

# Interim Committee on Opioids

## Final legislative recommendations



The [Colorado Opioid and Other Substance Abuse Interim Study Committee](#) just completed a months-long stakeholder process to review the scale and scope of the opioid epidemic in Colorado, identify gaps in care and best practices to fill those gaps, and develop legislative solutions. The committee drafted an integrated suite of six bills aimed at addressing the epidemic that will be considered by the Colorado legislature during the 2018 session.

The following provides brief summaries of the six bills, the first of which will be of particular interest to physicians.

### 1. [Clinical Practice Measures for Safer Opioid Prescribing](#) - The bill:

- Limits initial prescriptions to 7-days for patients that have *not* had an opioid in 12-months, with the option to allow for one 7-day refill;
- Exemptions include:
  - Chronic pain that lasts longer than 90 days;
  - Chronic pain that is the result of an underlying medical condition, disease, injury, medical treatment, or inflammation or unknown cause, any of which may become progressively worse or reoccur intermittently;
  - Cancer and cancer-associated pain;
  - Palliative and hospice care;
  - Post-surgical pain lasting longer than 14 days;
  - Medication assisted treatment;
  - Prescribed an abuse deterrent drug.
- Prescribers must check the PDMP prior to prescribing the first refill unless the patient is:
  - Taking an opioid in a hospital, skilled nursing facility, residential and similar facilities;
  - Has cancer and cancer-associated pain;
  - Is undergoing hospice and palliative care;
  - Experiencing post-surgical pain that is expected to last more than 14 days;
  - Receiving treatment during a natural disaster or mass casualty event;
  - Has received only a single dose for pain for a single test or procedure;
  - Has received a prescription limited to a 14-day supply or less.
- Physicians may prescribe opioids through e-prescriptions;
- Includes a no cause of action clause against providers for complying with this new mandate;
- Adds podiatrists, optometrists and veterinarians to the list of providers that are affected.
- Legislation is time-limited with an automatic repeal after three years.

### 2. [Prevention of opioid misuse](#) - This bill establishes in statute the Opioid and Other Substance Use Disorders Study Committee. The committee is charged with continuing to study data and statistics on the scope of this issue in Colorado, evaluate current policy and other



interventions and identifying potential future legislation over the next two years. The bill also directs the development of a series of continuing medical education and other training programs.

3. Measures to Address Opioid Crisis In Colorado - This bill was significantly amended and passed to authorize a supervised injection facilities pilot program. The bill also authorizes schools to create policies concerning the school obtaining an opioid antagonist to use in case of student overdose, in addition to allowing hospitals to administer clean syringe programs. The bill provides immunity to participants of a clean syringe exchange program and for approved supervised injection facilities.  
CMS passed new policy in support of a pilot supervised injection facility in September in an effort to help combat opioid overdose deaths.
4. Expand Access to Behavioral Health Providers - This bill creates two programs for Substance Use Providers, more specifically for Licensed Addiction Counselor's (LACs) and Certified Addiction Counselors (CACs). The first is creating a scholarship programs for CACs who are currently practicing and have the desire to increase their level of training. Additionally, it creates a new category of loan repayment program through the Office of Primary Care Health Service Corps program for behavioral health providers, with addiction specific education and training, who is willing to commit two years of service in a state identified "behavioral health care provider shortage area." Currently this program exists for doctors and dentists, with similar qualifying criteria. Both programs are funded through marijuana tax cash funds, if available.
5. Medicaid Inpatient and Residential Substance Use Disorder Treatment - The bill adds residential and inpatient substance use disorder services to the Colorado Medical Assistance Program. The benefit will not be effective until the Colorado Department of Health Care Policy and Financing seeks and receives any federal authorization necessary to secure federal financial participation in the program.
6. Payment Issues Relating to Substance Use Disorder Treatment - The bill prohibits plans from penalizing physicians for having bad pain scores. It also prohibits the requirement that a covered person or Medicaid recipient undergo a step-therapy protocol. It requires commercial health plans and Medicaid to cover certain medicines. The bill requires commercial plans and Medicaid to reduce and standardize prior authorization request requirements for medication assisted treatment. It also authorizes pharmacists, within existing scope of practice requirements, to inject naltrexone.