ISSUE BRIEF | House Bills (HB) 20-1017, 20-1065 and 20-1411 and Senate Bills (SB) 20-007 and 20-028

Access to Behavioral Health Care



Background

Although the opioid epidemic does not get the national attention it once did, policymakers and CHA still grapple with how to decrease the number of individuals struggling with addiction to prescription and illicit opioids, as well as other substances. There were several important bills this legislative session aimed at supporting substance use disorder and mental health treatment programs.

HB 20-1017: Substance Use Disorder Treatment In Criminal Justice System

This bill makes several changes to state laws concerning substance use disorder treatment in the criminal justice system, including changes regarding medication drop-off sites, defined as safe stations. While hospital facilities are not defined as safe stations, hospitals should be aware of the impact this bill has on interactions hospitals may have with safe stations.

What You Need to Know

- The bill allows a person to turn in any controlled substances at a safe station, defined as a local law enforcement office or fire station, without being subject to arrest or prosecution.
- The person may also request assistance in gaining access to treatment for a substance use disorder. Safe station personnel must make a reasonable effort to determine if the individual is in need of immediate medical attention and facilitate transportation to an appropriate medical facility, if necessary.
- If immediate medical attention is not required, safe station personnel must provide the person with information about the behavioral health crisis response system, as developed and provided by the Office of Behavioral Health (OBH), and, if practicable, provide transportation for the person to the appropriate facility.

Beginning Nov. 1, 2021, the Colorado Department of Human Services (CDHS) is required to provide an annual update regarding the current status of funding and implementation of these programs as part of its SMART Government Act presentation. CDHS may also promulgate rules to implement this bill.

Additional Resources

HB 20-1017: <u>Final Bill</u> and <u>Fiscal Note</u> Effective Date: Sept. 12, 2020



HB 20-1065: Harm Reduction Substance Use Disorders

This bill makes changes to harm reduction programs and policies, including changes to insurance reimbursement, allowing pharmacists to sell clean syringes and needles and modifications to local clean syringe programs.

What You Need to Know

- The bill requires health insurers to reimburse hospitals for providing opiate antagonists to covered individuals at discharge.
- The bill requires pharmacists to notify individuals who are prescribed an opioid about the availability of
 opiate antagonists, if, in their professional opinion, the person would benefit from such a notification. This
 notification must indicate that the opiate antagonist is available free of charge. Additionally, the bill allows
 pharmacists to sell non-prescription syringes and needles to anyone without being in violation of
 Colorado's drug paraphernalia law.
- The bill allows nonprofits with experience operating a clean syringe program or health facilities to operate a clean syringe program. Nonprofits and health facilities who offer a clean syringe program must provide yearly reports to the Colorado Department of Public Health and Environment (CDPHE) regarding the number of syringe access episodes and the number of used syringes collected.

HB 20-1411: COVID-19 Funds Allocation For Behavioral Health

This bill allocates Coronavirus Aid, Relief, and Economic Security Act (CARES) funding to behavioral health programs in a number of state agencies, including programs within CDHS and CDPHE. Without this bill, certain programs might otherwise have been eliminated in the General Assembly's effort to balance the state budget.

What You Need to Know

State agencies, as well as their contractors and vendors, may make adjustments to certain services or programs related to behavioral health. Hospitals should be aware of the need for potential changes and reach out to their partners who oversee the following services and programs:

- Reimbursement for unanticipated expenses related to COVID-19 for substance use disorder, treatment
 and recovery services for providers who contract with managed service organizations (e.g., OBH, CDHS).
- Substance use disorder screening, brief intervention services, referral to treatment training and supports for providers who contract with managed service organizations (e.g., OBH, CDHS).
- Reimbursement for co-responder programs, crisis service system services, housing assistance and treatment for individuals in rural communities (e.g., OBH, CDHS).
- Mental Health First Aid program in-person and virtual trainings (e.g., CDPHE).
- Providers involved in work concerning the opiate antagonist bulk purchase fund (CDPHE).

Additional Resources

HB 20-1065: Final Bill and Fiscal Note

HB 20-1411: Final Bill and Fiscal Note

Effective Date: Sept. 12, 2020 Effective Date: June 22, 2020



SB 20-007: Treatment Opioid And Other Substance Use Disorders

This bill prohibits managed service organizations, withdrawal management services and recovery residences from denying access to medical or substance use disorder treatment services, including recovery services, to persons who are participating in prescribed medication-assisted treatment for substance use disorders.

What You Need to Know

Hospitals should be aware of new requirements and prohibitions that may impact their patients, including:

- Prohibiting certain providers from denying access to medical or substance use disorder treatment services, including recovery services, to persons who are participating in prescribed medication-assisted treatment for substance use disorders.
- Prohibiting courts and parole, probation and community corrections from prohibiting the use of prescribed medication-assisted treatment as a condition of participation or placement.
- Requiring managed care entities to provide coordination of care for the full continuum of substance use disorder treatment and recovery.
- Requiring Division of Insurance (DOI)-regulated insurance carriers to cover certain levels of treatment and specific medications and authorizes the Insurance Commissioner in DOI to promulgate related rules. DOIregulated carriers must:
 - Provide coverage for the treatment of substance use disorders in accordance with the most recent edition of American Society of Addiction Medicine criteria for placement, medical necessity and utilization management determinations;
 - Include medication-assisted treatment to be included on formularies, in alignment with rules promulgated by the Insurance Commissioner and CDPHE; and
 - Report to the Insurance Commissioner the number of in-network providers who are licensed to prescribe medication-assisted treatment, the number of prescriptions filled and efforts to ensure sufficient capacity.

The bill also consolidates state laws relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of drug and alcohol use disorders to create a single process that includes all substance use disorders.

Additional Resources

SB 20-007: <u>Final Bill</u> and <u>Fiscal Note</u> Effective Date: July 13, 2020



SB 20-028: Substance Use Disorder Recovery

This bill makes changes to the Opioid and Other Substance Use Disorder Study Committee, the State Substance Abuse Trend and Response Task Force and modifies the definition of "child abuse or neglect" in regard to substance exposure.

What You Need to Know

- The bill modifies the appointing authority for legislative leaders to the Opioid and Other Substance Use
 Disorder Study Committee and directs the Committee to study the best treatment modalities for
 individuals with co-occurring mental health and substance use disorders and the impact of COVID-19 on
 the provision of behavioral health services.
- The bill also directs the State Substance Abuse Trend and Response Task Force to convene a stakeholder process to evaluate progress resulting from bills introduced by the Opioid and Other Substance Use Disorder Study Committee and ultimately enacted by the General Assembly.
- The bill modifies the definition of "child abuse or neglect" in regard to substance exposure in the Colorado Children's Code to include any newborn child who is affected by alcohol or drug exposure and where factors are present that threaten the health or welfare of the newborn child.
- The bill requires CDHS to promulgate rules to determine whether a child is abused, neglected or dependent under this new criteria, though no timeline is required regarding promulgating these rules.

Additional Resources

SB 20-028: <u>Final Bill</u> and <u>Fiscal Note</u> Effective Date: June 30, 2020

