

Legislation related to substance use prevention, treatment, harm reduction, recovery, and criminal justice is constantly evolving. This summary pertains to recent legislation in Colorado, where IT MATTTRs™ originated. For current information in Colorado, we recommend visiting the Colorado Consortium for Prescription Drug Abuse Prevention: <http://www.corxconsortium.org/legislature/>.

Check your local and state legislative websites for information in your state.

SB18-022 Clinical Practice Measures for Safer Opioid Prescribing

Podiatrist, Dentists, Physician, Physician Assistant, or Advance Practice nurses with prescribing power shall not prescribe more than a 7-day supply of an opioid to a patient they have never prescribed opioids to before, or have not prescribed opioids to in the past 12 months. The providers listed above may exercise discretion to include a prescription for a second 7-day fill. Prior to prescribing the second fill of any opioid prescription providers must check the Prescription Drug Monitoring Program (PDMP). There are a few exceptions to these rules.

SB18-024 Expand Access to Behavioral Health Care Provider

This bill is redefining health professional shortage areas, as designated by the Primary Care office. Designation of a health professional shortage area will now include lack of Behavioral Health care professionals in a given area. Behavioral and mental health professionals will be added to the loan repayment fund for service in shortage/underserved areas, using marijuana tax revenue. If behavioral health professionals commit to provide service in a health professional shortage area, for a specified period of time, they can qualify for the loan repayment. In addition to providing service in an underserved area for a specified period of time, the health and behavioral health care professional will provide service in a faculty position, as there is a lack of health professionals to assist in the education and mentoring toward licensing of health care professionals. Scholarships for addiction counselors, if they commit to a practice in a health professional shortage area for a specified period of time.

SB18-270 Behavioral Health Crisis Transition Referral Program

Coordinate referrals of high-risk patients from withdrawal management facilities and hospitals to appropriate transition specialists.

HB18-1003 Opioid Misuse Prevention

- Create an 'Opioid and Other Substance Use Disorders Interim Study Committee' to study data and stats on the scope of the problem in Colorado. As well as identify the gaps in prevention, intervention, harm reduction, treatment, and recovery resources in Colorado. The Committee has several other responsibilities.
- Direct the Colorado Consortium for prescription drug abuse prevention to 1. Create a process to develop a plan that addresses the full continuum of recovery services, 2. Develop a definition for recovery residences and recommend whether the residences should be licensed; and 3. Report recommendations to the general assembly.
- Department of health Care policy and financing – starting July 1, 2018 – to award grant to organizations to operate a SBIRT program
- Directs the center for research into substance use disorder prevention, treatment and recovery to create continuing education classes to help providers effectively manage patients with chronic pain, and if needed prescribe opioids.

HB-1007 Substance Use Disorder Payment and Coverage:

Ensure insurance companies and Medicaid provides coverage for a 5-day supply of an FDA approved drug for opioid dependence treatment, even without prior authorization. This requirement is limited to a first request within 12 months. The goal is to provide patients with immediate treatment, instead of waiting for insurance approval to start treatment.

HB18-1136 Substance Use Treatment

This bill addresses the need for receiving opioid treatment under Medicaid. Medicaid cannot provide treatment in facilities with more than 16 beds. This bill will provide residential and inpatient substance use disorder treatment and medical detoxification services, this benefit is limited to persons who meet nationally recognized evidence-based, level of care criteria for residential and inpatient substance use disorder treatment and medical detoxification services, this benefit shall serve persons with substance use disorders, including those with co-occurring mental health disorders. This will not go into effect until all federal approvals are obtained, which include federal financing for the services.