

HB20-1065: HARM REDUCTION SUBSTANCE USE DISORDERS

Concerning the use of measures that do not involve schedule I controlled substances to reduce the harm caused by substance use disorders.

Details

Bill Sponsors:	House – <i>Kennedy (D) and Herod (D)</i> Senate – <i>Pettersen (D) and Priola (R)</i>
Committee:	House Health & Insurance House Appropriations
Bill History:	1/8/2020- Introduced 2/19/2020- House Health & Insurance Committee Refer Amended to Appropriations
Next Action:	Hearing in House Appropriations
Fiscal Note:	<u>1/15/2020¹</u>

Bill Summary

The bill addresses a variety of policy issues related to the general topic of substance use disorder (SUD) harm reduction. The bill:

- requires health insurers to reimburse hospitals for prescribing naloxone to covered individuals
- creates immunity for individuals who administer an expired naloxone
- allows pharmacists to sell syringes or needles to individuals without a prescription
- allows experienced nonprofit organizations and health facilities to operate syringe access programs without board of health approval
- increases appropriations to the Harm Reduction Grant Program Cash Fund
- requires a pharmacist, who dispenses an opioid prescription, is to notify the patient about the availability of naloxone when the patient would benefit from the notification.

Issue Summary

Naloxone

Naloxone is a commonly used opioid antagonist utilized to reverse an opioid overdose in order to save a person's life. There are four methods to administer the drug: intramuscular, auto-injectable, intravenous, and nasal spray. The intramuscular, auto-injectable, and nasal spray can be used by the lay public. Paramedics utilize intravenous naloxone. As of summer 2017, 400 Colorado pharmacies stock and 140 law enforcement departments carry naloxone.² Under the statewide opioid grants³ that began in May 2017, 38,358 naloxone kits have been distributed and 1,561 overdose reversals have been reported.⁴

¹ The fiscal note is based off the bill as introduced, not as it was amended by the House Health & Insurance Committee. The sections 'Bill Summary' 'This Legislation' are both based off of the bill as amended in that committee.

² Colorado Office of Behavioral Health (OBH), prepared by Colorado Health Institute (CHI) (July 28, 2018). *Needs Assessment for the SAMHSA State Targeted Response to the Opioid Crisis Grant*. Retrieved from [https://coag.gov/sites/default/files/content/uploads/oc/Substance Abuse SA/SATF-reports/11th annual substance abuse task force report 2016 final 2.pdf](https://coag.gov/sites/default/files/content/uploads/oc/Substance%20Abuse%20SA/SATF-reports/11th%20annual%20substance%20abuse%20task%20force%20report%202016%20final%202.pdf)

³ In May 2017, OBH received \$15.7 million over two years from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the State Targeted Response (STR) Grant. This grant ended in April 2019. In September 2018, OBH received \$38 million over two years for the State Opioid Response (SOR) Grant from SAMHSA. Several activities are an extension of the STR Grant and will end September 2020.

⁴ OBH (Dec. 31, 2019). *State Targeted Response to the Opioid Crisis*. Retrieved from <https://drive.google.com/file/d/1ZQ0EbBf88rs65qObSRhglC61PhEwYhxp/view>

Some communities with syringe access and harm reduction programs also provide training or education on opioid antagonists as well as provide naloxone to the clients they serve. The Works Program in Boulder County and the Syringe Access Program at the Northern Colorado Health Network doing business as the Northern Colorado AIDS Project (NCAP) are harm reduction programs that also provide 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 2016.⁵

In 2018, the rate of drug overdose deaths in Larimer County was 14.2 per 100,000.⁶ In Larimer County, a group of community partners are working to expand the availability of naloxone to save lives. 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 Naloxone Champions Work Group is currently providing naloxone and training to Health and Human Service agencies and the general public and has provided over 40 organizations trainings to date. From 2018 to the end of 2019, over 3,850 overdose prevention kits (includes two doses of naloxone) were distributed with training in Larimer and Weld Counties through the Naloxone Champions Work Group Partners. This group also plans the annual Overdose Awareness Day events in Northern Colorado.

Access to Syringes

The Heroin Response Work Group from the Colorado Consortium for Prescription Drug Abuse Prevention released a report in April 2017 that detailed the effect of injection drug use (IDU) on Colorado.⁷ IDU is associated with acquiring blood borne pathogens like HIV, Hepatitis C, and Hepatitis B through sharing of needles and other equipment. New cases of Hepatitis C in Colorado have increased 80 percent between 2011 and 2015. Although the data cannot directly attribute the increase to IDU, it is the most common method for infection.

A recent study found that Indiana communities with high rates of opioid overdose mortality were less likely to have pharmacies that sold syringes to people who inject drugs.⁸ Sales were strongly associated with the pharmacist's support regarding syringe access and comfort level in selling to those individuals who inject drugs.

Syringe Access Programs (SAPs)

Syringe Access Programs (SAPs) were illegal in Colorado until 2010, as the distribution of needles to individuals violated drug paraphernalia distribution laws. In 2010, SB10-189 was passed, exempting volunteers and staff from those drug paraphernalia laws if the needles were provided as part of a local board of health authorized program, which also provides referrals to drug treatment program, encourages and facilitates use of primary and mental health care, and follows safety protocols for the safe disposal of used

⁵ 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/oce/Substance_Abuse_SA/SATF-reports/11th_annual_substance_abuse_task_force_report_2016_final_2.pdf

⁶ Colorado Health Institute (Nov 1 2019). *More Coloradans Died from Meth Overdoses in 2018 than Ever Before*. Retrieved from <https://www.coloradohealthinstitute.org/research/more-coloradans-died-meth-overdoses-2018-ever>

⁷ Heroin Response Work Group, Colorado Consortium for Prescription Drug Abuse Prevention (Apr 2017). *Heroin in Colorado: Preliminary Assessment*. Retrieved from http://leg.colorado.gov/sites/default/files/heroin_in_colorado_final_4.13.17.pdf. Accessed on Dec 6, 2017.

⁸ Meyerson, B.E. (June 2018). Predicting pharmacy syringe sales to people who inject drugs: Policy, practice, and perceptions. *Int J Drug Policy*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29558701>

syringes. The county or board of health must provide opportunities for community members, law enforcement, and other stakeholders to make comments and express concerns before the approval or disapproval of the program, which is entirely at the discretion of the board of health. Colorado law currently allows local jurisdictions to approve operations of SAPs.⁹ The Northern Colorado Health Network, doing business as the Northern Colorado AIDS Project (NCAP), in Fort Collins, houses the only syringe access program in the region and has over 1,100 clients accessing services from throughout the region, with 51 percent of clients using opioids or opioids in combination with other drugs.

Harm Reduction Grant Program

The purpose of the program is to “reduce health risks associated with drug use and improve coordination between law enforcement agencies, public health agencies, and community-based organizations.”¹⁰ The Colorado Department of Public Health and Environment (CDPHE) recently released its Request for Applications for the program, with applications being due March 20, 2020.¹¹

This Legislation

Coverage for Opiate Antagonists

The bill defines “opiate antagonist” as “naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the FDA for the treatment of a drug overdose.”¹² An insurance carrier that provides coverage for opiate antagonists is to reimburse a hospital for its cost of the medication if the hospital gives it to a covered patient upon discharge.

Sale of Syringes

The bill allows pharmacists and pharmacist technicians to sell a nonprescription syringe or needle to any person. It also clarifies that the person who sells the syringe is exempt from state drug paraphernalia laws.

Immunity for Using Expired Naloxone

The bill extends both civil and criminal immunity for a person who acts in good faith to furnish or administer naloxone to an individual believed to be suffering from a drug overdose even if the medication was expired.

Syringe Access Programs

The bill allows nonprofit organizations, which have experience in operating a syringe access program (SAP) and health facilities licensed/certified with the state to operate a SAP without prior Board of Health approval. A health facility or nonprofit organization that operates a SAP is to report to CDPHE each month detailing the demographics of served clients, the number of clean syringes dispensed, and the number of used syringes collected. Prior to operating a SAP, an eligible nonprofit organization is to consult with interested stakeholders. The stakeholder discussion is to address the following:

- The scope of the problem being addressed and the population the program would serve
- Concerns of the law enforcement community
- The parameters of the proposed program, including methods for identifying program workers and volunteers

Harm Reduction Grant Program Cash Fund

The bill establishes an annual appropriation for the fund that is equal to the 2019-2020 state fiscal year appropriation, plus \$250,000. Additionally, the funds are currently subject to annual appropriation by the General Assembly, but the bill amends this to require the money in the fund be continuously appropriated.

⁹ C.R.S. §25-1-520

¹⁰ C.R.S. §25-20.5-1101

¹¹ CDPHE (2020). *Overdose Prevention*. Retrieved from <https://www.colorado.gov/pacific/cdphe/opioid-prevention>

¹² Same definition as C.R.S. §12-30-110 (7)(d)

Availability of Opiate Antagonist by Pharmacist

The bill requires a pharmacist, who dispenses an opioid prescription, is to notify the patient about the availability of naloxone when, in the pharmacist's professional judgement, the patient would benefit from the notification. The bill stipulates that if SB20-007 becomes law, the pharmacist is to notify the patient that the naloxone would be available at no cost.

Fiscal Note¹³

The only additional expenditures that would be needed due to the bill would be the additional \$250,000 to the Harm Reduction Grant Program Cash Fund.

Reasons to Support

Supporters assert that expanding the locations of syringe access programs can improve public safety and decrease the amount of discarded needles in the community. According to the Centers for Disease Control and Prevention (CDC) these programs increase entry into substance use disorder treatment.¹⁴ Additionally, the CDC asserts that syringe access programs reduce overdose deaths, new HCV/HIV diagnoses among people who inject drugs, and needle-stick injuries by first responders. A recent quality assessment supported the efficacy of using expired naloxone, even many years past its expiration date.¹⁵ Extending immunity to individuals that use expired naloxone may have important financial and public health consequences in meeting community need for this lifesaving drug.

Supporters

- American Civil Liberties Union of Colorado (ACLU)
- American College of Emergency Physicians- Colorado Chapter
- Colorado Academy of Family Physicians
- Colorado Association of Local Public Health Officials (CALPHO)
- Colorado Behavioral Healthcare Council (CBHC)
- Colorado Coalition for the Homeless
- Colorado Community Health Network
- Colorado Criminal Justice Reform Coalition
- Colorado Cross-Disability Coalition
- Colorado Hospital Association
- Colorado Medical Society
- Colorado Occupational Therapist Association
- Colorado Organization Responding to AIDS
- Colorado Pharmacist Society
- Colorado Providers Association (COPA)
- Colorado Psychiatric Society
- Colorado Rural Health Center
- Emergent Biosolutions
- Mental Health Colorado

Reasons to Oppose

Some assert that syringe access programs condone drug use and misuse. Furthermore, opponents may claim that expanding the places that can administer syringe access programs will increase the necessity for law enforcement to police issues that they believe will develop due to the program. However, according to the CDC these claims are not substantiated. Some may assert that local control of SAPs is essential, as not every county believes that SAPs should operate within its boundaries.

Opponents

- Colorado Women's Bar Association
- El Paso County

¹³ The fiscal note is based off the bill as introduced, not as it was amended by the House Health & Insurance Committee.

¹⁴ Centers for Disease Control and Prevention (Aug. 2017). *Reducing Harm from Injection Drug Use and Opioid Use Disorder with Syringe Services Programs*. Retrieved from <https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf>.

¹⁵ Pruyne, S., et al. (Sept. 2019) Quality Assessment of Expired Naloxone Products from First-Responders' Supplies, *Prehospital Emergency Care*, 23(5), 647-653, DOI: 10.1080/10903127.2018.1563257. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/30596290>

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. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.