

State Legislative Responses to the Opioid Crisis: Colorado Example

Center for Prescription Drug Abuse Prevention



University of Colorado Anschutz Medical Campus

José Esquibel
Director
Colorado Consortium for
Prescription Drug Abuse
Prevention

Presentation Objectives

- Describe and discuss how state policy can enable and support implementation of a continuum of responses to the opioid crisis.
- Provide examples of collaborative legislative policy development



Three Bodies to Inform Colorado Drug Policy 2006-Present

Colorado Methamphetamine Task Force (2006-2010) / Colorado Substance Abuse Trend and Response Force Task (2011-present)

Colorado Consortium for Prescription Drug Prevention (2013-present)

Interim Study Committee on Opioid and Other Substance Use Disorders (2017, 2018, 2019, and 2023)

Colorado Methamphetamine Task Force Became the Substance Abuse Trend and Response Task Force

Focus on Meth 2006-2013

Broadened to All Substances 2014 - present

Charge:

- **Monitor Drug Use Trends**
- **Promote Evidence-based Responses**
- **Submit Policy Recommendation to Legislature**
- **Annual Report**



University of Colorado
Anschutz Medical Campus

Chair: State Attorney General

Vice Chair for Prevention

Vice Chair for Treatment

Vice Chair for Criminal Justice

29 Members

Data Committee (State Epi and Outcome Work Group)

Substance Exposed Newborns Committee

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Work Group

Colorado Consortium for Prescription Drug Abuse Prevention (Opioid Response Committee)

Substance Abuse Trend and Response Task Force

<https://coag.gov/task-force/>

Overview of the Task Force

[Learn More →](#)

Task Force Membership Roster

[Learn More →](#)

Task Force Committees

[Learn More →](#)

Task Force Agenda & Minutes

[Learn More →](#)

[Colorado Revised Statute § 18-18.5-103](#)

Task Force Annual Reports

[Learn More →](#)



Colorado Consortium for Prescription Drug Abuse Prevention

Coordinating the Statewide Response to the Opioid Crisis



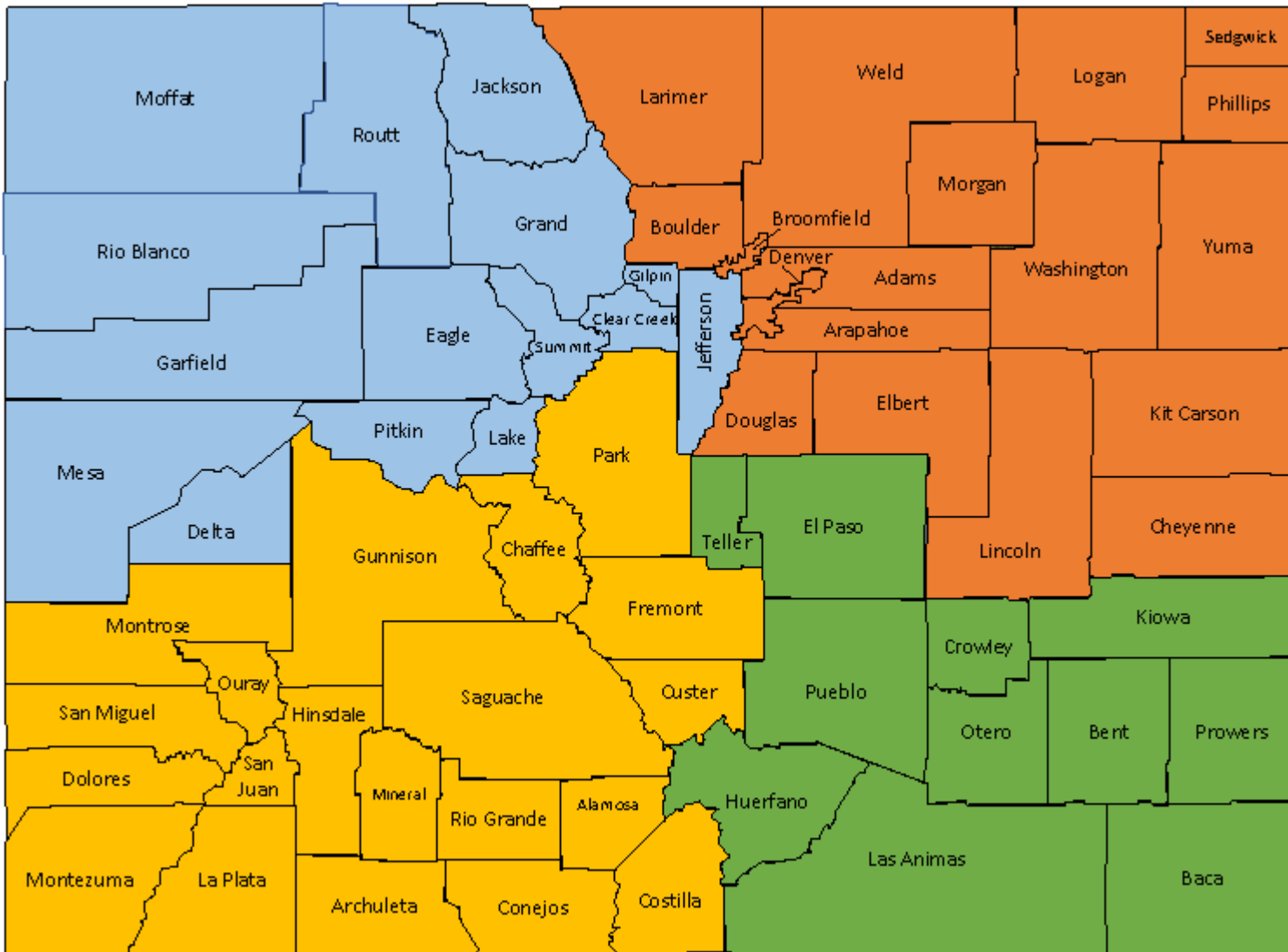
Consortium External Relations Strategy Team

4 staff reside in their respective regions

Provide support on strategies to impact the opioid crisis at the local level

Provide connection to various resources

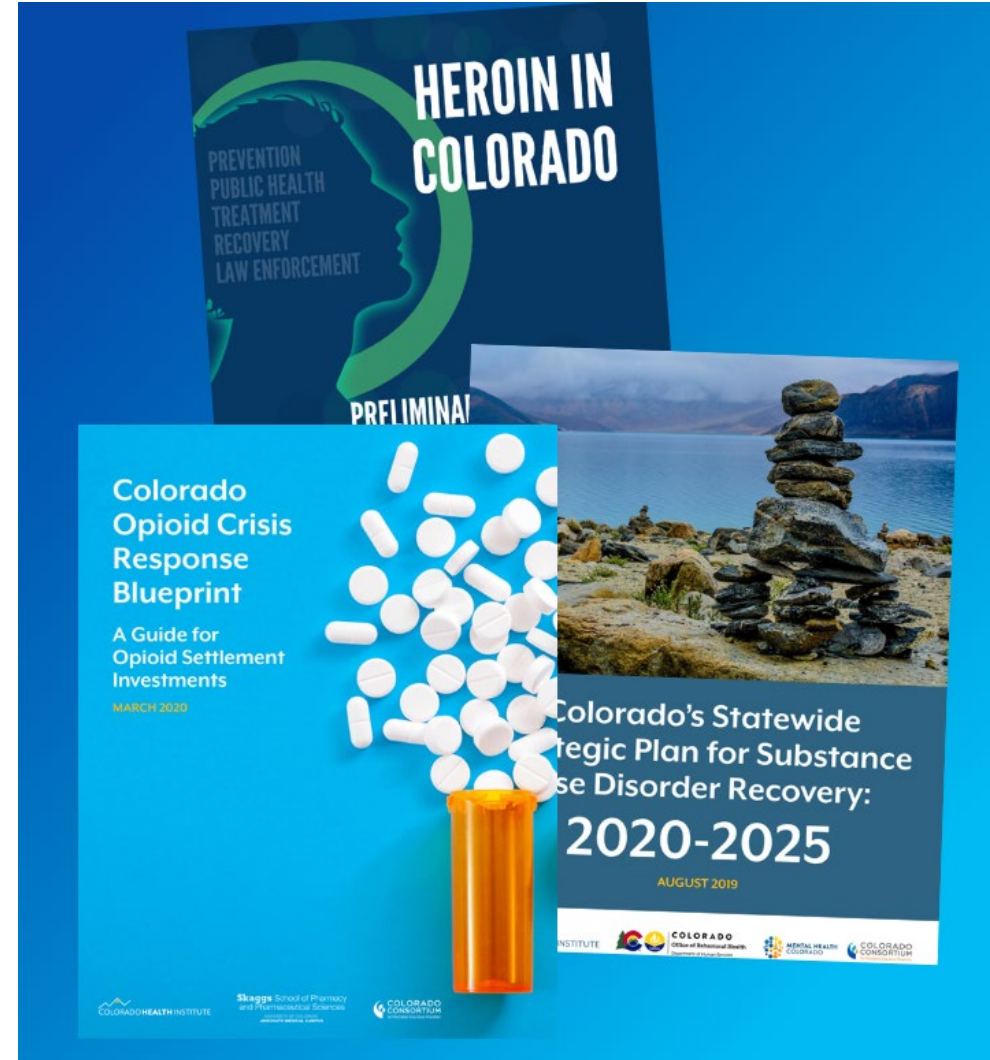
Focus on coordination of local, state, and federal initiatives



Opioid Response Strategies

- Prevention
- Harm Reduction
- Treatment
- Recovery
- Criminal Justice

Evidence-based



Convening in Summer and Fall 2023

INTERIM COMMITTEE INTERIM COMMITTEE

Opioid and Other Substance Use Disorders Study Committee

VIEW BY SESSION

2019 Regular Session



SUBJECTS: Health Care & Health Insurance, Human Services

The study committee must review data and statistics on the scope of the substance use disorder problem in Colorado; compile an overview of the current resources available to Coloradans; review the availability of medication-assisted treatment options and whether pharmacists can prescribe those medications; examine what other states and countries are doing to address substance use disorders; identify the gaps in prevention, intervention, harm reduction, treatment, and recovery resources; and identify possible legislative options to address these gaps.

[Committee Documents](#)

[Committee Schedule & Meeting Materials](#)



Center for Prescription Drug Abuse Prevention

SKAGGS SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Convened in 2017, 2018, and 2019

Consortium leaders served as Committee Task Force co-chairs

Assisted in convening stakeholders

Collected and summarized policy suggestions from stakeholders

The Opioid and Other Substance Use Disorders Study Committee drafted 16 bi-partisan bills related

- Prevention
- Harm Reduction
- Criminal Justice
- Treatment
- Recovery

14 bills with 86 policies became law



2018 COLORADO OPIOID STUDY COMMITTEE BILLS



HB 1003 PREVENTION

Rep. Pettersen
Sens. Jahn, Priola

- Extends Opioid Study Committee thru July 1, 2020
- Assigns Consortium to develop strategic plan for recovery services
- Funds school-based behavioral health centers
- Funds pilot for SBIRT training for providers serving women of child-bearing age & patient education tool
- Funds provider and law enforcement education

APPROXIMATE FUNDING:
\$925K SBIRT pilot training program*
\$750K Provider education and naloxone awareness
\$775K School-based behavioral health centers
\$39K Extend Opioid Study Committee*

SB 22 CLINICAL PRACTICE

Sens. Aguilar, Tate
Reps. Kennedy, Pettersen

- Limits first opioid Rx to 7-day supply (for opioid-naive, non-chronic pain, non-palliative patients)
- Requires providers to check PDMP before 2nd opioid Rx refill (with exceptions)
- Restrictions repeal Sept 2021
- Assigns CDPHE to report findings on PDMP integration by Dec 2019

APPROXIMATE FUNDING:
No appropriation required

HB 1136 TREATMENT

Rep. Pettersen
Sens. Jahn, Priola

- Adds inpatient, residential and medical detox substance use treatment as benefit under CO Medicaid, conditional upon federal approval

APPROXIMATE FUNDING:
\$230K Preparation for inpatient treatment covered by CO Medicaid
Estimated \$35million annually*

HB 1007 PAYMENT ISSUES

Reps. Singer, Kennedy
Sens. Lambert, Jahn

- Requires health plans to provide coverage without prior authorization for 5-day supply of MAT
- Requires health plans to prioritize MAT requests
- Prevents carriers from penalizing providers for results from patient satisfaction surveys
- Requires Medicaid reimbursement of naloxone
- Requires payers to provide enhanced fee to pharmacists who administer MAT injections

APPROXIMATE FUNDING:
No appropriation required

SB 24 WORKFORCE

Sens. Jahn, Tate
Reps. Singer, Pettersen

- Adds behavioral health care providers to list of health care providers eligible for loan repayment through Colorado Health Service Corps program
- Requires recipients to serve in a health professional shortage area for 2 years
- Creates loan repayment and scholarship program to cover costs of obtaining certification for behavioral health

APPROXIMATE FUNDING:
\$2.5M Loan repayment for behavioral health workforce*

LEGISLATION NOT PASSED

SB 40 HARM REDUCTION

Sen. Lambert
Rep. Singer

- Would have allowed a single pilot site for supervised injection in Colorado
- Would have specified hospitals allowed as syringe access sites (included in 2019 bill)
- Would have specified naloxone allowed at schools (included in 2019 bill)

APPROXIMATE FUNDING:
No appropriation required

2019 COLORADO OPIOID STUDY COMMITTEE BILLS



SB 228 PREVENTION

Sens. Winter, Moreno
Reps. Singer, Buentello

- Requires prescribers to complete opioid best practice, SUD and PDMP continuing education
- Prohibits prescribers from receiving financial benefit from prescriptions
- Requires warning label for opioid prescriptions
- Funds several prevention efforts

APPROXIMATE FUNDING:
\$2M Local and state public health
\$690K Maternal child health pilot*
\$500K Youth substance use prevention
\$750K Public awareness activities*
\$100K Perinatal data linkage project*
\$250K Grant writer support

SB 227 HARM REDUCTION

Sens. Pettersen, Gonzales
Reps. Kennedy, Herod

- Creates naloxone bulk purchase fund
- Funds public sharps disposal
- Allows naloxone with AEDs in public settings
- Specifies naloxone allowed at schools
- Specifies hospitals allowed as syringe access sites
- Addresses barrier of ID verification for treatment

APPROXIMATE FUNDING:
\$860K Naloxone bulk purchase and public sharps disposal*

HB 1287 TREATMENT

Reps. Esgar, Wilson
Sens. Pettersen, Priola

- Establishes centralized web-based behavioral health tracking system for treatment
- Funds care navigation system
- Funds treatment capacity expansion in rural and frontier communities

APPROXIMATE FUNDING:
\$5M Rural treatment capacity grant*
\$260K Capacity tracking technology
\$160K Care coordination*

SB 008 CRIMINAL JUSTICE

Sens. Pettersen, Priola
Reps. Singer, Kennedy

- Requires county jails receiving behavioral health funding to have policy for medication-assisted treatment (MAT) by January 2020
- Funds expansion of co-responder programs
- Develops Harm Reduction Grant Program

APPROXIMATE FUNDING:
\$1.8M Harm Reduction Grant Program*
\$1.2M Criminal justice diversion programs*
\$490K Dept. of Corrections MAT funding*
\$735K MAT in county jails funding*

HB 1009 RECOVERY

Reps. Singer, Kennedy
Sens. Pettersen, Priola

- Expands housing vouchers for individuals with substance use disorder
- Requires certification of certain recovery residences
- Creates advisory group to advise Attorney General on use of funds from opioid-related litigation

APPROXIMATE FUNDING:
\$1M Housing vouchers*
\$50K Recovery residence certification grants*

SB 079 ELECTRONIC PRESCRIBING

- Requires certain prescribers to prescribe schedule II, III, or IV controlled substances only via Rx electronically transmitted to a pharmacy, with exceptions

Sens. Priola, Todd; Reps. Esgar, Landgraf

SB 001 EXPAND MAT PILOT

- Continues pilot in Pueblo and Routt counties to train and fund NPs and PAs to provide medication-assisted treatment
- Expands funding to San Luis Valley and 2 additional counties

Sens Garcia,
Rep. Buentello

APPROXIMATE FUNDING:
\$2.5M Expand College of Nursing pilot program*

Colorado Opioid & Other Substance Use Disorder Bills* 2020

*All bills passing into law except HB1085 which was vetoed by Gov Polis

HB 1085 PREVENTION - VETOED*

Reps Kennedy, Herod
Sens Winter, Priola

- Improves insurance coverage to alternatives to opioids
- Establishes competency based standards for CME for prescribing opioids
- Continues 7-day limit for acute opioid prescribing and required query of PDMP
- Requires PDMP check for 2nd fill for benzodiazepines, limits supply for 1st Rx

HB 1065 HARM REDUCTION

Reps Kennedy, Herod
Sens Pettersen, Priola

- Extends immunity for using expired naloxone
- Reimburses hospitals for take-home naloxone
- Permits pharmacies to provide syringes without Rx, requires pharmacists to educate on naloxone
- Removes barriers for syringe access programs

SB 007 TREATMENT

Sens Pettersen, Winter
Reps Buentello, Wilson

- Requires insurers to provide coverage for continuum of substance use treatment
- Provides coverage for at least one form of naloxone
- Prohibits denying access to services for people on medication assisted treatment
- Updates civil commitment process

HB 1017 CRIMINAL JUSTICE

Reps Herod, Kennedy
Sens Donovan, Priola

- Ensures Medicaid enrollment upon release from jail
- Allows safe stations for disposal of controlled substances
- Allows for sealing of records for a person completing substance use treatment
- Encourages access to medication assisted treatment in jails and corrections

SB 028 RECOVERY

Sens Pettersen, Priola
Reps Buentello, Herod

- Allows biennial continuation of the Study Committee, next year focused on COVID-19 impact
- Modernizes definition of child abuse and neglect

HB 1411 COVID-19 BEHAVIORAL HEALTH

Reps Kraft-Tharp, Michaelson Jenet
Sen Pettersen

\$15.2M for unanticipated behavioral health costs due to COVID-19

- \$3.53M for substance use and recovery providers
- \$3.25M for community mental health centers
- \$2M treatment for school-aged children
- \$3.8M for crisis services, co-responder programs, housing assistance, treatment in rural communities
- \$1.15M for school-based health centers and naloxone bulk purchase fund
- \$250K behavioral health training for school personnel
- \$800K health professional training, grant writing assistance, and PPE and telehealth supplies for MAT providers
- \$120K Safe2Talk Program, \$500K for SBIRT



For More Info Visit: CoRxConsortium.org/Legislature or Email: Leg@CoRxConsortium.org

Behavioral Health Recovery Act of 2021 (SB21-137)

- Created the Behavioral Health and Mental Health Cash Fund **\$550M** in total from the **American Rescue Plan Act dollars**
- Required **establishment of 2021 Behavioral Health Task Force** to issue a report with recommendations on policies to create transformational change and for use of designated cash funds
- Funds designated for:
 - Prevention
 - Care Coordination
 - Workforce
 - Mental Health and Substance Use Disorders
 - Recovery Services
 - Services for Children and Youth



Response Efforts

Recovery

- Professionalize the peer workforce
- Promote recovery-related services and events
- Promote Recovery Oriented Systems of Care
- Develop data collection and measurement tools

Treatment

- Expanding access to opioid and other SUD treatment
- Mandating and enhancing treatment in jails and state correction facilities



Response Efforts

Prescription Drug Monitoring Program (PDMP)

- Continue to boost registration, integration and optimization of the PDMP across the state
- Implement HB21-1276 that will offer RxCheck for PDMP integration with EHRs and health systems

Provider Education

- Developed and implementing training modules for providers on opioid prescribing and alternatives for pain management



Response Efforts

Criminal Justice Response

- Law Enforcement and Public Health Responses
- Diversion to Treatment Programs
- Naloxone and ODMap
- Treatment While in Custody
- Transition and Release

Harm Reduction

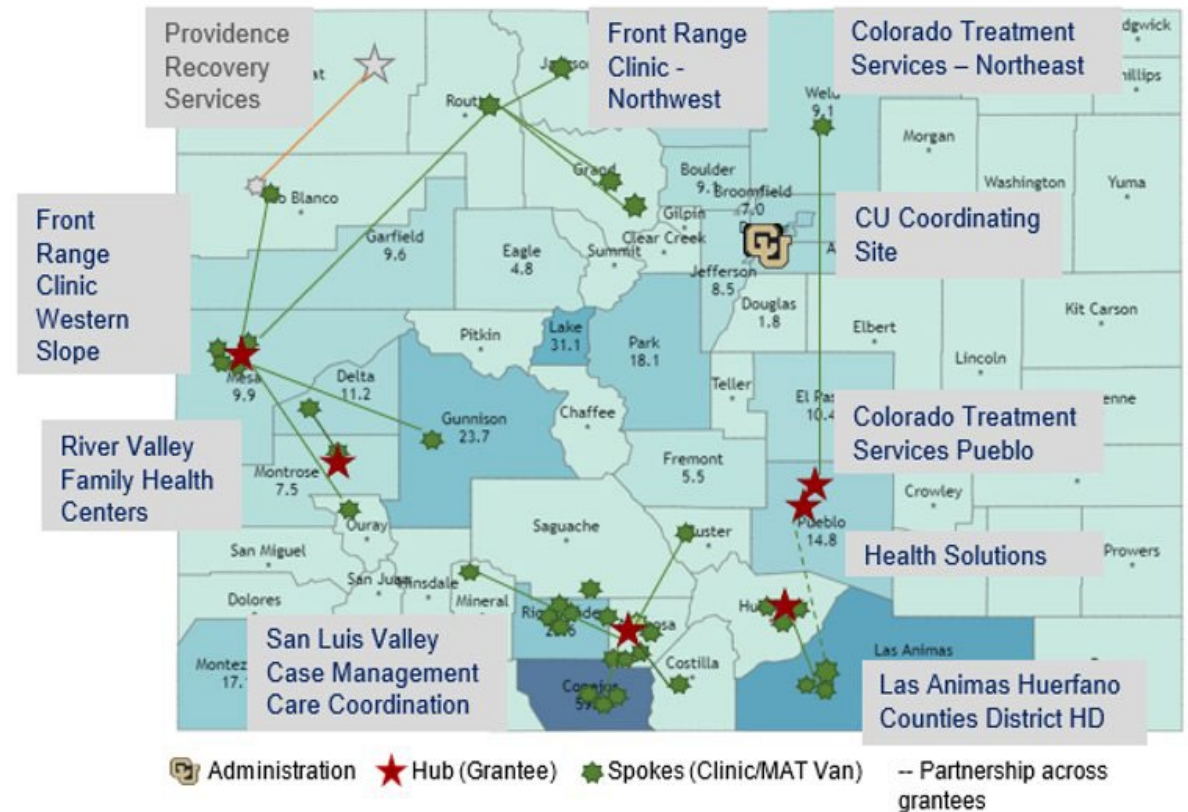
- Increased access to Naloxone, Syringe Exchange, and fentanyl test strips
- Colorado Naloxone Bulk Purchase Fund
- Allowing for use of expired Naloxone



Medication-Assisted Treatment Expansion Program

From July 2019-present

- Service in 21 rural counties
- Statewide outreach & legislative support
- Served >1500 patients in first 18 months
- Supported by 56 FTE MAT providers
- Outcomes:
 - Reduced substance use
 - Improved social determinants of health (disability, work, ER use)
 - Improved physical and mental health





\$700 Million

Total Amount of Anticipated Allocations

\$39,178,092.74

Current Funding Allocations

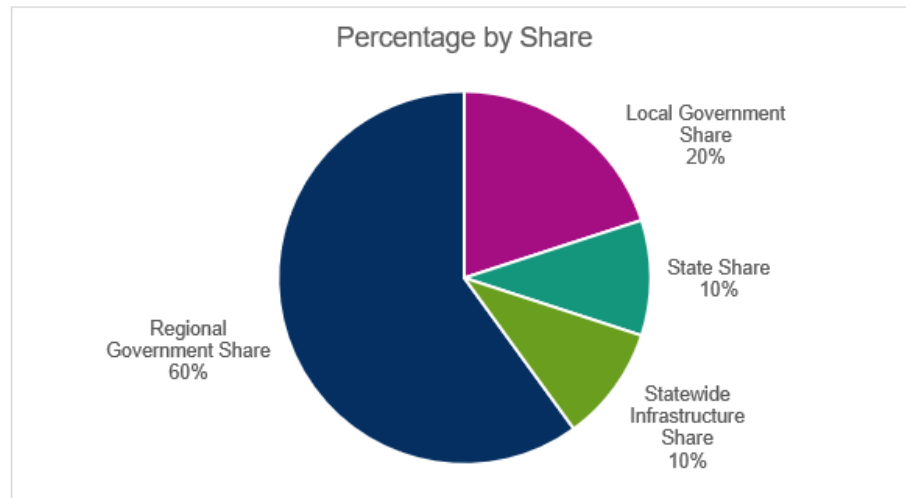
312

Participating Colorado Government Entities

In August 2021, after announcing several historic settlements with major drug manufacturers and distributors, the office announced a groundbreaking framework for distributing more than \$700 million in opioid settlement dollars throughout the state for addiction treatment, recovery, and prevention programs. This framework applies to all Opioid Settlement Funds that have been obtained by the Department of Law to date, or in the future. The Department of Law, municipalities and counties of Colorado agree that these funds will be used for the Approved Purposes listed in Exhibit A of the [Colorado Opioid Settlement Memorandum of Understanding](#).

The Opioid Settlement Funds will be distributed to 19 regions, and two federally recognized Colorado tribes. The [Colorado Opioid Abatement Council \(COAC\)](#) will provide oversight of the regional and infrastructure funds to ensure funds are used for Approved Purposes.

Opioid Settlement Funds will be paid over a period of years and will be distributed as follows:

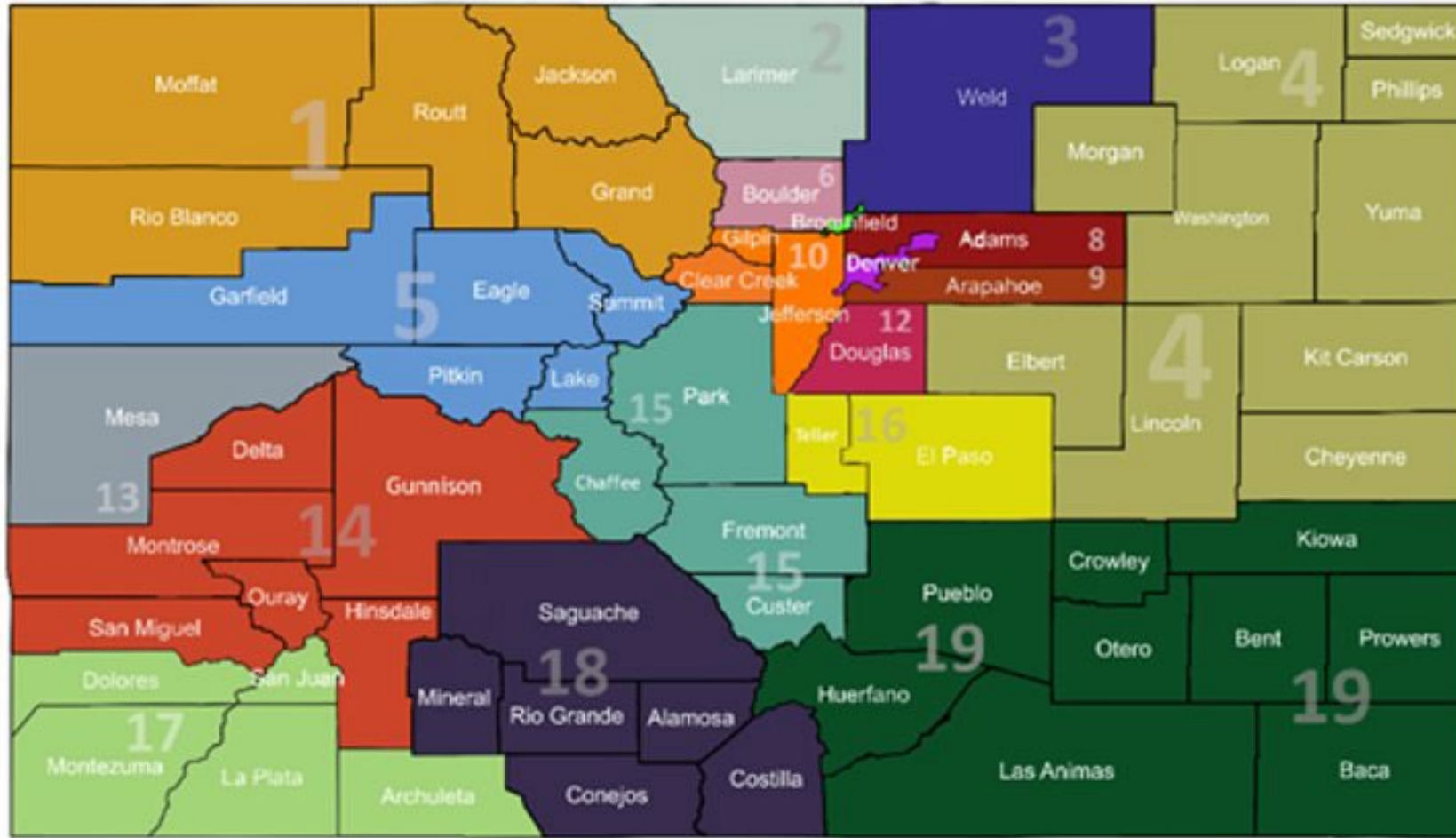


*Local Governments can opt-out of receiving their portion of the funds and re-direct the funds to their region.

The figures above are best estimates at this time and may be subject to adjustments at a later date, for example to account for national administrative costs that may be incurred. Additionally, the opioid settlement funds will be different from year to year and will be adjusted as needed.



Regions for the distribution of opioid settlement funds



Region 1	Region 5	Region 9	Region 13	Region 17
Region 2	Region 6	Region 10	Region 14	Region 18
Region 3	Region 7 (Broomfield)	Region 11 (Denver)	Region 15	Region 19
Region 4	Region 8	Region 12	Region 16	



Resources of Note

Colorado Consortium for Prescription Drug Abuse Prevention

- Consortium Legislative Summaries: 2018, 2019, 2020, 2021

Colorado Legislature: Opioid and Other SUD Study Committee (2017, 2018, 2019, and 2023)

Colorado Substance Abuse Trend and Response Task Force Colorado Revised Statute §18-18.5-103

Evidence-Based Strategies for Abatement of Harms from the Opioid Epidemic (Nov 2020)

Resources of Note

Johns Hopkins Principles for Use of Opioid Litigation Funds Web Site

- Johns Hopkins Principles for Use of Funds from Opioid Litigation Publication (2022)

Opioid Settlement Tracker

- State by State Settlement Spending



University of Colorado **Anschutz Medical Campus**

THANK YOU

José Esquibel

Director

**Colorado Consortium for Prescription
Drug Abuse Prevention**

jose.a.esquibel@cuanschutz.edu