

Date: February 13, 2018	POLICY ANALYSIS PREPARED FOR THE BOARD OF DIRECTORS	
Staff: Alyson Williams		

HB18-1003 OPIOID MISUSE PREVENTION: Concerning Measures to Prevent Opioid Misuse in Colorado

Details

Bill Sponsors:	House – <i>Pettersen (D)</i> , Buck (R), Kennedy (D), Singer(D) Senate – <i>Priola (R) and Jahn (I)</i> , Aguilar (D), Lambert (R), Tate (R)
Committee:	House Committee on Public Health Care & Human Services
Bill History:	1/10/2018-Introduced in House-Assigned to Public Health Care & Human Services
Next Action:	2/27/2018-Hearing in House Committee on Public Health Care & Human Services

Bill Summary

This bill does many things:

- Directs the Opioid and Other Substance Use Disorders Interim Study Committee to operate until July 2020. Education, intervention and prevention services for substance use disorders are added into the existing grant criteria for school-based health centers (SBHC) and it appropriates funds to the Colorado Department of Public Health and Environment (CDPHE) to implement grants for these criteria. The bill creates a competitive grant program, administered by the Department of Health Care Policy and Financing (HCPF), with dictated requirements for the grantee, to operate a substance abuse process: screening, brief intervention, and referral to treatment (SBIRT).
- The bill directs HCPF to develop and implement an online interactive education module regarding alcohol use during pregnancy and to employ one full-time employee to provide in-person training about alcohol consumption during pregnancy in clinics that provide care to women of childbearing age.
- Finally, the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies (the Center) at the University of Colorado, Health Sciences Center is directed to develop continuing education activities for pain medication prescribers to help them safely and effectively manage patient pain and appropriately prescribe opioids or medication-assisted treatment (MAT). Furthermore, the Center must develop education and training for law enforcement, first-responders, and those at-risk for overdose about using opioid antagonists.

Background

School-Based Health Center Grants

Poudre School District currently has one SBHC, the Health and Wellness Center at Centennial High School.¹ The clinic has been open since 1993 and provides medical, dental, and behavioral health. Rocky Mountain Youth Clinics administers the medical and behavioral health operations and Project Smile collaborates to provide dental care.

The 2015 Healthy Kids Colorado Survey delineates some behaviors relating to substance use of high school students in the state and in Larimer County.² In Larimer County, 16.7 percent of students reported binge drinking 5 or more drinks in a row in the past 30 days, similar to the state average of 16.6 percent. Fewer

¹ Colorado Association of School-Based Health Care (2017). *Colorado School-Based Health Centers*. Retrieved from <https://www.casbhc.org/directory>.

² Colorado Department of Public Health and Environment (2017). *2015 Healthy Kids Colorado Survey: Regional Snapshot-Larimer County*. Retrieved from https://www.colorado.gov/pacific/sites/default/files/PF_Youth_HKCS-Snapshot-region-2.pdf.

Larimer County students, 17.6 percent, reported using marijuana in the past 30 days than the Colorado average of 21.2 percent.

SBHCs can identify at-risk students, intervene in these behaviors, and act to prevent the development of substance dependence and abuse. Their unique location within the school allows for ease of access to both mental and physical health care providers by students. The School-Based Health Alliance has promulgated adolescent-specific SBIRT as a model to prevent substance use by school-age children.³ The Office of Behavioral Health (OBH), has allocated a portion of its substance abuse federal block grant for SBIRT services through SBHCs for the next four years.⁴

SBIRT Grants

The SBIRT approach consists of three components: screening, brief intervention, and referral to treatment. In this process the provider screens the patient to determine the severity of the substance use and appropriate level of treatment, a brief intervention to assess the patient's insight into their substance use as well as their motivation for behavior change, and ends with referral to treatment for those patients that have been identified as needing more attentive care.⁵ Colorado received funding from the federal government through the Substance Abuse and Mental Health Services Administration for ten years, from 2006-2016, with the intent of integrating SBIRT into the routine delivery of health care.⁶

Substance Use and Pregnancy Education

Data from Colorado's *Pregnancy Risk Assessment Monitoring System* documents the use of alcohol during pregnancy as well as healthcare worker and patient interactions about the subject during prenatal care.⁷ In 2015, 12 percent of pregnant women reported consuming alcohol during the last 3 months of their pregnancy. Only 71.9 percent of respondents said that their healthcare worker talked about alcohol consumption during their prenatal care.

Continuing Education (CE)

There are many different types of providers that can prescribe opioids; all must complete continuing education to be certified by their respective accreditation boards and/or to receive licensure from the state. Currently there are a variety of venues where these providers can receive training on effective pain management and appropriate opioid prescribing practices.

At the state level, different boards govern the licensure of providers that may be registered with the Drug Enforcement Administration (DEA) to prescribe opioids. Dentists must complete 30 hours of CE every two years, which is enforced through audit by the Colorado Dental Board.⁸ Advanced practice nurses (APNs) may be required by the Colorado Board of Nursing to demonstrate their continued competency by meeting the requirements to be certified by certifying body or petitioning the board with an alternative method.⁹ The

³ School-Based Health Alliance. *SBIRT in SBHCs: A Model for Adolescent Substance Use Prevention*. Retrieved from <http://www.sbh4all.org/wp-content/uploads/2015/07/SBIRT-in-SBHCs-A-Model-for-Adolescent-Substance-Use-Prevention.pdf>.

⁴ Colorado Department of Human Services (Sept. 2017). *Office of Behavioral Health announces collaborative project to serve adolescents*. Retrieved from <https://www.colorado.gov/pacific/cdhs/article/office-behavioral-health-announces-collaborative-project-serve-adolescents>.

⁵ Substance Abuse and Mental Health Services Administration (2017). *About SBIRT*. Retrieved from <https://www.samhsa.gov/sbirt/about>.

⁶ SBIRT Colorado (n.d.). *Why SBIRT?*. Retrieved from https://www.integration.samhsa.gov/clinical-practice/SBIRT_Colorado_WhySBIRT.pdf. Accessed on Jan. 29, 2018.

⁷ Colorado Department of Public Health and Environment. *CO Health and Environmental Data*. Retrieved from <https://www.cohealthdata.dphe.state.co.us/>. Accessed on Nov 29, 2017.

⁸ 3 CCR § 709-1

⁹ 3 CCR § 716-1; These certifying bodies can include: American Academy of Nurse Practitioners Certification Program, American Association of Critical Care Nurses, American Nurses Credentialing Center, Pediatric Nursing Certification Board, and/or the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties.

Continued Competency Rule of the Colorado Board of Medicine requires that an applicant for a medical license must be able to demonstrate competency if they have not engaged in an active practice for two or more years.¹⁰ The Board of Medicine also governs the licensure of physician assistants (PAs), and requires PAs to submit proof they have been in an active practice for the two years prior to the request or to prove certification by the National Commission on Certification of Physician Assistants (NCCPA) and completion of 100 hours of CE within the past year.¹¹

National certification groups have their own requirements for CE to maintain professional certification. The NCCPA, the only certification board for the profession, requires that all certified PAs log a total of 100 CE hours every 2 years.¹² There are many different certification boards that doctors can become certified under, an example is the American Board of Family Medicine (ABFM). As a component of their continuing certification, the ABFM requires 150 hours of CE to be completed every 3 years.¹³ Both the NCCPA and ABFM have certain stipulations as to what types of activities constitute CE, which do not dictate content of education but rather the format of activities. One certifying board for APNs is the American Academy of Nurse Practitioners Certification Board. This board allows for certification renewal every five years in two manners. The individual can recertify using clinical practice hours of CE or by examination. If the candidate for renewal elects the first option, they must complete 100 hours of CE, with at least 25 of the hours being focused on pharmacology CE.¹⁴

More than 100,000 Colorado physicians have participated in training and/or education on topics such as opioid misuse, prescribing practices, substance use treatment and other related issues.¹⁵ The Colorado School of Public Health and the Colorado Consortium for Prescription Drug Abuse Prevention have previously partnered to develop and implement three online CE modules on the topic of prescribing practices for physicians, dentists, and veterinarians.¹⁶ The Provider Education Work Group of the Consortium has created live CE for prescribers on topics ranging from safe prescribing to MAT in primary care; these events have been delivered seven times to more than 300 providers.¹⁷ COPIC, a company that provides medical liability insurance to health professionals, allows insured providers to earn points to decrease their premium by attending their in-person and online education seminars, which include programs on opioid prescribing and pain management.¹⁸

Opioid Antagonist Education/Training

Naloxone are commonly used opioid antagonists utilized to reverse an opioid overdose in order to save a person's life. There are three methods to administer one of these drugs: injectable, auto-injectable, and

¹⁰ 3 CCR § 713-22

¹¹ 3 CCR § 713-29

¹² National Commission on Certification of Physician Assistants (n.d.). *About CME Requirements*. Retrieved from <https://www.nccpa.net/continuingmedicaleducation>. Accessed on Jan 17, 2018.

¹³ American Board of Family Medicine (n.d.). *Self-Assessment and Lifelong Learning*. Retrieved from <https://www.theabfm.org/moc/selfassessment.aspx>.

¹⁴ American Academy of Nurse Practitioners Certification Board (Aug 2017). *NP Recertification: Certificiant Handbook*. Retrieved from <https://www.aanpcert.org/resource/documents/Recertification%20Handbook.pdf>.

¹⁵ Colorado Medical Society. (Sept. 2017). *Colorado leads opioid prevention*. Retrieved from <http://www.cms.org/communications/colorado-leads-opioid-prevention>.

¹⁶ Colorado School of Public Health, Center for Health, Work & Environment (n.d.). *Preventing Prescription Drug Abuse*. Retrieved from <http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CHWE/training/Online/Pages/RxAbuse.aspx>.

¹⁷ Valuck, R. (July 10 2017). *Presentation to the Colorado General Assembly Opioid and Other Substance Use Disorders Interim Study Committee* [PowerPoint slides]. Retrieved from http://leg.colorado.gov/sites/default/files/colorado_consortium_presentation_for_interim_study_committee_-_july_10_2017.pdf

¹⁸ COPIC (2017). *COPIC Education Catalog*. Retrieved from https://www.callcopic.com/resources/Documents/FINAL_CourseCatalog_04-17.pdf.

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nasal spray. The auto-injectable and nasal spray can be used by the lay public. As of summer 2017, 400 Colorado pharmacies stock and 140 law enforcement departments carry naloxone.¹⁹

In 2016, the Colorado Office of the Attorney General provided funding to make a purchase of 2,500 dual-dose naloxone kits and provide 6 regional trainings.²⁰ Some communities with syringe access and harm reduction programs also provide training or education on opioid antagonists. The Works Program in Boulder County is a harm reduction program that also provides naloxone training to individuals at-risk for an opioid overdose and community members who are likely to be in the presence of someone who might overdose. Colorado's largest organization that works with individuals who inject drugs, the Harm Reduction Action Center has trained over 1,100 of their clients on the use of naloxone from 2012 to 2016.²¹

A project of the Mental Health and Substance Use Alliance of Larimer County (managed by the Health District of Northern Larimer County's Community Impact Team) aims to unify, support, and increase local efforts to make naloxone available to those in Larimer and Weld Counties who may be in a position to reverse an opioid overdose. The project began with an initial scan of naloxone distribution and educational activities in the community as related to the Colorado Consortium for Prescription Drug Abuse Preventions' Naloxone Work Group's sector-specific goals. The team has been contacting all pharmacies in Larimer County to determine whether they currently implement standing orders for naloxone, and if not, whether they would be willing to do so. The next step will be to contact health and human services agencies to encourage them to have naloxone on-site and know how to use it appropriately. Furthermore, the project is formulating a plan for outreach to the general public and to increase awareness.

This Legislation

This bill would extend the committee until July 2020 with five representatives and five senators to continue to study substance use issues in Colorado and identify possible legislative options to provide solutions. The committee would continue to investigate topics such as: coverage, MAT, treatment, prescription drug monitoring program, and gaps of resources in Colorado.

In addition to adding language regarding services for substance use education, prevention, and intervention into the current school-based health center grant program, the bill would appropriate \$750,000 from the Marijuana Cash Fund expressly for those activities.

The SBIRT competitive grant program is intended for one or more organizations to operate SBIRT in Colorado. The grant program must include: statewide health professional training, consultation and technical assistance for stakeholders, outreach and education for providers and patients, coordination between types of care, and a public awareness campaign to increase knowledge about the risks of substance use and reducing stigma associated with substance use treatment. This program will provide a total of \$500,000 to the grantee(s).

¹⁹ Colorado Office of Behavioral Health, prepared by Colorado Health Institute (July 28, 2018). *Needs Assessment for the SAMHSA State Targeted Response to the Opioid Crisis Grant*. Retrieved from https://coag.gov/sites/default/files/contentuploads/oc/Substance_Abuse_SA/SATF-reports/11th_annual_substance_abuse_task_force_report_2016_final_2.pdf

²⁰ Colorado Substance Abuse Trend and Response Task Force (Jan 2017). *Eleventh Annual Report*. Retrieved from https://coag.gov/sites/default/files/contentuploads/oc/Substance_Abuse_SA/SATF-reports/11th_annual_substance_abuse_task_force_report_2016_final_2.pdf

²¹ Colorado Office of Behavioral Health, prepared by Colorado Health Institute (July 28, 2018). *Needs Assessment for the SAMHSA State Targeted Response to the Opioid Crisis Grant*. Retrieved from https://coag.gov/sites/default/files/contentuploads/oc/Substance_Abuse_SA/SATF-reports/11th_annual_substance_abuse_task_force_report_2016_final_2.pdf

HCPF will be appropriated \$150,000 to develop an online interactive education module and create a position to provide in-person training regarding alcohol-use during pregnancy.

For the Center to develop and implement the education and training activities for health professionals and the use of opioid antagonists, the bill appropriates \$750,000 from the Marijuana Cash Fund. For providers the CE activities should address appropriate pain management, opioid prescribing, and prescribing of MAT. The education and training regarding the use of opioid antagonists would apply to law enforcement, first responders, and those individuals at-risk of overdose.

Reasons to Support

The grant funding for SBHCs would allow the centers to implement new programs or expand existing ones. Providing more options for substance use education, prevention, and intervention in SBHCs could stem the misuse of opioids and other substances in teenagers and young adults. Additionally, it could help address the stigma surrounding substance use disorders.

Furthermore, the additional funding for SBIRT grants would allow for programs that had benefitted from the federal funds that ended in 2016 to continue their efforts to integrate SBIRT into routine care. Continuing to fund and expand the implementation of this evidence-based program could continue to identify those at-risk of or those who already have a substance use disorder. Also, SBIRT has codes for reimbursement in private and public insurance coverage, making it easier for implementation in primary care settings in Colorado.

A 2015 study of a New Mexico mandate measured pre- and post-CE knowledge and perceived knowledge of prescribers in combination with quantitative data demonstrating significant shifts in prescribing patterns.²² The study demonstrated, both qualitatively and quantitatively, that the CE has had a positive impact on prescribers' knowledge, competency and prescribing patterns.

Supporters

- AARP
- AspenPointe
- Beacon Value Options
- Center for Health Progress
- Colorado Association of Local Public Health Officials
- Colorado Children's Campaign
- Colorado Community Health Network
- Colorado Consumer Health Initiative
- Colorado Fraternal Order of Police
- Colorado Hospital Association
- Colorado Medical Society
- Colorado Municipal League
- Colorado Providers Association
- Kaiser Foundation Health Plan
- League of Women Voters

Reasons to Oppose

There are already CE opportunities available to providers with prescribing authority in regards to opioid misuse, MAT, and prescribing. Furthermore, national certifying boards for physicians, PAs and APNs require certain proportions of types of CE. Appropriating these funds to the Center may be duplicative of CE already being conducted within the state. However, it is hard to determine whether existing CE is adequate to reach all prescribing providers.

Although more than 400 pharmacies stock naloxone, there are still large geographical areas where no pharmacy has a stock of naloxone. With opioid antagonist training and education occurring at the local level,

²² Frank, L. (Jan. 7 2015). Education program successful in reducing opioid abuse, UNM study shows. *UNM HSC Newsbeat*. Retrieved from <http://hscnews.unm.edu/news/education-program-successful-in-reducing-opioid-abuse010715>

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some may assert that the funds to be appropriated with this legislation would be better suited for purchasing these drugs and having a greater supply.

Opponents

- Any opposition has not been made publicly available at this time.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.