



# *Policy Analysis of State Legislation and Response to the Opioid Crisis*

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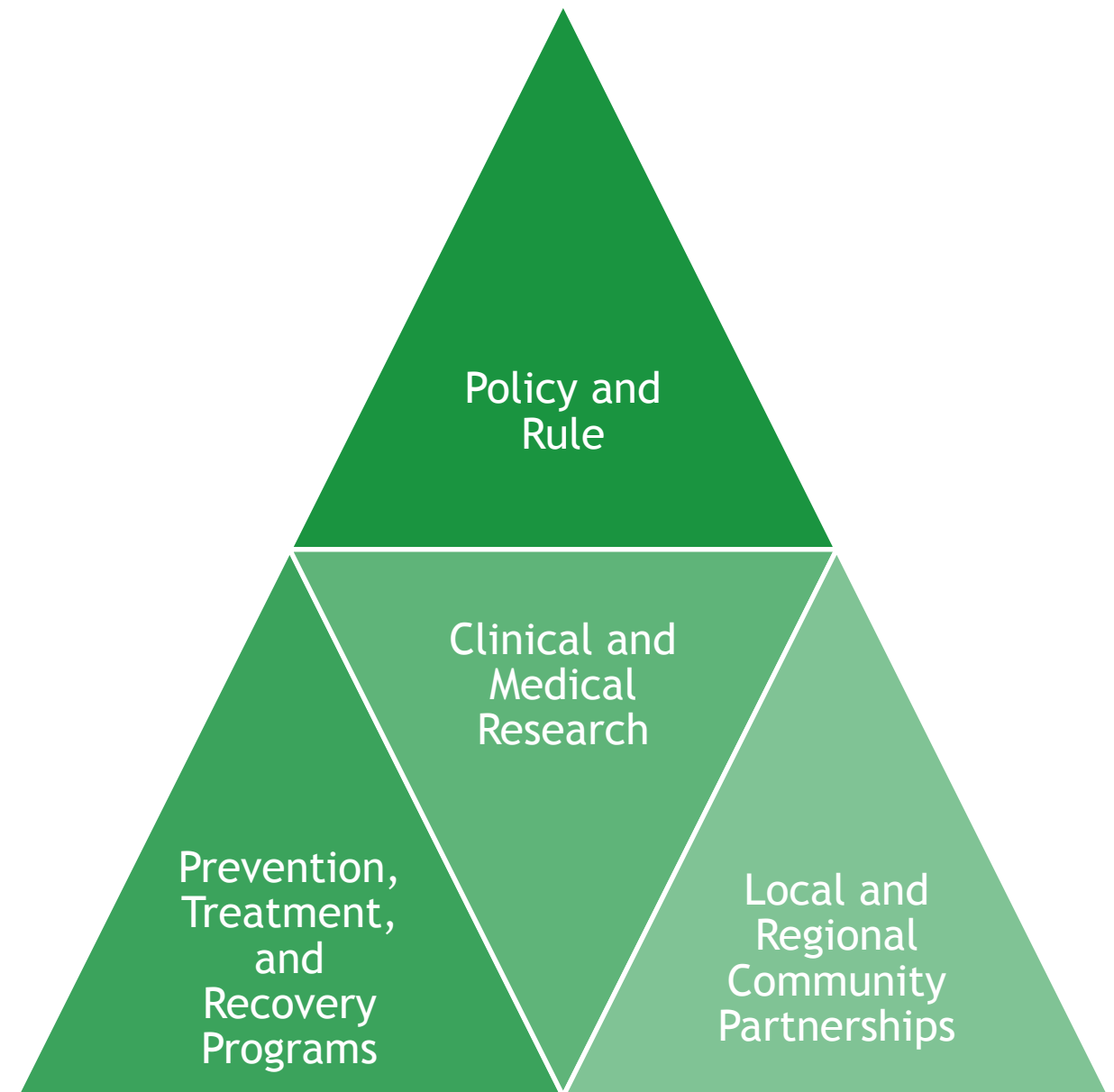


**COLORADO**  
Office of Behavioral Health  
Department of Human Services



# Scope of Policy Analysis

- Proposed and passed state legislation in the U.S.
- Legislation implemented by state health authorities or affecting health policy
- Does not include legislation on criminal justice reform or illegal drug supply
- Describes the policy, lists states involved and success stories, and Colorado progress



Multiple levers to address the problem

# *Types of Legislation*

## **Prevention Laws**

Laws to prevent initial use and misuse of prescription and other drugs

Prescribing limits

State drug prescription identification laws

Safe medication take-backs and disposal

Prescription Drug Monitoring Programs (PDMP)

## **Treatment Laws**

Breaking down barriers for access to and provision of effective treatment

Provider training and workforce development

Removing limitations on treatment benefits or expanding coverage

## **Harm Reduction Laws**

Public health laws for individuals who are not in treatment or recovery

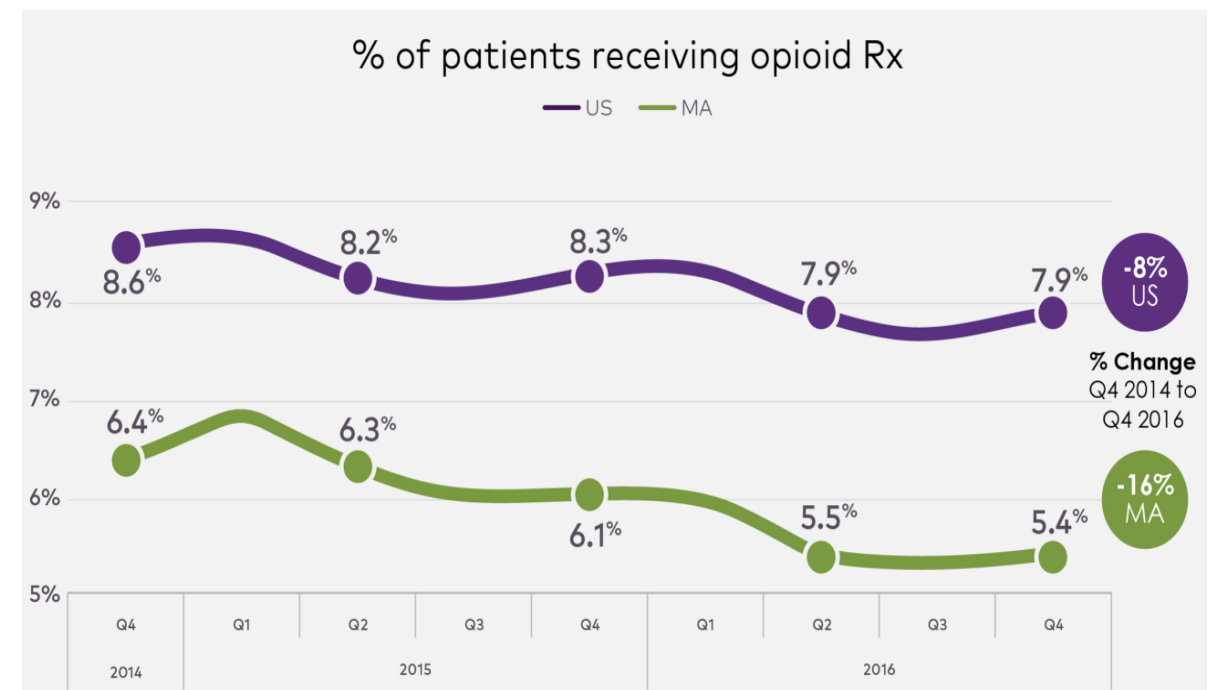
Overdose reversal drugs

Good Samaritan laws

Injection drug use and reducing negative outcomes

# Prevention, Prescribing Limits

- Limit the volume, dosage, and per capita prescribing and dispensing for controlled substances
- 22 states have legislation or executive orders
  - Massachusetts prescribing limits put into place in March 2014 led to the lowest prescribing levels in two years
- Colorado does not have any state-wide prescribing limits
- HCPF has recently created limits on MME, number of days, and number of pills
  - Moving gradually toward limits
  - Sudden changes to limits could lead to individuals seeking higher doses from other sources, such as heroin



# *Prevention, Identification Laws*

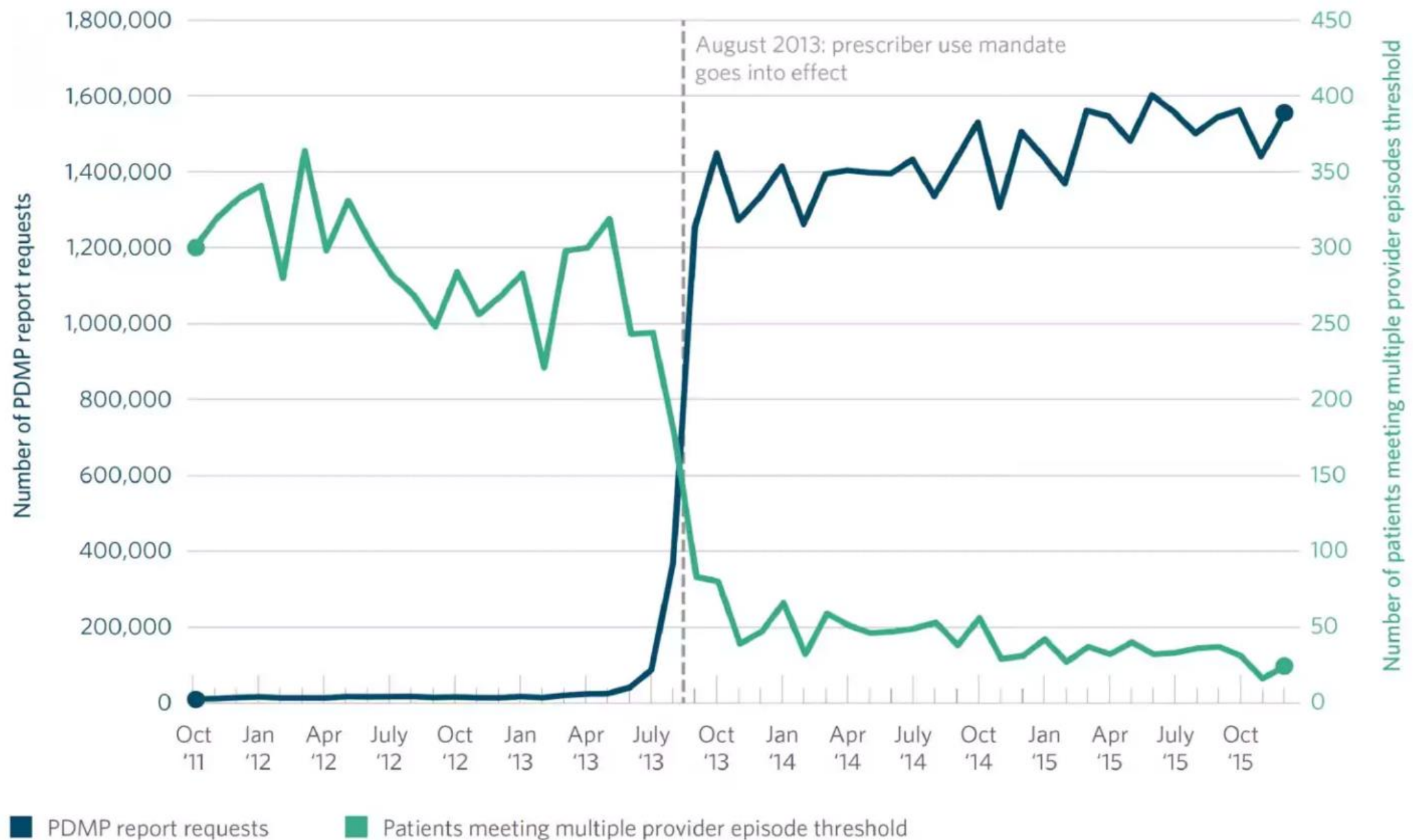
- 36 states have identification laws that mandate or allow pharmacists to request or require identification in order to fill a prescription for a controlled substance.
- **Minnesota** and **Nevada** require identification for anyone purchasing controlled substances that are not covered by their plan.
- **Florida** requires identification if the pharmacist suspects non-medical use.
- **North Carolina** and **Oregon** allow a prescriber to ask for a form of identification as a pre-condition of filling a prescription or to refuse a prescription to a person without a valid ID.

# *Prevention, PDMP*

- All 50 states have legislation or an executive order for a PDMP.
- 64% of states utilize unsolicited reports/scorecards.
- CDC Recommendations:
  - Require providers to check a state PDMP before prescribing;
  - Submit data in real time;
  - Use the data to understand the crisis;
  - Make the program easy to use and include integration into electronic health record systems.
- Colorado PDMP:
  - Required for anyone registered with DEA, but not mandatory
  - Captures data on the date, name of patient and prescriber, name and amount of substance, method of payment, and name of dispensing pharmacy
  - Access: Pharmacists, Providers (including vets) and up to three delegates, CDPHE for research. HCPF does not have access.

# Provider Mandate Effectiveness

Multiple Provider Episodes and PDMP Requests in New York, October 2011 to October 2015





# *Prevention, Safe Disposal*

- Safe disposal of medication can prevent misuse by individuals or others. Disposal, through a drop-box or a take-back event, is regulated by federal agencies including the DEA.
- State laws have funded community partnership and promotion of take-back days and drop-box sites.
  - In 2009, Arkansas collected 146 lbs of prescription meds on their first take-back day. After state and county partnerships and promotion efforts grew, in 2016 they collected 25,289 lbs.
  - Indiana Bitter Pill is a comprehensive campaign, including information on safe disposal, prevention, state policy, and how to get treatment.

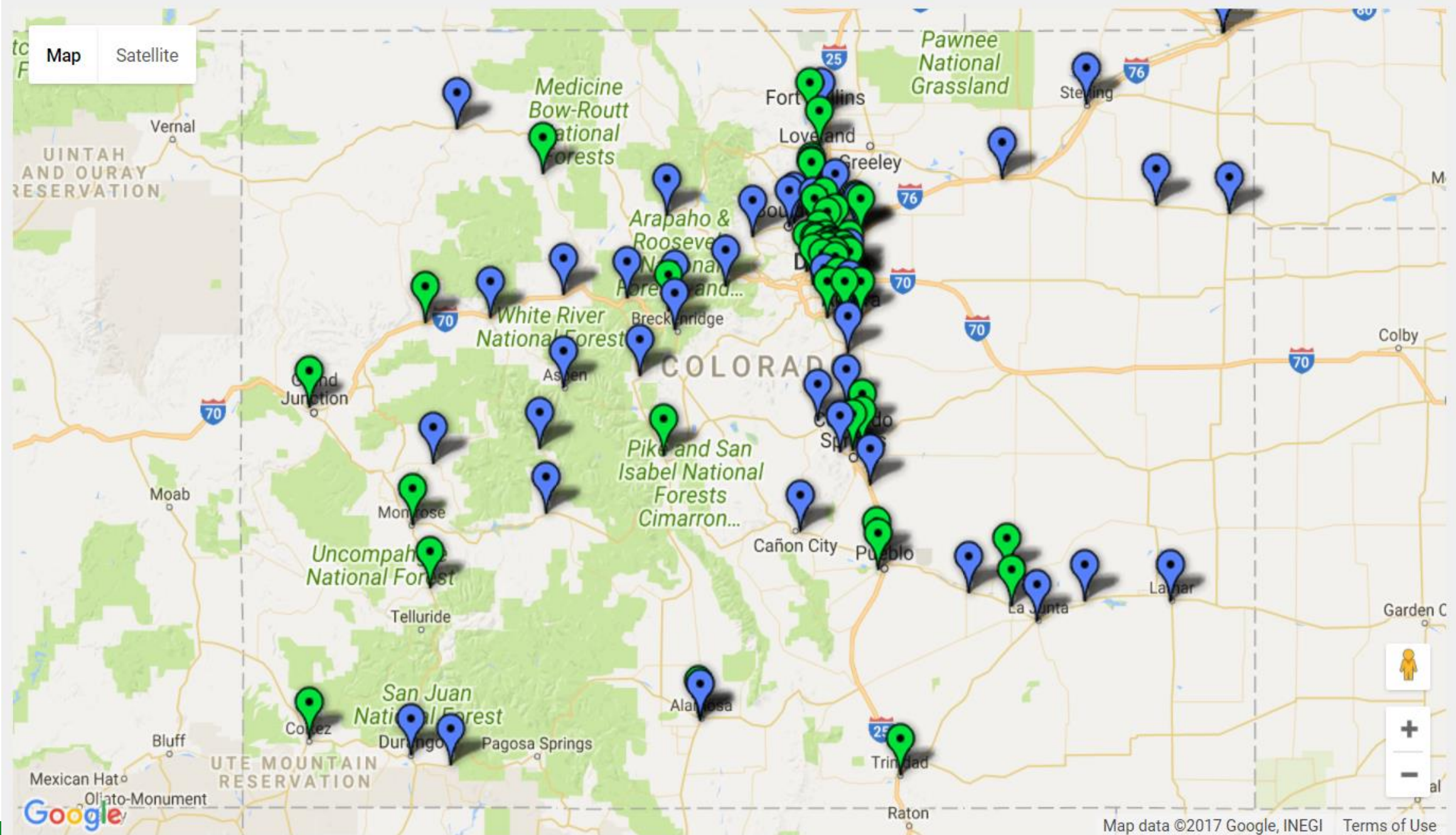




# CDPHE and The Consortium, Take Meds Back

## Medication Take Back locations map

[Back to Medication Take-Back program](#)



# *Treatment, Provider Training and Workforce Development*

- Training requirements and prescribing guidelines for providers that want to prescribe buprenorphine are set by federal law.
- 18 states have laws that require provider training on opioid prescribing, misuse, and/or addiction.
  - In **Kentucky**, the Board of Pharmacy requires providers to consult with addiction specialists to exceed limits on volume, time periods, and dosage of buprenorphine.
  - **North Carolina** requires physicians trained and certified to prescribe buprenorphine to register with the state and create written care plans that include referrals to substance use treatment.
- Expansions in buprenorphine trained providers in Colorado have been supported through federal grants and programs, not legislation.

# *Treatment, Benefits and Coverage*

Laws are related primarily to expanding essential health benefits offered through insurance (public and private), regulations for substance use providers, and creative partnerships with agencies such as fire and rescue.

- **New York** requires insurers to provide 14 days of inpatient SUD treatment before requiring authorization.
- **Manchester, NH**, created “Safe Stations”, where individuals in need of treatment can go to any fire station to seek treatment. Treatment and recovery volunteers and clinicians respond within 14 minutes.
- **Indiana** passed HB 1541, which regulates the definition of “medication assisted treatment” and sets requirements for:
  - What providers must be included on an MAT team (Master’s level counselors, psychologists, CACs, recovery coaches)
  - Services must be included in MAT (counseling, detox, and MAT)
  - Allows MAT teams to provide mobile services
  - Requires reimbursement for these services through public insurance.



# *Dissemination and Implementation of CDC's Guideline for Prescribing for Chronic Pain Opioids for Chronic Pain*

## **Insurer Interventions**



Coverage for non-pharmacologic therapies

The diagram consists of five white circles arranged vertically on the left side, connected by a thin purple line. Each circle is positioned to the left of a horizontal bar of a different color. The bars are purple, dark blue, teal, light teal, and purple from top to bottom. The text for each intervention is written in white on its respective bar.

Improve ease of prescribing non-opioid pain medications

Reimbursement for patient counseling, care coordination, & checking PDMP

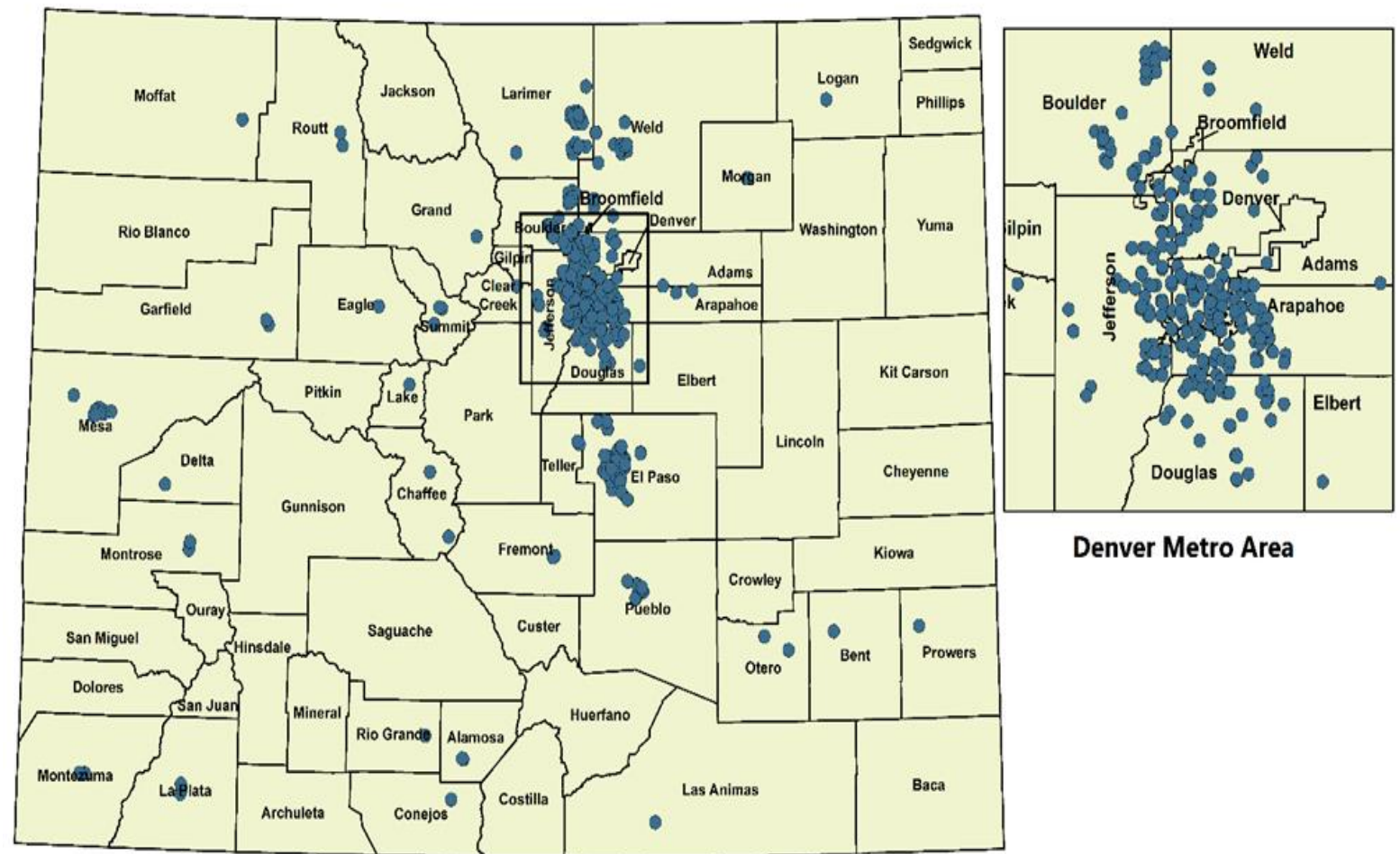
Promote more judicious use of high dosages of opioids outside of palliative care, active cancer or end-of-life care, using mechanisms such as drug utilization review

Remove barriers to evidence-based treatment of opioid use disorder, such as eliminate lifetime limits on buprenorphine

# Harm Reduction, Overdose Reversal Drugs

- All 50 states have laws that promote the use of and access to life-saving overdose-reversal drugs, which have led to a significant reduction in death by overdose.

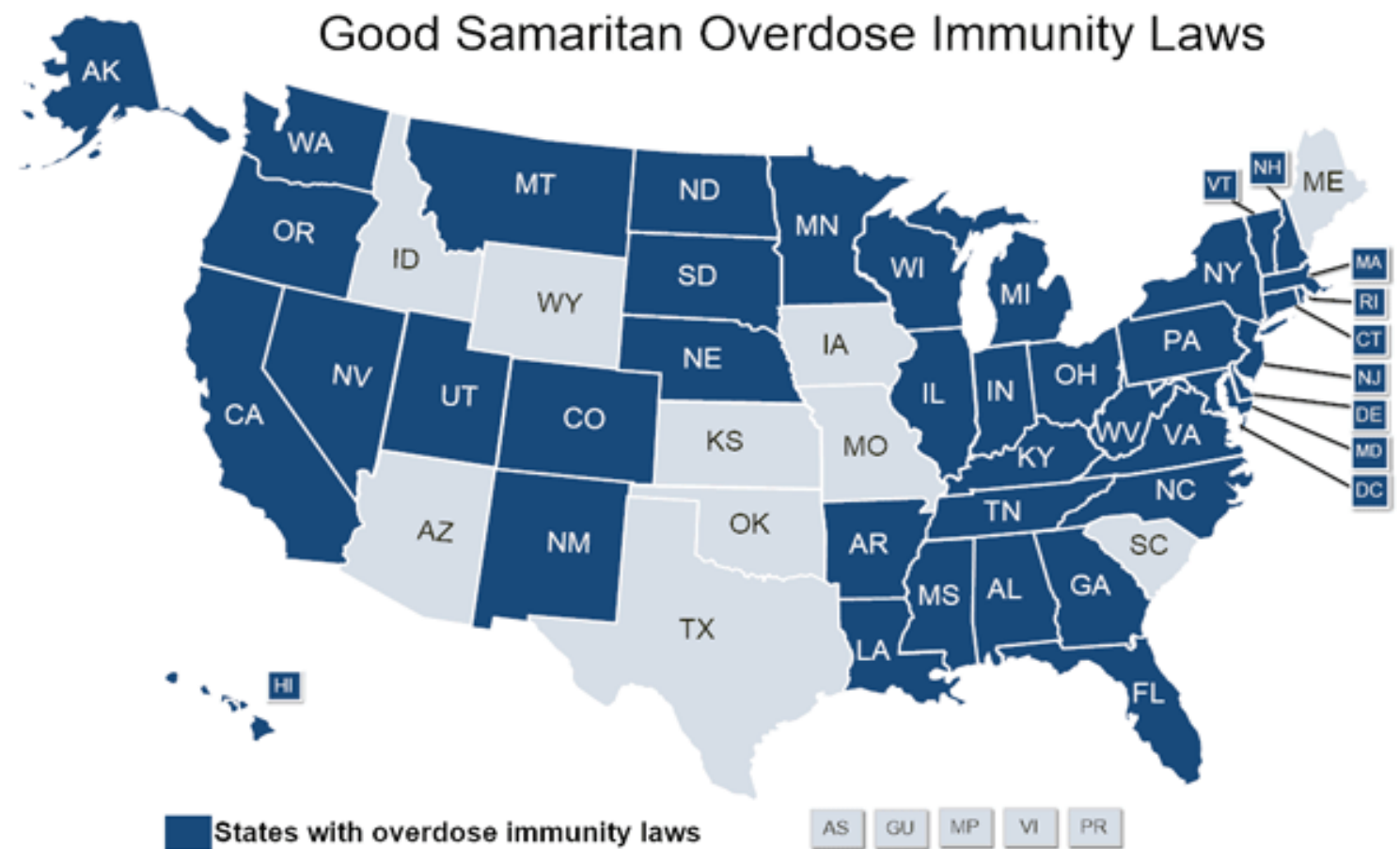
*Pharmacies that have standing orders to prescribe Naloxone;  
Colorado and Denver Metro*



- Colorado allows third-party prescribing of naloxone, passed legislation for CDPHE to keep a standing order for the drug, and funds training and access for law enforcement. Naloxone is reimbursed WITHOUT a prescription for Medicaid beneficiaries.

# *Harm Reduction, Good Samaritan Laws*

40 states have laws that address circumstances in which an individual might delay or refuse to call for help or administer naloxone in a life-threatening emergency due to fear of arrest and prosecution.



In Colorado, Senate Bill 12-20 provides legal protection from drug charges for those who call 911 for help or those suffering an opioid overdose. The Third Party Naloxone law (C.R.S. §18-1-712) protects a person other than a health care provider who acts in good faith to administer an overdose reversal drug to another person suffering an opiate-related drug overdose from prosecution.



# *Harm Reduction, Injection Drug Use*

- Many states have created legal protections for harm reduction services that improve health outcomes for injection drug users, reduce the incidence of HIV/AIDS and Hepatitis C, and improve public safety. These include needle exchange programs and safe injection facilities (SIFs).
- **Needle Exchange:** 20 states including Colorado have explicitly legalized needle exchange.
  - Colorado Syringe Exchange Programs C.R. S. §25-1-520 and §18-18-430.5 exempts approved facilities and participants, volunteers and staff in approved facilities from paraphernalia laws.
- **SIFs:** NY, MD, MA, and CA have introduced legislation on safe injection facilities, which require legal protection/exemption from laws related to public consumption, aiding and abetting, and civil forfeiture. Seattle's city officials have passed a city ordinance creating the first two SIFs in the US.



# Questions?

Special thanks to:

Elizabeth Owens at the Office of Behavioral Health

Cathy Traugott, Zach Lynkiewicz and Katie Crozier at the Colorado  
Department Of Health Care and Financing

Ginny Brown, Ronne Hines, Tyler Mounsey and Tom Abel with the  
Department of Regulatory Agencies

Kurtis Morrison and Lauren Lambert with the Governor's Office