

Testimony of CMS President Deb Parsons, MD

Opioid and Other Substance Use Disorder Study Committee meeting – July 9

1. Madame Chair, members of the Committee--thank you for the opportunity to testify before you today.
2. My name is Dr. Debra Parsons. I'm an internal medicine physician and the President of the Colorado Medical Society, which I'll refer to as CMS. CMS represents 7,000 physician and medical student members across the state. I am here today to outline CMS's recommendations to this committee and to offer our strong support going forward.
3. I first want to focus on physician education and prescribing rates regarding opioids.
4. CMS is thrilled about the latest opioid prescribing and Prescription Drug Monitoring Program, or PDMP, data. This state data shows that prescriptions for opioids are declining and PDMP checks are increasing! To share some statistics with you:
 - opioid prescribing rates fell over 29% in the last 5 years which is not only faster than the national average but has minimized patients' initial exposure to opioids!
 - PDMP checks increased 650% since 2014, reaching nearly 4 ½ million queries in 2018. PDMP checks help physicians & pharmacists identify pts who may be misusing or abusing opioids and at risk for OD death.
5. This new state data is consistent with surveys of CMS members demonstrating broad uptake in voluntary Continuing Medical Education credits (or CME) across multiple specialties. An overwhelming majority of CMS physician members, collectively 70%, have had CME on opioids in the past 2-3 years. The CMS survey results along with the state data demonstrate that our educational efforts are working in SUD prevention.
6. These positive trends are an important combination of many efforts and we applaud this committee for your good work on these issues.
7. You have asked whether CMS believes there are gaps in state resources to assist providers in substance use disorder prevention, particularly in rural communities. Over the past year, CMS has worked closely with the Consortium and other partners like the Northern Colorado Health Alliance, to provide CME education to physicians in 24 events statewide; this education is focused on changing prescribing behaviors and approaches to both chronic pain and SUD and will continue through this year. We are deeply grateful for the CME funding provided to the Consortium by the General Assembly upon the recommendation of a previous interim study on opioid use disorder and we thank you.
8. We stand ready to continue to work with both the Consortium & DORA to implement the CME education requirement set forth in SB228. We request, however, that physicians who have completed applicable CMEs in the last 2-3 years be credited toward the new CME requirement.
9. The second piece I want to focus on is what happens when you have a strong partnership with the CO Consortium...good things! When the Colorado Consortium invited us to convene a Multi-Specialty Convening on Opioids w physicians across numerous specialties and geographies, we eagerly accepted. After two half-day convenings over 6 months, recommendations were put forth with strategies from Colorado physicians to address prevention & early intervention, treatment, and harm reduction, and identify gaps that should be addressed. (This report and my next reports are all in your read file.) CMS continues to be committed to the work of the Consortium and is looking to the future work with the Colorado Hospital Association in the CO's CURE project, Clinicians United to Resolve the Epidemic. The DO's CURE initiative endeavors to create the nation's first multi-specialty guidelines to address and resolve the opioid epidemic in CO.
10. My THIRD focus today is on the newly released "Spotlight on Colorado" report. Last year, the American Medical Association, or AMA, chose Colorado as one of 4 states [CO, Pennsylvania, NC, Miss] leading the way in combatting the opioid epidemic. In Jan, the AMA with CMS and Manatt Health released the "Spotlight on Colorado", an in-depth analysis of Colorado's responses to the opioid epidemic. Based on available data, review of policies, and discussions with key policymakers, the analysis found 4

key areas where Colorado is succeeding as well as areas where additional progress could be made to help end the opioid epidemic. This effort was headed by an attorney who previously served as Insurance Commissioner in two separate states, PA and OR.

11. CMS is now working on a crosswalk between the recommendations from the "Spotlight" report and Colorado law, including bills passed during this 2019 legislative session, in order to identify gaps that still need to be addressed.
12. I'd like to highlight one recommendation from the AMA/CMS/Manatt Spotlight report right now: *"We should build on the state's naloxone access successes by linking those whose lives have been saved by naloxone with follow-up treatment to begin and sustain recovery."*

We are eager to continue working with your Interim committee and are proud to support your efforts to curb opioid and other substance misuse. Thank you for your time today.