

SB19-228: SUBSTANCE USE DISORDERS PREVENTION MEASURES

Concerning measures to prevent substance abuse, and, in connection therewith, requiring certain prescribers to complete substance use disorder training; prohibiting physicians and physician assistants from accepting benefits for prescribing specific medications; requiring opioid prescriptions to bear warning labels; allowing medical examiners access to the prescription drug monitoring program; providing funding to address opioid and substance use disorders through public health interventions in local communities; requiring state departments to report receipt and eligibility for federal funds for HIV and hepatitis testing; requiring the office of behavioral health in the department of human services to administer grant programs; requiring the center for research into substance use disorder prevention, treatment, and recovery support strategies to develop and implement a program to increase public awareness concerning the safe use, storage, and disposal of antagonist drugs, to conduct a needs assessment among mothers and pregnant women, and to implement a grant program; and requiring the office of behavioral health in the department of human services to administer a child and maternal health pilot program.

Details

Bill Sponsors:	House – <i>Buentello (D) and Singer (D)</i> Senate – <i>Winter (D) and Moreno (D)</i>
Committee:	Senate Health & Human Services Senate Appropriations
Bill History:	4/1/2019- Introduced in Senate 4/11/2019- Senate Health & Human Services Refer Amended to Appropriations 4/19/2019- Senate Appropriations Refer Amended to Committee of the Whole
Next Action:	Senate Floor, Second Reading
Fiscal Note:	<u>4/16/2019 Version</u>

Bill Summary

The bill creates three programs in the Office of Behavioral Health (OBH), Youth Opioid and Substance Use Prevention Grant Program, Local Substance Use Disorder Prevention and Recovery Pilot and Grant Program, and the Maternal and Child Health Pilot Program. The bill appropriates funding to the Department of Public Health and Environment to pursue measures at the state and local level to address substance use disorder (SUD) priorities. The Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies is to implement a public awareness program, hire staff to provide grant assistance to local communities, conduct a perinatal substance use data linkage project, establish a women's health SBIRT pilot program, and implement a SBIRT training and technical assistance program. The bill contains measures related to provider continuing education and benefits for prescribing a certain prescription drug. Finally, state agencies are to report regarding federal funds and programming related to HIV and Hepatitis.

Issue Summary

Continuing Education for Prescribers

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. However, the specific topics to be covered through the continuing education is not currently mandated by law or regulation. Currently there are a variety of venues where these providers can receive training on effective pain management, appropriate opioid prescribing practices, and substance use disorders.

At the state level, different boards govern the licensure of providers that may be registered with the Drug Enforcement Administration (DEA) to prescribe opioids. Each board has different requirements for the providers regarding CE. Dentists must complete 30 hours of CE every two years, which is enforced through audit by the Colorado Dental Board.¹ 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.² The 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.³ 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.⁴

National certification groups have their own requirements for CE to maintain professional certification. The NCCPA, the only certification board for PAs, requires that all certified PAs log a total of 100 CE hours every 2 years.⁵ 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.⁶ 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.⁷

More than 100,000 Colorado physicians have already participated in training and/or education on topics such as opioid misuse, prescribing practices, substance use treatment and other related issues.⁸ 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.⁹ 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.¹⁰ COPIC, a company that provides medical liability insurance to health professionals, allows insured providers to earn points to decrease their

¹ 3 CCR § 709-1

² 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.

³ 3 CCR § 713-22

⁴ 3 CCR § 713-29

⁵ National Commission on Certification of Physician Assistants (n.d.). *About CME Requirements*. Retrieved from <https://www.nccpa.net/continuingmedicaleducation>. Accessed on Jan 17, 2018.

⁶ American Board of Family Medicine (n.d.). *Self-Assessment and Lifelong Learning*. Retrieved from <https://www.theabfm.org/moc/selfassessment.aspx>.

⁷ American Academy of Nurse Practitioners Certification Board (Aug 2017). *NP Recertification: Certificat Handbook*. Retrieved from <https://www.aanpcert.org/resource/documents/Recertification%20Handbook.pdf>.

⁸ Colorado Medical Society. (Sept. 2017). *Colorado leads opioid prevention*. Retrieved from <http://www.cms.org/communications/colorado-leads-opioid-prevention>.

⁹ 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>.

¹⁰ 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

premium by attending their in-person and online education seminars, which include programs on opioid prescribing and pain management.¹¹

Marketing Drug Products to Prescribers

“Detailing” is a marketing approach that relies on face-to-face promotional activities that are directed to prescribers and pharmacy directors.¹² This typically includes a visit from the manufacturer’s representative to the prescriber to pitch a specific product. The Code of Interactions with Health Care Professionals, created by the Pharmaceutical Research and Manufacturers of America (PhRMA) states the it is “appropriate for companies, where permitted by law, to offer items designed primarily for the education of patients or healthcare professionals if the items are not of substantial value (\$100 or less) and do not have value to healthcare professionals outside of his or her professional responsibilities.”¹³

Colorado Prescription Drug Monitoring Program (PDMP)

The Colorado PDMP was first authorized by law in 2005 and was enhanced by law in 2014 to the program that is currently running.¹⁴ Practitioners and pharmacists, even in other states, can query information on Colorado patients.¹⁵ Pharmacies must upload prescription data during every business day for medications that are classified as Schedule II-V. Physicians are not required to query the PDMP, unless it is prior to prescribing a refill for an opioid, except in certain circumstances.¹⁶

HIV and Hepatitis in Colorado

In 2017, 32 cases of acute Hepatitis B (HBV) and 505 cases of chronic HBV were reported.¹⁷ The number of newly reported acute HBV cases increased from 2016 to 2017, while the number of newly reported chronic HBV cases decreased from 2016 to 2017. In the same year, 65 cases of Hepatitis A (HAV) were reported to CDPHE. However, of those 65 cases, 63 were associated with an outbreak. More than half of those 63 cases were hospitalized and there was 1 death. The risk factors in the outbreak were mainly attributed to sexual contact but also included injection drug use, and homelessness. Injection drug use was the primary cause of reported acute HCV cases in 2017, with 81.3 percent of acute Hepatitis C (HCV) cases (35 cases) reported having injected drugs in the last six months. During the same year, 2,812 cases of chronic HCV were reported. The incidence and prevalence of chronic HCV cases is decreasing, mainly due to increased diagnosis and treatment. However, the prevalence in 15-44 year olds is projected to increase from 2020-2025 due to increasing incidence.¹⁸

Between January 1, 2018 and September 30, 2018, 325 new HIV diagnoses were reported to CDPHE, 14 of which were categorized in the injection drug use exposure category.¹⁹

¹¹ COPIC (2017). *COPIC Education Catalog*. Retrieved from https://www.callcopic.com/resources/Documents/FINAL_CourseCatalog_04-17.pdf.

¹² Pew Trusts (Nov. 11, 2013). *Persuading the Prescribers: Pharmaceutical Industry Marketing and its Influence on Physicians and Patients*. Retrieved from <https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2013/11/11/persuading-the-prescribers-pharmaceutical-industry-marketing-and-its-influence-on-physicians-and-patients>

¹³ PhRMA (2017). *Code on Interactions with Health Care Professionals*. Retrieved from <https://www.phrma.org/codes-and-guidelines/code-on-interactions-with-health-care-professionals>

¹⁴ Colorado Department of Regulatory Agencies (2014). *Colorado’s Prescription Drug Monitoring Program- 2014 and Beyond* [Presentation]. Retrieved from https://www.deadiversion.usdoj.gov/mtgs/pharm_awareness/conf_2014/august_2014/gassen.pdf

¹⁵ Colorado Department of Regulatory Agencies (2018). *About Program*. Retrieved from <https://www.colorado.gov/pacific/dora-pdmp/about-program>

¹⁶ C.R.S. 12-42.5-404

¹⁷ CDPHE (Jan. 2019). *Viral Hepatitis Surveillance in Colorado*. Retrieved from https://drive.google.com/file/d/1uBcm9cdEvvAGUO_oEj8UWfKmiagg7Y-Jo/view

¹⁸ CDPHE (Nov. 2018). *Colorado Prevalence and Incidence of Hepatitis C Virus Infection: A modeling study (2018 update)*. Retrieved from https://drive.google.com/file/d/1mn6GC_ZmOw0XQIIXMMxsY2BlyQniHoj9/view

¹⁹ CDPHE (Feb. 2019). *HIV Surveillance Quarterly Report, 3rd Quarter 2018*. Retrieved from <https://drive.google.com/file/d/1INLdwQghWVvQsCcChDIEcPqkX9QjvyAL/view>

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.²⁰ 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.²¹

Youth Substance Use in Colorado

A 2018 report of youth substance use from Rise Above Colorado surveyed teens about a variety of substances.²² Regarding alcohol, 42 percent of teens that had reported consuming alcohol said they first tried it when they were 12-14 years old. The use of prescription pain relievers for the purpose of getting high increased 2 percent from the 2013 report to 4 percent reporting ever using the substance, which was statistically significant. Respondents' perceived risk of limited and regular use of prescription pain relievers significantly increased by up to 17 percent in the same period of time. Access to prescription drugs reached a record high in 2018 with 44 percent of teens responding that these are now easy to get, while meth and heroin continued to remain the most difficult substances for teens to obtain, 17 percent and 12 percent respectively. However, the accessibility of those two substances has gradually increased over the years, nearly doubling for meth and more than doubling for heroin since 2013.

Maternal Substance Use in Colorado

The 2016-2020 Maternal and Child Health Needs Assessment by CDPHE found that a top priority was substance use prevention among the maternal and child health population.²³ This substance use prevention included marijuana, prescription drug abuse, alcohol, and smoking. Seventeen percent of maternal deaths in Colorado from 2004 to 2012 had a known substance use disorder.²⁴ An estimated 21.1 percent of women ages 18-44 in Colorado were binge drinkers in 2013, 16.5 percent smoked tobacco regularly in 2012, and in 2010-2011 15.3 percent used illicit drugs, including the misuse of prescription drugs.²⁵ 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.²⁶ 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.

This Legislation

Continuing Education Requirements

As a condition of renewing a license for podiatrists, advance practice nurses (APNs) with prescriptive authority, optometrists, and veterinarians, on or after July 1, 2019 continuing education requirements set by the licensing board must include:

²⁰ Substance Abuse and Mental Health Services Administration (2017). *About SBIRT*. Retrieved from <https://www.samhsa.gov/sbirt/about>.

²¹ SBIRT Colorado (n.d.). *Why SBIRT?*. Retrieved from https://www.integration.samhsa.gov/clinical-practice/SBIRT_Colorado_WhySBIRT.pdf. Accessed on Jan. 29, 2018.

²² Rise Above Colorado & Colorado Office of Behavioral Health (2019). *2018 Rise Above Colorado Youth Survey*. Retrieved from <http://www.riseaboveco.org/articles/2018-RACYS-Results.pdf>

²³ CDPHE (2015). *Results: 2016-2020 Maternal and Child Health Needs Assessment*. Retrieved from https://www.colorado.gov/pacific/sites/default/files/LPH_MCH_NA-Results-Summary-2016-2020.pdf

²⁴ Metz, T.D. et al. (Dec. 2016). Maternal Deaths from Suicide and Overdose in Colorado, 2004-2012. *Obstet Gynecol* 128(6). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/27824771>

²⁵ CDPHE (Sept. 2014). *Substance Abuse among Women of Reproductive Age in Colorado*. Retrieved from https://www.colorado.gov/pacific/sites/default/files/LPH_MCH_Issue-Brief-9_Substance-Use-Women.pdf

²⁶ 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.

- Training regarding SUDs
- Use of FDA-approved medications, in combination with counseling and behavioral therapies to provide a whole-patient approach to SUD treatment
- Use of the PDMP

As a condition of renewing, reactivating, or reinstating a license for dentists and dental hygienists, on or after July 1, 2019 continuing education requirements set by the licensing board must include:

- Training regarding SUDs
- Use of FDA-approved medications, in combination with counseling and behavioral therapies to provide a whole-patient approach to SUD treatment
- Use of the PDMP

Prohibition on Benefits for Prescribing

A physician or physician assistant (PA) shall not accept any direct or indirect benefit from a pharmaceutical manufacturer or representative for prescribing a specific medication. A direct or indirect benefit does not include a benefit that is offered to a physician or P.A. regardless of a specific medication being prescribed.

Opioid Warning Label

A prescription that is dispensed to a patient for outpatient use and contains an opioid, the label or container must have a notification that states, "Caution: Opioid. Risk of Overdose and Addiction."

Access to the Prescription Drug Monitoring Program (PDMP)

The bill expands those that are allowed to query the prescription drug monitoring program (PDMP). A Colorado medical examiner who is a physician in good standing or elected coroner may access the PDMP if:

- The information released is specific to an individual who is the subject of an autopsy conducted by the medical examiner or coroner
- The medical examiner or coroner has legitimate access to the individual's medical record
- And the individual's death or injury occurred under unusual, suspicious, or unnatural circumstances

Funding Local Efforts

For the 2019-2020 state fiscal year the General Assembly is to appropriate \$3 million to the Department of Public Health and Environment (CDPHE) to address SUDs through public health interventions and to work with community partners, including county/district public health agencies, to address SUD priorities throughout the state. CDPHE may use the money for data collection, analysis, and dissemination related to SUDs, this includes community health assessments and improvement planning. CDPHE can use up to \$500,000 of the funds for administrative costs and other related activities. This section is repealed July 1, 2020.

Reporting of Federal HIV & Hepatitis Funding

By December 31, 2019, the Department of Human Services (DHS), Department of Health Care Policy and Financing (HCPF) and Department of Corrections (DOC) are to submit a report to the House Health & Insurance Committee, House Public Health Care and Human Services Committee and Senate Health and Human Services Committee. The report shall include:

- The amount of federal funds that each department is eligible to receive or is currently receiving that may be used for testing for Hepatitis B, Hepatitis C, or HIV
- The number of individuals currently being tested for these diseases
- Whether each department is planning to increase the number of people being tested for each disease

The departments are to prepare materials describing the eligibility standards currently in use for the treatment for these diseases and distribute the materials to primary care providers. The materials can be provided to those providers by distributing to the relevant professional association, at the association's meetings or conferences, or by other appropriate means.

Grant Program for At-Risk Youth

The "Charlie Hughes and Nathan Gauna Opioid Prevention Grant Program to Improve Young Lives" is created within the Colorado Office of Behavioral Health, which is within DHS. It is a five year grant program intended to prevent opioid use among youth and supporting youth whose family members experience addiction. An entity awarded a grant is to use it to administer an evidence-based program with clear metrics and benchmarks to develop, implement, and identify proof points and best practices for preventing youth opioid use. OBH is to administer the program, including eligibility requirements, reviewing applicants, and selecting grant recipients. In choosing recipients, OBH is to consider the number of youth served, the geographic location, and demonstration of need in the geographic area. OBH can award one to five geographically diverse grants. OBH is to prioritize funding requested amounts in their entirety or in amounts substantially sufficient to ensure that recipients can fully or substantially implement programs. Awards are to be prioritized to entities that serve communities with high risk factors for substance use and limited treatment access, as demonstrated by state needs assessments, state health indicator data, and national best practice trends. A grant applicant must:

- Serve youth 5-19 years old
- Be a community-based youth development organization providing direct services
- Serve youth living in communities experiencing an opioid crisis
- Demonstrate that it will administer an evidence-based substance use prevention program listed as a model or promising program in the blueprints for healthy youth development program registry²⁷
- Have a history of delivering youth prevention programs
- Agree to measuring youth participants' attitudes on opioids and other substance use and track demographics, attendance, and participation as well as compile aggregated feedback for the required report

Grants are to be awarded by October 1, 2019 and contracts with the recipients completed by November 1, 2019.

The "Youth Opioid and Substance Use Prevention Fund" is created in the Treasury, consisting of funds appropriated by the General Assembly. For the 2019-2020 fiscal year through the 2023-2024 fiscal year the General Assembly is to appropriate a total of \$2 million to the fund from the Marijuana Tax Cash Fund. OBH can use up to 2 percent of the money in the fund for administrative and evaluation costs. Any funds remaining in the fund on July 1, 2024 revert to the Marijuana Tax Cash Fund.

OBH is to submit a report to the General Assembly by January 1, 2024 regarding the progress of each grant recipient based on the data obtained by the recipients and the performance metrics specified in the recipient's grant application.

This section is repealed effective September 1, 2024.

Local Substance Use Disorder Prevention and Recovery Pilot Program

This section defines "primary prevention" as preventing SUDs. "Secondary prevention" means identifying SUDs early and connecting individuals to treatment resources. Finally, "tertiary prevention" is defined as improving treatment and recovery.

²⁷ A list of all such programs meeting these requirements can be found here: <https://www.blueprintsprograms.org/programs>

The Local Substance Use Disorder Prevention and Recovery pilot program is created within OBH, to be administered in collaboration with CDPHE. Grants can be made by OBH using funds appropriated by the General Assembly in order to support the full spectrum of SUD prevention and treatment for children and families who have not successfully connected with effective, available services to prevent further substance use and to support the recovery of children and families. Grants may be awarded to local communities, local governments, schools and nonprofit agencies. Grant funds are to be used for primary, secondary, and tertiary prevention.

Grant applications are to be made in a format and including information required by OBH. The grant eligibility criteria is also to be determined by OBH. The pilot program is to be evaluated and the results reported to the General Assembly by January 1, 2024.

Local Substance Use Disorder Prevention and Recovery fund is created in the Treasury. The fund consists of any appropriated money from the General Assembly. For the 2019-2020 fiscal year through the 2023-2024 fiscal year the General Assembly is to appropriate a total of \$2 million to the fund from the General Fund. OBH can use up to \$250,000 of the money in the fund for administrative and evaluation costs. Any funds remaining in the fund on July 1, 2024 revert to the General Fund.

This section is repealed effective September 1, 2024, but before its repeal is scheduled for a sunset review.

Public Awareness & Grant Assistance

The Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies (the Center) is to develop and implement a program to increase public awareness about the safe use, storage, and disposal of opioids as well as the availability of naloxone and other drugs used to block the effects of an opioid overdose. For the 2019-2020 fiscal year through the 2023-2024 fiscal year the General Assembly is to annually appropriate \$750,000 to the Center from the Marijuana Tax Cash Fund. This section is repealed effective September 1, 2024, but before its repeal is scheduled for a sunset review.

The Center may employ up to four additional employees to work as grant writers to aid local communities in need of assistance in applying to access state and federal funds to address opioid and substance use disorders. The Center is to determine the communities in which to provide the assistance. For fiscal year 2019-2020 the General Assembly is to appropriate money from the General Fund from DHS to the Center for this section. The Center can use the money to hire new employees and for direct and indirect costs.

Perinatal Substance Use Data Linkage Project & SBIRT Pilot Program

The Center, in partnership with the University of Denver and the Substance Abuse Trend and Response Task Force, is to conduct a statewide perinatal substance use data linkage project. The project utilizes ongoing collection, analysis, interpretation, and dissemination of data for the planning, implementation, and evaluation of public health actions to improve outcomes for families impacted by substance use during pregnancy. The data linkage project is to consider state administered data sources, including:

- Health care utilization by pregnant and postpartum women with SUDs and their infants
- Human services and public health program utilization by pregnant and postpartum women with SUDs and their infants
- Health care, human services, and public health program outcomes among pregnant and postpartum women with SUDs and their infants
- Costs associated with health care, human services, and public health program provisions for pregnant and postpartum women with SUDs and their infants

The project is to use vital records to establish maternal and infant dyads beginning at the birth and retrospectively link the prenatal period and prospectively link the first year postpartum. The linked information network in the Governor's Office of Information Technology will obtain data through the

network of governance process and perform secure linkage and anonymization. The Center is to report to the House Health & Insurance Committee, House Public Health Care and Human Services Committee and Senate Health and Human Services Committee the preliminary results by January 1, 2021 and the final results by July 1, 2022. For fiscal years 2019-2020 through 2021-2022 the General Assembly is to appropriate \$100,000.

The Center is to establish a pilot program to test the implementation of SBIRT interventions for women's health and prenatal and postpartum care in Alamosa, Boulder, Denver, El Paso, and Pueblo Counties. The pilot program is to be administered by the College of Nursing at the University of Colorado, in collaboration with a peer assistance services agency. The program must provide SBIRT training and follow-up for women's health, prenatal, and postpartum care in the counties. The focus is to work with healthy women to discuss substance use in a prevention model before pregnancy and to promote SBIRT use with pregnant women.

The College of Nursing is to:

- Provide a tablet-based SBIRT screening tool to interested health providers, provide technical support to implement the tool, and analyze data from the tool to determine utilization and patient risk levels
- Facilitate APNs and PAs offering substance use treatment by sharing tools and resources from the medication-assisted treatment (MAT) expansion pilot program
- Participate in collaborative stakeholder meetings convened by Colorado Consortium for Prescription Drug Abuse Prevention to share from its training and SBIRT activities the lessons learned, best practices, and collected data

For the 2019-2020 fiscal year the General Assembly is to appropriate \$228,000 from the Marijuana Tax Cash Fund to the University of Colorado Board of Regents for the College of Nursing to implement the program.

The College of Nursing is to collaborate with a peer assistance services agency to provide a training and technical assistance program for health and mental health providers in the five counties. The training and technical assistance program must provide in-person training and access to online SBIRT training and provide women with an experience where they learn the health risks of substance use and the risks of substance-exposed pregnancies. The training and technical assistance may be used to collect data from women who use substances, including alcohol, such as: information whether the women would like to reduce their use, the quantity and frequency of consumption, and recommendations for plans for appropriate change in use. The College of Nursing can contract with an outside entity to collect non-identifying data from the program and provide the data to the College of Nursing and peer assistance services agency. The program is to be promoted through the leadership of women's health and advocacy organizations, primary care practices, obstetric and gynecological (OB-GYN) practices, hospitals, hospital systems, professional health associations, SBIRT trainings, a SBIRT newsletter, and e-mails. For the 2019-2020 and 2020-2021 fiscal years the General Assembly is to appropriate \$172,000 from the Marijuana Tax Cash Fund to the University of Colorado Board of Regents for the College of Nursing to implement the program.

The section is repealed June 30, 2022.

Maternal and Child Health Pilot Program

The General Assembly declares that facilities that provide SUD treatment, including MAT, and clinics that provide (OB-GYN) services would better serve pregnant and postpartum women if the services could be coordinated and provided at the same location. It is the intent of the General Assembly to provide General Fund money to fund a pilot program to integrate these services at specified facilities and clinics and require OBH to evaluate and report results.

The bill creates the Maternal and Child Health Pilot Program within DHS. OBH is to administer the pilot program. The purpose of the program is provide grants to three treatment facilities to facilitate the

integration of OB-GYN care and to six clinics to facilitate the integration of behavioral health, including SUD treatment or MAT, into OB-GYN care at clinics. Eligibility criteria for the entities is to be determined by OBH.

A treatment facility awarded a grant is to integrate prenatal, postpartum, and other health services delivered by a licensed health provider (physician, PA, nurse) into currently provided services. The facility is to use grant funds to hire clinical staff and provide clinical updates, including training staff, upgrading and changing technology platforms in order to integrate care.

A clinic that is awarded a grant is to integrate behavioral health services, including mental health, SUD or MAT, provided by social workers and other mental health professionals²⁸ into health services currently provided at the clinic. A clinic can use grant funds for training clinical staff, upgrading and changing technology platforms, employing behavioral health providers, as well as coordinating and referring patients to behavioral health providers outside the clinic.

The State Board of Human Services, in consultation with OBH, is to promulgate rules to implement the pilot program, including:

- Procedures and timelines for applying for a grant
- Grant application contents
- Criteria for determining eligibility for and the amount of each grant awarded

The Executive Director of DHS is to determine a process for evaluating the recipients and integration of care resulting from the pilot program. OBG is report the results of the pilot program to the House Health & Insurance Committee, House Public Health Care and Human Services Committee and Senate Health and Human Services Committee.

For the 2019-2020 through 2021-2022 fiscal years, the General Assembly are to appropriate money each fiscal year from the General Fund to DHS to allocate to OBH to implement the program. OBH can use a portion of the appropriations to pay for the direct and indirect costs incurred in program administration. Any unexpended or uncommitted money remaining at the end of the 2021-2022 fiscal year reverts back to the General Fund. DHS can solicit, accept, and expend any gifts, grants, and donations from private or public sources to implement or administer the pilot program.

This section is repealed December 31, 2022.

Effective Date

The bill is effective upon the Governor's signature or if the Governor allows it to become law without their signature. Certain sections of the bill have an effective date of October 1, 2019, if HB19-1172 becomes law.

Reasons to Support

Requiring continuing education on SUDs, medication-assisted treatment, and the PDMP for prescribers, including nontraditional professionals such as optometrists and veterinarians, can aid in decreasing stigma within the provider community, increasing general knowledge about SUDs and treatment, and decreasing the inappropriate use of opioids. Prohibiting direct and indirect benefits from manufacturers to physicians and PAs may reduce the sway that the industry has in regards to prescribing specific products. A warning label on opioids may increase individuals' perceived risk of consumption, perhaps leading individuals to take the drug as prescribed or being more careful to cease consumption when the pain subsides. Increased funding for local efforts may increase the breadth of knowledge regarding SUDs in the state, including access

²⁸ This includes psychologists, licensed social workers, marriage and family therapists, licensed professional counselors, registered psychotherapists, and licensed or certified addiction counselors.

to treatment. The Local Substance Use Disorder Prevention and Recovery Pilot Program may be a resource to existing local efforts to prevent substance use but also provide for early identification and intervention. The Maternal and Child Health Program may be a good indicator of how well SUD treatment and certain types of care can be integrated in Colorado and may provide a path for how SUD treatment can be integrated into other types of health practices.

Supporters

- Boulder County Public Health
- Colorado Alliance of Boys & Girls Clubs
- Colorado Association of Local Public Health Officials (CALPHO)
- Colorado Children's Campaign
- Colorado Consortium for Prescription Drug Abuse Prevention
- Colorado Municipal League
- Colorado Society of Addiction Medicine
- Mental Health Colorado
- Prevent Child Abuse America, Colorado Chapter

Reasons to Oppose

Providers all already required to obtain CE that is applicable to their practice. This could place a burden on providers to attend additional CE, which may not be directly applicable to their practice. Many provider groups and health systems do not allow for manufacturers or their representatives to detail their employees; in September 2013, the Federal Physician Payment Sunshine Act went into full effect. The transparency requirements of the Act prompted physician practices and hospitals to severely restrict pharmaceutical representatives' direct access to their physicians, PAs, and APNs; therefore, the prohibition on benefits may be unnecessary. The inclusion of an opioid warning label could further stigmatize those with acute or chronic pain and other conditions that require opioids. It could deter those with a legitimate use from using the medications and may cause. Some may assert that the creation of another program for SBIRT and technical assistance training for SBIRT is redundant as the state has funded SBIRT programs in the past and entities continue to work on SBIRT. The creation of a public awareness campaign for naloxone may not be as important as previously, since there are various local efforts to not only provide naloxone to the community but train community members on its use. Some may assert that the funds would be better utilized by dedicating them to the purchasing of naloxone for such entities.

Opponents

- Any opposition has not been made public at this time.

Other Considerations

The continuing education requirements do not include physicians and physician assistants. Further, all of those continuing education topics may not be appropriate for all of the different types of health professionals. Only physicians and physician assistants are included in the prohibition on receiving benefits from manufacturers, but other prescribers like advanced practice nurses, dentists, and podiatrists are not included.

Also, as the label would compel speech by a commercial entity, there may be a legal argument by the industry regarding commercial free speech. The FDA is the entity that governs the labelling of prescription drug products, it is unclear what power the state would have to compel this labelling.

The grant program established for at-risk youth states that it intends to "prevent opioid use in youth;" however, opioids are not the only dangerous substance that youth may use or abuse. The impact might be far greater if the language were broader, indicating "substance misuse," to encompass alcohol, marijuana, methamphetamines, opioids, and other illicit substances.

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 summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.