

# Addressing Colorado's Opioid Crisis



## Background

The opioid epidemic has gained national attention as states and the federal government grapple with how to decrease the number of individuals struggling with addiction to prescription and illicit opioids. Through the summer and early fall of 2017, an interim study committee of the legislature developed a package of bipartisan bills tackling Colorado's opioid crisis through a multifaceted approach.

## HB 18-1136: Substance Use Disorder Treatment

The legislature prioritized improving access to treatment for individuals struggling with addiction. HB 18-1136 creates an inpatient and residential substance use disorder (SUD) treatment benefit in Colorado Medicaid, conditional upon federal approval. This bill will significantly improve and integrate behavioral and physical health across the continuum of care, breaking down treatment barriers for Medicaid enrollees living with SUDs.

## What You Need to Know

- The Department of Health Care Policy and Financing (HCPF) must seek necessary federal approval through a Section 1115 Waiver by Oct. 1, 2018.
- The benefit will NOT begin until HCPF receives federal approval, and the benefit is designed. The new benefit's estimated start date is July 1, 2020.
- An estimated 142,000 Coloradans on Medicaid suffer from SUDs, and the creation of the new benefit will likely lead to additional providers and facilities entering the market to help fill this important treatment gap.

*Continued*

For questions or more information, contact Amber Burkhart, CHA policy analyst, at 720.330.6028.



## SB 18-022: Clinical Practice for Opioid Prescribing

The legislature also supported prevention-focused bills seeking to reduce individuals' risk of initial addiction. One noteworthy bill, SB 18-022, requires health care prescribers to limit the initial prescription of an opioid narcotic to no more than a seven-day supply of the medication, although it does make allowances for several exceptions.

### What You Need to Know

- Under the law, all health care professionals that prescribe opioid (narcotic) pain medications – including physicians, physician assistants, advanced practice nurses with prescribing authority, podiatrists, optometrists, dentists and veterinarians – must limit the initial prescription of an opioid to no more than a seven-day supply of the medication.
- There are several important exceptions to which the law does NOT apply:
  - Patients with chronic pain with a history of pain that in the judgment of the physician will likely last more than 90 days
  - Patients with cancer-related pain
  - Patients receiving hospice and palliative care
  - Patients who undergo a surgical procedure with pain expected to last more than 14 days because of the nature of the procedure
  - Patients who received an opioid narcotic prescription from the same prescribing health care professional within the past 12 months
- For outpatient care only, after issuing the first opioid prescription, the prescriber or his/her designee, must check the Prescription Drug Monitoring Program (PDMP) database before prescribing any further opioid for the patient. CHA recommends all prescribers check the PDMP routinely. Prescribers may use their discretion for a second seven-day supply, after which the law no longer applies.

### Additional Resources

- HB 18-1136: [Final Bill](#) and [Fiscal Note](#)
- HB 18-1136 took effect on June 5, 2018
- SB 18-022: [Final Bill](#) and [Fiscal Note](#)
- SB 18-022 took effect on May 21, 2018

For questions or more information, contact Amber Burkhart,  
CHA policy analyst, at 720.330.6028.

