

State of Colorado

**Substance Abuse Trend and Response
Task Force**



Twelfth Annual Report

January 2018

**Cynthia H. Coffman
Colorado Attorney General
Task Force Chair**

Colorado Substance Abuse Trend and Response Task Force

This report is respectfully submitted to the Judiciary Committees of the Senate and the House of Representatives of the General Assembly of the State of Colorado in accordance with Colorado Revised Statute § 18-18.5-103(6)(d)(I-III).

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TABLE OF CONTENTS

I.	Task Force Background	1
	A. Overview of the Substance Abuse Trend & Response Task Force	1
	B. Task Force Membership and Meetings	2
	C. Legislative Recommendations	4
	D. Funding	4
II.	Progress on 2017 Task Force Priorities	5
	A. Impact of Drug Abuse on Children	5
	B. Increasing Access to Medication Assisted Treatment	8
	C. Recovery Awareness	8
	D. Coordinated Responses to Opioid Crisis and Assisting Local Communities	9
III.	Committee Work and Accomplishments, 2017 Highlights	11
	A. Data Committee	11
	B. Substance Exposed Newborns Steering Committee	12
	C. Colorado Consortium for Prescription Drug Abuse Prevention	13
IV.	Colorado Substance Abuse Trends	20
	A. Treatment Admission	20
	B. Marijuana and Public Safety	25
	C. Youth Substance Abuse	31
	D. Binge Drinking of Alcohol	32
	E. Adult Marijuana Use	33
	F. Prescription Opioids	34
	Appendix A: Task Force Membership	36
	Appendix B: Colorado Consortium for Prescription Drug Abuse Prevention	39
	Appendix C: Colorado State Epidemiological and Outcomes Workgroup	41
	Appendix D: Impact on Children of Caregivers Substance Use Project	43
	Appendix E: New Structure of the SEN Steering Committee	44
	Appendix F: Summaries of Proposed Bills of the Interim Study Committee	45

I. Task Force Background

A. Overview of the Substance Abuse Trend and Response Task Force

In 2013, the Colorado General Assembly reauthorized the Colorado State Methamphetamine Task Force under the name “Substance Abuse Trend and Response Task Force” (Senate Bill 2013-244) with representatives of state government, local governments, and the private sectors, including legislators, child advocates, public health officials, drug treatment providers, child welfare workers, law enforcement officers, judges, and prosecutors.

By statute, the core purpose of the State Substance Abuse Trend and Response Task Force and partners is to:

1. Examine drug trends and the most effective models and practices for the prevention and intervention of substance abuse, prevention of negative public health impacts due to improper dispensing, management and disposal of drugs, and the treatment of children and adults affected by drug addiction.
2. Formulate a response to current and emerging substance abuse problems from the criminal justice, prevention and treatment sectors.
3. Investigate collaborative models on protecting children and other victims of substance abuse and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution.
4. Assist local communities with implementation of the most effective practices to respond to substance abuse prevention, intervention and treatment, and review model programs that have shown the best results in Colorado and across the United States in the areas of substance abuse prevention, intervention, treatment and interdiction.
5. Evaluate and promote approaches to increase public awareness of current and emerging substance abuse problems and the strategies for addressing those problems.
6. Measure and evaluate the progress of state and local jurisdictions in preventing substance abuse and preventing nonfederal-drug-administration-regulated pharmaceutical drug production and distribution and prosecuting persons engaged in these acts.

In recent years, data and information from various partners in Colorado raised concerns about the abuse of prescription drugs, underage use of marijuana and synthetic marijuana, and most recently, an increase in heroin use. Cocaine use and the use of methamphetamine are on the rise. See Section IV: Colorado Substance Abuse Trends.

B. Task Force Membership and Meetings

The membership of the Colorado Substance Abuse Trend and Response Task Force is set forth in C.R.S. § 18-18.5-103 and consists of a chair, three vice-chairs, and twenty-eight members.

Cynthia H. Coffman, Colorado Attorney General, serves as Chair of the Substance Abuse Trend and Response Task Force, as specified in C.R.S. § 18-18.5-103.

Marc Condojani, Director of Community Treatment and Recovery Programs in the Office of Behavioral Health, Colorado Department of Human Services, serves as Vice Chair for Treatment by appointment of the Colorado Speaker of the House of Representatives.

Rick Brandt, Chief, Evans Police Department, and past President of the Colorado Association of Chiefs of Police, serves as Vice Chair for the Criminal Justice System by appointment of the Governor.

José Esquibel, Director of the Office of Community Engagement, Colorado Department of Law, Office of the Attorney General, serves as Vice-Chair for Prevention by appointment of Colorado President of the Senate.

The list of current members is found in Appendix A of this report.

In 2017, the Substance Abuse Trend and Response Task Force held four meetings at the Colorado Municipal League on the following dates between 10:00 a.m. and 1:00 p.m.:

- February 3, 2017
- May 5, 2017
- August 4, 2017
- November 3, 2017

The Vice-Chairs, the Executive Director of Illuminate Colorado, and the Director of the Colorado Consortium for Prescription Drug Abuse Prevention met quarterly to ensure progress on Task Force priorities, and they also met with the Colorado Attorney General on implementing and coordinating the activities of the Task Force in accordance with the mandates of the legislation.

The Task Force seated three committees in 2017:

- The Substance Exposed Newborns Steering Committee, co-chaired by Kathryn Wells, MD, Medical Director, Denver Family Crisis Center, and Jade Woodard, Executive Director of Illuminate Colorado. The Colorado Fetal Alcohol Spectrum Disorders Commission became integrated into this committee in 2015. In 2016, the Colorado Hospital Learning Collaborative was established as part of this committee.
- The Colorado Consortium for Prescription Drug Abuse Prevention serves as the Prescription Drug Abuse Committee of the Task Force. This committee is chaired by Robert Valuck, Ph.D., Skaggs School of Pharmacy and Pharmaceutical Sciences, Department of Clinical Pharmacy, University of Colorado. The Consortium consists of ten work groups responsible for implementing the goals and strategies of the Governor's [*Colorado Plan to Reduce Prescription Drug Abuse, 2013*](#) (see Appendix B for a diagram of the Consortium Work Groups).
- The Colorado State Epidemiological Outcomes Workgroup (SEOW) serves as the Data Committee of the Task Force. The SEOW consists of representatives of several state departments and other partners that manage and analyze data relevant to substance use and abuse. The co-chairs of the SEOW/Data Committee are Rebecca Helfand, Ph.D., Director of Data and Evaluation, Office of Behavioral Health, Colorado Department of Human Services, and Daniel Vigil, MD, MPH, Program Manager, Marijuana Health Monitoring and Research Program, Colorado Department of Public Health and Environment. See Appendix C for a summary of the charter of the SEOW.

C. Legislative Recommendations

Extending the Legislation of the Task Force

The enabling legislation of the Task Force is set to repeal on June 30, 2017. The members of the Task Force recommend that the legislation be extended for a period of ten years.

Bills of the Interim Study Committee

Members of the Task Force participated in the stakeholder meetings of the legislative Interim Study Committee on Opioids and Other Substance Use Disorders and some members provided testimony at committee meetings.

The Task Force is supportive of the six legislative priority area put forward by the Interim Study Committee for addressing the opioid crisis in Colorado: 1) Prevention and Education; 2) Clinical Practices; 3) Harm Reduction and Criminal Justice; 4) Workforce; 5) Medicaid Residential Treatment; and 6) Payment Reform.

D. Funding

Generous financial support from the El Pomar Foundation continues to be instrumental in moving forward the work of the Substance Abuse Trend and Response Task Force. In-kind support from Illuminate Colorado, Rise Above Colorado, the Colorado Consortium for Prescription Drug Abuse Prevention, and from various members of the Task Force is valuable in implementing priorities of the Task Force and in assisting communities in responding to drug abuse trends.

Additional grant funds were received from the following sources to help advance the work of the three Task Force committees:

- The Children's Justice Act to support the Colorado Hospital Learning Collaborative of the Substance Exposed Newborns Committee and Illuminate Colorado.
- The Corporation for National Community Service National/AmeriCorps-VISTA through Colorado Serve (Office of the Lt. Governor) to support the work of local communities in responding to the opioid crisis.
- U.S. Health and Human Services/Substance Abuse and Mental Health Services Administration funding to the state Office of Behavioral Health to support of

the State Epidemiological and Outcomes Workgroup, which serves as the Data Committee of the Task Force.

- The Colorado Office of the Attorney General to purchase Narcan (nasal Naloxone) for distribution to law enforcement and other first responders.

II. Progress on 2017 Task Force Strategic Priorities

Task Force members discussed and agreed on four priority areas for 2017:

- A. Impact of drug abuse on children
- B. Increasing access to Medication Assisted Treatment
- C. Raising awareness about recovery from substance use disorders
- D. Coordinated responses to the opioid crisis and assisting local communities

A. Impact of Drug Abuse on Children

Colorado Hospital Learning Collaborative

Beginning in January 2016, funding from the Children’s Justice Act has supported Illuminate Colorado and the Substance Exposed Newborns (SEN) Steering Committee in leading the Colorado Substance Exposed Newborns Hospital Learning Collaborative.

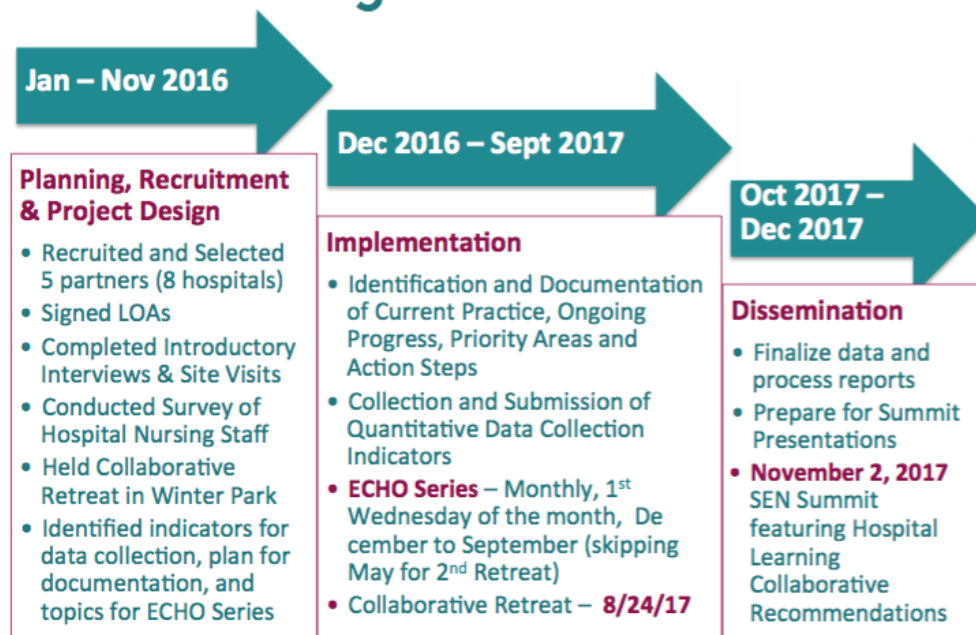
The Learning Collaborative consists of representatives of eight partner hospitals across five health systems. The goal of the Learning Collaborative is to increase consistency in implementation of best practice approaches in identification of and response to newborns prenatally exposed to substances at time of birth across Colorado.

Spanning December 2016 to October 2017, the Substance Exposed ECHO Series has identified and shared best practice approaches to prenatal substance exposure in Colorado and provided participants opportunities for discussion and reflection. This took the form of information sharing between subject matter experts, panelists, and participants to foster in depth understanding of best practice approaches to SEN issues

and to facilitate application of information to practice with intent to share findings publicly and potentially impact state or national policy.

The Learning Collaborative will finalize a set of best practice recommendations, vetted and prioritized by the SEN Steering Committee, which will serve as the basis of the statewide effort to increase consistency in the identification of and response to newborns prenatally exposed to substances at time of birth across Colorado.

SEN Learning Collaborative Timeline



Substance Exposed Newborns Summit

Over 150 stakeholders from across the state gathered on November 2, 2017, to help finalize the Colorado Substance Exposed Newborns Steering Committee’s 2018-2020 priorities for addressing the impact of substance use during pregnancy on children and families.

Participants in the summit included physicians, nurses, hospital social workers, child welfare experts, public health officials, substance use disorder treatment providers, and policymakers.

Six priority areas were identified to be addressed from 2018 through 2020, as shown in the following page.

2018-2020 Colorado Substance Exposed Newborns Steering Committee Priorities

- Promoting community-based strategies to meeting the CAPTA/CARA requirement regarding plans of safe care for infants and caregivers
- Increasing consistency in implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances and their caregivers at the time of birth across Colorado through education and quality improvement initiatives
- Expanding provider education and resources on related issues such as screening every pregnant woman with a validated screening tool in prenatal, hospital and postpartum settings and regional referral options
- Developing and pursuing a state policy agenda including access to treatment, barriers to engagement, SBIRT promotion, and other issues
- Assessing need for increased FASD identification/clinical diagnostic capacity in the state and develop an expansion plan
- Increasing statewide data and research capacity in order to inform our work and to share successes and challenges

Impact on Children of Caregiver Substance Use

The Substance Exposed Newborns Steering Committee and Illuminate Colorado took the lead to form a sub-committee in October 2017 on the Impact on Children of Caregiver Substance Use, a four-month project to generate strategies and recommendations.

The goal of the project is to increase the understanding of the child maltreatment prevention strategies and support services needed to protect children endangered by parental substance use, specifically related to opioid abuse.

A report, including a data summary, program and policy recommendations and strategies, and convening evaluations, will be presented to the Task Force in 2018 for review and approval of recommendations and for determination of next steps to implement the recommendations and strategies.

See Appendix D for the project work plan and logic model.

B. Increasing Access to Medication Assisted Treatment

In 2016, the Task Force examined the need for expanding access to Medication Assisted Treatment and prepared a recommendation about this need to the Colorado General Assembly.

The recommendation with support from key legislators resulted in a bill to expand medication assisted treatment among Nurse Practitioners and Physician Assistance. The 2017 Colorado General Assembly allocated \$1,000,000 for a two-year pilot in counties of Pueblo and Routt that began in July 2017 (Senate Bill 17-074). An advisory group with representation of the Task Force, the Treatment Work Group of the Colorado Consortium for Prescription Drug Abuse Prevention, and representatives of Pueblo and Routt County medical field was established to help guide the work.

The project funds \$500,000 per year for two years to the University of Colorado College of Nursing (CU CON) to lead the Medication-Assisted Treatment Service Delivery Program and assist local public health and healthcare efforts to serve individuals with an opioid use disorder.

Three healthcare organizations responded successfully to a request for proposals and will received funding and technical assistance in the work to train Nurse Practitioners and Physician Assistants in implementing medication assisted training. The three organizations are:

- Colorado Treatment Services (Pueblo County)
- Health Solutions Medication Assisted Recovery Center (Pueblo County)
- Road to Recovery (Routt County)

CU CON is providing ongoing oversight, technical expertise, and evaluation. This pilot project will run from December 1, 2017 through June 30, 2018.

C. Recovery Awareness

The Colorado Office of the Attorney General and members of the Task Force partnered with the Young People in Recovery and other recovery services providers and advocates to bring attention to the importance of recovery support services for people with substance use disorders.

With the increase of federal funding in the state for treatment of opioid use disorders, it is critical for family members, friends, and communities to respond in ways that assist people in sustaining recovery with special attention to issues of employment, housing and education.

Recovery Ready Colorado was formulated as a statewide initiative and was officially launched in September 2017 by Attorney General Cynthia Coffman along with Lt. Governor Donna Lynne.



As a result of the launch of Recovery Ready Colorado, a Recovery Work Group was established as part of the Colorado Consortium for Prescription Drug Abuse Prevention to elevate the discussion about recovery support services for people with substance use disorders.

D. Coordinated Responses to the Opioid Crisis and Assisting Local Communities

1. Colorado Naloxone for Life Initiative

The National Police Executive Research Forum lists the equipping of law enforcement officers with Naloxone as the number one action that police chiefs and sheriffs can take in addressing the opioid crisis, as highlighted in the organizations September 2017 publication, [The Unprecedented Opioid Epidemic](#).

In the fall of 2016 the Colorado Naloxone for Life Initiative provided 2,500 dual-dose Narcan kits to law enforcement and other first responders in counties with high rates of opioid overdose deaths.

In September 2016, 23 law enforcement agencies carried Narcan. As of November 2017, there are 151 law enforcement agencies that now carry Narcan and the number is continuing to increase.

Between January 2017 and the end of October 2017, there were 260 drug overdose reversals reported via the OpiRescue app, which was upgraded to include a reporting function in order to collect data on the administration of Narcan and the outcome of those administrations.

Funding was provided by the Colorado Office of the Attorney General. The project was implemented in partnership with Denver Health and Hospital Authority, the Harm Reduction Action Center, and the Naloxone Work Group of the Colorado Consortium for Prescription Drug Abuse Prevention.

With the increase of request for Narcan by law enforcement agencies, and the success shown in the data collected, the Colorado Office of the Attorney General allocated more funds to purchase and distribute an additional 1,500 Narcan kits in the fall of 2017.

2. Colorado AmeriCorps Community Opioid Response Program

[Serve Colorado](#), which is housed in the Office of the Lt. Governor, fosters civic engagement across the state in partnership with an array of community-based organizations. A national funding opportunity to pilot a project utilizing AmeriCorps members to assist local communities in responding to the opioid crisis resulted in a partnership between the Colorado Office of the Attorney General on behalf of the Colorado Substance Abuse Trend and Response Task Force, the Colorado Consortium for Prescription Drug Abuse Prevention, Rise Above Colorado, OMNI Institute, and the Colorado Area Health Education Centers.

A successful proposal submitted by the Central Colorado Area Health Education Center resulted in a grant award of \$165,000 from the Corporation for National and Community Service and supported by matching funds from each of the partners. The Colorado AmeriCorps Community Opioid Response Program (CORP) is a statewide initiative to support local communities that are implementing strategies to reduce the impact of opioid abuse.

The overarching goal of the partnership is to link the existing infrastructures of each of the partners to assist local community responses and align local and state response efforts.

As many as twelve AmeriCorps members will work with Colorado's six regional Area Health Education Centers and local community partners to:

- coordinate and facilitate provider education events about safe prescribing practices;
- facilitate community educational events about safe storage and disposal of medications; and
- coordinate delivery of youth-focused opioid-related educational programming and resources.

The AmeriCorps members will also disseminate related messaging campaigns, initiate, support, and enhance community-based collaborations, and assist in other opioid misuse efforts.

III. Committee Work and Accomplishments

A. Data Committee

The Colorado State Epidemiological Outcomes Workgroup (SEOW) serves as the Data Committee of the Task Force. The Colorado SEOW is a network of state agencies and data experts brought together to examine the patterns, context, and impact of substance use. See Appendix C for a list of Colorado SEOW partner organizations.

Supported by a federal grant from the U.S. Substance Abuse and Mental Health Services Administration, the Colorado SEOW is charged with four core tasks: identify, analyze, profile, and share data from existing state and local sources to create data products that are meaningful and useful.

In 2017, the SEOW conducted a Data Usage Needs Assessment of local public health organizations across the state, including local public health departments, nonprofits focused on public health topics, and state licensed treatment facilities,

to gauge their expertise in and need for data and other offerings which are within the purview of the SEOW. The findings from this assessment will help to inform future SEOW efforts.

The Alcohol Policy Work Group of the SEOW was formed to research evidence-based policies to reduce excessive drinking. This work group prepared a policy brief titled [Reducing Excessive Drinking to Build Healthier Communities](#), which will be discussed at the first meeting of the Task Force in 2018. The work group is developing a dissemination plan for the brief and will continue to research how recommended strategies may be implemented at the state and local levels. This will include the compilation of additional resources that community organizations can use when considering the evidence-based policies that are recommended in the brief.

B. Substance Exposed Newborns (SEN) Steering Committee

Some of the work of the SEN Steering Committee is described in Section II.A above. As a result of collaborative work and input from professionals across a wide array of fields of expertise, the SEN Steering Committee has developed the following vision, mission and priorities for 2018 through 2020.

Vision:

A Colorado where a decreasing number of women, children, and families are impacted by substance use during pregnancy and where those who are affected are identified and supported with the appropriate resources, practices, and policies in their communities and across the lifespan.

Mission:

To identify and implement strategies for reducing the number of families impacted by substance use during pregnancy and for improving outcomes for families across the lifespan.

Priorities:

- A. To identify and implement strategies for reducing the number of families impacted by substance use during pregnancy and for improving outcomes for families across the lifespan.

- B. Increase consistency in implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances and their caregivers at the time of birth across Colorado.
- C. Expand provider education on related issues such as screening every pregnant woman with a validated screening tool in prenatal, hospital and postpartum settings.
- E. Develop and pursue a state policy agenda including access to treatment, barriers to engagement, promotion of Screening, Brief Intervention, and Referral to Treatment, and other issues.
- F. Assess need for increased Fetal Alcohol Spectrum Disorder identification/clinical diagnostic capacity in the state and develop an expansion plan.
- G. Increase statewide data and research capacity in order to inform our work and to share successes and challenges.

The work on the priorities will be accomplished through various work groups. See Appendix E for a diagram of the SEN Steering Committee Work Groups.

C. Colorado Consortium for Prescription Drug Abuse Prevention

The Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) was created in the fall of 2013 to establish a coordinated, statewide response to this major public health problem. The Consortium was designated as the Prescription Drug Abuse Prevention Committee of the Substance Abuse Trend and Response Task Force in 2013.

The mission of the Consortium is to reduce the abuse and misuse of prescription drugs in the State of Colorado through improvements in education, public outreach, research, safe disposal, and treatment. Visit www.corxconsortium.org for more information and see Appendix B for a diagram of Consortiums structure and work groups.

Since 2013, the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences has provided part-time staff support to coordinate the Consortium's work. In 2017 funding was revived from federal and state funds that allowed for hiring additional staff to support the comprehensive efforts of the ten work groups of the Consortium. This includes a \$1 million appropriation from the Colorado General Assembly to the University of Colorado for establishing a Colorado Center for Substance Abuse Prevention and Treatment Research Center, which provides needed support for advancing the work of the consortium and supporting local community efforts (Senate Bill 17-193).

The work of the Consortium expanded in 2017 in a variety of areas related to prescriber education, safe disposal, treatment, Naloxone access, and assisting local community efforts in addressing the opioid crisis.

Of particular note, the Consortium members and members of the Task Force were instrumental in assisting the Legislative Interim Study Committee on Opioid and Other Substance Use Disorders and helped guide the development of six bills that will be run in the 2018 legislative session (see Appendix F for a summary of the bills and visit the web pages of the [Interim Study Committee](#) to access documents from committee's work).

Highlights of the work and accomplishments of the Consortium in 2017 include:

1. Community Reference Guidebook

The Office of Behavioral Health provided funding to develop a prescription drug abuse prevention community reference guidebook to assist local communities in implementing best-practice approaches to addressing the opioid crisis. The guidebook will be available in early 2018.

2. Community Responses to the Opioid Crisis

The Consortium is connected with the leadership of the following community-based efforts to provide alignment and support in addressing the opioid crisis at regional and county levels:

- San Luis Valley Area Health Education Center
- North Colorado Health Alliance
- Pueblo Heroin Task Force

- Boulder County Opioid Advisory Group
- Gunnison County Substance Use Prevention Partnership
- Tri-County Opioid Overdose Partnership
- Yampa Valley Rx Abuse Task Force
- El Paso County Coalition for Prevention, Addiction Education and Recovery (CPAR)
- Denver Opioid Coalition (currently forming)

3. Public Awareness: Safe Use, Safe Storage, Safe Disposal

New content was added to the [Take Meds Seriously](#) website and social media sites (Twitter and Facebook). There were more than 8,700 engagements in the Take Meds Seriously social media content and a 390% increase in social media followers in 2017.

The Public Awareness Work Group partnered with the Safe Disposal Work Group to promote the state [Take Meds Back](#) media campaign to promote the Colorado Medication Take Back Program. Additional partners included the Colorado Department of Public Health and Environment, the Office of Community Engagement in the Colorado Office of the Attorney General, Fresh Digital Group, and Webb Strategic Communications.

Ads for the Take Meds Back campaign ran from January through March and from June through July with an emphasis on social media and online video content and resulted in 821,000 impressions on individual social media users, 11,294 engagements (clicks, likes, follows, comments, and sharing), and 61,530 video views.



**Household Medication
Dropbox Located Here**

There was also outreach to 9News and the Colorado State Fair to engage in a partnership in 2018 to incorporate Take Meds Seriously and Take Meds Back awareness at 9News Health Fairs and the Colorado State Fair.

4. Increasing Utilization of the Prescription Drug Monitoring Program

Senate Bill 17-146 clarified access to the Prescription Drug Monitoring Program (PDMP) for prescribers and pharmacists.

The Colorado Department of Regulatory Affairs improved mechanisms for PDMP data research, allowing the Colorado Department of Public Health and Environment to prepare statewide prescription drug profile reports. This also allows for research projects at the University of Colorado for linking clinical data and PDMP data to evaluate risk after PDMP interventions and opioid prescribing.

Colorado PDMP Data Profile Example

Colorado Department of Public Health and Environment

Table 2: High Risk Prescribing Practices and Patient Behaviors, 2014-2016

PDMP Indicator	2014 Colorado	2015 Colorado	2016 Colorado
Percent of patients receiving more than 90 morphine milligram equivalents	10.3%	8.9%	8.7%
Percent of patients receiving more than 120 morphine milligram equivalents	6.3%	5.5%	5.2%
*Rate of multiple provider episodes per 100,000 residents	60.8	43.1	32.0
Percent of patients prescribed long duration opioids who were opioid-naïve	16.0%	15.3%	13.5%
Percent of patient prescription days with overlapping opioid prescriptions	22.3%	21.6%	21.2%
Percent of patient prescriptions days with overlapping opioid and benzodiazepine prescriptions	12.1%	11.9%	11.3%

Schedule 2-4 Controlled Substances

The PDMP Work Group and Consortium staff worked with the following health care providers to increase utilization of the PDMP:

- University of Colorado (UC) Health Emergency Departments
- UC Health Metro Denver Primary Care Clinics
- HCA Healthcare (Rocky Mountain Hospital for Children, Rose Medical Center, Presbyterian/St. Luke’s Medical Center, North Suburban

- Medical Center, Sky Ridge Medical Center, Spalding Rehabilitation Hospital, Swedish Medical Center and The Medical Center of Aurora)
- SCL Health (St. Mary's Medical Center, Lutheran Medical Center, St. Joseph Medical Center, Good Samaritan Medical Center and Platte Valley Medical Center)
 - Centura Health (Avista Adventist Hospital, Penrose Hospital, Castle Rock Adventist, St. Anthony Hospital, St. Francis Hospital)

5. Promoting Safe Disposal of Prescribed Medications

The Safe Disposal Work Group working with staff of the Colorado Department of Public Health and Environment prepared guides for community engagement in setting up permanent medication take back collection sites and promoting local medication take back events. A list of current permanent collection sites in the state is found at <https://www.colorado.gov/pacific/cdphe/medication-take-back-locations-map>.



6. Expanding Provider Education

An online training for prescribers was developed by interdisciplinary teams led by faculty at the Center for Health, Work & Environment, Colorado School of Public Health. By the end of October 2017, there were 2,711 total providers trained. A three-month post survey of participants showed: 70% of providers used information gained in practice daily, weekly, monthly; 47% check the PDMP regularly; and 26% educated patients on safe use, safe storage, safe disposal of prescribed medications.

Provider Education Content

Chronic Pain Management	Opioid Management	Opioid & other SUDs
Basics of assessment & management	Safe prescribing 101	Introduction to opioid use disorder
Behavioral aspects of pain	Safe prescribing 201	MAT Introduction
Behavioral treatments	Laws & regulations	MAT- special populations
Non-opioid pharmacologic management	Weaning & discontinuation	Overview of other substance use disorders
Non-pharmacologic modalities	Overdose prevention & harm reduction	
Intro to pain procedures	Urine toxicology interpretation	
Specific conditions: FM, HA, back pain, neuropathic pain		

7. Responding to the Increase of Heroin

The Heroin Response Work Group worked closely with the Colorado Department of Public Health and Environment and the Rocky Mountain High Intensity Drug Trafficking Area on producing a report, [*Heroin in Colorado: A Preliminary Assessment*](#) (April 2017), with data on the status of heroin in Colorado and results from a survey of over 700 individuals in treatment or in recovery from an opioid use disorder.

Based on the data findings, the Heroin Response Work group has prioritized the following response strategies:

- Enhance the relationship between law enforcement and treatment.

- Explore, educate, and promote the Law Enforcement Assisted Diversion (LEAD) and the Police Assisted Addiction and Recovery Initiative (PAARI) opportunities.
- Expand Colorado Crisis Services to handle opioid use disorders calls and act as a resource for responding law enforcement.

Two other related publications from the Heroin Response Work Group are *From Law Enforcement to Treatment* (2017) and *Forging a Partnership: Law Enforcement and Treatment* (2017).



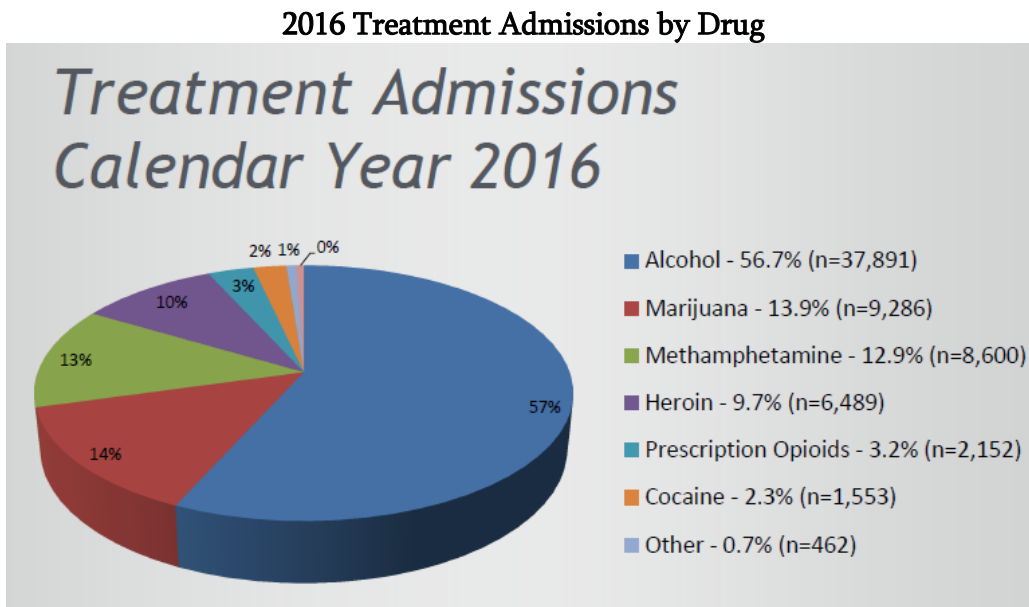
IV. Colorado Substance Abuse Trends

Data is essential to understanding drug use trends and shaping strategies for prevention, intervention, and criminal justice responses. The Task Force reviews data from various sources to understand the trends in substance use and abuse in Colorado. This section provides a summary of key trends from the most recently available data.

A. Treatment Admissions

1. Treatment Admissions by Drug

The most recent available data from substance abuse treatment admissions (2016) indicates that alcohol, methamphetamine, marijuana, and heroin continue to be the main drugs used by individuals who sought treatment.



Substance Abuse Treatment Admissions by Drug, 2016. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

2. Regional Distribution of Treatment Admissions by Drug

The highest percentage of individuals seeking treatment for drug abuse and addiction are from the Denver/Boulder region. The northeast and south-central regions of the state have high percentages of individuals seeking

treatment for methamphetamine. The southeast region of the state has a high percentage of individuals seeking treatment for opioid abuse and addiction, inclusive of both prescribed opioids and heroin. The 2016 findings are consistent with those from 2014 and 2015.

A new trend is the percentage of individuals seeking treatment for cocaine increased for those from northeast and northwest Colorado.

Regional Difference in Drug Use at Time of Treatment Admission

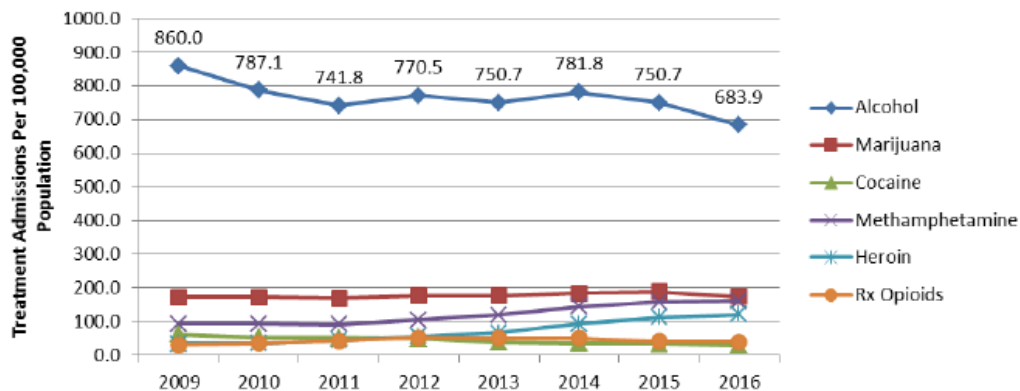
2015							2016						
Region	CO Population	Drug					Region	CO Population	Drug				
		Marijuana	Cocaine	Meth	Heroin	Rx Opioids			Marijuana	Cocaine	Meth	Heroin	Rx Opioids
Northeast	13%	17.2%	8.2%	23.5%	8.7%	14.9%	Northeast	13%	18.5%	12.3%	25.1%	10.5%	16.8%
Denver / Boulder	56%	47.4%	68.3%	37.6%	51.3%	45.2%	Denver / Boulder	56%	47.7%	66.1%	36.2%	53.3%	46.1%
South Central	15%	15.7%	8.9%	16.6%	11.5%	10.9%	South Central	15%	14.3%	9.2%	15.4%	11.7%	12.7%
Southeast	5%	8.3%	11.5%	9.3%	22.4%	18.8%	Southeast	5%	9.0%	6.4%	8.5%	18.6%	12.0%
Southwest	4%	2.7%	.7%	4.4%	1.7%	3.2%	Southwest	4%	3.1%	1.0%	5.4%	2.2%	5.4%
Northwest	7%	8.7%	2.4%	8.5%	4.5%	7.0%	Northwest	7%	7.4%	5.0%	9.4%	3.7%	7.0%

Substance Abuse Treatment Admissions by Drug, 2015 and 2016. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

3. Alcohol

Treatment admissions for alcohol remain far above those related to other drugs. There was a decrease in the number of individuals that were admitted for alcohol abuse treatment for a second year in a row.

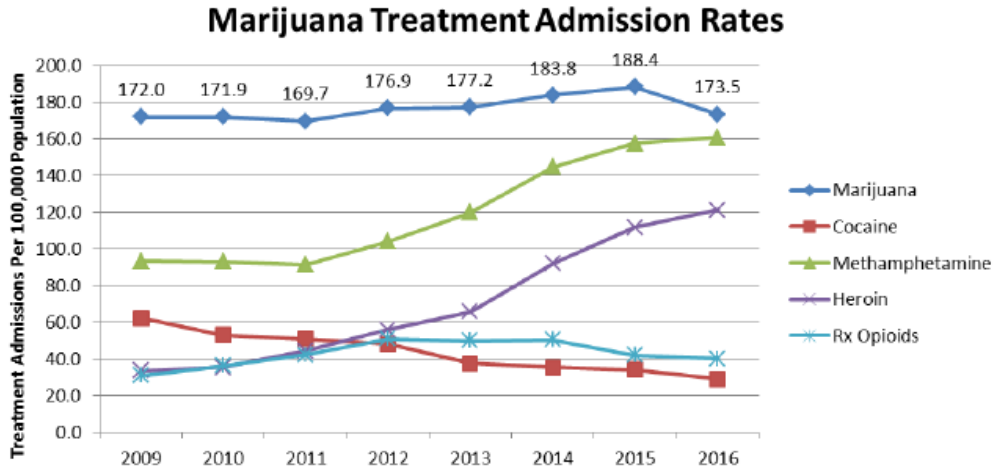
Alcohol Treatment Admission Rates



Substance Abuse Treatment Admissions by Drug, 2009 and 2016. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

4. Marijuana

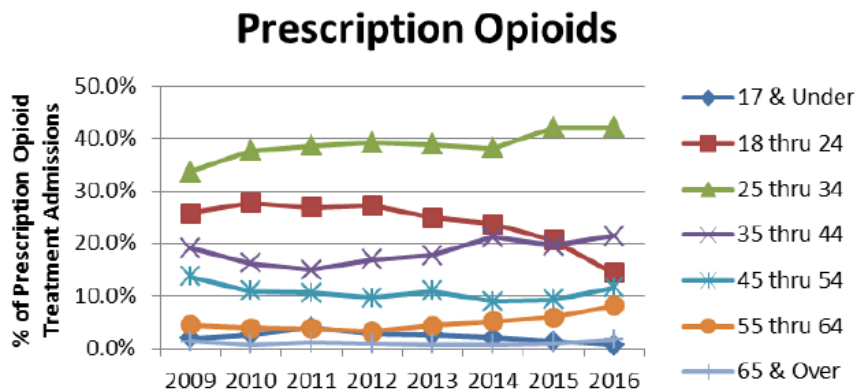
Treatment admissions for marijuana also decreased from 2015 to 2016.



Substance Abuse Treatment Admissions by Drug, 2009 and 2016. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

5. Non-Medical Use of Prescription Opioids

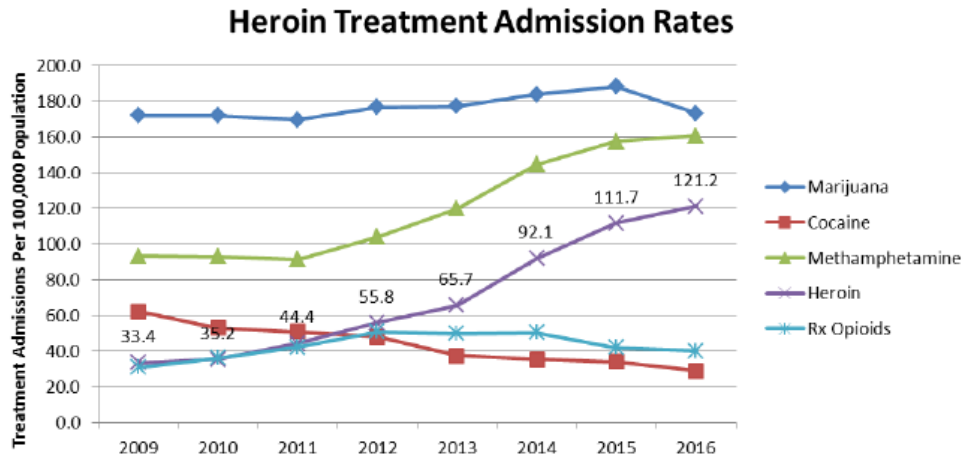
The non-medical use of prescription opioids continues to be a concern in Colorado. Among individuals admitted into treatment in 2016, non-medical use of prescribed opioids continues to be highest for individuals ages 25 to 34 and for individuals ages 35 to 44. There was a decrease from 2015 to 2016 in treatment admissions for non-medical use of prescription opioids among individuals age 18 to 24.



Non-medical Use of Prescription Opioids by Age, 2009-2016. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

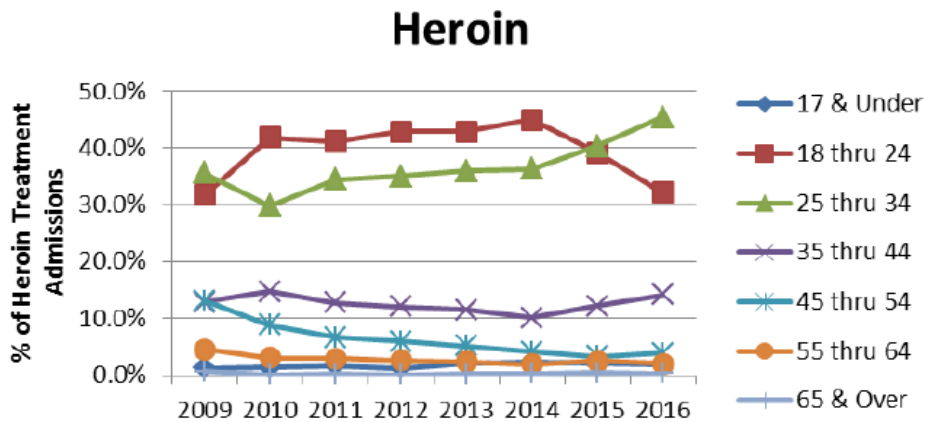
6. Heroin Treatment Admissions

The number treatment admissions for heroin continued to rise in 2016. Heroin treatment admissions increased 262% between 2008 and 2016 in Colorado.



Heroin Treatment Admissions, 2009-2016. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

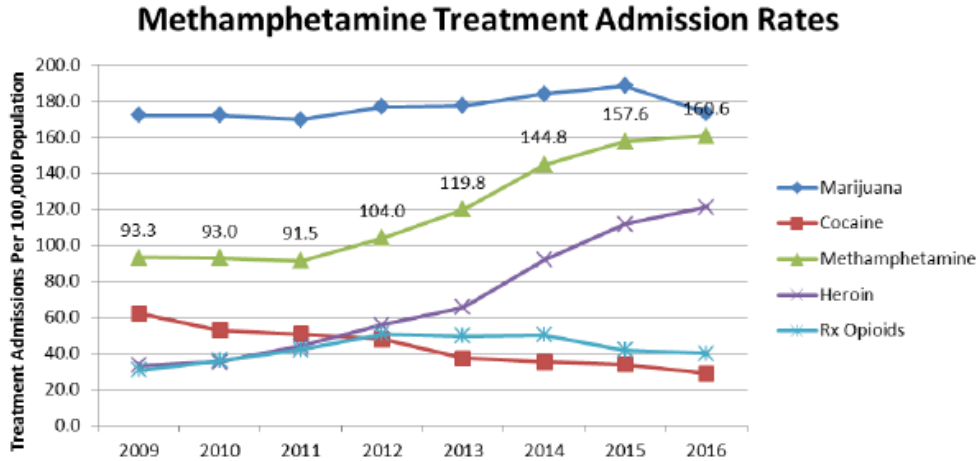
Treatment admissions for heroin abuse were highest for individuals ages 25 to 34, continuing the increase since 2014.



Heroin Treatment Admissions by Age, 2009-2016. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

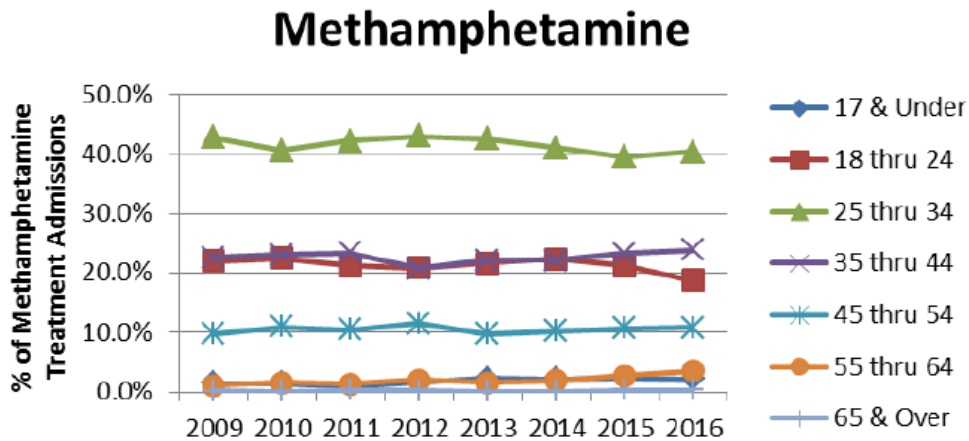
7. Methamphetamine Data

Treatment admissions for individuals addicted to methamphetamine increased 34% between 2008 and 2015. The numbers leveled in 2016.



Substance Abuse Treatment Admissions by Drug, 2009-2016 Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

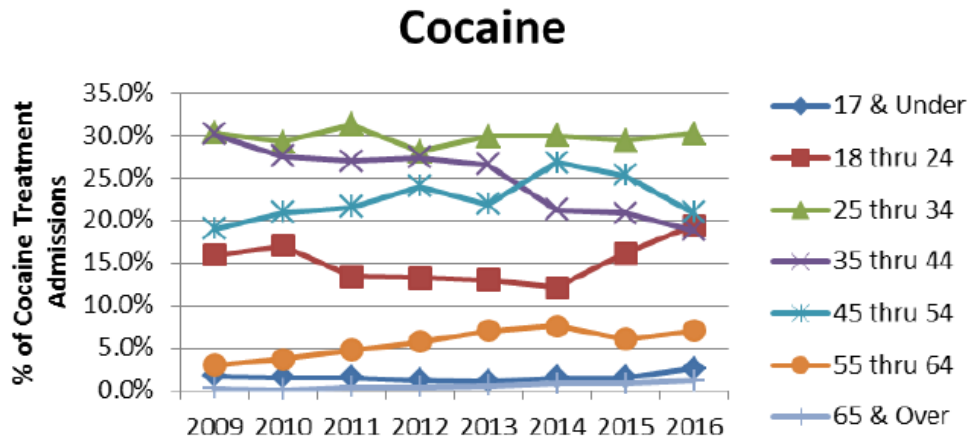
As seen in previous years, individuals ages 25 to 34 are the highest percentage of the population seeking substance abuse treatment for methamphetamine abuse.



Substance Abuse Treatment Admissions by Drug, 2009-2016. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

8. Cocaine

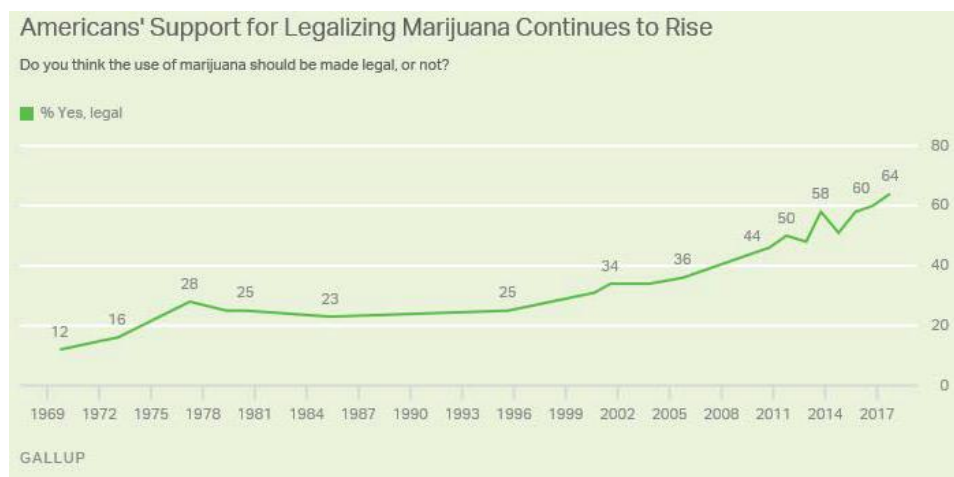
Treatment admissions for cocaine addiction by individuals ages 25 to 34 remain the highest of all the age groups. Although there continues to be a decrease in cocaine treatment admissions for individuals age 45 to 54, there was a slight increase among those ages 17 and under. This data on underage use of cocaine needs to be monitored.



Substance Abuse Treatment Admissions by Drug, 2009-2016. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

B. Marijuana and Public Safety

Americans' support for legalizing marijuana continues to rise. A 2017 Gallup Poll found that 64% of Americans favor legalization, which is an increase from previous years.



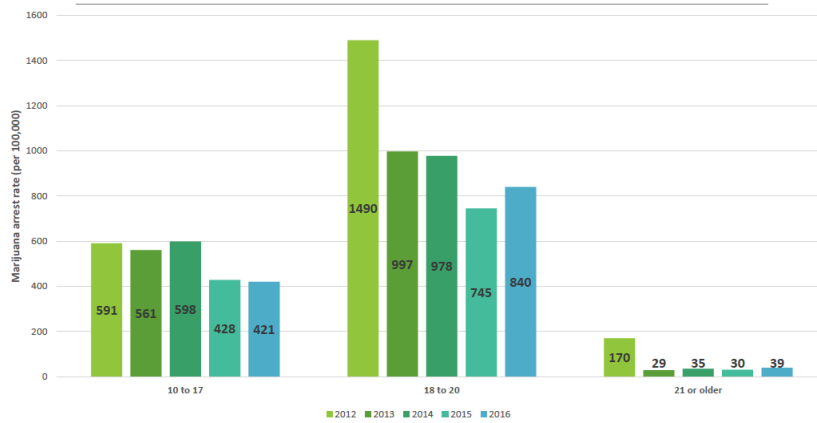
Source: Gallup Poll (2017).

1. Marijuana Arrest Rates

In Colorado, the number of arrests related to marijuana rose slightly in 2016 for individuals ages 18 to 20.



Marijuana Arrest Rates, by age group

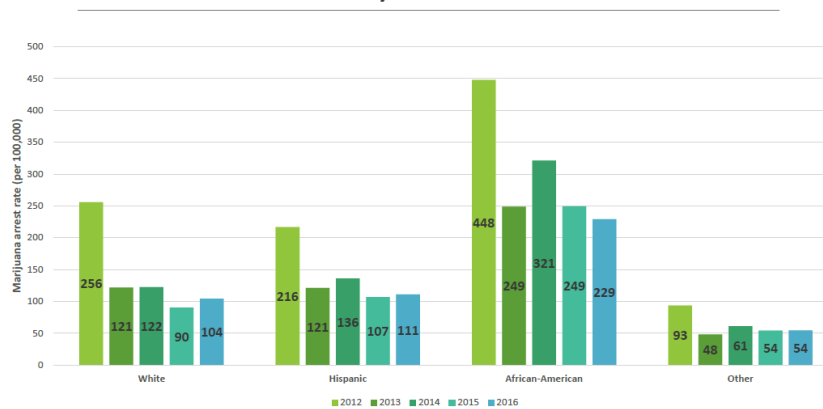


Source: Colorado Department of Public Safety, Colorado Bureau of Investigations, National Incident-Based Reporting System, and Colorado Office of Demography.

African Americans are more likely to be arrested for a marijuana related offense.



Marijuana Arrest Rates, by race



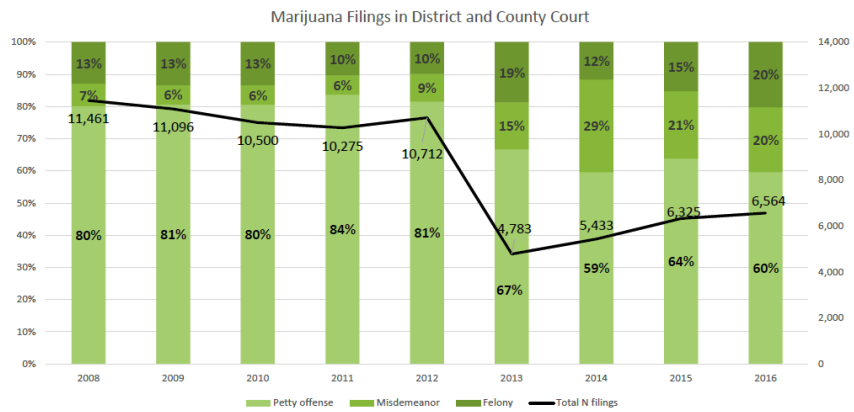
Source: Colorado Department of Public Safety, Colorado Bureau of Investigations, National Incident-Based Reporting System, and Colorado Office of Demography.

2. Marijuana Filings in District and County Courts

There is a continuing rise in the number of court filings related to marijuana offenses, with the main increase being in felony filings.



Marijuana Filings

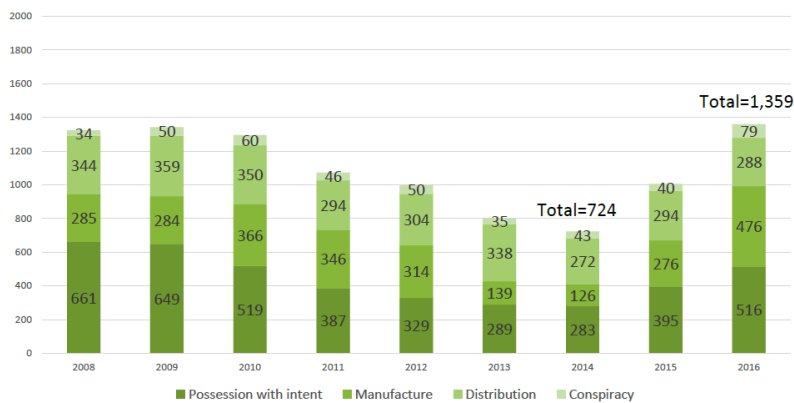


Source: Colorado Judicial Branch. Note: County court data does not include Denver County.

This upward trend is reflected in the increase in the number of serious drug crime types.



Marijuana Filings for Serious Drug Crime Types



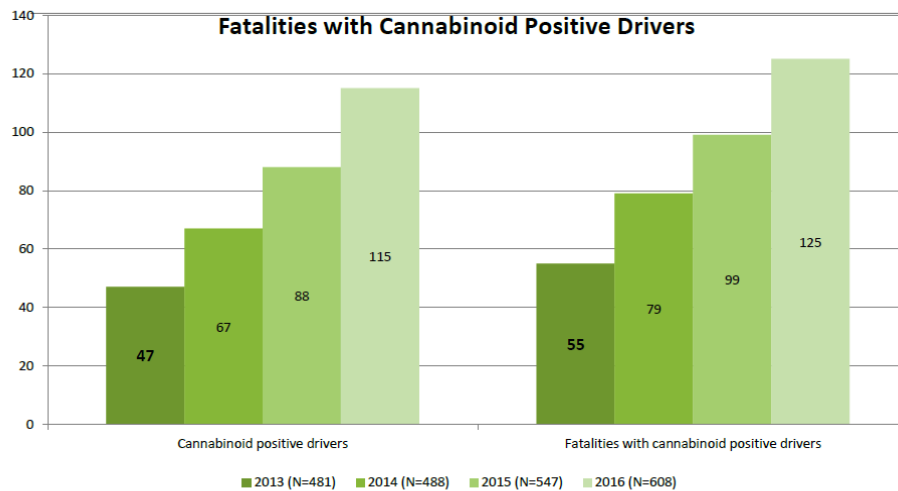
Source: Colorado Judicial Branch. Note: County court data does not include Denver County.

3. Marijuana-related Driving Fatalities

The upward trend in cannabinoid positive drivers and fatalities with cannabinoid positive drivers continued in 2016.



Fatalities on Colorado Roadways



2016 DATA ARE PRELIMINARY AND SUBJECT TO CHANGE

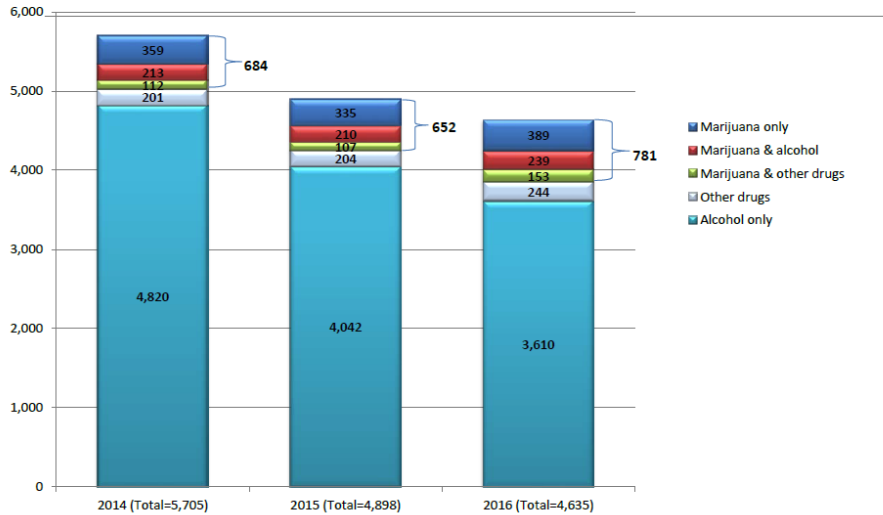
Source: Colorado Department of Transportation. Note: A positive test for cannabinoids may be the result of active THC or one of its inactive metabolites and does not necessarily indicate impairment.

4. DUI Citations

Although alcohol impaired driving remains the main infraction for DUI, there continues to be a decrease in the overall numbers alcohol DUI citations, but an increase in the number of marijuana DUI citations.



DUI Citations Colorado State Patrol



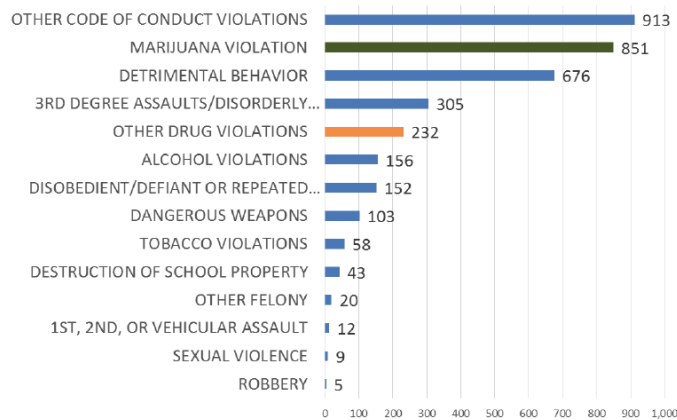
Source: Colorado State Patrol.

5. Marijuana Offenses and Public Schools

Marijuana violations are the second highest law enforcement referrals in Colorado’s public schools.



Law Enforcement Referrals in Public Schools, 2016-17



Source: Colorado Department of Education.

The 2016-2017 school year was the first complete year in which marijuana violations were reported separate from other drugs. The results provide a baseline of data for further years.

Additional baseline data includes information on school discipline related to marijuana, as seen in the following figure.



School Discipline for Marijuana 2016-17

3,147 suspensions for marijuana

- 348 marijuana suspensions per 100,000 pupils
- 4% of total suspensions
- 76% of drug suspensions

211 expulsions for marijuana

- 23 marijuana expulsions per 100,000 pupils
- 22% of total expulsions
- 68% of drug expulsions

851 law enforcement (LE) referrals for marijuana

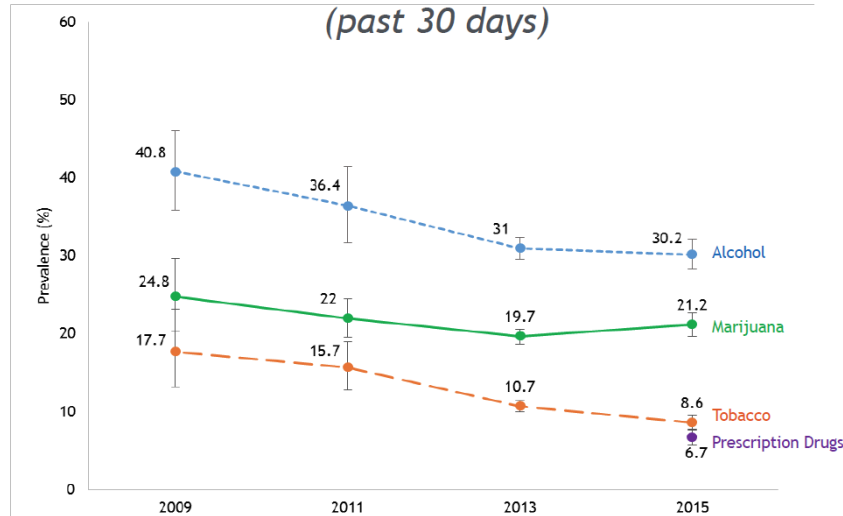
- 94 marijuana LE referrals per 100,000 pupils
- 24% of total LE referrals
- 79% of drug LE referrals

Source: Colorado Department of Education.

C. Youth Substance Abuse

Alcohol continues to be the drug of choice for high school students. Marijuana use is second and there was a slight increase in reported past 30 use of marijuana by those students.

High School Substance Use in CO (past 30 days)

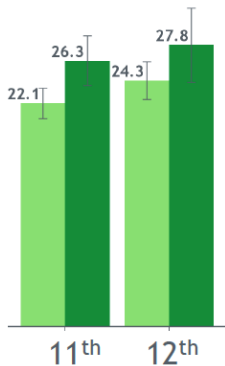


Source: Colorado Healthy Kids Colorado Survey, 2009-2015

Marijuana use is highest among students in grades 11 and 12.

High School Marijuana Use (2015)

1 in 5 high school students used marijuana in the prior 30 days



1 in 19 used daily or near-daily

40% of high school seniors who had ever used marijuana first tried it by age 14

Use is highest in 11th and 12th grades

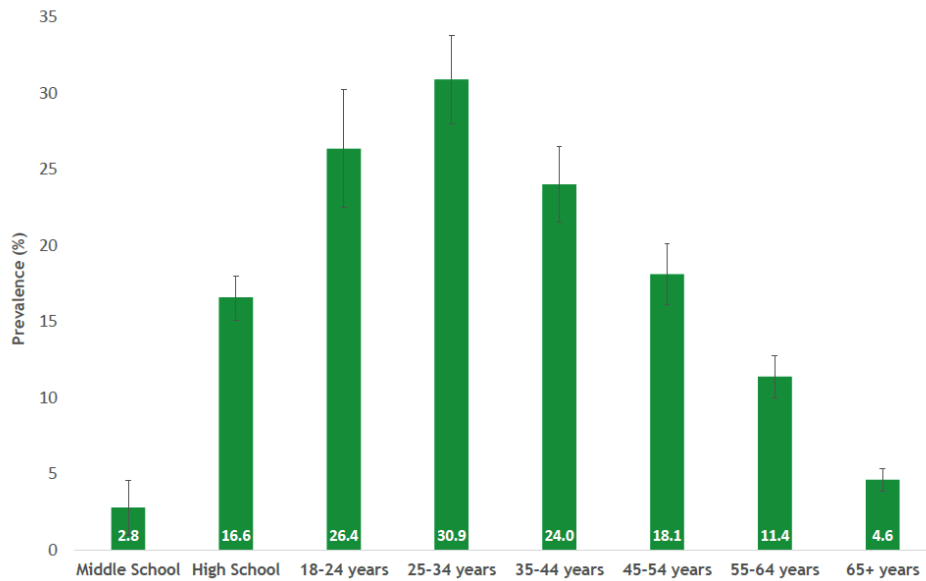
Source: Colorado Healthy Kids Colorado Survey, 2016

D. Binge Drinking of Alcohol

The U.S. Substance Abuse and Mental Health Services Administration defines binge drinking as 5 or more alcoholic drinks for males or 4 or more alcoholic drinks for females on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past month.

Binge drinking of alcohol in Colorado is highest among individuals ages 25 to 34, followed by those ages 18 to 24.

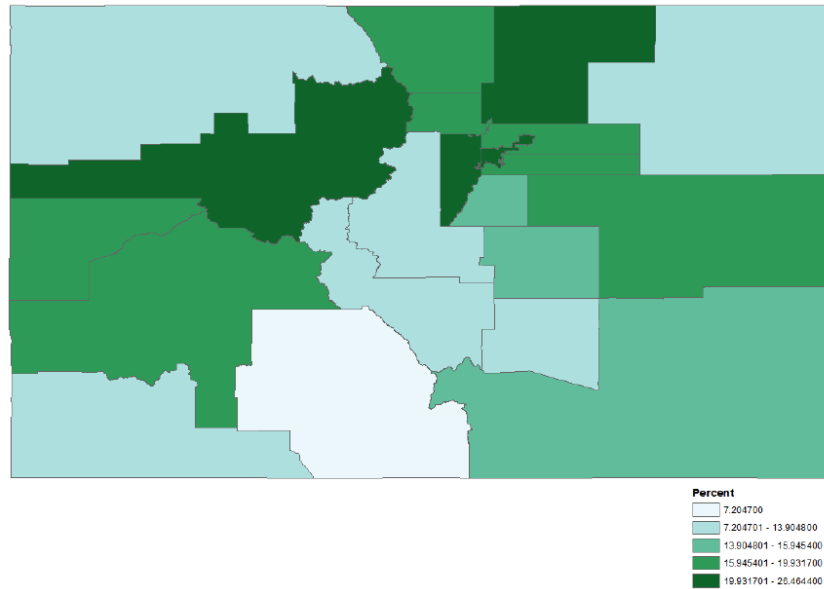
Colorado Binge Drinking Across the Lifespan



Source: Colorado Department of Public Health and Environment, Behavioral Risk Factor Surveillance Survey, 2016.

Binge drinking is highest in the north-central region of Colorado, the west-central region, and the Denver Metro area.

Binge Drinking by Health Statistics Region

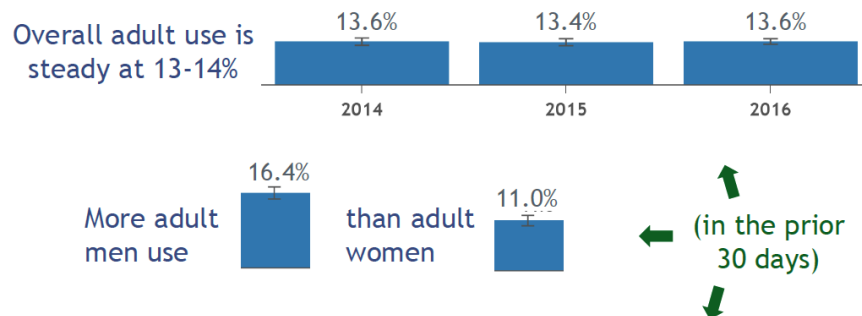


Source: Colorado Department of Public Health and Environment, Behavioral Risk Factor Surveillance Survey, 2016.

E. Adult Marijuana Use

Overall adult use of marijuana is remaining steady with more men than women reporting use.

Adult Marijuana Use in Colorado



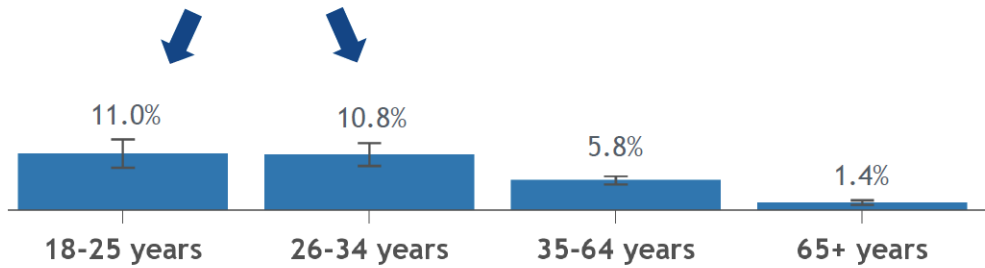
2.7% of all adults reported driving a vehicle within 2-3 hours after using marijuana (that calculates to over 100,000 Coloradans)

Source: Colorado Department of Public Health and Environment, Behavioral Risk Factor Surveillance Survey, 2014-2016.

Nearly daily use of marijuana is highest among adults ages 18 to 34.

Near-daily Marijuana Use by Age (2016)

More than 1 in 10 younger adults,
18-34 years old,
use marijuana daily or near-daily
(20+ days/month)



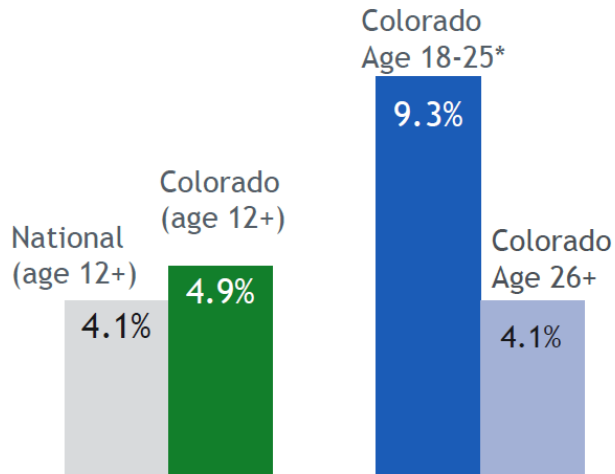
Source: Colorado Department of Public Health and Environment, Behavioral Risk Factor Surveillance Survey, 2016.

F. Prescription Opioids

Prescription opioid misuse in Colorado is highest among individuals ages 18 to 25.

Rx Opioid Misuse in 2013-2014

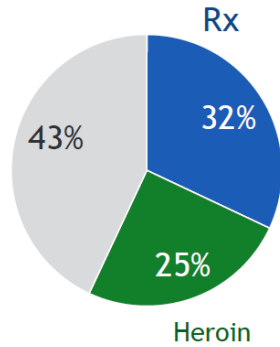
Percent of
Coloradans
who misused
prescription
pain
relievers in
the past
year



Source: National Survey on Drug Use and Health, 2013-2014. *Difference between 10.7% in 2012-2013 and 9.3% in 2013-2014 is statistically significant at the 0.05 level.

Nearly a third of all reported drug poisoning deaths in 2016 involved a prescription opioid drug.

Health Impact:
Prescription opioid overdoses



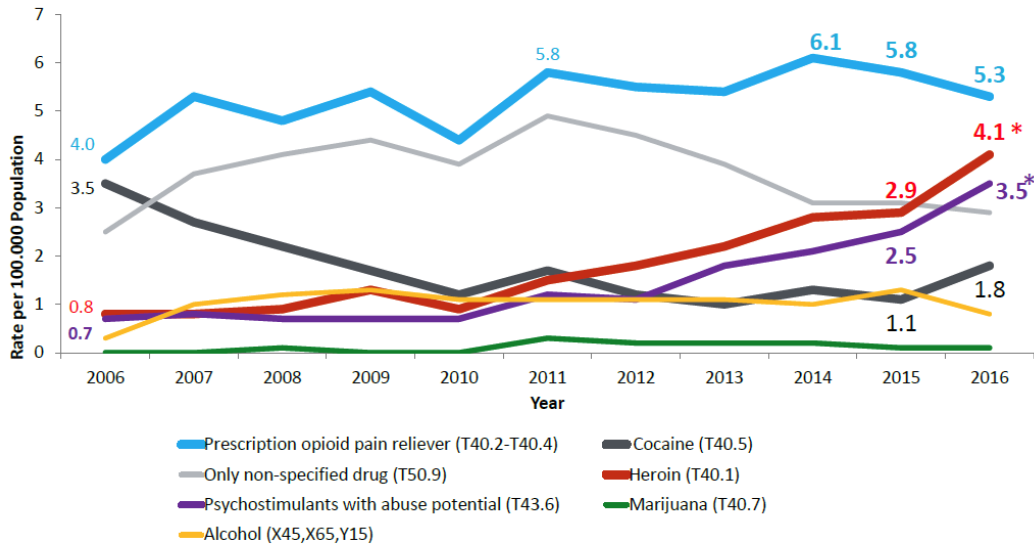
300 (32%) of the 912 drug poisoning deaths in Colorado involved Rx opioid pain relievers in 2016.



Source: Colorado Department of Public health and Environment, Vital Statistics Unit Colorado Death Certificate Data, 2016.

Heroin overdose deaths continue to rise while prescription opioid drug overdose deaths are declining.

Health Impact: Drug overdose deaths
Age-adjusted rates, Colorado residents, 2006-2016



*Statistically different from previous year

Source: Colorado Department of Public health and Environment, Vital Statistics Unit Colorado Death Certificate Data, 2016.

**Appendix A:
Substance Abuse Trend and Response Task Force
Membership**

Chair

Attorney General Cynthia H. Coffman

Vice-Chairs

Treatment: Marc Condojani, Director, Community Treatment and Recovery Programs, Office of Behavioral Health, Colorado Department of Human Services

Prevention: José Esquibel, Director, Office of Community Engagement, Colorado Department of Law, Office of the Attorney General

Criminal Justice: Rock Brandy, Chief of Police, Evans Police Department, Past President of the Colorado Association of Chiefs of Police.

Members

Governor's Policy Staff Representative: Adam Zarrin, Policy Advisor

President of the Senate Designee: Se. Larry Crowder, Senate District 35

Senate Minority Leader Designee: Sen. Cheri Jahn, Senate District 20

Speaker of the House Designee: Rep. Daneya Esgar, House District 46

House Minority Leader Designee: Dan Rubinstein, District Attorney, 21st Judicial District

Local Child and Family Service Providers: Julia Roguski, Savio House/Child Protection Services

Major Health Facility: Dr. Kathryn Wells, Medical Director, Denver Health

Human Service Agency: Lorendia Schmidt, Colorado Department of Human Services, Division of Child Welfare

Criminal Defense Bar: Greg Daniels, Daniel Law Firm

Mental Health Treatment Provider: Liz Hickman, Ph.D., Centennial Mental Health Center, Inc., Sterling

Colorado Department of Education: Vacant

Colorado District Attorneys Council: Vacant

County Sheriffs of Colorado: Sheriff Jim Beicker, Fremont County

Colorado Association of Chiefs of Police: Chief Miles DeYoung, Woodland Park Police Department

County Commissioner from a Rural County: Wendy Buxton-Andrade, Prowers County Commissioner

Organization Providing Advocacy and Support to Rural Municipalities: Mayor Ron Rakowsky, Colorado Municipal League

Licensed Pharmacist: Robert J. Valuck, Ph.D., R.Ph., University of Colorado, Skaggs School of Pharmacy and Pharmaceutical Sciences

Colorado Department of Public Safety: Peggy Heil, Division of Criminal Justice, Office of Research and Statistics

Office of Child's Representative: Dorothy Macias, Office of Child's Representative

Colorado Department of Corrections/Adult Parole: Melissa Gallardo, Manager, Division of Adult Parole, Community Corrections and Youth Offender Systems

State Judicial Department:

Amy Kingery, Office of the State Court Administrator

Colorado Drug Investigators Association: Ray Padilla, Westminster Police Department/DEA Task Force

Substance Abuse Recovery Organization: Dana Smith, Colorado Director of Programs and Partnerships, Phoenix Multisport

Environmental Protection:

Colleen Brisnehan, Hazardous Materials and Waste Management Division,
Colorado Department of Public Health and Environment

Community Prevention Coalition:

Lisa Noble, Colorado Prevention Connection and Gold Belt Build a Generation

Colorado Department of Public Health and Environment:

Lindsey Meyers, Injury, Suicide and Violence Prevention Branch, Prevention
Services Division

Colorado Department of Human Services, Office of Behavioral Health: Jenny
Corvalan-Wood, Director of Community Prevention and Early Intervention
Programs, Office of Behavioral Health, Colorado Department of Human Services

Youth: Anastasia Snelling, Youth Advisor, Rise Above Colorado

Recorder

Renie Dugwyler, Community Outreach Coordinator, Office of Community
Engagement, Colorado Office of the Attorney General

Appendix B:

Colorado Consortium for Prescription Drug Abuse Prevention

The Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) was created in the fall of 2013 to establish a coordinated, statewide response to this major public health problem. The Consortium was designated as the Prescription Drug Abuse Prevention Committee of the Substance Abuse Trend and Response Task Force in 2013.

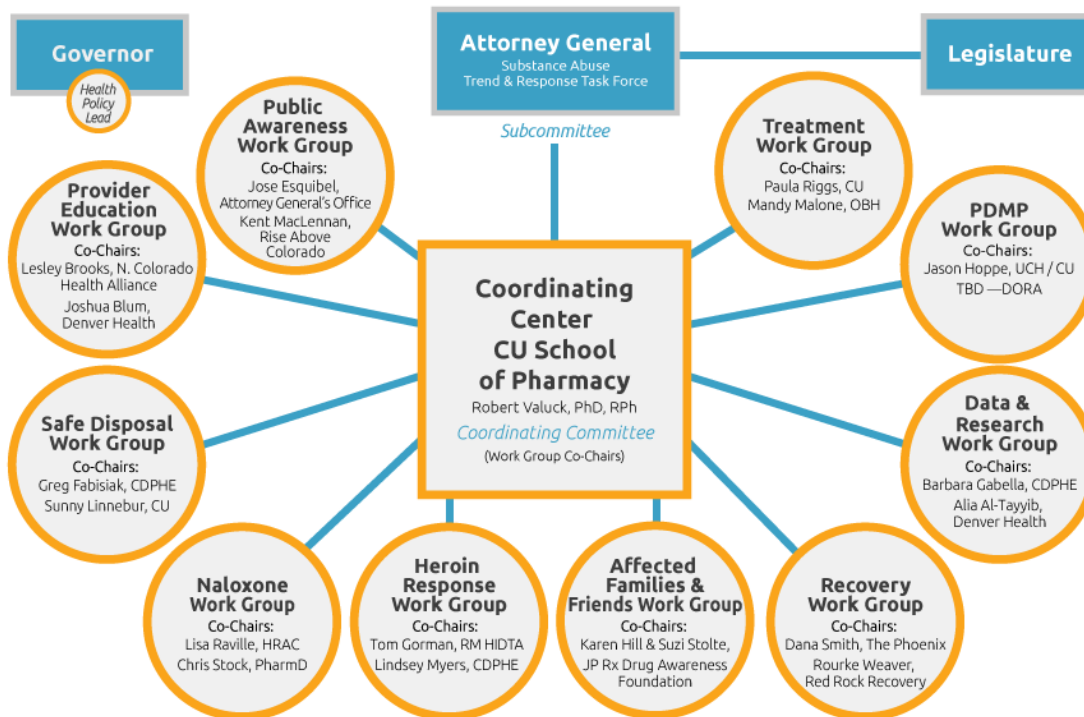
The mission of the Consortium is to reduce the abuse and misuse of prescription drugs in the State of Colorado through improvements in education, public outreach, research, safe disposal, and treatment. Visit www.corxconsortium.org for more information.

The Consortium serves as a backbone group, providing infrastructure to link the many agencies, organizations, health professions, associations, task forces, and programs currently addressing the prescription drug abuse problem, but who are doing so in relative isolation and without the benefit of an organized, coordinated approach.

The Consortium is housed administratively in the Skaggs School of Pharmacy and Pharmaceutical Sciences at the University of Colorado Anschutz Medical Campus and is coordinated by Professor Robert Valuck, PhD, RPh, and consists of ten work groups:

- Data and Analysis Work Group
- Naloxone Access Work Group
- Prescriber and Provider Education Work Group
- Prescription Drug Monitoring Program (PDMP) Work Group
- Public Awareness Work Group
- Safe Disposal Work Group
- Treatment Work Group
- Affected Families & Friends Work Group
- Heroin Response Work Group
- Recovery Work Group

Colorado Consortium for Prescription Drug Abuse Prevention Structure



Appendix C: Colorado State Epidemiological Outcomes Workgroup

The Colorado State Epidemiological Outcomes Workgroup (SEOW) is a multi-disciplinary working group with the goal of promotion, collection, analysis, and clear communication of data to support improved health in Colorado. To accomplish this, the SEOW is tasked with increasing access to data and data products that address substance use and health issues to inform promotion, prevention, intervention, treatment, recovery, enforcement, and broader policy.

The partner organizations of the SEOW are:

Arapahoe County
Boulder County Public Health
City and County of Denver, Department of Human Services
Coalition of Colorado Campus Alcohol & Drug Educators
Colorado Association for School-Based Health Care
Colorado Consortium for Prescription Drug Abuse Prevention
Colorado Department of Human Services, Office of Behavioral Health
Colorado Department of Public Health & Environment
Colorado Department of Public Safety
Colorado Department of Revenue
Colorado Office of the Attorney General
Denver Department of Environmental Health
Denver Public Health
Drug Enforcement Agency
Omni Institute
Rise Above Colorado
Rocky Mountain High-Intensity Drug Trafficking Areas
Rocky Mountain Poison Center
Tri-County Health Department
University of Colorado Denver, The Evaluation Center

The goals of the SEOW are:

Goal 1: Catalog Existing Efforts: Identify existing groups/organizations across the state focusing on current primary prevention efforts around substance use, and data sources on substance use patterns, health risks and protective factors to inform those primary prevention efforts.

Goal 2: Characterize the Problem: Characterize substance abuse in Colorado, specifically alcohol, marijuana, and prescription drug (opioid) misuse, illicit drug use and related health risks and protective factors across the state.

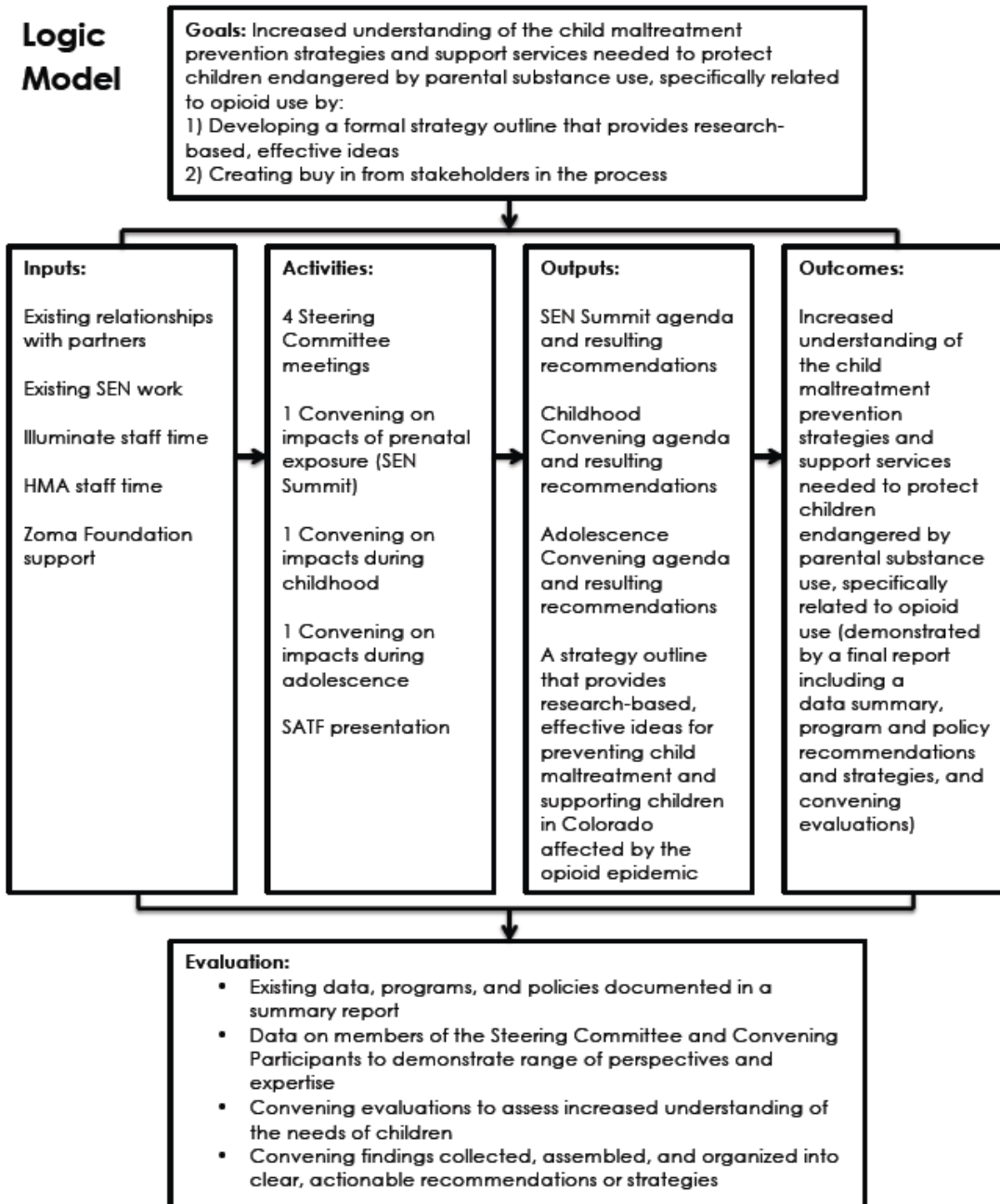
Goal 3: Identify and Address Data and Knowledge Gaps: Identify gaps in substance use data and knowledge and begin to address these gaps.

Goal 4: Call to Action: Publish and disseminate findings and primary prevention priorities to stakeholders and the general public in a meaningful and timely manner.

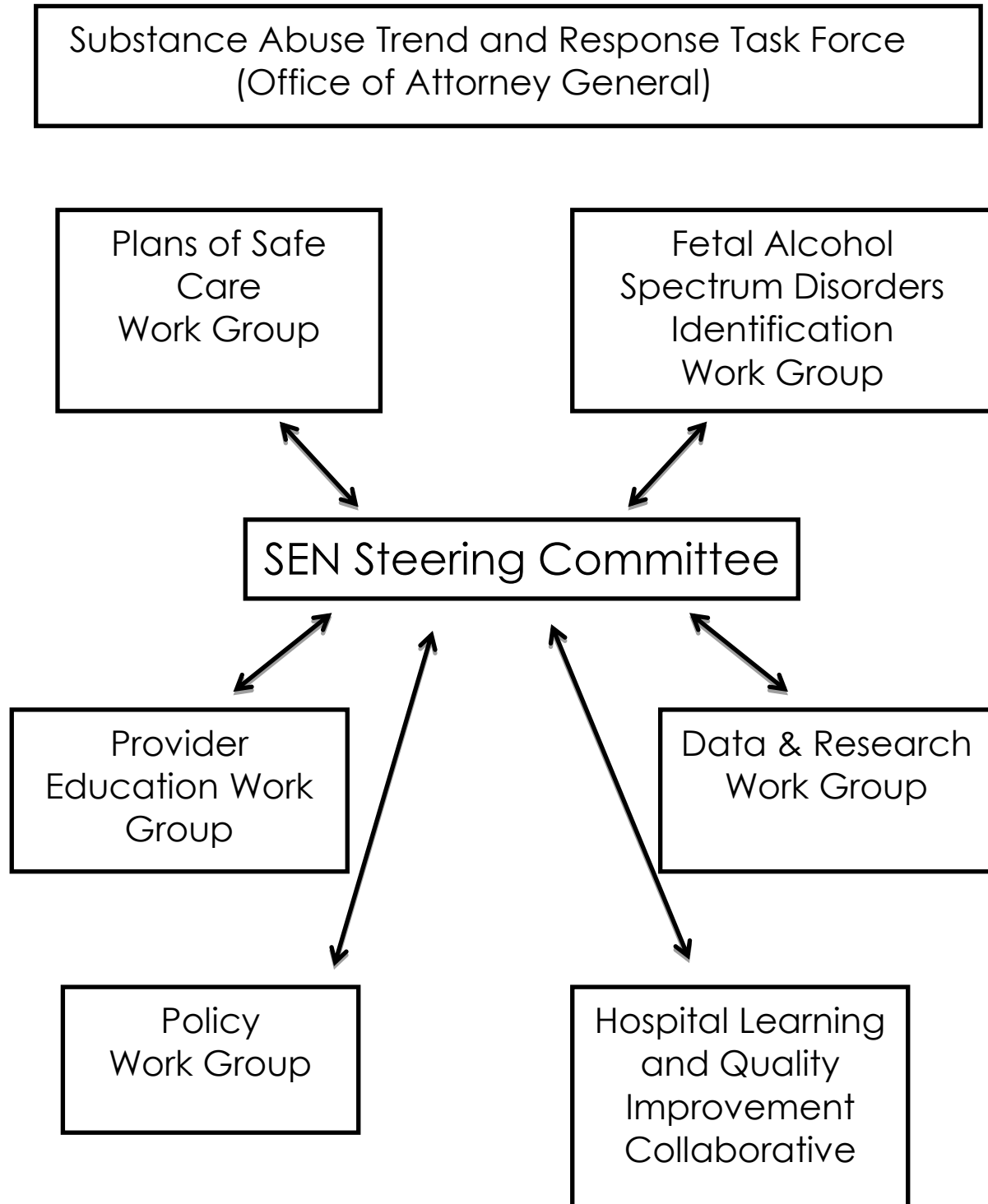
Goal 5: Connect Data: Connecting existing data sources through the creation of a web-based platform that stakeholders and the general public can access.

Goal 6: Sustainability of the SEOW: Develop objectives and update goals annually including the deliverables and functions of the group.

Appendix D: Impact on Children of Caregivers Substance Use Project



**Appendix E:
New Structure of the Substance Exposed Newborns
Steering Committee**



Appendix F:
Summaries of Proposed Bills
Colorado General Assembly
Interim Study Committee on Opioids and Other Substance Use Disorders

After hearing testimony from a wide variety of health care stakeholders, the bipartisan Interim Study Committee of ten legislators (five Republicans and five Democrats), crafted and approved a package of six bills. Each bill tackles a major component of our opioid crisis in Colorado. Generally, the legislation seeks to prevent opioid addiction in the first place, intervene early when possible, and make sure people who are ready to get help are able to get the help they need.

Bill #1 – Prevention & Education

This bill establishes a new continuing education program for medical professionals, expands grants for SBIRT (Screening, Brief Intervention, and Referral to Treatment) training through the Colorado department of Health Care Policy and Financing, and allows school-based health clinics to apply for grants to expand behavioral health services. The bill also establishes a year-round statutory committee of legislators to continue the work started by this interim committee for five years.

Bill #2 – Clinical Practice

This bill establishes opioid prescribing limits for medical professionals to a seven-day supply for acute conditions and mandates these professionals to check the Prescription Drug Monitoring Program (PDMP) database for prescription refills. The bill also facilitates electronic prescribing practices and adds accountability measures to an ongoing, federal grant-funded initiative to modernize and expand the applications of the PDMP.

Bill #3 – Harm Reduction & Criminal Justice

“Harm reduction” means working directly with addicts to minimize the harm they cause themselves prior to seeking treatment. This bill creates a pilot project for a supervised injection facility (SIF) in Denver. Like needle-exchange programs, data show that SIFs do not increase the use of illicit drugs, but do reduce the spread of diseases like HIV and Hepatitis C and reduces overdose deaths while providing education and opportunities to seek treatment for their substance use disorder (SUD).

This bill also directs the Commission on Criminal and Juvenile Justice to study the current penalties for the distribution and manufacturing of dangerous, synthetic opioids like fentanyl and carfentanil. This bill also allows schools and school districts to enact policies under which school staff may obtain an opiate antagonist and administer it to a person overdosing on an opiate.

Bill #4 – Workforce

This bill addresses shortfalls in the SUD treatment workforce by expanding the Colorado Health Service Corps Program, which includes loan repayment and scholarship programs for medical professionals who commit to serving in shortage areas.

Bill #5 – Medicaid Residential Treatment

The bill establishes under Medicaid a benefit to cover up to 90 days of residential treatment for qualifying individuals with SUD, pending federal authorization. House Bill 17-1351 directed the Department of Health Care Policy and Financing to study the potential cost and impact of this residential benefit and issue a report by November 1. Bill #5 will pick up where this study leaves off.

Bill #6 – Payment Reform

The bill improves “prior authorization” standards to ensure insurance companies and Medicaid gives timely approval for medication-assisted treatment (MAT) so SUD patients don’t go back to opioids while waiting for approval to begin MAT. The bill also makes sure pharmacists are able to administer certain kinds of MAT, and for someone with a dual diagnosis of pain and SUD, reduces copays for physical therapy, acupuncture, and chiropractic care.