

## Colorado Consortium for Prescription Drug Abuse Prevention

### Treatment Work Group Meeting Minutes

January 23, 2025 via Zoom

#### **Present:**

Steve Young, MD, Angela Bonaguidi, Co-Chairs

Dayna DeHerrera-Smith, Front Range Clinic

Brooke Bender, Denver Health

Josh Blum, MD

Mary Weber, RN, College of Nursing

Rowan Mann, Adams County Health Department

Carl Anderson, Arapahoe County

Marie Archambault, Creative Treatment Options

Frazer Grant, MD, Community Medical Services

Jeremy Dubin, MD, Porch Light Health

Melissa Reumann, AllHealth Network

Dawn Garcia, HCPF

Stacy Samaro, Crossroads Turning Points

Andres Guerrero, CDPHE

BHA: Ryan Mueller

Consortium: Jose Esquibel, Gina Olberding, Jen Place, Jessica Eaddy, Shayna Micucci, Kristin

Carpenter, Rosemarie MacDowell

**Absent:** See attached roster.

Co-chair Steve Young called the meeting to order at 12:05 p.m.

#### **Approval of Minutes**

A motion was made to approve the December meeting minutes. Motion approved.

#### **Updates:**

CFR Part 12 Telemedicine Update: Angela Bonaguidi provided an update of the telemedicine extension set forth in CFR Part 12 Telemedicine Temporary Extension:

<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-12/subpart-A/section-12.1>

The extension will help prevent lapses in telemedicine care. The regulation identifies practitioners registered with the DEA authorized to prescribe FDA Schedule III through V controlled substances for opioid use disorder via telemedicine.

Additional information: <https://www.dea.gov/press-releases/2025/01/16/dea-announces-three-new-telemedicine-rules-continue-open-access>

Work group members briefly discussed the number of undocumented immigrants currently receiving treatment and how ICE activity may detrimentally affect access. Ryan Mueller pointed out that current state OTP rules indicate an individual does not need to have a valid government photo ID in order in order to enroll in OTP services.

1115 Renewal Waiver: The waiver was approved at the Federal level  
<https://hcpf.colorado.gov/1115sudwaiver>

### **Statewide Plan for Continuity of Care During System Disruptions (Becca Barnhart):**

Responding to Disruptions in Access to Opioid Prescriptions:

<https://preproduction.astho.org/4adf06/globalassets/report/responding-to-disruptions-in-access-to-opioid-prescriptions.pdf>

#### Presentation summary:

Disruptions in access to opioid prescriptions can occur for several reasons, including a prescriber's death or retirement or a federal or state law enforcement or regulatory action. These events can cause temporary or permanent disruptions and may result in complete closures of prescribers' practices. Disruptions in access to opioid prescriptions are especially dangerous for patients with physical dependency on opioids or an opioid use disorder, and they could lead to potential increases in drug-seeking behavior, drug diversion, illicit drug use, and opioid-involved injury or death among displaced patients. Risks of emotional trauma and suicide may also increase for patients being treated with prescription opioids for chronic pain who lose access to their medications.

The guidebook focuses on the complexities of responding to disruptions in access to opioid prescriptions due to law enforcement actions taken against a prescriber, but can apply to other disrupting events in supply such as the death, retirement, or resignation of a clinician who commonly prescribes opioids for long-term pain management.

Becca outlined the collaboration that will be required with the Opioid Rapid Response Program and other statewide stakeholders, including local public health and behavioral health agencies, first responders, physicians, linkage to care coordinators, peer recovery specialists, and hospital systems as well as patients themselves. Some of the stakeholders include the Association of State and Territorial Health Officials. For additional information: [bbarnhart@cdcfoundation.org](mailto:bbarnhart@cdcfoundation.org)

Andres Guerrero and Ryan Mueller provided information about how CDPHE responds to disruptions which have occurred in both rural and urban areas of Colorado. Rural disruptions are challenging because of the limited number of providers available in those areas. One disruption event involved 500 patients with various and complex issues. Some pain patients have been with the same provider for 20 to 30 years. Often, the long-time providers are not up to date with guidance changes and the patients have developed a dependence that requires different resources, such as primary care or a hospital setting. Reimbursement for services can also present a challenge to some of the treatment facilities. Some available providers may not accept the patient's insurance.

Jen asked if Medicaid might cover emergencies in some circumstances.

Andres said one of the goals of today's and future work group meetings would be suggest ideas that would ensure a smoother transition during disruptions by identifying providers willing to accept complex patients. He cited an example of one rural provider working out of their home accepting cash only and serving people traveling across state lines. It was extremely challenging to relocate those patients. CDPHE is seeking participants to join an advisory committee to help develop the disruption response plan. For information:

[andres.guerrero@state.co.us](mailto:andres.guerrero@state.co.us)

Comments:

Dr. Grant: One of the biggest barriers to treatment for a number of patients struggling with opioid use disorder is that they don't think they have a problem. Many are also obtaining illicit quantities of opioids.

Dayna DeHerrera-Smith: Front Range Clinic would be a resource for patients in transition. FRC offers broad services in rural communities with their mobile health unit project supported by SOR funding. They also offer telehealth services.

Dr. Dubin spoke about organizations joining forces to meet the various patient needs, i.e., care triage, advanced withdrawal management outside an ER setting, telemedicine, mobile unit care, established clinics. Porch Light offers an outpatient benzodiazepine tapering program and integrated psychiatric and behavioral services.

The work group discussed the treatment of patients who might not meet the criteria for SUD treatment, but still seek services.

Carl Anderson, Arapahoe County Sheriff's Office, gave an example of assistance their medical team provided to one of the community-based OTP partners. A patient was released from incarceration and went to the OTP without an ID. The sheriff's department was able to identify the patient and provide a copy of the patient's medical chart, thereby avoiding a lapse in care.

Dr. Young said if a patient needs to be referred to the ER, it would be helpful to contact the ER charge nurse or one of the attending medical providers ahead of time, assuming the absence of any privacy issues. In addition, ERs are always more willing to bridge prescriptions if they know there's a follow up in place.

Andres said that advance notice is provided in small rural areas, but often the notice of disruption is received on the same day it occurs. Urban area ERs are more challenging to contact because of the number of them that exist.

Dr. Dubin spoke about the potential benefit of establishing a network of facilities willing to see patients upon release from incarceration.

Anticipating provider closures by providing patient contact releases in advance was discussed. Some providers are more cooperative than others.

Jen Place said she likes the idea of patient releases to authorize transferring patient information to another provider. She mentioned the AG's Office of e-Health Innovation and their project to establish telehealth kiosks in local libraries for patient access.

**Consortium Announcements & Other Updates:**

Jose Esquibel said Senate Bill 23-044 proposes stronger penalties for fentanyl possession and synthetic opioids. Currently, possession of four grams or less is a misdemeanor. More than that amount results in a felony charge, even if the individual is not aware the drug contains synthetic opioids. A concerted effort is underway to oppose the bill. A meeting of stakeholders will be held in February to plan for ISC presentations.

SB 25-044 Concerning Criminal Penalties Involving a Control Substance that Includes Certain Synthetic Opiates: [chrome extension://efaidnbmnnnibpcajpcgiclfndmkaj/https://statebillinfo.com/bills/bills/25/2025a\\_044\\_01.pdf](https://statebillinfo.com/bills/bills/25/2025a_044_01.pdf)

If the bill fails, there could be a ballot initiative for public vote.

Another proposed bill concerns additional regulations for high-potency marijuana, particularly for individuals under age 25.

BHA will be conducting meetings related to the transition to ASAM 4. Meeting registration: <https://bha.colorado.gov/for-service-providers/laws-and-rules>

Ryan concluded the meeting with a summary of the positive partnerships that have been established between OTPs, administrators, medical directors, nurses, and counselors. A recent COTAD meeting held on the Anschutz Medical Campus was attended by approximately 70 people, including OTP directors and representatives from SAMHSA (CSAT Director and other CSAT representatives).

### **Adjournment/Next Meeting:**

The meeting was adjourned at 1:00 p.m. The next work group meeting will be held on Thursday, March 27, 2025 from Noon -1:00 p.m.

Attachments: Work group roster

### **Selected chat comments & links:**

Ryan Mueller: Proposed OTP ID language (open to feedback) *OTPs shall provide alternatives to admission denial due to lack of government-issued photo identification. This is including, but not limited to, accepting various forms of suitable identification, coordinating with the department to establish a unique treatment identifier within the central registry system, and direct referral to alternative MOUD (medications for opioid use disorder) treatment options.*

Joshua Blum: It is important not to conflate “pain patients” who may or may not have OUD with those already under treatment with MOUD. It would be helpful if there could be some kind of reassurance that community primary providers can continue controlled medications for individuals without diagnosed OUD without risk to their practices, assuming the regimen isn’t causing imminent danger.

Andres Guerrero: CDPHE has heard from providers about the concern related to accepting patients that could potentially risk DEA scrutiny for their practices.

Becca Barnhart: The DEA was asked if they would be able to provide in writing that these primary care providers would not be at risk in any way and that wasn’t possible. ORRP has assured this isn’t a concern. However, it would be nice to offer that peace of mind to providers. “Inheriting Patients on Long-Term Opioids – A Toolkit” <https://www.ciaosf.org/inheriting-patients-on-opioids>