



Opioid Antagonist (Naloxone) Bulk Purchase Fund 2024 Legislative Report

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Introduction

The Opioid Antagonist Bulk Purchase Fund, commonly known as the Naloxone Bulk Fund, was created in 2019 (C.R.S. § 25-1.5-115) with the goal of increasing the availability of and access to naloxone across the state in an effort to reduce overdose deaths. The Overdose Prevention Unit in the Prevention Services Division of the Colorado Department of Public Health and Environment manages the fund.

The following report describes the number of eligible entities that received naloxone through the fund as well as the amount of naloxone received. The report also includes revenue received by the fund, revenue and expenditure projections for the forthcoming fiscal year, details of all expenditures from the fund, and the discount procured through bulk purchasing.

Executive Summary

Naloxone¹ is an opioid antagonist, which is a medication that rapidly reverses opioid overdoses. Targeted naloxone distribution is an evidence-based strategy recommended by the Centers for Disease Control and Prevention to prevent and reduce overdose deaths.² Naloxone distribution has been a key strategy in Colorado's overdose prevention effort and the Naloxone Bulk Fund has played an essential role.

For the past few decades, Colorado, along with the rest of the United States, has experienced an overdose crisis that has impacted too many families, friends, and neighbors who have lost their lives. Unfortunately, Colorado continued to see an increase in the number of fatal overdoses in Fiscal Year (FY) 2023-24. Colorado's overall number of overdoses increased by 4% from 2022 to 2023 (1,799 deaths in 2022 vs. 1,865 deaths in 2023) with the number of fatal opioid overdoses increasing by 11%.³

¹ [Lifesaving Naloxone](#), CDC website retrieved July 12, 2024.

² [Evaluation Profile for Naloxone Distribution Programs](#). CDC website retrieved July 23, 2024.

³ [Colorado Health Information Dataset \(CoHID\) Mortality Statistics, Counts, 2020-2023, includes Race/Hispanic Origin](#). CDPHE website retrieved: August 13, 2024.

In its fifth year of operation (FY 2023-24), the Naloxone Bulk Fund distributed 519,303 doses of no-cost naloxone to 506 eligible agencies throughout Colorado’s 64 counties. This is a 36% increase or 137,301 more doses of naloxone distributed than in FY 2022-23.

Naloxone purchased with American Rescue Plan Act funds appropriated through HB22-1326 began to saturate Colorado in 2022. Results in Table 1 show a complex pattern related to opioid overdoses over time. Between 2020 and 2023, the percent increases in annual opioid overdose deaths decreased, including a decrease of 98 deaths between 2021 (1,258) and 2022 (1,160). The 11.4% increase from 2022 to 2023 corresponds to a 19.2% increase in fentanyl overdose deaths. It is possible the American Rescue Plan Act funds for naloxone contributed to slowing the increase in both fentanyl-specific and opioid overdose deaths.

Table 1⁴

Calendar Year	All Opioids Overdose Deaths	% Change	Fentanyl Overdose Deaths	% Change
2023	1292	11.4%	1097	19.2%
2022	1160	-7.8%	920	0.9%
2021	1258	31.6%	912	68.9%
2020	956	Baseline	540	Baseline
Summary of Changes				
2020-2023	Increase in opioid deaths: 336	Average annual increase: 11.7%	Increase in fentanyl deaths: 557	Average annual increase: 29.7%

⁴ [Colorado Health Information Dataset \(CoHID\) Mortality Statistics, Counts, 2020-2023, includes Race/Hispanic Origin](#). Retrieved: August 13, 2024, CDPHE.

Background

Since 2019, the Opioid Antagonist Bulk Purchase Fund, commonly known as the Naloxone Bulk Fund, has provided naloxone at no cost throughout Colorado to eligible entities (see Appendix A) that meet statutory requirements.

In 2019, only five eligible entity types could enroll in and access naloxone through the fund. Legislation passed in 2022 increased the number of eligible entity types who were able to access naloxone at no cost through the fund from five to 16. During FY 2023-24, over 200 agencies applied for and were enrolled in the fund. This brought the total number of agencies that were enrolled in and able to access naloxone through the fund to over 900 entities located in Colorado's 64 counties. The General Assembly allocated approximately \$160,000 in FY 2023-24 to administer the Naloxone Bulk Fund. Federal grants and one-time stimulus dollars covered the cost of purchasing naloxone. Most significantly, the General Assembly appropriated \$19.7 million in American Rescue Plan Act funds in 2022 with a deadline to spend by the end of 2026. This enabled the Naloxone Bulk Fund to provide as much naloxone to any enrolled agency that requested it throughout the majority of FY 2023-24. The demand for accessing naloxone through the fund increased significantly during this reporting period.

Due to the lack of an ongoing source of funding to purchase naloxone for the program, CDPHE implemented a prioritization plan⁵ at the end of FY 2023-24 that allowed the program to continue providing naloxone to agencies that were deemed high need or essential. CDPHE developed the prioritization plan using research and evidence-based guidance from the Centers for Disease Control that will focus the fund's limited resources to best reduce opioid overdose in Colorado.

Approach

The scope of this report is focused on Naloxone Bulk Fund implementation for FY 2023-24. This analysis included looking at the number of agencies enrolled in the

⁵ [Naloxone Bulk Fund Prioritization Plan](#). CDPHE website.

fund, how many agencies requested and received naloxone, how many doses of naloxone were distributed, and fund expenditure and revenue data.

Assessment

The fund was able to provide as much naloxone as was requested in FY 2023-24, given the large infusion of rescue plan funding. During FY 2023-24, the fund provided 519,303 doses to 506 agencies throughout the state. While the number of agencies receiving naloxone from the fund remained flat, there was a 36% increase or 137,301 more doses of naloxone distributed than in FY 2022-23.

Revenue received and expended by the fund

Through various funding sources, the Naloxone Bulk Fund spent \$11,304,933 to provide key overdose prevention partners across the state with access to life-saving naloxone. Table 2 depicts each funding source and the total dollar amount received and expended.

Table 2: Multiple funding sources contributed to the Naloxone Bulk Fund. The funding source and corresponding dollar amount expended in FY 2023-24.

Naloxone Bulk Fund Funding Sources	Amount
American Rescue Plan Act	\$8,200,639
Comprehensive Opioid, Stimulant, and Substance Use Program grant from the Bureau of Justice Assistance	\$839,266
Overdose Data to Action Grant	\$795,311
State Opioid Response grant from the Substance Abuse and Mental Health Administration via Interagency Agreement from the Behavioral Health Administration	\$1,469,717
Total	\$11,304,933

Organizations that received naloxone from the Naloxone Bulk Fund

During FY 2023-24, 506 of the over 900 eligible entities in Colorado requested and received free doses of naloxone through the fund. 519,303 naloxone doses were distributed during FY 2023-24, which is a 36% increase (137,301 more doses) of naloxone distributed in FY 2022-23. Every eligible entity type (see Appendix A) requested and received naloxone throughout FY 2023-24.

The fund offers three types of naloxone products: single-dose vials, prefilled syringes, and intranasal spray. This allows flexibility to meet the needs of each agency and the people they interact with. Intranasal Narcan nasal spray was the most common type of naloxone requested and distributed.

Discount received through bulk purchasing

Since the fund's inception, CDPHE has purchased naloxone at a discounted price through the Minnesota Multistate Contracting Alliance for Pharmacy Infuse, and contracted with Cardinal Health, a pharmacy distributor, to distribute naloxone products to agencies that are enrolled in the fund.

Due to fluctuations in the cost of pharmaceuticals, the discount received by utilizing the Minnesota Multistate Contracting Alliance for Pharmacy Infuse and Cardinal Health ranged from 13% to 64%. CDPHE is responsible for paying only for the naloxone products each eligible entity requests with no other processing costs. The price for some of the naloxone products utilized by the Naloxone Bulk Fund continued to drop throughout FY 2023-24 due to the number of products now approved and available over the counter. For example, the price for a box of Narcan, which is the most requested and utilized form of naloxone by the fund, dropped from \$44.56 in July 2023 to \$30.88 in June 2024. It is anticipated that the price of naloxone will continue to drop as more products become available without a prescription.

Revenue and expenditure projections for FY 2024-25

Table 3 outlines future Naloxone Bulk Fund funding sources and amounts. This funding will support ongoing life-saving measures by providing no-cost naloxone to eligible entities. Future funding for the upcoming fiscal year is limited but includes a spend

down of the remaining American Rescue Plan Act funds, a spend down of the remaining Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Use Program grant funds, and anticipated funding from the Behavioral Health Administration’s Substance Abuse and Mental Health Services Administration State Opioid Response grant.

Table 3: Revenue projections for FY 2024-25.

Naloxone Bulk Fund Funding Sources	Amount
American Rescue Plan Act funds (via HB22-1326)	\$6,690,831
Bureau of Justice Assistance	\$288,061
State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Administration (SAMHSA) via Interagency Agreement from the Behavioral Health Administration	\$845,224
Total	\$7,824,116

Trends

The number of overdoses in Colorado unfortunately increased from the previous year. The overall number of overdoses increased by 4% from 2022 to 2023 (1,799 deaths in 2022 vs. 1,865 deaths in 2023), while the number of opioid overdoses increased by 11% from 2022 to 2023.⁶ The percentage of opioid overdose deaths in the Black population (10%) was double the overall Black census population (4.8%) and was slightly higher in the Latino population (28% of overdose deaths vs. 22.7% of Colorado’s population).⁷

⁶ [Colorado Health Information Dataset \(CoHID\) Mortality Statistics, Counts, 2020-2023, includes Race/Hispanic Origin](#). CDPHE website retrieved: August 13, 2024.

⁷ [United States Census Bureau - Quick Facts: Colorado](#). Website retrieved July 11, 2024.

While 16 different eligible entity types were able to access the fund throughout FY 2023-24, as outlined below, research demonstrates that getting naloxone into the hands of people most at risk of experiencing or witnessing an overdose has the biggest impact on reducing the number of fatal overdoses given that the vast majority of overdoses are witnessed and reversed by people who use drugs.

According to the Centers for Disease Control, a nationwide study found that more than 80% of overdose reversals with naloxone in the U.S. were carried out by individuals who also use drugs.⁸ A similar study carried out in Massachusetts found that nearly 90% of overdose reversals with naloxone were carried out by bystanders who also use drugs.⁹

Researchers who looked at developing a prioritization tool for naloxone distribution found that “naloxone distribution is most effective when it targets individuals at high risk of experiencing or witnessing an overdose, including individuals experiencing homelessness, those with a lowered opioid tolerance, those with a history of incarceration, and those who have experienced a previous overdose.”¹⁰

Next Steps

The Naloxone Bulk Fund will continue to implement the prioritization plan and make adjustments when necessary. Distribution of naloxone throughout FY 2024-25 will focus on agencies deemed essential.

Fund staff will continue to provide training on how to administer naloxone and how to recognize and respond to an opioid overdose. Information will be provided regarding the use of expired naloxone per C.R.S. §13-21-108.7¹¹ and C.R.S. §18-1-712.¹²

⁸ [Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States](#), CDC website retrieved October 13, 2023.

⁹ Ibid.

¹⁰ Wood CA, Green L, La Manna A, et al. Balancing Need and Risk, Supply and Demand: Developing a Tool to Prioritize Naloxone Distribution. Substance Abuse. 2021;42(4):974-982. doi:[10.1080/08897077.2021.1901174](https://doi.org/10.1080/08897077.2021.1901174)

¹¹ [C.R.S. 13-21-108.7. Persons rendering emergency assistance through the administration of an opiate antagonist.](#)

¹² [C.R.S. 18-1-712. Immunity for a person who administers an opiate antagonist during an opiate-related drug overdose event.](#)



CDPHE will also provide information about alternate resources to access naloxone, such as over-the-counter intranasal products at pharmacies and retail stores, or online for at-home delivery.¹³ Health First Colorado (Colorado’s Medicaid Program) members are also able to access naloxone at no cost as a covered benefit.¹⁴

Conclusion

During FY 2023-24, the fifth year of operation, the Naloxone Bulk Fund continued to provide a large amount of naloxone to agencies across the state. The fund provided 519,303 doses to 506 agencies in all of Colorado’s 64 counties. Increasing access to naloxone is considered an overdose prevention best practice. Given the current funding limitations and in alignment with the prioritization plan, the program will continue providing naloxone to agencies that are deemed essential. Mindful of the limited funds and current research around naloxone distribution, the program will continue its work to reduce the number of fatal overdoses throughout Colorado by ensuring naloxone is getting into the hands of people most at risk of experiencing and/or witnessing an overdose.

¹³ [Stoptheclockcolorado.org/map](https://stoptheclockcolorado.org/map). Find a Naloxone Location near you. Retrieved July 24, 2024.

¹⁴ [Health First Colorado Naloxone Access Member InfoSheet](#). Retrieved from the Colorado Department of Health Care Policy and Financing website July 24, 2024.

Appendix A: List of Eligible Entities

- Units of local government (county, city and county, town, local public health agencies, local improvement district, municipal, quasi-municipal, or public corporation organized pursuant to law)
- School districts
- Harm reduction agencies
- Law enforcement
- First responders
- Religious organizations
- Community service organizations
- An Institute of Higher Education
- Libraries
- Local jail, municipal jail, multijurisdictional jail
- Correctional facility
- Private contract prison
- Community corrections program
- Pretrial services program
- Probation department
- Mental health professional (psychologist, social worker, marriage or family therapist, licensed professional counselor, psychotherapist, or addiction counselor licensed, registered, and certified)