

# Legislative Update

## Opioid and Other Substance Use Disorders Interim Study Committee Draft Bills

January 2024

The Opioid and Other Substance Use Disorders Interim Study Committee met six times between July and October 2023 to consider legislative action for enhancing efforts related to prevention, harm reduction, treatment, and recovery. The agendas for each of the meetings and presentation materials are available on the [Study Committee's](#) web page (click on the link to Committee Schedule & Meeting Materials).

The committee drafted five bills, of which four bills passed out of the Study Committee and out of the Legislative Council Committee. Below is a summary of the four bills related to prevention, treatment, harm reduction, and recovery. The complete versions of the four bills, plus the fifth bill regarding overdose prevention centers, are available on the web page of the [Study Committee](#) (click on the Legislation link).

The draft bills have been introduced in this year's session, which runs through May 2024. Click the bills' titles to go to their pages on the Legislature's website.

### Bill A: Prevention of Substance Use Disorders (SB24-047)

**Prime Sponsors: Sen. Jaquez Lewis and Sen. Priola; Rep. Young and Rep. Epps**

#### Prescription Drug Abuse Monitoring Program (PDMP)

- Exempts veterinarians from some aspects of the PDMP (Sections 1, 6 and 8)
- Requires reporting on gabapentin in addition to prescriptions for controlled substances in the PDMP (Section 2, 4, 5 and 6)
- Allows the Department of Health Care Policy and Finance access to the PDMP for review and analysis of data, consistent with federally required reporting relating to recipients of certain benefits (Section 5)
- Updates current language in the laws relating to the PDMP by using more modern terminology (Sections 4 and 5)
- Allows the medical director of a practice or hospital to appoint designees for querying the PDMP on behalf of a practitioner in the medical practice or hospital setting (Sections 3, 4, 5 and 6)

- Allows for application for a waiver from reporting on gabapentin in the PDMP due to a lack of electronic automation (Section 7)

### Substance Use Disorder Prevention

- Permits and defines local Overdose Fatality Review Teams in a county, city, region or tribal community, and addresses confidentiality requirements (Section 10)
- Creates the Substance Use Disorders Prevention Gap Grant Program in the Colorado Department of Public Health and Environment (CDPHE) in conjunction with the Colorado Substance Use Disorders Prevention Collaborative: \$1.5 million general fund allocation, 2-year awards, beginning applications no later than December 31, 2024, and repeals in 2028 (Section 11)
- Creates a substance use disorder (SUD) prevention services assessment tool to identify SUD prevention services gaps in areas of highest need for purposes of the SUD Prevention Gap Grant Program (Section 9)
- Expands Screening, Brief Intervention, and Referral to Treatment (SBIRT) training and technical assistance to schools and pediatric settings to increase SBIRT with adolescents (Sections 12 and 13)
- Expands the Perinatal Substance Use Data Linkage Project (Section 14)
- Creates in the University of Colorado School of Medicine the Statewide Opioid Use Disorder Data Linkage Project (Section 15)

### Bill B: Treatment for Substance Use Disorders (HB24-1045)

**Prime Sponsors: Rep. Armagost and Rep. deGruy Kennedy; Sen. Mulica and Sen. Will**

- Prohibits a carrier that provides coverage under a health benefit plan for a drug used to treat a substance use disorder from requiring prior authorization for the drug based solely on the dosage amount (Section 1)
- Requires reimbursement of pharmacists at same rate as other providers of medication-assisted treatment (MAT) (Section 2)
- Extends prescriptive authority of FDA-approved medications for opioid use disorders to pharmacists (Section 7)
- Require the Board of Pharmacy to develop protocols for pharmacists to prescribe, dispense, and administer medications for opioid use disorders (Section 8)
- Requires the state Medical Assistance Program to reimburse a pharmacist prescribing or administering medications for opioid use disorder pursuant to a collaborative agreement at a rate equal to the reimbursement rate for other providers (Section 23)
- Add pharmacies and pharmacists as eligible entities for funds of the Colorado Medication-Assisted Treatment Expansion Program (Sections 11-16)
- Requires the commissioner of insurance to review the network adequacy rules and report findings and recommendations to the Opioid and Other SUD Study Committee. (Section 3)
- Allows licensed clinical social workers and licensed professional counselors to provide clinical supervision for individuals seeking certification as addiction technicians and

addiction specialists and directs the State Board of Human Services, as applicable, to adopt rules related to clinical supervision by these professionals (Sections, 4, 5, 6)

- Establishes the Behavioral Health Diversion Pilot Program in at least 2, but no more than 5, judicial districts to provide diversion from the criminal justice system for persons charged with behavioral health disorders that require early recovery services and treatment that is reasonably expected to deter participants' future criminal behavior with a repeal date of June 20, 2028 (Sections 9 and 10)
- Requires the Department of Health Care Policy and Finance (HCPF) to seek federal authorization for screening, medication-assisted treatment, prescription medications, case management, and care coordination services through the state Medical Assistance Program to persons up to 90 days prior to release from jail, a juvenile facility, or a dept of corrections facility (Section 17).
- Adds substance use disorder treatment to the list of health-care or mental health-care services required to be reimbursed at the same rate for telemedicine as a comparable in-person service (Section 18)
- Requires HCPF to seek federal authorization for partial hospitalization for substance use disorders treatment with full federal financial participation and that partial hospitalization for substance use disorder treatment shall not take an effect until federal approval has been obtained (Section 19)
- Requires Managed Care Entities that provide prescription drug benefits or methadone administration for treatment of substance use disorders to: 1) Not impose any prior authorization requirements on any prescription medication approved by the FDA for the treatment of substance use disorders, regardless of the dosage amount; and 2) Set the reimbursement rate for take-home methadone treatment and office-administered methadone treatment at the same rate (Section 20)
- Requires the Behavioral Health Administration to collect data from each withdrawal management facility on the total number of individuals who were denied admittance or treatment for withdrawal management and the reason for the denial and review and approve any admission criteria established by a withdrawal management facility and to share the data received with Behavioral Health Administration services organizations (Section 21)
- Requires Managed Care Entities to disclose the aggregated average and lowest rates of reimbursement for a set of behavioral health services determined by HCPF. (Section 22)
- Appropriates \$150,000 annually for the Colorado Child Abuse Prevention Trust Fund for programs that reduce prenatal substance exposure (Section 24)
- Appropriate \$50,000 annually to the Colorado Child Abuse Prevention Trust Fund for convening stakeholders to identify strategies to increase access to childcare for families seeking SUD treatment and recovery services (Section 24)
- Allows the Board of Human Services to promulgate rules authorizing a person holding a valid, unsuspended, and unrevoked license as a licensed clinical social worker in Colorado or a licensed professional counselor in Colorado to provide clinical supervision for certification purposes to a person working toward certification as a certified addiction

technician or a certified addiction specialist, if the licensed clinical social worker or licensed professional counselor is acting within the scope of practice for the relevant license and is qualified based on education or experience to provide clinical supervision for the clinic work hours (Section 25)

- Requires the Behavioral Health Administration to contract with a third-party for support of behavioral health providers seeking to become behavioral health safety net providers with the goal of the provider becoming self-sustaining (Section 26)
- Creates the Contingency Management Grant Program in the Behavioral Health Administration to provide grants to SUD treatment programs for implementing contingency management for stimulant use disorder treatment (Section 27)
- Requires county jails that provide SUD treatment services to apply for a correctional providers license from the Behavioral Health Association and requires the Behavioral Health Administration to promulgate rules providing minimum health, safety, and quality standards for corrections service providers that provide services to incarcerated Medicaid members (Section 28)
- Requires the Behavioral Health Administration, in collaboration with the Department of Health Care Policy and Finance, to convene a working group to study and identify barriers to opening and operating an opioid treatment program [methadone treatment], including satellite medication units and mobile methadone clinics (Section 29)

## Bill C: Substance Use Disorders Harm Reduction (HB24-1037)

**Prime Sponsors: Rep. Epps and Rep. DeGruy Kennedy; Sen. Priola**

- Updates the term “opiate antagonist” to “opioid antagonist” in state statute (Section 2 and Sections 7-23)
- Specifies that the statutory definition of “opioid antagonist” includes expired opioid antagonists (Section 8)
- Excludes injuries involving the possession of drugs or drug paraphernalia from a physician's mandatory reporting requirements (Section 1)
- Clarifies that the civil and criminal immunity that protects a person who acts in good faith to furnish or administer an opioid antagonist also protects a person who distributes an opioid antagonist (Section 2)
- Authorizes and extends immunity for the distribution, furnishing, and administration of Naloxone beyond the date of expiration of the product, including law enforcement personnel, school districts personnel, and healthcare providers (Sections 2 and 3)
- Adds exemption to the prohibition on possessing drug paraphernalia for possession of drug paraphernalia that a person receives from an approved syringe exchange program, or a program carried out by a harm reduction organization while participating in the program (Section 4)
- Specifies that money received through the Harm Reduction Grant Program may be used for purchasing other drug testing equipment in addition to non-laboratory synthetic opiate detection tests (Section 5)

- Authorizes clean syringe exchange programs to acquire and use supplies or devices intended for use in testing controlled substances or controlled substance analogs for potentially dangerous adulterants (Section 6)

## Bill D: Recovery from Substance Use Disorders (SB24-048)

**Prime Sponsors: Sen. Priola; Rep. deGruy Kennedy and Rep. Lynch**

- Defines and implements a voluntary designation process for a certified Recovery-Friendly Workplace (Section 1)
- Allows a school district to include in the annual pupil count a student who has transferred to a recovery high school before the pupil count date (Section 2)
- Allows a recovery community organization that receives a grant through the Recovery Support Services Grant Program to use the money to provide guidance to individuals on the many pathways for recovery (Section 3)
- Declares that recovery residences, sober living facilities, and sober homes are a residential use of land for zoning purposes (Section 4)
- Places restrictions on where liquor-licensed drugstores and fermented malt beverage and wine retailers may display alcohol beverages on the stores' licensed premises (Sections 5 and 6)