) AN ESTIMATE OF THE NUMBER OF MEDICAID CLIENTS WHO MAY
27 BE ELIGIBLE FOR THE BENEFIT IF THE BENEFIT WERE INCLUDED AS PART OF

1 THE MEDICAID PROGRAM;

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

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

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

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

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

22 (m) IF KNOWN, THE NUMBER OF COUNTY LAW ENFORCEMENT
23 CONTACTS RELATED TO PERSONS USING DRUGS OR ALCOHOL AND THE
24 PERCENTAGE OF PERSONS ENTERING COUNTY JAILS WHO HAVE SUBSTANCE
25 USE DISORDERS; AND

26 (n) IF KNOWN, STATE AND NATIONAL RESEARCH ON HOW ACCESS
27 TO RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT

1 IMPACTS RECIDIVISM AND LAW ENFORCEMENT RESOURCES.

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

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

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

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

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

20 (4) IN PREPARING THE REPORT, THE STATE DEPARTMENT AND THE
21 DEPARTMENT OF HUMAN SERVICES MAY USE NATIONAL DATA FROM
22 RECOGNIZED SOURCES IF STATE-LEVEL DATA IS UNAVAILABLE AND MAY
23 SOLICIT INFORMATION AND RESEARCH FROM STATE AGENCIES AND OTHER
24 ORGANIZATIONS REGARDING THE SOCIAL AND FINANCIAL IMPACTS OF
25 SUBSTANCE USE DISORDERS IN COLORADO AND EFFECTIVE OPTIONS FOR
26 TREATMENT.

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

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SECTION 3. Appropriation. (1) For the 2017-18 state fiscal year, \$37,500 is appropriated to the department of health care policy and financing. 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 department may use this appropriation for general professional services and special projects.

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

SECTION 4. 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.