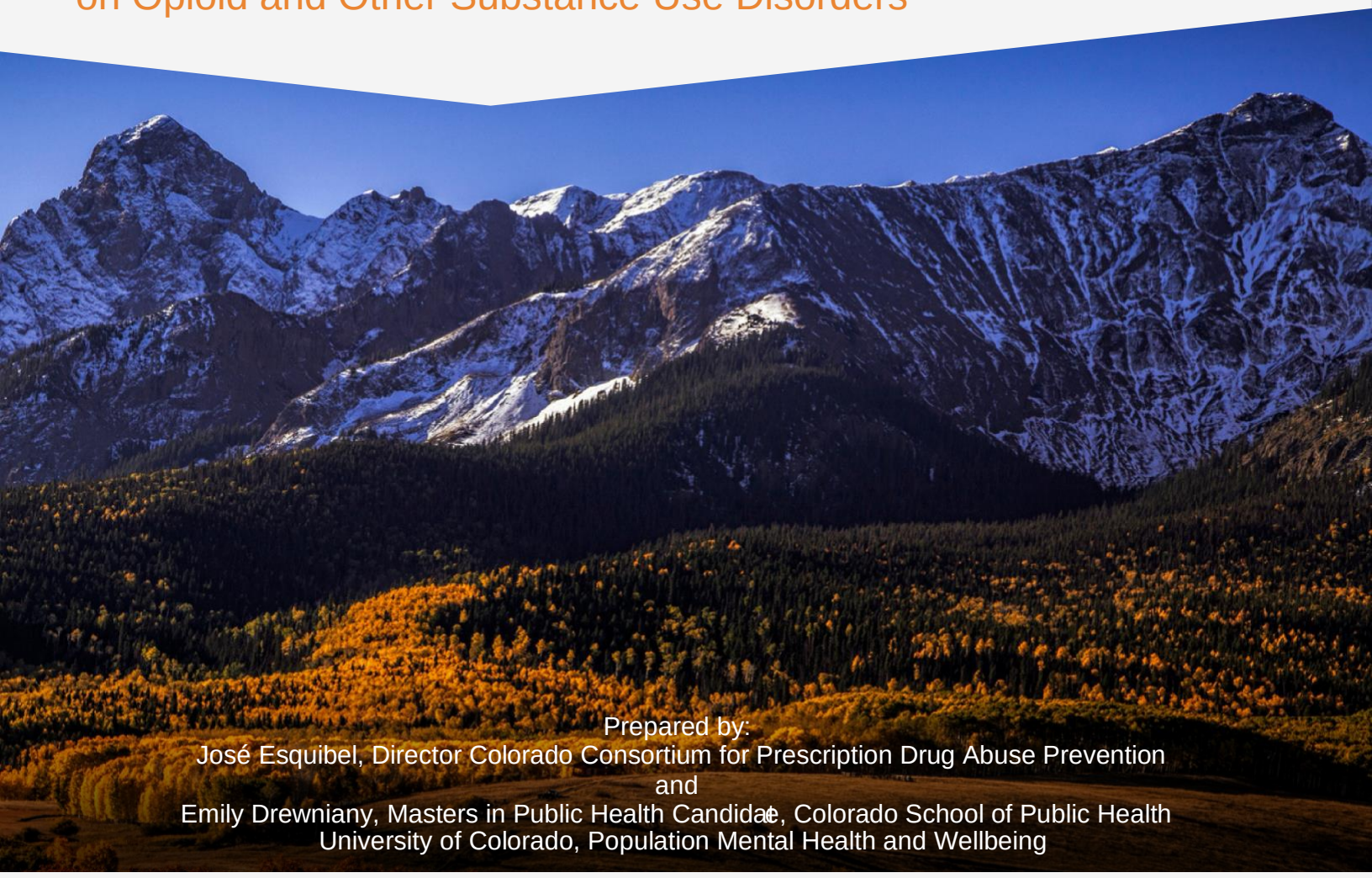
REPORT TO THE 2023 INTERIM STUDY COMMITTEE
ON OPIOIDS AND OTHER SUBSTANCE USE DISORDERS

OPIOID AND OTHER SUBSTANCE USE DISORDERS POLICY SURVEY

Survey Results on Implementation of Bills of the Study Committee on Opioid and Other Substance Use Disorders



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COLORADO CONSORTIUM
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I. Overview

During the 2017 legislative session of the Colorado General Assembly, Representative Brittany Pettersen gave consideration for legislation to assist in mitigating the impact of the opioid crisis. Given the efforts that were occurring in Colorado through a broad base of partners, led by the Colorado Consortium for Prescription Drug Abuse Prevention and the Colorado Substance Abuse Trend and Response Task Force, Representative Pettersen requested the formation of an interim study committee to garner input from subject matter experts to inform legislative policy development and action.

On April 28, 2017, the Colorado Legislative Council approved the formation of the Opioid and Other Substance Use Disorder Interim Study Committee (see Authorization Letter, April 28, 2017). The Study Committee was charged with studying the following policy issues:

- a review of data and statistics on the scope of the substance use disorder problem in Colorado, including trends in rates of substance abuse, treatment admissions, and deaths from substance use;

- an overview of the current prevention, intervention, harm reduction, treatment, and recovery resources, including substance abuse prevention outreach and education, available to Coloradans, as well as public and private insurance coverage and other sources of support for treatment and recovery resources;

- review of the availability of medication-assisted treatment and whether pharmacists can prescribe those medications through the development of collaborative pharmacy practice agreements with physicians;

- an examination of what other states and countries are doing to address substance use disorders, including evidence-based best practices and the use of evidence in determining strategies to treat substance use disorders, and best practices on the use of prescription drug monitoring programs;

- identification of the gaps in prevention, intervention, harm reduction, treatment, and recovery resources available to Coloradans and hurdles to accessing those resources;

- and identification of possible legislative options to address gaps and hurdles to accessing prevention, intervention, harm reduction, treatment, and recovery resources.

In 2018, an additional charge was added to the responsibilities of the Study Committee:

- examining law enforcement and criminal justice measures, including the prohibition of illegal drugs, penalties for trafficking illegal drugs, diversion, jail-based and prison-based treatment and harm-reduction programs, and technologies and other requirements useful in enforcing laws removing opioid and other illegal substances.

The Study Committee was seated in the summers of 2017, 2018 and 2019 with ten members consisting of five senators and five representatives, including a chair appointed by the Speaker of the House and a vice-chair appointed by the President of the Senate.

In each year the Study Committee collected input from numerous stakeholders pertaining to a variety of areas of focus, including clinical practice measures, expanding access to treatment, prevention approaches, harm reduction approaches, recovery supports, and alternative criminal justice responses.

Testimony by stakeholders focused on identified challenges and barriers, on approaches and services that were demonstrating success, and on solutions to address the identified gaps and barriers to determine policy actions and proposed funding to improve services for individuals with an opioid or other substance use disorder and to prevent opioid and other substance misuse.

In all, the Study Committee drafted 16 bipartisan bills of which 14 were passed by the Colorado General Assembly and were signed by the governor. See the appendix for a list of the specific policies within each bill.

Bills Passed

2018

SB18-022 Clinical Practice for Opioid Prescribing (Prime Sponsors: Senators Aguilar and Tate, Representatives Kennedy and Pettersen)

SB18-024 Expand Access Behavioral Health Care Providers (Prim Sponsors: Senators Jahn and Tate and Representatives Singer and Pettersen)

HB18-1003 Opioid Misuse Prevention (Prime Sponsors: Representative Pettersen and Senators Jahn and Priola)

HB18-1007: Substance Use Disorders Payment and Coverage (Prime Sponsors: Representatives Singer and Kennedy and Senators Lambert and Jahn)

HB18-1136 Substance Use Disorder Treatment (Prime Sponsors: Representative Pettersen and Senators Jahn and Priola)

2019

SB19-008 Substance Use Disorders Treatment in Criminal Justice System (Prime Sponsors: Senators Pettersen and Priola and Representatives Singer and Kennedy)

SB19-227 Harm Reduction Substance Use Disorders (Prime Sponsors: Senators Pettersen and Gonzalez and Representatives Kennedy and Herod)

SB19-228 Substance Use Disorders Prevention Measures (Prime Sponsors Senators Winter and Moreno and Representatives Singer and Buentello)

HB19-1009 Substance Use Disorders Recovery (Prime Sponsors: Representatives Singer and Kennedy and Senators Pettersen and Priola)

HB19-1287 Treatment for Opioids and Other Substance Use Disorders (Prime Sponsors: Representatives Esgar and Wilson and Senators Pettersen and Priola)

2020

SB20-007 Treatment Opioid and Other Substance Use Disorders (Prime Sponsors: Senators Pettersen and Winter and Representatives Buentello and Wilson)

SB20-028 Substance Use Disorder Recovery (Prime Sponsors: Senators Pettersen and Priola and Representatives Buentello and Herod)

HB20-1017 Substance Use Disorder Treatment in Criminal Justice System (Prime Sponsors Representatives Herod and Kennedy and Senators Donovan and Priola)

HB20-1065 Harm Reduction Substance Use Disorders (Prime Sponsors; Representatives Kennedy and Herod and Senators Pettersen and Priola).

Bill Not Passed

SB18-040 Substance Use Disorder Harm Reduction (Prime Sponsors Senator Lambert and Representative Singer. Note: This bill contained a section related to "Safe Injections Sites," which is the item to lead to the bill not passing out of its first committee.

Vetoed Bill

HB20-1085: Prevention of Substance Use Disorders (Prime Sponsors: Representatives Kennedy and Herod and Representatives Winter and Priola). This bill contained a section related to mandates for insurance companies that led to the Governor's veto of the bill.

Senate Bill 2021: Behavioral Health Care Recovery Act

Although the Study Committee did not convene in the summer of 2020, Senator Brittany Pettersen convened a group of stakeholders to inform a bill for which $100 million of federal American Rescue Plan Act funds were allocated to address behavioral health care needs with an emphasis on the impact of the COVID-19 pandemic. The bill was SB21-137 Behavioral Health Care Recovery Act of 2021 in which there was allocation of funding for responses related to prevention harm education, treatment and recovery supports regarding opioid and other substance use disorders. The policies in SB21-137 relate to opioids and other substance use disorders represented a continuation of the legislative policy work and funding of the previous Study Committees on Opioid and Other SUDS.

Continuation and Postponements of the Study Committee

Senate Bill 2020-028 continued the Study Committee on Opioids and Other SUDS for an additional four years, meeting every other year beginning in 2021.

Due to the allocation of $550 million of federal American Rescue Plan Act for Colorado's behavioral health recovery due to the impacts of COVID-19, which included convening a legislative Behavioral Health Transformational Task Force (BHTF), the Study Committee convening of 2021 was postponed until 2022 (SB21-137).

Because of the many months of work on the BHTF, which was followed immediately by the 2022 legislative, a decision was made to once again postpone the Study Committee and to convene in the interim of 2023 and 2025 (HB22-1278).

II. Survey Process

A survey of the policies enacted through the 14 bills of the Study Committee and SB21-137 was conducted in early 2023 for the purpose of soliciting input on the implementation of the various policies contained within each of the bills and to solicit policy recommendations for the 2023 Interim Study Committee on Opioids and Other Substance Use Disorders.

The survey consisted of modules aligned with the five categories of the Study Committee bills: prevention, harm reduction, criminal justice, treatment and recovery.

For each policy items, there were three questions:

- To what extent has the policy achieved, or is achieving its objective(s)?
- Are there unintended consequences related to any of these policies?
- Do any of these policies need to be revised?

Additionally, stakeholders were asked to respond to the question, "To what extent has the policy achieved or is achieving its objective(s)?" by rating the policy item on a Likert-scale from 1-5 (1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent).

The survey was sent to 1,169 key stakeholders across the state of Colorado and was live for three weeks from March 9 to March 30, 2023, and additional responses were collected through June 16, 2023.

III. Key Findings

In total, 58 stakeholders responded to the survey. Of those 58 stakeholders, 14 responded to the harm reduction, 12 responded in prevention, 5 individuals responded to criminal justice, 11 responded in treatment and 16 responded in recovery. For the purpose of this survey, it was more important to receive responses from stakeholders knowledgeable about the policies versus a large number of people who may not have the same depth of understanding of the implementation and impacts of the policies.

Of the 112 policies in the survey, all policy items received at least one response and 97 (86.6%) received a favorable score of 3.1 or higher in achieving the intended objectives of those policies. Policy effectiveness ratings ranged from 2.2-5.0 with the overall average being 3.86.

Two policy items received a perfect score of 5.0. The two are:

- Prohibits prescribers from receiving financial benefit from prescriptions (SB19-228)
- Assigns CDPHE to report findings on Prescription Drug Monitoring Program integration method by December 1, 2019 (SB19-022)

Eight policy items received a score or 2.9 or lower:

- Ensures continuity of care for persons treated for a substance use disorder while incarcerated in a correctional facility, including provision of post-release resources list of substance use providers, and filing of Medicaid enrollment paperwork upon release from the facility (HB20-1017).
- Allows for creation, maintenance, or expansion of criminal justice diversion programs to connect law enforcement officers with behavioral health interventions or to divert individuals from the criminal justice system (HB20-1017).
- Strongly encourages jails and the Department of Corrections to make available opioid agonists and antagonists to a person in custody of an opioid use disorder throughout the duration of their incarceration as medically necessary (HB20-1017).
- Allows for safe stations where individuals can turn in controlled substances and request assistance to access treatment for a substance use disorder without being subject to arrest or prosecution for possession of such controlled substances (HB20-1017).
- Requires county jails receiving funding through the Jail-Based Behavioral Health Services Program to have a policy for medication-assisted treatment by January 2020 (SB19-008).

- Requires development of resources for inmates' post-release to assist with successful reintegration into communities, reflecting the needs of diverse underserved populations and communities (HB20-1017).
- Establishes a grant program building substance use disorder treatment capacity expansion in rural and frontier communities (HB19-1287, funding cut in 2020).

In response to the items that scored below 2.9, stakeholders suggested the following:

1. With regard to serving incarcerated persons with opioid or other substance use disorders, there needs to be a better reporting requirement or tracking to see how many people are benefiting from these policy changes. Closer oversight is needed for this, as well as more resources made available for the more rural jurisdictions.

2. Additional family-friendly treatment policies should be implemented.

IV. Survey Results

A. Policy Recommendations

The following are aggregate results from public and state departmental stakeholders by bill number and category.

Bill Number:	Current Policy:	Proposed Policy Action:
SB19-228	Develops labeling requirements for opioid prescriptions about risk for overdose and addiction.	Expand policy to include benzodiazepines, Adderall and THC
SB19-228	Funds public awareness concerning safe use, safe storage, safe disposal of opioids and availability of naloxone.	Safe storage efforts should prioritize families who have children.
SB21-011	Requires a pharmacist who dispenses an opioid prescription to inform the individual of the potential dangers of a high dose of an opioid.	Create a tracking system to ensure pharmacists are participating.
SB19-227	Excludes from the definition of drug paraphernalia testing equipment used or designed for use in identifying or analyzing the strength or purity of controlled substances.	The definition of allowed paraphernalia needs to be standardized around the state.
SB21-122	Specifies as an eligible entity for the opiate antagonist bulk purchase fund: a) a harm reduction organization, a law enforcement agency, and a first responder.	It is recommended that primary care should be eligible for the bulk purchase fund.
SB19-227	Creates the naloxone bulk purchase fund.	Novel harm reduction strategies should be explored for new drugs that don't respond to naloxone.
SB21-137	Continuous, annual appropriation of funding to the Harm Reduction Grant Program Cash Fund.	Harm reduction applicants would like to be able to apply for the funding as independent entities without the mandate to include local public health and law enforcement agencies and would like to see expanded funding. Revise to ensue funding for these services for an extended amount of time.
SB19-227	Allows hospitals to operate a syringe access program.	This policy should be incentivized in some way. As it currently stands,

		stakeholders are unaware of any hospital choosing to operate a syringe access program.
SB21-137	Allows qualified medication administration personnel to administer opioid agonists and opioid antagonists for the treatment of an opioid use disorder and, as funding and supplies allow, for a person in custody treated for an opioid use disorder. The correctional facility or private contract prison shall offer the person, upon release from the facility, at least two doses of an opioid reversal medication, in a form approved by the federal drug administration, and provide education to the person about the appropriate use of the medication.	There needs to be a reporting requirement that confirms that individuals who are released from correctional facilities are provided an opiate antagonist.
HB20-1017	Strongly encourages jails and the Department of Corrections to make available opioid agonists and antagonists to a person in custody of an opioid use disorder throughout the duration of their incarceration as medically necessary.	There needs to be a reporting requirement for correctional facilities that opioid agonists and antagonists are provided as mandated, especially in more rural jurisdictions where there are fewer resources.
SB19-228	Funds a maternal and child health pilot program grants to two treatment facilities.	There is a need for additional funding as demand for specialized treatment for pregnant and parenting women continues to outpace the supply of childcare spots. Additional support is needed for a public-private partnership to explore innovative approaches to addressing childcare and treatment issues.
SB21-137	Continuous, annual appropriation of funding to the Harm Reduction Grant Program Cash Fund.	Refine definition of eligible entities because requests for grant money have come from organizations that do not align with the traditional definition of a harm reduction agency.
SB19-227	Allows access to naloxone and expands immunity for school personnel.	Ensure schools are adequately educated on the new policy.
SB19-227	Allows hospitals to operate a syringe access program.	Incentivize hospitals to open syringe access programs.

B. Unintended Consequences

Bill Number:	Current Policy:	Consequence:
SB19-227	Allows Naloxone with AEDs in public settings.	Inclusion of automatic external defibrillators (AEDs) creates confusion within private/for-profit entities with AEDs to reach out to the Bulk Fund. Concern from law enforcement partners around immunity protections for improper storage.
SB19-227	Allows hospitals to operate syringe access programs.	This legislation gave hospitals the option to run these programs, but none are known to be doing so.
SB21-122	Specifies as an eligible entity for the opiate antagonist bulk purchase fund [Naloxone Buk Purchase Fund]: harm reduction organization, a law enforcement agency, and a first responder.	Eligible entities for the Colorado Naloxone Bulk Fund have been expended in subsequent bills and now goes beyond what is traditionally thought to be harm reduction but are technically eligible to acquire free naloxone from the bulk fund under the definition in statute.
SB21-137	Continuous, annual appropriation of funding to the Harm Reduction Grant Program Cash Fund.	Requests for grant money have come from organizations that do not align with the traditional definition of a harm reduction agency. It is problematic that harm reduction organizations, local public health, and law enforcement must apply together for funding, instead of allowing for them to apply independently.
SB19-227	Allows access to naloxone and expands immunity for school personnel.	Schools have not been adequately educated on the new policy.
SB19-227	Allows hospitals to operate syringe access programs.	Few hospitals seem to be using their right to run a syringe access program.

C. Ranking Policies by Achievement of Policy Objectives: Stakeholder Responses

1. Prevention (n=12)

Ranking of responses on the question: "To What Extent Has the Policy Achieved or is Achieving Its Objective?"

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

Items Ranked from Higher to Lower Ranking of Policy's Success in Achieving Its Objective

Policy:	**Average Score:**
Prohibits prescribers from receiving financial benefit from prescriptions (SB19-228)	**5.0**
Assigns CDPHE to report findings on PDMP integration method by December 1, 2019 (SB19-022)	**5.0**
Develops labeling requirements for opioid prescriptions about risk for overdose and addiction (SB19-228)	**4.75**
Expands access to PDMP by medical examiners who are physicians (SB19-228)	**4.75**
Allows a deputy coroner acting on behalf of the coroner to access and query the PDMP (SB21-098)	**4.67**
Develops rules for prescribers to complete continuing education on range of substance use topics (SB19-228)	**4.5**
Creation and one-year funding of Charlie Hughes and Nathan Gauna Opioid Prevention Grant (SB19-228)	**4.5**
Prevents carriers from penalizing providers for results from patient satisfaction surveys (HB18-1007)	**4.5**
Limits first opioid Rx to 7-day supply for opioid-naïve, non-chronic pain, non-palliative patients (SB19-022)	**4.33**
Require the board to adopt rules to implement the PDMP that may identify prescription drugs and substances by using evidence-based practices, in addition to controlled substances that have substantial potential for abuse and must require pharmacists and prescription drug outlets to report those prescription drugs and substances to the program when they are dispensed to a patient (SB21-098)	**4.25**
Requires providers to check PDMP before 2nd opioid Rx refill with exceptions (SB18-022)	**4.25**

Allows for tracking of all prescription drugs as determined through rule making by the Board within the Department of Regulatory Affairs and mandates that the Board must note the justification of exclusions during the rule-making process (HB21-1012)	**4.0**
Provides pharmacy reimbursement for injections and patient counseling of substance use disorders (SB19-228)	**4.0**
One-year funding to local public health agencies to address opioid and other substance use disorders (SB19-228)	**4.0**
Include a data retention schedule for the information obtained and stored by the program and the processes for the preservation of de-identified, aggregated data (SB21-098)	**4.0**
Creation and funding of a grant-writing assistance program (SB19-228)	**4.0**
Expands statewide SBIRT training for providers, including those serving women of child-bearing age (funding reduced in 2020); and develops a patient-education tool for women to learn about the risks of substance exposed pregnancies, to be deployed for public use in the state (HB18-1003)	**3.75**
Appropriated $53,838 for personal services and $7,280 for operating expenses for the Prescription Drug Monitoring Program (HB21-1012)	**3.67**
Funds public awareness concerning safe use, safe storage, safe disposal of opioids and availability of naloxone (SB19-228). Note: Funding was decreased in 2020.	**3.67**
Directs the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies to conduct a statewide perinatal substance use data linkage project that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy. The data linkage project shall utilize data from the medical assistance program, articles 4 to 6 of title 25.5; the electronic Prescription Drug Monitoring Program created in part 4 of article 280 of title 12; the Colorado Trails system, as defined in section 16-20.5-102 (10); the Colorado Immunization Information System, created pursuant to section 25-4-2401, et seq.; the Colorado child care assistance program, created in part 8 of article 2 of title 26; the Office of Behavioral Health in the Department of Human Services; and birth and death records. (SB21-137)	**3.67**
The Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies shall engage in public awareness, provider education, and community engagement activities to address substance use prevention, harm reduction, criminal justice system response, treatment, and recovery. Appropriates $1 million ongoing annually from Marijuana Tax Cash Fund (SB21-137)	**3.3**
Requires a pharmacist who dispenses an opioid prescription to inform the individual of the potential dangers of a high dose of an opioid (SB21-011)	**3.25**
Requires a pharmacist who dispenses an opioid prescription to offer an opiate antagonist at least one time per year, if an individual is prescribed a benzodiazepine, a sedative hypnotic drug,	**3.25**

carisoprodol, tramadol or gabapentin, or the opioid prescription is at or in excess of ninety morphine milligram equivalent (SB21-011)	
Funds provider and law enforcement education (HB18-1003)	**3.2**
Created the Colorado School of Medicine Regional Health Connector Workforce Program to assist primary care practices and community agencies in connecting patients with mental health or substance use disorders to support and treatment options and educate health-care providers about preventive medicine, health promotion, chronic disease management, and behavioral health services. One year allocation of $1 million (SB21-137)	**3.2**
Funds school-based behavioral health centers (HB18-1003)	**3.17**
Expands the Colorado AgrAbility Project in the CSU/Extension by providing funding for the project's rural rehabilitation specialists with the goal of informing, educating, and assisting farmers, ranchers, and farm workers with disabilities and their families so they can continue to have successful careers in agriculture with an ongoing annual allocation of $900,000 (SB21-137)	**3.0**
Requires a pharmacist who dispenses an opioid prescription to counsel individuals who accept an opiate antagonist on its use (SB21-011)	**2.5**

2. Harm Reduction (n=14)

Ranking of responses on the question: "To What Extent Has the Policy Achieved or is Achieving Its Objective?"

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

Items Ranked from Higher to Lower Ranking of Policy's Success in Achieving Its Objective

Policy:	**Average Score:**
Creates the naloxone bulk purchase fund (SB19-227)	**4.92**
Extends immunity for administration of an opiate antagonist to a unit of local government (SB21-122)	**4.89**
Creates the Harm Reduction Grant Program (SB19-008)	**4.89**
Implements a state program for safe collection and disposal of syringes (SB19-227)	**4.81**
Allows access to naloxone and expands immunity for school personnel (SB19-227)	**4.8**
Specifies a unit of local government as an eligible entity for standing orders related to the dispensing of an opiate antagonist by a pharmacist. (SB21-122)	**4.73**
Extends immunity from civil damage and criminal prosecution for administration of expired naloxone (HB20-1065)	**4.72**
Specifies as an eligible entity for the opiate antagonist bulk purchase fund: a) a harm reduction organization, a law enforcement agency, and a first responder (SB21-122)	**4.7**
Excludes from the definition of drug paraphernalia testing equipment used or designed for use in identifying or analyzing the strength or purity of controlled substances (SB19-227)	**4.64**
Reimburses a hospital's cost for providing naloxone upon discharge (HB20-1065)	**4.63**
Requires pharmacists to educate individuals receiving a prescription opioid on naloxone (HB20-1065)	**4.6**
Requires a health benefit plan to provide coverage for at least one form of naloxone (SB20-007)	**4.45**
Continuous, annual appropriation of funding to the Harm Reduction Grant Program Cash Fund. (SB21-137)	**4.44**
Allows nonprofit organizations with experience operating a clean syringe exchange program to operate a new facility without prior approval of local health board (HB20-1065)	**4.4**

Directs state agencies to a submit report on individuals tested for Hep B, Hep C, HIV, funding and plans to increase testing and treatment (SB19-228)	**4.22**
Allows naloxone with AEDs in public settings (SB19-227)	**4.2**
Permits pharmacies to sell a nonprescription syringe or needle to any person and exempts pharmacist from laws related to possession of drug paraphernalia (HB20-1065)	**4.1**
Allows hospitals to operate a syringe access program (SB19-227)	**3.25**

3. Criminal Justice Responses (n=5)

Ranking of responses on the question: "To What Extent Has the Policy Achieved or is Achieving Its Objective?"

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

Items Ranked from Higher to Lower Ranking of Policy's Success in Achieving Its Objective

Policy:	**Average Score:**
Allows for sealing of criminal conviction records information for offenses involving possession of controlled substance and the conditions and processes for such sealing (SB19-008)	**4.5**
Considers entry into or successful completion of substance use disorder treatment program by a person as a factor of consideration in determining whether to seal arrest and criminal records (HB20-1017)	**4.5**
Charges the Commission on Criminal and Juvenile Justice to study and make recommendations on alternatives to criminal charges for individuals with and substance use disorders arrested for drug-related offenses and other items (SB19-008)	**4.5**
Prohibits condition by a court of ceasing medication assisted treatment as part of a drug or problem-solving court or other judicial program or as a condition of probation or parole or placement in community corrections (SB20-007)	**4.33**
Provides immunity from civil or criminal liability on a state law enforcement agency or law enforcement officer when ordinary care is used in the administration or provision of an opioid reversal medication in cases when an individual appears to be experiencing an opioid overdose (SB21-137)	**4.25**
Requires the Department of Human Services to ensure that mobile response units are available to respond to a behavioral health crisis anywhere in the state within two hours, either face-to-face or through telehealth (HB20-1017)	**3.67**
Allows qualified medication administration personnel to administer opioid agonists and opioid antagonists for the treatment of an opioid use disorder and, as funding and supplies allow, for a person in custody treated for an opioid use disorder. The correctional facility or private contract prison shall offer the person, upon release from the facility, at least two doses of an opioid reversal medication, in a form approved by the federal drug administration, and provide education to the person about the appropriate use of the medication. (SB21-137)	**3.2**
Prohibits any community corrections program from rejecting any offender referred for placement based on the offender's participation in medication-assisted treatment (SB20-007)	**3.0**
Allows for mobile crisis services to be required to be delivered by approved criminal justice programs or a crisis response system contractor (HB20-1017)	**3.0**

Ensures continuity of care for persons treated for a substance use disorder while incarcerated in a correctional facility, including provision of post-release resources list of substance use providers, and filing of Medicaid enrollment paperwork upon release from the facility (HB20-1017)	**2.8**
Allows for creation, maintenance, or expansion of criminal justice diversion programs to connect law enforcement officers with behavioral health interventions or to divert individuals from the criminal justice system (HB20-1017)	**2.75**
Strongly encourages jails and the Department of Corrections to make available opioid agonists and antagonists to a person in custody of an opioid use disorder throughout the duration of their incarceration as medically necessary (HB20-1017)	**2.6**
Allows for safe stations where individuals can turn in controlled substances and request assistance to access treatment for a substance use disorder without being subject to arrest or prosecution for possession of such controlled substances (HB20-1017)	**2.33**
Requires county jails receiving funding through the Jail-Based Behavioral Health Services Program to have a policy for medication-assisted treatment (MAT) by January 2020 (SB19-008)	**2.25**
Requires development of resources for inmates' post-release to assist with successful reintegration into communities, reflecting the needs of diverse underserved populations and communities (HB20-1017)	**2.2**

4. Treatment (n=11)

Ranking of responses on the question: "To What Extent Has the Policy Achieved or is Achieving Its Objective?"

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

Items Ranked from Higher to Lower Ranking of Policy's Success in Achieving Its Objective

Policy:	**Average Score:**
Requires health plans to provide coverage without prior authorization for 5-day supply of FDA approved drugs for treatment of opioid dependence (HB18-1007)	**4.6**
Prohibits Managed Service Organizations from denying access to services for people on medication assisted treatment and establishing rules by the state board of human services (SB20-007)	**4.6**
Adds inpatient, residential and medical detox substance use treatment as benefit under CO Medicaid, conditional upon federal approval—scheduled for January 2021 (HB18-1136)	**4.43**
Consolidates Part 1 of Article 82 of Title 27 relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of drugs with Part 1 of Article 81 of Title 27 relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of alcohol use disorders, in order to create a single process that includes all substances (SB20-007)	**4.4**
On or before January 1, 2022, the state department shall incorporate the standards developed pursuant to subsection (1) of this section into existing Managed Care Entity (MCE) contracts, and each MCE shall adhere to the standards when conducting utilization management for residential and inpatient substance use disorder treatment (SB21-137)	**4.4**
Mandates use of the American Society of Addiction Medicine (ASAM) Criteria for addictive, substance use related and co-occurring conditions (SB20-007)	**4.33**
Continues the Medication-Assistance Treatment Expansion Pilot in Pueblo and Routt counties to train and fund NPs and PAs to provide medication-assisted treatment and expands to other frontier and rural counties (SB19-001)	**4.25**
Adds behavioral health care providers to list of healthcare providers eligible for loan repayment through Colorado Health Service Corps program (SB18-024; funding decreased in 2020))	**4.25**
Requires payers to provide enhanced fee to pharmacists who administer MAT injections that is aligned with the administrative fee paid to a provider in a clinical setting (HB17-1007)	**4.2**
On or before October 1, 2021, the state department shall consult with the Office of Behavioral Health in the Department of Human Services, residential treatment providers, and MCEs to	**4.2**

develop standardized utilization management processes to determine medical necessity for residential and inpatient substance use disorder treatment. Processes must incorporate the most recent edition of "the ASAM criteria for addictive, substance-related, and co-occurring conditions" and align with federal Medicaid payment requirements (SB21-137)	
No later than July 1, 2022, the state department shall contract with an independent third-party vendor to audit thirty-three percent of all denials of authorization for inpatient and residential substance use disorder treatment for each Managed Care Entity (SB21-137)	**4.0**
Mandates that no later than July 1, 2023, the state department shall contract with one or more independent review organizations to conduct external medical reviews requested for review by a Medicaid provider when there is a denial or reduction for residential or inpatient substance use disorder treatment and Medicaid appeals processes have been exhausted (SB21-137)	**4.0**
Addresses barrier of ID verification for treatment for individuals without identification or individuals experiencing homelessness (SB19-227)	**4.0**
Requires reimbursement for pharmacists services to be equivalent to that provided to a physician or advanced practice nurse for the same services rendered, including services through telemedicine (HB21-1275)	**4.0**
Allows a pharmacist or pharmacy with authority to administer extended-release injectable medications for the treatment of mental health or substance use disorders to seek reimbursement for those medications under the medical assistance program as either a pharmacy benefit or as a medical benefit (HB21-1275)	**4.0**
Requires Medicaid reimbursement of at least one FDA approved ready to use overdose reversal drug without prior authorization (HB18-1007)	**4.0**
Funds a maternal and child health pilot program grants to two treatment facilities (SB19-228)	**4.0**
On or before January 1, 2022, each MCE's notice of an adverse benefit determination must demonstrate how each dimension of the most recent edition of "the ASAM criteria for addictive, substance-related, and co-occurring conditions" was considered when determining medical necessity (SB21-137)	**4.0**
Defines a request for prior authorization for medication-assisted treatment as an urgent prior authorization request (HB18-1007)	**3.8**
Allows the Commissioner of Insurance, in consultation with CDPHE, to promulgate or revise rules on essential health benefits formulary for MAT (SB20-007)	**3.8**
Mandates the University of Colorado School of Medicine to practice consultation services to health-care providers who are eligible to provide medication for opioid use disorder. Practice consultation services must include: 1) Staff training and workflow enhancement to encourage screening for opioid use disorder and educational materials for patients who screen positive for opioid use disorder; 2) Supporting the adoption of communication strategies that provide information to patients and referral sources; and 3) Provide stipends to health-care providers who	**3.6**

are eligible to provide medication for opioid use disorder and who have achieved certain benchmarks known to lead to an increased number of patients being managed by medication for opioid use disorder. One year allocation of $600,000 for SFY 2021-22 with allowance for use of unexpended funds in the subsequent fiscal year. (SB21-137)	
Allows for intergovernmental agreements for the purchase of mental health services by courts, counties, municipalities, school districts and other political division (HB19-1287)	**3.6**
Requires a carrier to report to the Commissioner of Insurance on variety of indicators assessing provider medication-assisted treatment prescribing (SB20-007)	**3.6**
$3 million dollars per fiscal year from the Marijuana Tax Cash Fund created in section 39-28.8-501 to the Board of Regents of the University of Colorado, for allocation to the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery support strategies to implement and administer the Medication-Assisted Treatment Expansion pilot program. (SB21-137)	**3.57**
Establishes rules that standardizes utilization management authority timelines for non-pharmaceutical components of medication-assisted treatment (HB18-1007)	**3.5**
Requires statewide managed care system to provide coordination of care for the full continuum of substance use disorder and mental health treatment and recovery (SB20-007)	**3.0**
Establishes centralized web-based behavioral health tracking system for locating behavioral health treatment options, including opioid treatment programs (HB19-1287; repealed in 2020)	**3.0**
Beginning October 1,2021, and quarterly thereafter, the state department shall collaborate with the office of behavioral health in the department of human services, residential treatment providers, and MCEs to develop a report on the residential and inpatient substance use disorder utilization management statistics (SB21-137)	**2.8**
Establishes a grant program building SUD treatment capacity expansion in rural and frontier communities (HB19-1287, funding cut in 2020)	**2.8**

5. Recovery (n=16)

Ranking of responses on the question: "To What Extent Has the Policy Achieved or is Achieving Its Objective?"

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

Items Ranked from Higher to Lower Ranking of Policy's Success in Achieving Its Objective

Policy:	**Average Score:**
Authorizes the department of Health Care Policy and Financing to reimburse recovery support services organizations for permissible claims for peer support services submitted under the medical services program (HB21-1021)	**4.46**
Adds a member that represents recovery services to the Behavioral Health Entity Implementation Advisory Committee (HB21-1021)	**3.8**
Prohibits denial of recovery residence admission of individuals receiving medication assisted treatment by recovery residence receiving state funds (SB20-007)	**3.73**
Requires the Substance Abuse Trend and Response Task Force to review progress on bills introduced by the Opioid and Other SUD Study Committee (SB20-028)	**3.7**
Establishes the definition of recovery residence, sober living facility and sober home and requires such entities to be certified as a recovery residence (HB19-1009)	**3.67**
Develops perinatal substance use data linkage project to improve outcomes for families impacted by substance use during pregnancy (SB19-228)	**3.67**
Creates biennial continuation of the Opioid and other SUD Study Committee, with 2021 focus on impact of COVID-19 (SB20-028)	**3.64**
Authorizes the perinatal substance use data linkage project to improve outcomes for families impacted by substance use during pregnancy and prepare a report for submission by January 1, 2021 (SB20-028)	**3.63**
Created in the Office of Behavioral Health the Recovery Support Services Grant Program, to provide grants to recovery community organizations for the purpose of providing recovery-oriented services to individuals with a substance use disorder or co-occurring substance use and mental health disorder, as awarded through Managed Service Organizations. With an appropriation of $1.6 million annually, ongoing (SB21-137)	**3.62**
Creates the opioid crisis recovery funds advisory committee to advise the Office of the Attorney General on use of opioid-related settlement funds (HB19-1009)	**3.58**
Updates and modernizes the definition of child abuse and neglect related to a child born affected by alcohol or substance exposure (SB20-028)	**3.57**

Requires development of a state strategic plan for recovery services (HB18-1003; completed in 2020)	**3.55**
The Office of Behavioral Health shall establish a program to provide temporary financial housing assistance to individuals with a substance use disorder who have no supportive housing options when the individual is: (a) Transitioning out of a residential treatment setting and into recovery; or (b) Receiving treatment for the individual's substance use disorder. With an appropriation of $4 million per year ongoing (SB21-137)	**3.54**
Allow recovery services as an allowable for the Building Substances Use Disorder Treatment Capacity in Underserved Communities Grant Program (HB21-1021)	**3.46**
Adds recovery services as authorized use of state funds to serve women enrolled in Medicaid and as part of the state SUD treatment capacity grant program (HB21-1021)	**3.46**
Requires contracts entered into between the Office of Behavioral Health and designated Managed Service Organizations to include terms and conditions related to the support of peer-run recovery support services organizations (HB21-1021)	**3.46**
No later than January 1, 2022, the Office of Behavioral Health shall use a competitive selection process to select a recovery residence certifying body to certify recovery residences pursuant to section 25-1.5-108.5; and educate and train recovery residence owners and recovery residence staff on industry best practices, including best practices for providing culturally responsive and trauma-informed care. With an appropriation of $200,000 per year (SB21-137)	**3.46**
Appropriated for fiscal year 2021-2022 $28,654 to the Department of Human Services (HB21-1021)	**3.4**
Expands housing vouchers for individuals with substance use disorder and transitioning from a mental health institute, a psychiatric hospital, or from incarceration, or from a residential treatment program (HB19-1009)	**3.33**
Based on available appropriations, requires investment in recovery services by managed service organizations, including peer-run recovery support services and specialized services for underserved populations (HB21-1021)	**3.23**
Permits a recovery support services organization to charge and submit for reimbursement from the medical assistance program certain eligible peer support services provided by peer support professionals (HB21-1021)	**3.23**
Requires the Department of Human Services to establish procedures to approve recovery support services organizations for reimbursement of peer support professional services and gives the executive director of the state department rule-making authority to establish other criteria and standards as necessary (HB21-1021)	**3.08**

D. Policy Survey Comments

This section includes comments submitted by respondents and represents the view of those respondents.

The comments are organized by the five categories of the survey: prevention, harm reduction, treatment, recovery, and criminal justice responses. Each of those categories of the survey consisted of sub-sections related to policies from various bills of the Study Committee and policies of SB21-137 (Behavioral Health Recovery Act).

Prevention

Prevention Section 1: Behavioral Health Recovery Act (SB21-137)

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - Short on collecting epidemiologic data.
- What is working well with any of the above policies that you would like legislators to know about?
    - There's still not enough available access to mental health/substance use clinics for people on Medicaid. It can take up to 2 weeks to get someone who is ready to start their journey into a facility in order to facilitate that. Often, we find that their "moment of clarity" has passed by the time a bed opens up. We also don't have a consolidated list of all resources available which makes things somewhat of a wild goose chase for people that don't have their finger on the pulse.
    - The populations I work with have not seen an increase in access to, or resource referrals, in the past 2 years. They are still without the needed education and access and often fall between the cracks for services and one-to-one assistance and individualized programming.
    - The Statewide Perinatal Substance Use Data Linkage Project has been an important tool for informing collaborative efforts to better support families impacted by substance use during pregnancy, helping to identify trends and opportunities.

- Thanks to then State Senator Brittany Pettersen, now U.S. Representative Pettersen, Colorado AgrAbility is expanding by employing three new Regional Extension Behavioral Health Specialists who live and work in Western, Mountain, and Eastern Regions of Colorado to live and work in rural Colorado to reduce farm and ranch stress and prevent ranch and farm suicide.

- Do any of these policies need to be revised or eliminated?
    - Talking about funding programs and positions has not actually implemented change.

- Other comments, recommendations, or related issues of concern:
    - A waste of taxpayers' money.
    - We need to expand provider education and destigmatization around substance use disorders and treatment modalities. Methadone and Sublocade need to be more readily available, especially in rural areas, and therapeutic treatment must go along with these in a more one-to-one approach. Methadone prescribing needs to be less restricted and access to prescribing physicians at clinics more available through tele-health. We know too many people who would continue with methadone treatment and remain in recovery if access were easier and they could return to normalcy without the constant punishments for missing doses.
    - There is a particular opportunity to consider how the existing Smart Choices Safe Kids campaign and conversation guide training could be leveraged as part of the funded public awareness, provider education, and community engagement activities--all the more important given the recent trends around children accessing substances that are not stored safely.

Prevention Section 2: Pharmacists Prescribe and Dispense Opiate Antagonists

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - Waivers can be signed for requirements that make them meaningless.

- I have yet to see a pharmacist talk about this in person with a prescription for an opioid or any of the families I serve.

- What is working well with any of the above policies that you would like legislators to know about?
    - I am not sure if all pharmacists are aware of this as I have personally received opiates from a pharmacist and was not presented with this information.
    - Free naloxone and over the counter naloxone for everyone who requests it at a pharmacy.

- Do any of these policies need to be revised or eliminated?
    - One comment simply read "Eliminated' without any context as to what has been eliminated.

- Other comments, recommendations, or related issues of concern:
    - Recruit caregivers who have first-hand field experience or have been addicts and are now in recovery.

Prevention Section 3: Sunset Prescription Drug Abuse Monitoring Program (PDMP) and Continuation of the Colorado PDMP, requiring each practitioner in the state who holds a FDA registration and each pharmacist to register as, and maintain a PDMP user account.

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - Red tape waste of caregivers time.

- What is working well with any of the above policies that you would like legislators to know about?
    - Over half of overdose deaths in Colorado in 2022 were from fentanyl taken from non-healthcare giver sources, not pharmacists or physicians.

- Do any of these policies need to be revised or eliminated?
    - Yes. The time requirements by well-meaning legislators for the healthcare community are not appreciated.
- Other comments, recommendations, or related issues of concern:
    - Methadone needs to be added to the PDMP.
    - Publish these comments.

Prevention Section 4: Expand the Prescription Drug Monitoring Program

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - Time requirements for compliance.
- What is working well with any of the above policies that you would like legislators to know about?
    - Prescribing behavior of surgeons and oral surgeons has been changed.
- Do any of these policies need to be revised or eliminated?
    - Lessen increasing stringent rules since prescribing behavior has been changed.
- Other comments:
    - Prosecute illegal distribution of drug sources that have caused overdose deaths.

Prevention Section 5: Prescribing Practices

- Are there unintended consequences to any of these policies that you would like legislators to know about?

- Red tape of overzealous requirements.

- What is working well with any of the above policies that you would like legislators to know about?

    - We have seen a huge decrease in prescribing and abuse due to this new law. it has made a huge difference. I hope this continues with the prescribing of benzodiazepines.

- Do any of these policies need to be revised or eliminated?

    - The addition of benzodiazepines and Adderall is (stimulants frequently over prescribed for ADHD and widely abused by the mainstream population) extremely critical to assist with reducing harm and abuse of these types of substances. Along with cannabis/ THC.

- Other comments, recommendations, or related issues of concern:

    - Identify sources of illegal drugs from coroner and medical examiners investigators promptly.

Prevention Section 6: Primary Prevention Funding

- Are there unintended consequences to any of these policies that you would like legislators to know about?

    - Overzealous red tape. Over half of overdose deaths are caused from illegal drugs from street people.

- What is working well with any of the above policies that you would like legislators to know about?
    - Identifying details of drug deaths.

    - I am a partner with two school districts and have seen very little increase in knowledge or awareness with families around these concerns. There is a small increase in education for students, but staff were mostly uneducated until I have

presented to them or informed them. We have seen very little increase in awareness with the general public in regard to safe storage and use, as well as disposal of prescribed medications.

  - The Grant Writing Assistance Program is working well (when there are available resources in the program), especially to support funding to be accessed by rural communities.

- Do any of these policies need to be revised or eliminated?

  - In Colorado there are not statutes in place allowing for the release of protected health information (PHI) for the purpose of conducting Overdose Fatality Reviews (OFR). This should be revised to allow for the release of PHI, to OFR teams, for the purpose of review and opportunity for future intervention.

  - They need to be performed more widely and more effectively. They are basically not working as is.

  - As mentioned above, there is an opportunity for the safe storage efforts to also include a lens regarding how safe storage is particularly important for people who have children in their space. The Smart Choices Safe Kids Campaign has a lot to leverage towards this end. Additionally, while the investments in screening, brief intervention, and referral to treatment (SBIRT) with an emphasis on women of childbearing age have been important, there is a lot of work still to be done to ensure that pregnant people (or those at risk of pregnancy) are getting appropriately and consistently screened.

- Other comments, recommendations, or related issues of concern:

  - No responses.

Prevention Section 7: Provider Education

- Are there unintended consequences to any of these policies that you would like legislators to know about?

  - No responses.

- What is working well with any of the above policies that you would like legislators to know about?
    - Overall, overdose deaths, agents, and causes are being identified.
- Do any of these policies need to be revised or eliminated?
    - Ease in accessing and reporting Prescription Drug Monitoring Program.
- Other comments, recommendations, or related issues of concern:
    - No responses.

Prevention Section 8: Health Benefits Plans

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - No responses.
- What is working well with any of the above policies that you would like legislators to know about?
    - No responses.
- Do any of these policies need to be revised or eliminated?
    - No responses.
- Other comments, recommendations, or related issues of concern:
    - No responses.

Harm Reduction

Harm Reduction Section 1: Behavioral Health Recovery Act (SB21-137)

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - The only issue is that for some reason harm reduction, law enforcement, and public health HAVE to be connected somehow on the grant. As we close Year 3, that has become incredibly problematic and need for all of us to apply on our own, not in a binding way.
    - Overdoses have continued to increase or have not decreased.
    - This funding is critical to our work and additional resources would further help our efforts to reduce harmful outcomes or impacts of substance use.
- What is working well with any of the above policies that you would like legislators to know about?
    - Large amounts of naloxone (narcan) are being distributed by the funded agencies, resulting in large numbers of overdose reversals and lives saved.
    - Increasing numbers of harm reduction agencies are starting up.
    - The funding is critical for our harm reduction efforts. The Colorado Department of Public Health and Environment (CDPHE) division in charge is doing a great job facilitating.
    - The Harm Reduction Grant Program is working well and CDPHE is doing a good job administering the program. With the Grant Program Fund receiving $6 million in one-time ARPA funds last year, the program is able to fund more programs before the next request for proposal is released in 2025. There were also tweaks made to the Grant Program in HB22-1326 that will allow there to be a more comprehensive approach for applicants who apply in 2025.
    - Generally, this legislation has been helpful in bringing in additional resources to address opioid use in our communities, particularly around long-term sustainable funding.

- "Working well" is based on what we see and hear from our partners out in local communities - what is known and being utilized: 1) Urban Naloxone vending machines; 2) AgrAbility resources, 3) Regional Health Connector involvement in collaborating with their local communities around behavioral health and substance use disorders, 4) Implementation of Hospital Transformation Program measure CP6 - Screening and Referral for Perinatal and Post-Partum Depression and Anxiety and notification of positive screens to the Regional Accountable Entities (RAEs); 5) Initiatives such as the Coffee Break Project: https://www.thecoffeebreakproject.org/what-we-do; 6) expansion of non-traditional workforce such as Peer Recovery Support and Community Health Workers (CHW); 7) implementation, accessibility, and visibility of the Behavioral Health Administration; 8) data analysis and coalition development for the black population in Colorado that is impacted by substance use disorder; 9) TakeMedsSeriously.org (public awareness).

- Harm Reduction Grant: This funding allows for our program to purchase other necessary items so we can have a greater community reach. By us purchasing additional items (i.e. hygiene kits, socks, etc.), we're able to reach more folks that may not necessarily need syringe services, but may still benefit from receiving overdose prevention materials like Narcan, fentanyl test strips, etc. More folks are then aware of our program and services, and can spread the word to friends, or drop in for services if needed.

- Do any of these policies need to be revised or eliminated?
  - The definition of allowed paraphernalia needs to be standardized around the state.
  - Yes, can we please apply without having to be so connected to law enforcement and public health?

- Other comments, recommendations, or related issues of concern:
  - This funding is critical to our work and additional resources would further help our efforts to reduce harmful outcomes or impacts of substance use.
  - Overall, this policy is beneficial. We are unsure why this bill removed fire stations from being able to take controlled substances.

- Based on community partner engagement/feedback: 1) When considering treatment in a rural community, patient privacy concerns surface when Licensed Addiction Counselors are required to be living in the county which increases hesitancy in seeking treatment. Individuals do appreciate having the ability to receive counseling through telehealth options. 2) Rural Naloxone vending machines - hesitation of implementing vending machines in rural locations where individuals would be seen/known; 3) consider how to debunk stigma around substance use disorders in neighborhoods and communities when implementing recovery residences.

Harm Reduction Section 2: Opiate Antagonist Bulk Purchase and Standing Orders

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - Legislators believe that Narcan is "the answer," not recognizing new drugs entering the supply that don't respond to naloxone.
    - Harm reduction organization definition may be too broad as requests to the Colorado Naloxone Bulk Purchase Fund come in from agencies that are not working in what is traditionally thought to be harm reduction but are technically eligible to acquire free naloxone from the bulk fund under the definition in statute.
- What is working well with any of the above policies that you would like legislators to know about?
    - Pueblo had approximately 250 drug overdose reversals in 2022 as a result of the large quantities of Narcan distributed by local harm reduction agencies.
    - This funding allows for our program to purchase other necessary items so we can have a greater community reach. By us purchasing additional items (i.e. hygiene kits, socks, etc.), we're able to reach more folks that may not necessarily need syringe services, but may still benefit from receiving overdose prevention materials like Narcan, fentanyl test strips, etc. More folks are then aware of our program and services, and can spread the word to friends, or drop in for services if needed.

- This bill was essential to expanding access and availability of opiate antagonists in our communities as a strategy to address the growing opioid epidemic.

- The Naloxone Bulk Purchase Fund will need more money, but otherwise excellent job!

- The CDPHE division running the Naloxone Bulk Purchase Fund is doing a great job. They need more money.

- Always, more naloxone available = better.

- The purchasing of opiate antagonists by local government has allowed us to better distribute naloxone through training events and to community partners who have immediate needs and limited supply.

- Low barrier to access despite the requirement of standing orders. Would appreciate a source of ongoing, steady funding.

- As a harm reduction provider, our organization has consistently received naloxone supply from the fund, barring the period of time there was a national naloxone supply shortage. The bulk purchase fund has helped ensure that we can continue distributing naloxone kits to our participants, staff, and other community stakeholders without needing to ration doses. Saturating the community with naloxone and distributing it among those most at risk of overdosing are key interventions to reducing overdose deaths and saving lives.

- Do any of these policies need to be revised or eliminated?

  - Novel drugs entering the drug supply might not respond to Narcan, requiring new strategies to reduce overdose deaths.

  - I think they need to be revised by guaranteeing funding for these services for an extended amount of time (i.e. for the next 5 years). Guaranteeing funding will allow CDPHE to better assist programs.

  - Primary care should also be eligible for the bulk fund. Yes, they can write prescriptions for this, but for the uninsured and those with high deductible insurance, they don't fill them. Add primary care to list of eligible to request naloxone from the Naloxone Bulk Purchasing Fund.

- The requirement for official legal non-profit designation may be a barrier for some small grassroots organizations to access naloxone from the bulk fund. I would suggest a change in defining who/what organizations are eligible.

- Other comments, recommendations, or related issues of concern:

  - Although the FDA has recently approved some forms of name brand naloxone for over-the-counter purchasing, the price is still cost-prohibitive to low-income individuals and to smaller harm reduction providers. As a result, the bulk fund is still an extremely vital resource for supporting community distribution efforts and advancing access to this lifesaving medication.

Harm Reduction Section 3: Naloxone Access

- Are there unintended consequences to any of these policies that you would like legislators to know about?

  - Inclusion of AED creates confusion within private/for-profit entities with AEDs to reach out to the Bulk Fund. Concern from law enforcement partners around immunity protections for improper storage.

- What is working well with any of the above policies that you would like legislators to know about?

  - Colorado drug overdose deaths declined somewhat in 2022.

  - Expanded access to naloxone has ensured more and more folks can easily obtain Narcan for low or no-cost. Continuing to expand access and make naloxone more easily available will continue to curb the effects of the overdose crisis.

  - This bill was essential to expanding access and availability of opiate antagonists in our communities as a strategy to address the growing opioid epidemic.

  - Increase in demand within school district as a result of the immunity.

  - Overall, the Naloxone Bulk Purchase Fund has been a major success.

- The state naloxone bulk fund through CDPHE has helped us make naloxone more available to participants in our syringe service program for their disposal or for their friends and family. We hear stories directly from participants during our outreach as to how the naloxone we provided was used to save lives.

- Participants prefer Narcan, which is the name brand nasal form of naloxone and is much more expensive than the intramuscular form. The bulk purchase fund has helped us meet the needs of those we serve and build and sustain trust in the community. Based on the resulting availability of naloxone itself, this policy has, directly and indirectly, saved a number of lives.

- We would also like legislators to know that HB20-1065 (allowing for use of expired naloxone) was particularly helpful during the national naloxone shortage. Tragically, this shortage occurred during unprecedented overdose rates. At some points it became necessary to triage by educating folks that "expired naloxone is better than no naloxone." Research has shown that naloxone is stable and effective well past its expiration date, so the removal of legal consequences was evidence-based and helped communities stretch naloxone supplies during the shortage.

- Do any of these policies need to be revised or eliminated?

  - New strategies, such as new "drug checking" program and technologies, need integrated into programs to respond to new drugs such a "tranq" that are non-opioid and do not respond to Narcan.

  - Primary care should also be eligible. Yes, they can write prescriptions for naloxone, but for uninsured people and with high deductible insurance, they don't fill them. Our team works with Primary Care Practices across the state, and we believe Primary Care Practices should also be eligible to receive no cost naloxone from the Naloxone Bulk Purchasing Fund. Specifically, the uninsured and high deductible patients also need access. But also, it is far better to give naloxone directly to patients at risk for overdose than adding one more barrier (getting to the pharmacy) to people already struggling with life's challenges.

- Other comments, recommendations, or related issues of concern:

  - Schools seem to not think they can have access or dispense it, which is strange. Otherwise, going well. Pharmacists STILL need to be educated as they still seem confused about standing orders that passed eight years ago in Colorado.

Harm Reduction Section 4: Syringe Access

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - Hospitals aren't giving out syringes, which is annoying.
    - Feasibility of hospitals in implementing/operating syringe access programs. This legislation gave hospitals the option to run these programs, but few seem to be using that right.
- What is working well with any of the above policies that you would like legislators to know about?
    - This legislation has reduced barriers to implementing and expanding these programs in our communities.
    - Funding for the distribution of fentanyl testing strips to local jurisdictions is going well. There is high demand from a variety of local community partners, including libraries, school districts, universities, law enforcement, public health departments, substance use disorder treatment providers, homeless service providers, etc.
    - SB19-227's removal of drug testing equipment from the drug paraphernalia law was extremely fortuitous, as it has allowed Vivent Health to provide our syringe access participants with test strips for fentanyl and now xylazine. Fentanyl test strips have been shown to be easy to use and individuals are more likely to adapt their drug use (including by choosing not to use) to reduce the risk of an overdose when they receive a positive result. Lately, supply-side enforcement tactics toward fentanyl have fueled a rise in drugs being cut with xylazine. Xylazine is not an opioid, so it does not respond to naloxone and requires more intensive medical care to reverse an overdose. The Food and Drug Administration recently approved xylazine test strips for use in testing drugs. Since we did not have to run additional legislation to specifically carve these materials out, we are able to respond in real time to changes in the drug supply, which ultimately means we can save more lives.

- State reports required under SB19-228 have proven helpful in identifying communities or geographic areas of greater need and developing a programmatic and budget strategy in response.

- Do any of these policies need to be revised or eliminated?

  - The part of SB19-227 related to hospitals and syringe access programs was a waste of time. Hospitals are largely non-participatory in other SUD efforts, why on earth would someone think they wanted to open a syringe access program?

  - I think revising the paraphernalia statute to include other items such as pipes, foils, etc. would be more helpful and equitable to clients. If clients do not want syringes, they may think services at a syringe access program are not meant for them, meaning we're missing out on a critical group of people who use drugs. If we're able to give out pipes, ensuring they have the same protections as syringes, means more folks will be benefiting from our services, such as receiving Narcan, fentanyl test strips, testing, etc.

  - We need to have a paraphernalia exemption for pipes, as well. People smoke crack, meth, and fentanyl. Pipes appear to be a gray area and many health departments aren't able to dispense them, which needs to be changed ASAP as the drug market changes quickly.

  - This legislation gave hospitals the option to run their own syringe access programs, but few seem to have implemented these programs since. More work is needed to understand the barriers in those settings.

  - To our knowledge, no hospitals are providing syringe exchange services. If the intent is for hospitals to become approved syringe exchange program sites, then more specific language is needed.

- Other comments, recommendations, or related issues of concern:

  - More could be done to encourage establishing syringe service programs in jurisdictions that don't yet allow them. More education regarding the benefits of these programs must be disseminated, including reduction in HIV and Hepatitis C transmission, reduced incidence of skin structure infections leading to endocarditis and spinal abscesses, and increased likelihood of participants entering treatment.

- I have attempted to educate and advocate through the Consortium and Colorado Pharmacist Society to provide further and ongoing education to pharmacies throughout the state about syringe sales with limited success. I achieved one flyer mailed to nearly 250 pharmacies one time. I have not heard of any hospital operating a syringe access program through emergency rooms or otherwise). If this has happened, members should be informed. I have not heard of new syringe service programs being opened in the state. If this has happened, members should be informed.

- As harm reduction and syringe access programs look to expand to meet other related needs, distributing glassware is a strategy that is gaining momentum. Distributing glassware is an important tool for our program to help individuals decrease their injection use and titrate opioid dosing to reduce overdose risk. We are concerned that the laws are unclear about glassware distributed through harm reductions programs being considered paraphernalia if someone encounters law enforcement. We want to avoid providing a service that could inflict further systemic harm on our clients. Clarifying where glassware distribution falls legally, in alignment with syringe access, would be extremely helpful.

- There is no increase in federal funds for HIV testing so limited ability to increase overall HIV/hepatitis testing services.

- HB20-1065 has been helpful for a certain segment of folks that we serve who have the means to independently purchase syringes from a pharmacy and thus do not need to rely on the availability of community syringe access programs. However, stigma still presents a significant barrier to this option for many people who use drugs. Cost represents an additional barrier for those who are living in poverty.

- While the reporting requirements under SB19-228 have provided useful information, we must note that there continue to be HIV and hepatitis funding challenges in the state. The Colorado HIV and AIDS Prevention Grant (CHAPP), the primary state HIV prevention grant program, is funded through Tobacco Master Settlement Fund, which is not sustainable and expected to result in shortfalls next cycle. Meanwhile, the state has consistently failed to meaningfully invest in hepatitis efforts. In fact, viral hepatitis programming has been repeatedly flat-funded in recent budgets despite rising cases. We urge legislators to prioritize addressing these issues in future sessions so that we can make progress toward ending these epidemics in Colorado.

Harm Reduction Section 5: Funding for the Harm Reduction Grant Program (SB19-008)

- Are there unintended consequences to any of these policies that you would like legislators to know about?

    - The only issue is that for some reason harm reduction, law enforcement, and public health HAVE to be connected somehow on the grant. As we close Year-3, that has become incredibly problematic and need for all of us to apply on our own, not in a binding way.

    - The 2019 bill limited eligible entities to law enforcement, local public health agencies, and community-based organizations. and required a subcontractor relationship between the three entities which posed some limitations based on the state of local relationships and the scope of projects that could be proposed and agreed upon between the three eligible entities. Some organizations were able to work together well to ensure that partners were compensated for their efforts and program goals aligned, but it proved limiting in other communities. HB22-1326 changed the requirement for the three-pronged application.

- What is working well with any of the above policies that you would like legislators to know about?

    - The fund allows communities to identify the harm reduction strategies that work best for them. Dedicated harm reduction funding has been a crucial addition to the resources offered by the state to local organizations.

    - The state's Harm Reduction Grant Program is an important resource for harm reduction providers in Colorado. Community-based organizations are often able to most effectively engage and serve people who use drugs, but typically have smaller budgets and less capacity to seek out and obtain large grants.

- Do any of these policies need to be revised or eliminated?

    - Can harm reduction organizations please apply for the Harm Reduction Grant Funds by ourselves and not all together?

    - The sunset on the funding was removed during the 2021 legislative session and

eligible entities were expanded during the 2022 session, ensuring access to continuous spending authority, and removing barriers related to eligibility and subcontractor requirements. The demand for this funding continues to grow as communities work to address the harms associated with substance use and the overdose epidemic, so continuous support of this fund is important.

- Other comments, recommendations, or related issues of concern:
    - Additional state funding pools specifically for syringe service programs and direct service harm reduction would help to expand and support these services in Colorado as the Harm Reduction Grant Program funding can typically only accommodate 6-7 grantees per cycle.
    - With Colorado in the midst of an historic overdose wave, we would urge the General Assembly to significantly increase investment in the Harm Reduction Grant Program to expand assistance to community-based harm reduction providers specifically.

Treatment

Treatment Section 1: Behavioral Health Recovery Act (SB21-137)

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - The substance use disorder utilization management report is overly prescriptive and the details legislators included are not the best indicators of good utilization management. Report content should provide a useful summary as determined by the Department in collaboration with the BHA.
        - Reporting policy should be revised. Audit of denials should be revised.
    - Ensuring that minorities have allocated resources and services.
- What is working well with any of the above policies that you would like legislators to know about?
    - I believe that the greatest impact that we can have is in prevention. If we can

reduce the demand for drugs, we can help greatly reduce the effects of addiction. I was very disappointed in the lack of support Farrar substance free, sitting bill, SB23-171.

- The training and resources for me to help educate my community as I work to help individuals retain services to start their life of recovery.

- Do any of these policies need to be revised or eliminated?
  - Add minority outreach and recovery funding for services and housing.

- Other comments, recommendations, or related issues of concern:
  - There are many restrictions placed on psychological testing. Autism diagnosis and testing is not always included under behavioral health and the resulting services are not always covered. Additionally, youth who have primary substance use issues (both inpatient and outpatient) are frequently attributed to medical/other services rather than behavioral health.
  - Substance use disorder treatment at all levels —residential, inpatient and Intensive outpatient— should be exempt from requiring pre-authorization. This requirement inhibits expedient access to treatment to vulnerable Coloradans that should be encouraged to engage and such engagement should be seamless. Standards for appropriate concurrent/continued authorization should be set by the department.
  - Parent Comment: Senators Markey of Massachusetts and Paul of Kentucky both are sponsoring federal legislation to increase methadone access through the use of generic pharmacies. Rather than use public dollars for construction of yet more outdated clinics. Their legislation has the potential for better outcomes for current clients as well as increasing the number of people served in a less stigmatizing manner.
  - I wish Colorado would consider the use of any public dollars for such an effort. Why not go to CVS rather than the not-so-great ARTS clinics with condescending young social workers and high turnover in staff?

Treatment Section 2: Medicaid Reimbursement or Services by Pharmacists

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - As long as all participants are accountable to ensure proper dose's etc.
- What is working well with any of the above policies that you would like legislators to know about?
    - The reimbursement is the key has prescriptive does can be costly.
- Do any of the policies need to be revise or eliminate:
    - To ensure we have enough certified pharmacists available and that they receive appropriate pay for their jobs.
- Other comments, recommendations, or related issues of concern:
    - No responses.

Treatment Section 3: Health Benefits

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - No responses.
- What is working well with any of the above policies that you would like legislators to know about?
    - No responses.
- Do any of these policies need to be revised or eliminated?
    - No responses.

- Other comments, recommendations, or related issues of concern:

    - There are many restrictions placed on psychological testing for youth. Autism diagnosis and testing is not always included under behavioral health and the resulting services are not always covered. Additionally, youth who have primary substance use issues (both inpatient and outpatient) are frequently attributed to medical/other services rather than behavioral health.

    - Additionally, substance use disorders in older adults have been a growing issue. To our understanding, Medicare has not been willing to cover the intensive outpatient (IOP) level of care for substance use, which creates barriers if clients cannot afford to pay out of pocket. This is frequently not feasible for many Medicare beneficiaries with a fixed income.

    - Integrated care sites can be at a disadvantage when billing insurance as frequently insurance will not pay providers for patients that are seen in the same setting twice in a day. Therefore, it is hard to schedule both a primary health visit then a separate behavioral health visit as both may not be reimbursed.

    - We need to expand provider education and destigmatization around substance use disorders and treatment modalities.

Treatment Section 4: Treatment Access

- Are there unintended consequences to any of these policies that you would like legislators to know about?

    - Rural and frontier counties do not have appropriate capacity/access to substance use disorders services. Managed care programs have not successfully built out full continuum of substance use disorders provider networks.

- What is working well with any of the above policies that you would like legislators to know about?

    - The Maternal and Child Health Pilot Program (Integrating Care for Women and Babies) has seen great success in capacity building to ensure that pregnant and postpartum people can access integrated and co-located substance use treatment

and maternal/reproductive health care. The program is very important to family well-being and ensuring families have a strong and healthy start!

- Other comments, recommendations, or related issues of concern:

    - There continues to be a lack of options available in the state for residential treatment for children who fail intensive outpatient treatment.

    - Part of treatment access for parents is whether or not their children have a safe place to be while the parent is accessing care. While we do have a number of specialized treatment programs for pregnant women and women with young kiddos (Special Connections), treatment demand continues to outpace the supply of spots. Regardless of whether a program is specialized or not, very few Colorado treatment programs offer support related to childcare. The legislature has partially funded a public-private partnership to explore an innovative approach to the childcare and treatment access issue, and three regions (Denver metro, Pueblo metro, & San Luis Valley) currently operate mobile, on-site early childhood classrooms that can provide services by multiple treatment providers in a region on a consistent schedule. We want to make sure that childcare as a barrier to treatment is still on the legislature's radar because there continues to be a need.

    - Medicaid does not cover partial hospitalization for substance-use disorders, especially with the shortages of residential level services in some rural and frontier areas and with virtually no youth residential providers this critical level of care in the continuum should be added as a requirement of the continuum.

Treatment Section 5: Mediation-Assisted Treatment

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - No responses.
- What is working well with any of the above policies that you would like legislators to know about?
    - No responses.
- Do any of these policies need to be revised or eliminated?
    - No responses.
- Other comments, recommendations, or related issues of concern:
    - No responses.

Treatment Section 6: Involuntary Commitment Statute Consolidation

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - No responses
- What is working well with any of the above policies that you would like legislators to know about?
    - No responses.
- Do any of these policies need to be revised or eliminated?
    - No responses.

- Other comments, recommendations, or related issues of concern:
    - No responses.

Treatment Section 7: Workforce

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - No responses
- What is working well with any of the above policies that you would like legislators to know about?
    - No responses
- Do any of these policies need to be revised or eliminated?
    - No responses
- Other comments, recommendations, or related issues of concern:
    - No responses.

Recovery

Recovery Section 1: Behavioral Health Recovery Act (SB21-137)

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - The Behavioral Health Administration is managing grants for housing assistance and the Recovery Support Services Grant for recovery support services, but these are not aligned with the Colorado Department of Health Care Policy and Financing services already covered for Medicaid members who make up greater than 80% of the individuals these policies are meant to serve.
    - Individuals are given multiple vouchers with no measure of success.
    - The grants need to allow for a substantial enough time for the individual to obtain health, wellness, and create a recovery-based life, nothing under 1 year.
    - SB21-137 isn't available to my Recovery Support Services clients in southwest Colorado (La Plata County) many of whom are people experiencing homelessness.
    - I believe that recovery is meant to address both substance use and Mental health recovery, however, the focus has been on substance use and justice involved individuals. The voice for mental and trauma recovery is sparse, thus I believe we are missing the voices of those with mental health conditions, suicidal ideation, and trauma.
    - Relying solely on peers for workforce shortage draws people still in recovery to be viewed as the only providers putting them at risk and undermining a true interdisciplinary team.
- What is working well with any of the above policies that you would like legislators to know about?
    - The industry is inching toward standards of practice.
    - They are staying in the solution instead of staying in the problem.

- I have attended a variety of meetings with the Colorado Consortium. I have also attended many peer professional summits and training. During those meetings what I see is that there are a lot of people who focus on substance abuse recovery and or justice-involved individuals. I think this shows strong advocacy in these areas.

- Do any of these policies need to be revised or eliminated?

- Policies designed to fund services available through Medicaid should be clearly restricted to only provide funds when Medicaid is not an option.

- Yes, to include programs that support employees in recovery, even if it is not a direct link.

- Probably all of them. Politicians don't know anything as far as recovery and recovery programs.

- Just adhered to better.

- There has to be more specific language providing guidance. Current practice seems to be ' if it's not written, it's okay'.

- There is a lot stated in these trainings and meetings about trauma-informed care. However, a huge issue is that most people speak about trauma-informed care as though attending a four or six hour training is adequate to possess the true trauma competencies needed to work effectively with some of our most highly traumatized and marginalized community members.

- Competency levels should be required, and better checks and balances are necessary. Too often there is only an appearance of checks and balances. No process for true accountability, checks and balances without conflicts of interest. No checks and balances on grant dollars distributed by Managed Care Organizations and how and to whom they award those funds.

- Other comments, recommendations, or related issues of concern:

  - Trauma care needs to work from trauma aware, trauma sensitive, trauma responsive, and fully trauma-Informed systems.

- The access to money for housing is one of the most necessary programs and I feel that more needs to be done with it.

- The Behavioral Health Administration is working hard to create the structure to accomplish these goals. However, time is of the essence and help is needed now!

- Realizing housing is critical is a big step. However, solely relying on peers just out of recovery is going too far in the other direction.

- Currently, behavioral health policies are written specifically to directly support and offer services to people in recovery. However, there are programs whose ultimate mission is to help people in recovery and cannot receive funding because of this. For example, the Recovery Friendly Workplace initiative seeks to establish workplaces that are support to employees in recovery. That is creating the culture, policies, and ensuring resources are available in the workplace that can support employees in recovery. Additionally, Recovery Friendly Leader is a nonprofit organization that is training managers and supervisors how to support employees in recovery. However, this program does not directly work with employees in recovery, but rather helps the workplace understand how to support their on-going treatment and recovery efforts to help employees be successful in their recovery. Additionally, since there is no direct link to employees in recovery, funding has been consistently denied.

- There is still a lack of training around house owners and how to help individuals in recovery. A lot of the approaches echo a stance of "this pathway worked for me so it will work for you and anything else will not work."

- Expanding the SUD 1115 waiver to allow for additional services including transitional housing support would allow for expansion of services to the majority of individuals currently benefiting from grant funding, but those grant dollars would be better spent in seeking federal matching dollars since 80% of the individuals being served are Medicaid members.

- In Durango, our Recovery Support Services Organization (RSSO) serves people experiencing homelessness. Without a treatment center, we are sending people away. Our grant is not sufficient to pay for transportation to crisis or treatment centers. We have concern that clients on a bus may not make it all the way

because there is no one accompanying them that could prevent them from changing their minds-or, to insure they don't have access to drugs and alcohol. Furthermore, due to a severe housing crisis in our region, our unhoused clients could use motel nights to recover from a storm, to be able to sleep without disturbance, and to recover from being told to move along to nowhere. Our funding is not sufficient to pay for motel nights. We are in our first year as an RSSO, and the first one to serve the Unhoused and those transitioning into housing. If we were reimbursed for the food we cook, for the winter boots that we buy for several people with foot rot and frost bites, and for the motel nights when a peer is sick or being discharged from the hospital to recover, we could help more people choose recovery pathways. We are not reimbursed for facility rentals. Without recovery residences and lack of affordable housing for the unhoused with SUDs and Mental Health disorders, it's impossible for them to remain sober. Relapses occur after they return from treatment because we have no recovery housing. We want to start a recovery residence, but we don't have the funds to afford it. Workforce housing is a priority in our county. Low-income housing and recovery residences are lower priorities. These challenges are difficult for our RSSO. These Senate Bills do not allow enough funds for us to bear the inflated costs of meals and groceries for our UNHOUSED population whom we open our facility to twice weekly. Feeding 25 to 45 people two times each week is supplemented by volunteers and the County for only the winter months.

Recovery Section #2: Peer Support Professional Behavioral Health

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - Misuse of peers in clinical settings, improper peer specialist supervision practices.
    - Focus of a separate peer organization isolates the work peers do and reduces the reimbursement peers would otherwise receive as individuals delivering services in other organizations.
    - Agencies with people who are connected to policy makers receive funding while others learn after the fact.
    - State Fiscal Year 2021-2022 low appropriation is unrealistic.

- There are few voices of mental health recovery in these meetings. I believe we need to hear the voices of those with lived experience in the mental health care space.

- What is working well with any of the above policies that you would like legislators to know about?
  - Having more peers with lived experience is very beneficial to helping those seeking recovery.
  - Peer Recovery Specialists in clinical settings are not being utilized properly and often are directed to pick up work from clinicians and case managers instead of being used as support for individuals.
  - Funding gets disbursed.
  - Creating careers for those with lived experience is great.
  - A ton of movement and momentum for peer recovery training.
  - I feel as though the framework for these projects is being created but that the bulk of this work has yet to be implemented.

- Do any of these policies need to be revised or eliminated?
  - These policies should be revised to support integration of peer services alongside other professions in a multidisciplinary approach.
  - Just build up more.
  - Make it easy to collect payment for these services.
  - More voices for mental health and trauma recovery.
  - Checks and balances, ethics review and effective way to file grievances. Any person who gets Medicaid reimbursement should have guard rails and ethical standards. Absolutely no true oversight with any true access to grieve misconduct. No requirement of measures of improvement in what they are doing that shows success.

- Other comments, recommendations, or related issues of concern:

    - As we continue to face a behavioral workforce shortage for masters+ level clinicians, peer specialists and care coordinators need to be looked at as important facets in behavioral health care.

    - Continued focus on specialized populations and the kind of tailored recovery services they need are still needed, especially for those who are parenting while in recovery. Circle of Parents in Recovery groups, which use an evidence-informed model, exist around the state and meet this specific and unique need but are not sustainably funded at this time.

    - To date only one organization has become licensed as a Recovery Support Services Organization. This effort would be better spent in encouraging organizations with appropriate infrastructures to deliver services to employ peers. This is a lot of money and effort with very small payoff and the separation of peers from other professionals in the behavioral health space does not serve to raise the profession, but rather serves to segregate it.

    - There are many cases with Peer Recovery Specialists where they are being treated like secretaries instead of staff. Staff are not usually trained on how to be welcoming and accepting to those individuals who are open about their recovery. It is still very stigmatized. Many offices that utilize peers also use stigmatizing and derogatory terms for those fighting addiction and it causes peers to feel uncomfortable and undervalued.

    - The State should have a mechanism that allows licensed agencies to be alerted to opportunities as opposed to having to 'know the right people'.

    - In our rural Southwest Colorado region, we do not have sufficient funds for recovery support services that does not allow for motel nights for the underserved homeless population. We serve between 25-45 peers two times each week with client services, peer support, free lunch and snacks/beverages that is not reimbursed by our current Recovery Services Organization (RSSO) grant. An increase in the homeless population due to rent increases and people returning back to their hometown is a concern. In our first year as an RSSO (ending 6/30/2023), we had to borrow against our van that provides transportation. Our previous Managed Care Organization did not reimburse in a timely manner, so we

struggled to pay salaries. We've created programs that provide the basic needs of our underserved population, opened the rented facility without rent reimbursement, and our overhead (indirect costs is more than 10%) due to the interest rates of a loan to survive. Our organization has been partnering with the local soup kitchen and they've brought donated socks, gloves, and camping gear this winter between November 4 and April 28th (the end of our Warming Center). We will remain open on the two days weekly for 8 hours because we've been able to see more people when they come to charge their electronics, socialize, receive client services and great peer support services. But, starting May 2nd, we won't have sufficient funds to continue to feed our regular clients. Food insecurity impacts health. It's why peers come to us. The Colorado Department of Human Services needs more funding in our region to support our work.

- Set standards for trauma competencies for peer professionals.

- We allow Medicaid reimbursement for individuals who have lived experience yet don't have Medicaid reimbursement for professionals giving anger management or Dialectical Behavior Therapy/Cognitive Behavior Therapy as it is viewed only for criminal thinking and not medically necessity.

- Manage Services Organizations in western Colorado have continued to funnel money into traditional, abstinence-based peer programs. While there is certainly an influx in the amount of focus on peer support services, organizations struggle to adequately recruit and retain peers, particularly in larger behavioral health organizations, where bureaucracy and a lack of education often prevents peer support professionals from effectively doing their jobs or meeting the standards of these roles as outlined by the Behavioral Health Administration.

Recovery Section 3: Recovery Services

- Are there unintended consequences to any of these policies that you would like legislators to know about?

    - If we cannot get recovery residences here in the next year, peer services will be an effort in futility. It cannot provide the 8 pillars of wellness. And it cannot support SAMHSA's all four dimensions for life in recovery: home, health, community, and purpose. Our Southwest Colorado region lacks certified recovery residences, and

we have not realized any housing vouchers for our peers with a substance use disorder nor those transitioning from a mental health institute, from incarceration or those returning from out-of-town treatment programs.

    - Presently too much free reign with no true teaching, supervision, or accountability especially when people in charge are so new into recovery.

- What is working well with any of the above policies that you would like legislators to know about?

    - There are more available medication-assisted treatment services in communities that establishes the individual in their recovery future.

    - There are strong and well-educated advocates with lived experience in the field.

- Do any of these policies need to be revised or eliminated?

    - Yes, to include programs that support employees in recovery, even if it is not a direct link.

    - The housing voucher program needs to be revised, especially when it comes to those who don't have the cleanest backgrounds. Applicants with vouchers are often denied for housing, even if they have things on their background from many years ago, and they are doing the right things currently.

    - While some medication-assisted treatment (MAT) approaches are accepted by sober homes, not all of them are and those that utilize MAT are stigmatized and alienated in recovery homes, being told that they are not doing recovery "right."

- Other comments, recommendations, or related issues of concern:

    - Individuals are leaving incarceration with opioid addiction though they had no history of opioid use prior to incarceration. Many attribute it to medication-assisted treatment in facility that they used to basically get high. [Note: Doses of medication for opioid use disorders are not at a level to produce euphoria. The dose level is intended to manage opioid withdrawal].

- Funding for sober living and treatment has not been going well, people have been encountering financial barriers and the number of places that are given funding to assist with this has been decreasing and only going to organizations that are large and are not person-centered. Also, there is not much training with owners of sober living houses and they are not always accepting of multiple pathways to recovery and often require AA meeting attendance instead of other support groups such as SMART, The Phoenix, LifeRing, Recovery Dharma and other AA-alternative groups.

- I still do not see these or any programs to helping with funding for recovery residences to have been implemented.

- My Recovery Support Services Organization is one year old. We've had to send our clients out of town for treatment and when they graduate, they cannot come back home to homelessness. If they succeed, they'd have to find sober-living away from their home. Native Americans living in the Arizona Reservations won't move away from Four Corners, so they often refuse treatment. This challenge has hindered our peer services because many of our clients, including other ethnicities, don't like leaving their friends and families. After an unhoused peer leaves for treatment outside of our region, they return to homelessness and relapse. Successful treatments in one of our clients resulted in his getting into recovery residency in Lakewood, but he misses the peers he knew before he was sent away for treatment. Others have failed after treatment, mainly because we have no recovery residences. Our goal is to establish one or two recovery residences here in Durango. The only way is to partner with BHA and Department of Human Services for sober-living homes for both women and men.

- Families in homelessness here in Durango with a head of household with a substance use disorder and mental health disorders don't have housing vouchers that can shelter school age members of a 3-4 generational family unit. The current status for several families does not adequately address the generational homelessness with substance use disorders/mental health conditions. A recovery residence for a couple of those families is needed, though almost cost prohibitive when there is no income, except for SNAP and welfare. Can we as a Recovery Support Services Organization find funding for those families?

- What about for the aging population (all ethnicities, especially Native American/Alaskan Native population)? Most of our clients are over age 50 and

they have physical disabilities, are unable to work while self-medicating on marijuana, alcohol and other drugs which are easy to come by. Motel nights provide some respite, but costly 5-nights in a motel is unsustainable, although it is temporary shelter for those with the flu, pneumonia, and severe colds.

- Legislators should know that in an environment where low-income affordable housing is unavailable, the only solution is to use motel rooms. That cost needs to be reimbursed.

- I haven't seen any relevance to these laws when serving individuals in rural Colorado, as individuals continue to face extreme barriers to accessing housing and effective behavioral health treatments and services.

Recovery Section 4: Pregnant and Post Partum Women

- Are there unintended consequences to any of these policies that you would like legislators to know about?

  - No responses.

- What is working well with any of the above policies that you would like legislators to know about?

  - The revision in child abuse and neglect statute was a very important change, particularly to ensure the state is not only meeting the needs of families in the least restrictive/punitive way but also so the state is in better alignment with federal Child Abuse Treatment and Prevention Act requirements related plans of safe care. That said, opportunity continues to remain as the change is getting implemented into child welfare practice and as additional practice approaches are being piloted to support the development of plans of safe care beyond the child welfare system for families impacted by substance use during pregnancy. The statewide perinatal substance use data linkage project has been an important tool for informing collaborative efforts to better support families impacted by substance use during pregnancy--helping to identify trends and opportunities.

  - There is still a lot of judgment of women who are pregnant and are struggling with substances. Many women fear departments of human services to such an extent that

they do not seek out assistance when they are struggling because they are afraid their rights will be taken from them if they admit they have a problem. Because of this, women are less likely to attend pre-natal appointments and to be open and honest with their providers.

  - There have been collaborative efforts made among organizations in Colorado that service pregnant and post-partum women with a history of substance use.

- Do any of these policies need to be revised or eliminated?

  - It's all information on tracking but nothing on taking action to help these affected mothers.

- Other comments, recommendations, or related issues of concern:

  - We still have minimal bed spaces in treatment and recovery residences for mom and baby. While I support the goals and objectives of legislation, I believe the problem has only been looked at halfway, great policies, but limited services in place to serve the high need of moms and babies who need support to enter into recovery.

  - As it relates to pregnant and postpartum women and families, one particular facet of substance use hasn't been clearly addressed by the legislature: Fetal Alcohol Spectrum Disorders or FASD. Thousands of Colorado families are impacted by FASD, a term used to describe a range of lifelong effects that can occur in a fetus exposed to alcohol before birth. FASD is a disability that is often misdiagnosed or under-diagnosed. It is estimated that up to 1 in 20 U.S. school aged children may have an FASD. While Colorado has a statewide coalition that focuses on the issue (as part of SuPPoRT Colorado, a subcommittee of the Substance Abuse Trend and Response Task Force), very little has happened at the policy level to invest in prevention of alcohol-exposed pregnancies or to ensure that families/individuals impacted by FASD have access to the services they need (such as special education, behavioral health care, housing, respite care, resource navigation, etc.). This is particular important because people with an FASD are more likely to become involved in the criminal and juvenile justice systems often related to a lack of appropriate supports/interventions to address their disability. There is an opportunity for the legislature to better understand FASD and how they can ensure impacted individuals are identified early and supported early to ensure they can live healthy and productive lives.

- There are still not enough resources available to clients in these circumstances.

Recovery Section #5: Committee and Task Forces

- Are there unintended consequences to any of these policies that you would like legislators to know about?
  - Very limited representation of people with lived experience on the Regional Opioid Abatement Councils, at least locally in El Paso County.
  - Multiple agency involvement and lack of coordination related to the Regional Opioid Abatement Councils makes a cohesive strategy for addressing substance use disorder challenging.
  - Due to voting member definitions related to the Regional Opioid Abatement Councils, individuals with lived experience are often left out of these conversations, particularly in more conservative communities, where there are less likely to be any voices advocated for evidence-based best practices and community-informed services.
- What is working well with any of the above policies that you would like legislators to know about?
  - Medication-Assisted Treatment funding and peer support.
  - In many cases, especially in El Paso and Teller County, those in charge of deciding how to allocate opioid settlement funds are those who have limited knowledge of the recovery field and often have a higher focus on punishment over treatment. There is also much more focus on the youth and while youth need education and resources to help them, if the affected parents are not receiving help, it creates an unstable family unit that increases the likelihood of the children to develop mental health or substance use issues. The focus should be on treatment for the family as a unit.
  - In some communities, individuals with lived experience and expert knowledge on substance use have been brought to the table to guide the use of state funding, but this is only in communities that already have professional advocates willing to bring peers and community members to the table.

- Do any of these policies need to be revised or eliminated?
    - There needs to be less of a focus on legal punishment and more focus on treatment.
    - These task forces are only an appearance of wanting to do the right thing. Their work is only given lip service with no clout.
- Other comments, recommendations, or related issues of concern:
    - As substance use disorder (SUD) concerns continue to rise, consideration for a more unified and cohesive strategy across the state should be considered where all agencies efforts are coordinated and aligned. SUD should potentially be considered as a crisis and therefore have a dedicated cross agency task force to align all efforts and more efficiently manage funding that is currently going out through a wide variety of grants and other funding streams with no coordination of efforts.
    - Our county officials supported our winter Warming Center, but the City of Durango denied support for our unhoused target population to drop in two days each week. County officials expected our Recovery Support Service Organization to leverage costs to serve the unhoused with a place to drop in for client services and meals/snacks/beverages with a reimbursable fund, but not from the opioid settlement funds. The majority of our unhoused guests have mental health and/or SUDs/MOUDs/AUDs. The Behavioral Health Administration (BHA) and the Colorado Department of Human Services should lobby municipalities to focus on recovery housing for the underserved homeless population. Municipal officials should be held responsible for failing to support strategies to serve people experiencing homelessness because of the trauma that being unhoused causes. Without support for the underserved populations, political will causes communities like ours to lag behind known evidence-based solutions, i.e., recovery residences, peer support services, and low-income affordable housing. It's a simple suggestion for BHA and Department of Human Services, perhaps public health officials to put pressure on political leaders to financially support peer support services for the underserved. We'd like to reduce the adverse childhood experiences and generational homelessness for the households we try to serve. The housing crisis is a barrier, as are insufficient Recovery Support Service Organization funds.
    - It is yet to be determined if these committees will be effective in their purpose.

Criminal Justice

Criminal Justice Section 1: Behavioral Health Recovery Act (SB21-137)

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - No responses.
- What is working well with any of the above policies that you would like legislators to know about?
    - No responses.
- Do any of these policies need to be revised or eliminated?
    - No responses.
- Other comments, recommendations, or related issues of concern:
    - There needs to be a reporting requirement for correctional facilities, as I'm not sure if folks are being discharged with naloxone or not, especially from the Colorado Department of Corrections (CDOC). CDOC also is not providing medications for opioid use disorder (MOUD) services to all who need it in prison due to resources and staffing. There is also still concern with diversion of MOUD for those incarcerated, so I've heard of people getting cut off from their dose due to staff claiming they're diverting their Suboxone with no remedy as to how to get back into the MOUD program. CDOC clinical has about a 40% vacancy rate, so even if you change this policy to have stronger teeth in it, I'm not sure how or if CDOC would be able to implement it to fidelity.
    - It is not clear to me that the policy is being carried out in any consistent manner. Closer oversight is needed for this, as well as more resources made available for the more rural jurisdictions.

Criminal Justice Section 2: Medication-Assisted Treatment in Criminal Justice Settings

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - No responses
- What is working well with any of the above policies that you would like legislators to know about?
    - They were all good, small nudges toward medications for opioid use disorders (MOUD) and naloxone treatment and availability.
    - The Colorado Department of Corrections (CDOC) is continuing people who began MOUD while in a jail on MOUD once the person gets into a CDOC facility. Those numbers are fairly low, but for those folks who are able to continue MOUD services, I'm sure it's very helpful.
- Do any of these policies need to be revised or eliminated?
    - No responses.
- Other comments, recommendations, or related issues of concern:
    - Again, there needs to be a better reporting requirement or tracking to see how many people are benefiting from these policy changes.
    - Again, it is not clear to me if the policy is being consistently followed. There seems to be a lot of resistance, especially in more rural jurisdictions where there are fewer resources.

Criminal Justice Section #3: Continuity of Care

- Are there unintended consequences to any of these policies that you would like legislators to know about?
    - No responses.

- What is working well with any of the above policies that you would like legislators to know about?

    - The Colorado Department of Health Care Policy and Financing HCPF now has two Criminal Justice Policy Advisors, one who is focused on Medicaid and jails. She will be a great resource to dive into how jails are doing with enrolling people upon release as that data is not yet available on the Colorado Division of Criminal Justice jail dashboard.

- Do any of these policies need to be revised or eliminated?

    - No responses.

- Other comments, recommendations, or related issues of concern:

    - The policies need to be strengthened with strong encouragement and oversite.

    - SB22-196 should be on your radar as it requires Colorado Department of Health Care Policy and Financing (HCPF) to look into submitting a Medicaid waiver to improve continuity of care for justice involved people. That work is currently being conducted and I assume HCPF would be able to provide an update as to where things are with that work this summer.

Appendix: All Policies in the Survey

As noted above, the policy survey consisted of five categories that included policies from 14 bills of the previous Study Committee sessions and substance use disorder policies from SB21-137 Behavioral Health Recovery Act. Each of the categories was divided into sections of related policies.

Below is a list of all the policy items included in the policy survey by category cross referenced to bill numbers.

Treatment		
Bill Number:	**Policy:**	**Section:**
SB21-137	$3 million dollars per fiscal year from the Marijuana Tax Cash Fund created in section 39-28.8-501 to the Board of Regents of the University of Colorado, for allocation to the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery support strategies to implement and administer the Medication-Assisted Treatment Expansion pilot program.	Treatment, Section #1
SB21-137	Mandates that no later than July 1, 2023, the state department shall contract with one or more independent review organizations to conduct external medical reviews requested for review by a Medicaid provider when there is a denial or reduction for residential or inpatient substance use disorder treatment and Medicaid appeals processes have been exhausted.	Treatment, Section #1
SB21-137	On or before October 1, 2021, the state department shall consult with the Office of Behavioral Health in the Department of Human Services, residential treatment providers, and MCEs to develop standardized utilization management processes to determine medical necessity for residential and inpatient substance use disorder treatment. Processes must incorporate the most recent edition of "the ASAM criteria for addictive, substance-related, and co-occurring conditions" and align with federal Medicaid payment requirements.	Treatment, Section #1
SB21-137	On or before January 1,2022, the state department shall incorporate the standards developed pursuant to subsection (1) of this section into existing Managed Care Entity (MCE) contracts, and each MCE shall adhere to the standards when conducting utilization management for residential and inpatient substance use disorder treatment.	Treatment, Section #1
SB21-137	On or before January 1, 2022, each MCE's notice of an adverse benefit determination must demonstrate how each dimension of the most	Treatment, Section #1

	recent edition of "the ASAM criteria for addictive, substance-related, and co-occurring conditions" was considered when determining medical necessity.	
SB21-137	Beginning October 1,2021, and quarterly thereafter, the state department shall collaborate with the office of behavioral health in the department of human services, residential treatment providers, and MCEs to develop a report on the residential and inpatient substance use disorder utilization management statistics.	Treatment, Section #1
SB21-137	No later than July 1, 2022, the state department shall contract with an independent third-party vendor to audit thirty-three percent of all denials of authorization for inpatient and residential substance use disorder treatment for each MCE.	Treatment, Section #1
SB21-137	Mandates the University of Colorado School of Medicine to: Provide practice consultation services to health-care providers who are eligible to provide medication for opioid use disorder. Practice consultation services must include: Staff training and workflow enhancement to encourage screening for opioid use disorder and educational materials for patients who screen positive for opioid use disorder. Supporting the adoption of communication strategies that provide information to patients and referral sources. Provide stipends to health-care providers who are eligible to provide medication for opioid use disorder and who have achieved certain benchmarks known to lead to an increased number of patients being managed by medication for opioid use disorder. One year allocation of $600,000 for SFY 2021-22 with allowance for use of unexpended funds in the subsequent fiscal year.	Treatment, Section #1
HB21-1275	Requires reimbursement for pharmacists services to be equivalent to that provide to a physician or advanced practice nurse for the same services renders, including services through telemedicine.	Treatment, Section #2
HB21-1275	Allows a pharmacist or pharmacy with authority to administer extended-release injectable medications for the treatment of mental health or substance use disorders to seek reimbursement for those medications under the medical assistance program as either a pharmacy benefit or as a medical benefit.	Treatment, Section #2
HB18-1136	Adds inpatient, residential, and medical detox substance use treatment as benefit under CO Medicaid, conditional upon federal approval—scheduled for January 2021.	Treatment, Section #3
HB18-1007	Requires Medicaid reimbursement of at least one FDA approved ready to use overdose reversal drug without prior authorization.	Treatment, Section #3
HB18-1007	Requires health plans to provide coverage without prior authorization for 5-day supply of FDA approved drugs for treatment of opioid	Treatment, Section #3

	dependence.	
HB17-1007	Requires payers to provide enhanced fee to pharmacists who administer MAT injections that is aligned with the administrative fee paid to a provider in a clinical setting.	Treatment, Section #3
SB20-007	Allows the Commissioner of Insurance, in consultation with CDPHE, to promulgate or revise rules on essential health benefits formulary for MAT.	Treatment, Section #3
HB18-1007	Defines a request for prior authorization for medication-assisted treatment as an urgent prior authorization request.	Treatment, Section #3
SB20-007	Mandates use of the American Society of Addiction Medicine (ASAM) Criteria for addictive, substance use related and co-occurring conditions.	Treatment, Section #3
SB20-007	Requires a carrier to report to the Commissioner of Insurance on variety of indicators assessing provider MAT prescribing.	Treatment, Section #3
HB19-1287, funding cut in 2020	Establishes a grant program building SUD treatment capacity expansion in rural and frontier communities.	Treatment, Section #4
SB19-001	Continues the Medication-Assistance Treatment Expansion Pilot in Pueblo and Routt counties to train and fund NPs and Pas to provide medication-assisted treatment and expands to other frontier and rural counties.	Treatment, Section #4
SB20-007	Requires statewide managed care system to provide coordination of care for the full continuum of substance use disorder and mental health treatment and recovery.	Treatment, Section #4
SB19-228	Funds a maternal and child health pilot program grants to two treatment facilities.	Treatment, Section #4
HB19-1287	Allows for intergovernmental agreements for the purchase of mental health services by courts, counties, municipalities, school districts and other political division.	Treatment, Section #4
SB19-227	Addresses barrier of ID verification for treatment for individuals without identification or individuals experiencing homelessness.	Treatment, Section #4
HB19-1287; repealed in 2020	Establishes centralized web-based behavioral health tracking system for locating behavioral health treatment options, including opioid treatment programs.	Treatment, Section #4
SB20-007	Prohibits Managed Service Organizations from denying access to services for people on medication assisted treatment and establishing rules by the state board of human services.	Treatment, Section #5

HB18-1007	Establishes rules that standardizes utilization management authority timelines for nonpharmaceutical components of medication-assisted treatment.	Treatment, Section #5
SB20-007	Consolidates Part 1 of Article 82 of Title 27 relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of drugs with Part 1 of Article 81 of Title 27 relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of alcohol use disorders, in order to create a single process that includes all substances.	Treatment, Section #6
SB18-024; funding decreased in 2020	Adds behavioral health care providers to list of health care providers eligible for loan repayment through Colorado Health Service Corps program.	Treatment, Section #7

Recovery		
Bill Number:	**Policy:**	**Section:**
SB21-137	No later than January 1, 2022, the Office of Behavioral Health shall use a competitive selection process to select a recovery residence certifying body to certify recovery residences pursuant to section 25-1.5-108.5; and educate and train recovery residence owners and recovery residence staff on industry best practices, including best practices for providing culturally responsive and trauma-informed care. With an appropriation of $200,000 per year.	Recovery, Section #1
SB21-137	The Office of Behavioral Health shall establish a program to provide temporary financial housing assistance to individuals with a substance use disorder who have no supportive housing options when the individual is: (a) Transitioning out of a residential treatment setting and into recovery; or (b) Receiving treatment for the individual's substance use disorder. With an appropriation of $4 million per year ongoing.	Recovery, Section #1
SB21-137	Created in the Office of Behavioral Health the Recovery Support Services Grant Program, to provide grants to recovery community organizations for the purpose of providing recovery-oriented services to individuals with a substance use disorder or co-occurring substance use and mental health disorder, as awarded through Managed Service Organizations. With an appropriation of $1.6 million annually, ongoing.	Recovery, Section #1
HB21-1021	Requires the Department of Human Services to establish procedures to approve recovery support services organizations for reimbursement of peer support professional services and gives the executive director of the	Recovery, Section #2

	state department rule-making authority to establish other criteria and standards as necessary.	
HB21-1021	Permits a recovery support services organization to charge and submit for reimbursement from the medical assistance program certain eligible peer support services provided by peer support professionals.	Recovery, Section #2
HB21-1021	Authorizes the department of Health Care Policy and Financing to reimburse recovery support services organizations for permissible claims for peer support services submitted under the medical services program.	Recovery, Section #2
HB21-1021	Requires contracts entered into between the Office of Behavioral Health and designated Managed Service Organizations to include terms and conditions related to the support of peer-run recovery support services organizations.	Recovery, Section #2
HB21-1021	Adds a member that represents recovery services to the Behavioral Health Entity Implementation Advisory Committee.	Recovery, Section #2
HB21-1021	Based on available appropriations, requires investment in recovery services by manage service organizations, including peer-run recovery support services and specialized services for underserved populations.	Recovery, Section #2
HB21-1021	Adds recovery services as authorized use of state fund to serve women enrolled in Medicaid and as part of the state SUD treatment capacity grant program.	Recovery, Section #2
HB21-1021	Allow recovery services as an allowable for the Building Substances Use Disorder Treatment Capacity in Underserved Communities Grant Program.	Recovery, Section #2
HB21-1021	Appropriated for fiscal year 2021-2022 $28,654 to the Department of Human Services.	Recovery, Section #2
HB18-1003; completed in 2020	Requires development of a state strategic plan for recovery services.	Recovery, Section #3
HB19-1009	Expands housing vouchers for individuals with substance use disorder and transitioning from a mental health institute, a psychiatric hospital, or from incarceration, or from a residential treatment program.	Recovery, Section #3
HB19-1009	Establishes the definition of recovery residence, sober living facility and sober home and requires such entities to be certified as a recovery residence.	Recovery, Section #3
SB20-007	Prohibits denial of recovery residence admission of individuals receiving medication assisted treatment by recovery residence receiving state funds.	Recovery, Section #3

SB20-028	Updates and modernizes the definition of child abuse and neglect related to a child born affected by alcohol or substance exposure.	Recovery, Section #4
SB20-028	Authorizes the perinatal substance use data linkage project to improve outcomes for families impacted by substance use during pregnancy and prepare a report for submission by January 1, 2021.	Recovery, Section #4
SB19-228	Develops perinatal substance use data linkage project to improve outcomes for families impacted by substance use during pregnancy.	Recovery, Section #4
HB19-1009	Creates the opioid crisis recovery funds advisory committee to advise the Office of the Attorney General on use of opioid-related settlement funds.	Recovery, Section #5
SB20-028	Creates biennial continuation of the Opioid and other SUD Study Committee, with 2021 focus on impact of COVID-19.	Recovery, Section #5
SB20-028	Requires the Substance Abuse Trend and Response Task Force to review progress on bills introduced by the Opioid and Other SUD Study Committee.	Recovery, Section #5

Prevention		
Bill number:	**Policy:**	**Section:**
SB21-137	Created the Colorado School of Medicine Regional Health Connector Workforce Program to assist primary care practices and community agencies in connecting patients with mental health or substance use disorders to support and treatment options and educate health-care providers about preventive medicine, health promotion, chronic disease management, and behavioral health services. One year allocation of $1 million.	Prevention, Section #1
SB21-137	Expands the Colorado AgrAbility Project in the CSU/Extension by providing funding for the project's rural rehabilitation specialists with the goal of informing, educating, and assisting farmers, ranchers, and farm workers with disabilities and their families so they can continue to have successful careers in agriculture with an ongoing annual allocation of $900,000.	Prevention, Section #1
SB21-137	The Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies shall engage in public awareness, provider education, and community engagement activities to address substance use prevention, harm reduction, criminal justice system response, treatment, and recovery. Appropriates $1 million	Prevention, Section #1

	ongoing annually from Marijuana Tax Cash Fund.	
SB21-137	Directs the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies to conduct a statewide perinatal substance use data linkage project that uses ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy. The data linkage project shall utilize data from the medical assistance program, articles 4 to 6 of title 25.5; the electronic Prescription Drug Monitoring Program created in part 4 of article 280 of title 12; the Colorado Trails system, as defined in section 16-20.5-102 (10); the Colorado Immunization Information System, created pursuant to section 25-4-2401, et seq.; the Colorado child care assistance program, created in part 8 of article 2 of title 26; the Office of Behavioral Health in the Department of Human Services; and birth and death records.	Prevention, Section #1
SB21-011	Requires a pharmacist who dispenses an opioid prescription to inform the individual of the potential dangers of a high dose of an opioid.	Prevention, Section #2
SB21-011	Requires a pharmacist who dispenses an opioid prescription to offer an opiate antagonist at least one time per year, if an individual is prescribed a benzodiazepine, a sedative hypnotic drug, carisoprodol, tramadol or gabapentin, or the opioid prescription is at or in excess of ninety morphine milligram equivalent.	Prevention, Section #2
SB21-011	Requires a pharmacist who dispenses an opioid prescription to counsel individuals who accepts an opiate antagonist on its use.	Prevention, Section #2
SB21-098	Require the board to adopt rules to implement the PDMP that may identify prescription drugs and substances by using evidence-based practices, in addition to controlled substances that have substantial potential for abuse and must require pharmacists and prescription drug outlets to report those prescription drugs and substances to the program when they are dispensed to a patient.	Prevention, Section #3
SB21-098	Include a data retention schedule for the information obtained and stored by the program and the processes for the preservation of de-identified, aggregated data for a period of time as determined by the board.	Prevention, Section #3
SB21-098	Allows a deputy coroner acting on behalf of the coroner to access and query the PDMP.	Prevention, Section #3
HB21-1012	Allows for tracking of all prescription drugs as determined through rule making by the Board within the Department of Regulatory Affairs and mandates that the Board must note the justification of exclusions during the rule-making process.	Prevention, Section #4

(HB21-1012)	Appropriated $53,838 for personal services and $7,280 for operating expenses for the Prescription Drug Abuse Prevention Program.	Prevention, Section #4
SB19-022	Limits first opioid Rx to 7-day supply for opioid-naïve, non-chronic pain, non-palliative patients.	Prevention, Section #5
SB18-022	Requires providers to check PDMP before 2nd opioid Rx refill with exceptions.	Prevention, Section #5
SB19-228	Prohibits prescribers from receiving financial benefit from prescriptions.	Prevention, Section #5
SB19-228	Expands access to PDMP by medical examiners who are physicians.	Prevention, Section #5
SB19-228	Develops labeling requirements for opioid prescriptions about risk for overdose and addiction.	Prevention, Section #5
SB19-022	Assigns CDPHE to report findings on PDMP integration method by December 1, 2019.	Prevention, Section #5
HB18-1003	Funds school-based behavioral health centers.	Prevention, Section #6
HB18-1003	Expands statewide SBIRT training for providers, including those serving women of child-bearing age (funding reduced in 2020); and develops a patient-education tool for women to learn about the risks of substance exposed pregnancies, to be deployed for public use in the state.	Prevention, Section #6
HB18-1003	Funds provider and law enforcement education.	Prevention, Section #6
SB19-228 (Funding decreased in 2020)	Funds public awareness concerning safe use, safe storage, safe disposal of opioids and availability of naloxone.	Prevention, Section #6
SB19-228	Creation and one-year funding of Charlie Hughes and Nathan Gauna Opioid Prevention Grant.	Prevention, Section #6
SB19-228	One-year funding to local public health agencies to address opioid and other substance use disorders.	Prevention, Section #6
SB19-228	Creation and funding of a grant-writing assistance program.	Prevention, Section #6
SB19-228	Develops rules for prescribers to complete continuing education on range of substance use topics.	Prevention, Section #7
SB19-228	Provides pharmacy reimbursement for injections and patient counseling	Prevention, Section

	of substance use disorders.	#8
HB18-1007	Prevents carriers from penalizing providers for results from patient satisfaction surveys.	Prevention, Section #8

Harm Reduction		
Bill Number:	**Policy:**	**Section:**
SB21-137	Continuous, annual appropriation of funding to the Harm Reduction Grant Program Cash Fund.	Harm Reduction, Section #1
SB21-122	Specifies a unit of local government as eligible entity for standing orders related to the dispensing of an opiate antagonist by a pharmacist.	Harm Reduction, Section #2
SB21-122	Extends immunity for administration of an opiate antagonist to a unit of local government.	Harm Reduction, Section #2
SB21-122	Specifies as an eligible entity for the opiate antagonist bulk purchase fund: a) a harm reduction organization, a law enforcement agency, and a first responder.	Harm Reduction, Section #2
SB19-227	Creates the naloxone bulk purchase fund.	Harm Reduction, Section #3
SB19-227	Allows naloxone with AEDs in public settings.	Harm Reduction, Section #3
SB19-227	Allows access to naloxone and expands immunity for school personnel.	Harm Reduction, Section #3
HB20-1065	Extends immunity from civil damage and criminal prosecution for administration of expired naloxone.	Harm Reduction, Section #3
HB20-1065	Reimburses a hospital's cost for providing naloxone upon discharge.	Harm Reduction, Section #3
SB20-007	Requires a health benefit plan to provide coverage for at least one form of naloxone.	Harm Reduction, Section #3
HB20-1065	Requires pharmacists to educate individuals receiving a prescription opioid on naloxone.	Harm Reduction, Section #3
SB19-227	Implements a state program for safe collection and disposal of syringes.	Harm Reduction, Section #4
SB19-227	Excludes from the definition of drug paraphernalia testing equipment used	Harm Reduction,

	or designed for use in identifying or analyzing the strength or purity of controlled substances.	Section #4
SB19-227	Allows hospitals to operate a syringe access program.	Harm Reduction, Section #4
HB20-1065	Permits pharmacies to sell a nonprescription syringe or needle to any person and exempts pharmacist from laws related to possession of drug paraphernalia.	Harm Reduction, Section #4
HB20-1065	Allows nonprofit organizations with experience operating a clean syringe exchange program to operate a new facility without prior approval of local health board.	Harm Reduction, Section #4
SB19-228	Directs state agencies to a submit report on individuals tested for Hep B, Hep C, HIV, funding and plans to increase testing and treatment.	Harm Reduction, Section #4
SB19-008	Creates the Harm Reduction Grant Program.	Harm Reduction, Section #5

Criminal Justice		
Bill Number:	**Policy**	**Section:**
SB21-137	Allows qualified medication administration personnel to administer opioid agonists and opioid antagonists for the treatment of an opioid use disorder and, as funding and supplies allow, for a person in custody treated for an opioid use disorder. The correctional facility or private contract prison shall offer the person, upon release from the facility, at least two doses of an opioid reversal medication, in a form approved by the federal drug administration, and provide education to the person about the appropriate use of the medication.	Criminal Justice, Section #1
SB21-137	Provides immunity from civil or criminal liability on a state law enforcement agency or law enforcement officer when ordinary care is used in the administration or provision of an opioid reversal medication in cases when an individual appears to be experiencing an opioid overdose.	Criminal Justice, Section #1
SB19-008	Requires county jails receiving funding through the Jail-Based Behavioral Health Services Program to have a policy for medication-assisted treatment (MAT) by January 2020.	Criminal Justice, Section #2
HB20-1017	Strongly encourages jails and the Department of Corrections to make available opioid agonists and antagonists to a person in custody of an opioid use disorder throughout the duration of their incarceration as medically necessary.	Criminal Justice, Section #2

SB20-007	Prohibits condition by a court of ceasing medication assisted treatment as part of a drug or problem-solving court or other judicial program or as a condition of probation or parole or placement in community corrections.	Criminal Justice, Section #2
SB20-007	Prohibits any community corrections program from rejecting any offender referred for placement based on the offender's participation in medication-assisted treatment.	Criminal Justice, Section #2
HB20-1017	Ensures continuity of care for persons treated for a substance use disorder while incarcerated in a correctional facility, including provision of post-release resources list of substance use providers, and filing of Medicaid enrollment paperwork upon release from the facility.	Criminal Justice, Section #3
HB20-1017	Requires development of resources for inmates' post-release to assist with successful reintegration into communities, reflecting the needs of diverse underserved populations and communities.	Criminal Justice, Section #3
HB20-1017	Allows for creation, maintenance, or expansion of criminal justice diversion programs to connect law enforcement officers with behavioral health interventions or to divert individuals from the criminal justice system.	Criminal Justice, Section #4
HB20-1017	Allows for mobile crisis services to be required to be delivered by approved criminal justice programs or a crisis response system contractor.	Criminal Justice, Section #4
HB20-1017	Requires the Department of Human Services to ensure that mobile response units are available to respond to a behavioral health crisis anywhere in the state within two hours, either face-to-face or through telehealth.	Criminal Justice, Section #4
SB19-008	Allows for sealing of criminal conviction records information for offenses involving possession of controlled substance and the conditions and processes for such sealing.	Criminal Justice, Section #5
HB20-1017	Considers entry into or successful completion of substance use disorder treatment program by a person as a factor of consideration in determining whether to seal arrest and criminal records.	Criminal Justice, Section #5
SB19-008	Charges the Commission on Criminal and Juvenile Justice to study and make recommendations on alternatives to criminal charges for individuals with and substance use disorders arrested for drug-related offenses and other items.	Criminal Justice, Section #5
HB20-1017	Allows for safe stations where individuals can turn in controlled substances and request assistance to access treatment for a substance use disorder without being subject to arrest or prosecution for possession of such controlled substances.	Criminal Justice, Section #6