Second Regular Session Seventy-first General Assembly STATE OF COLORADO

REENGROSSED

This Version Includes All Amendments

Adopted in the House of Introduction

LLS NO. 18-0258.02 Brita Darling x2241

HOUSE BILL 18-1136

HOUSE SPONSORSHIP

Pettersen, Buck, Kennedy, Singer

SENATE SPONSORSHIP

Priola and Jahn, Aguilar, Lambert, Tate

House Committees

101102

103104

105

Senate Committees

Public Health Care & Human Services Appropriations

APPROPRIATION.

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Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov/.)

Opioid and Other Substance Use Disorders Interim Study Committee. The bill adds residential and inpatient substance use disorder

HOUSE 3rd Reading Unamended April 20, 2018

> HOUSE Amended 2nd Reading April 19, 2018

Shading denotes HOUSE amendment. <u>Double underlining denotes SENATE amendment.</u>

Capital letters or bold & italic numbers indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

services to the Colorado medical assistance program. The benefit is limited to persons who meet nationally recognized, evidence-based level of care criteria for residential and inpatient substance use disorder treatment. The benefit will not be effective until the department of health care policy and financing seeks and receives any federal authorization necessary to secure federal financial participation in the program.

If an enhanced residential and inpatient substance use disorder treatment benefit becomes available, managed care organizations shall reprioritize the use of money allocated from the marijuana tax cash fund to assist in providing treatment, including residential treatment, to persons who are not otherwise covered by public or private insurance.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, 25.5-5-202, add
3	(1)(x) as follows:
4	25.5-5-202. Basic services for the categorically needy - optional
5	services. (1) Subject to the provisions of subsection (2) of this section,
6	the following are services for which federal financial participation is
7	available and that Colorado has selected to provide as optional services
8	under the medical assistance program:
9	(x) (I) RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
10	TREATMENT AND MEDICAL DETOXIFICATION SERVICES PURSUANT TO
11	SECTION 25.5-5-324.
12	(II) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (1)(x)(I)
13	OF THIS SECTION, RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
14	TREATMENT SHALL NOT TAKE EFFECT UNLESS ALL NECESSARY APPROVALS
15	UNDER FEDERAL LAW AND REGULATION HAVE BEEN OBTAINED TO RECEIVE
16	FEDERAL FINANCIAL PARTICIPATION FOR THE COSTS OF SUCH SERVICES.
17	SECTION 2. In Colorado Revised Statutes, add 25.5-5-324 as
18	follows:
19	25.5-5-324. Residential and inpatient substance use disorder

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1	treatment - medical detoxification services - federal approval -
2	performance review report. (1) Subject to available
3	APPROPRIATIONS AND TO THE EXTENT PERMITTED UNDER FEDERAL LAW,
4	THE MEDICAL ASSISTANCE PROGRAM PURSUANT TO THIS ARTICLE 5 AND
5	ARTICLES 4 AND 6 OF THIS TITLE 25.5 INCLUDES RESIDENTIAL AND
6	INPATIENT SUBSTANCE USE DISORDER TREATMENT AND MEDICAL
7	DETOXIFICATION SERVICES. PARTICIPATION IN THE RESIDENTIAL AND
8	INPATIENT SUBSTANCE USE DISORDER TREATMENT AND MEDICAL
9	DETOXIFICATION SERVICES BENEFIT IS LIMITED TO PERSONS WHO MEET
10	NATIONALLY RECOGNIZED, EVIDENCE-BASED, LEVEL OF CARE CRITERIA
11	FOR RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT
12	AND MEDICAL DETOXIFICATION SERVICES. THE BENEFIT SHALL SERVE
13	PERSONS WITH SUBSTANCE USE DISORDERS, INCLUDING THOSE WITH
14	CO-OCCURRING MENTAL HEALTH DISORDERS.
15	(2) (a) NO LATER THAN OCTOBER 1, 2018, THE STATE
16	DEPARTMENT SHALL SEEK FEDERAL AUTHORIZATION TO PROVIDE
17	RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AND
18	MEDICAL DETOXIFICATION SERVICES WITH FULL FEDERAL FINANCIAL
19	PARTICIPATION. RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
20	TREATMENT AND MEDICAL DETOXIFICATION SERVICES SHALL NOT TAKE
21	EFFECT UNTIL FEDERAL APPROVAL HAS BEEN OBTAINED.
22	(b) PRIOR TO SEEKING FEDERAL APPROVAL PURSUANT TO
23	SUBSECTION (2)(a) OF THIS SECTION, THE STATE DEPARTMENT SHALL SEEK
24	INPUT FROM RELEVANT STAKEHOLDERS, INCLUDING EXISTING PROVIDERS
25	OF SUBSTANCE USE DISORDER TREATMENT AND MEDICAL DETOXIFICATION
26	SERVICES AND MANAGED SERVICE ORGANIZATIONS. THE STATE
27	DEPARTMENT SHALL SEEK INPUT AND INVOLVE STAKEHOLDERS IN

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1	DECISIONS REGARDING:
2	(I) THE COORDINATION OF BENEFITS WITH MANAGED SERVICE
3	ORGANIZATIONS AND THE OFFICE OF BEHAVIORAL HEALTH IN THE
4	DEPARTMENT OF HUMAN SERVICES;
5	(II) THE MOST APPROPRIATE ENTITY FOR ADMINISTRATION OF THE
6	BENEFIT;
7	(III) THE PROVISION OF WRAPAROUND SERVICES NEEDED DURING
8	TREATMENT AND THE PROVISION OF REQUIRED SERVICES FOLLOWING
9	TREATMENT THAT MAY NOT BE COVERED THROUGH THE MEDICAL
10	ASSISTANCE PROGRAM;
11	(IV) THE AUTHORIZATION PROCESS FOR APPROVAL OF SERVICES
12	AND
13	(V) THE DEVELOPMENT OF A REIMBURSEMENT RATE
14	METHODOLOGY TO ENSURE SUSTAINABILITY THAT CONSIDERS A
15	PROVIDER'S COST OF PROVIDING CARE INCLUDING LOWER-VOLUME
16	PROVIDERS IN RURAL AREAS.
17	(3) (a) NO LATER THAN JANUARY 15, 2022, THE STATE
18	DEPARTMENT SHALL PREPARE AND SUBMIT A PERFORMANCE REVIEW
19	REPORT TO THE JOINT BUDGET COMMITTEE AND TO THE JOINT HEALTH AND
20	HUMAN SERVICES COMMITTEE, OR ANY SUCCESSOR COMMITTEES
21	CONCERNING THE RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER
22	TREATMENT PURSUANT TO THIS SECTION, INCLUDING, AT A MINIMUM:
23	(I) THE NUMBER OF PERSONS WHO RECEIVED SERVICES PURSUANT
24	TO THIS SECTION AND THE SERVICE PROVIDED;
25	(II) THE LENGTH OF TIME THAT SERVICES WERE PROVIDED;
26	(III) THE LOCATION WHERE SERVICES WERE PROVIDED;
27	(IV) THE EFFECTIVENESS OF THE SERVICES PROVIDED, INCLUDING

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1	THE RATE OF RELAPSE TO SUBSTANCE USE DISORDER FOLLOWING
2	TREATMENT; AND
3	(V) ANY OTHER INFORMATION AS DETERMINED BY THE STATE
4	DEPARTMENT THAT IS RELEVANT TO THE BENEFIT.
5	(b) AFTER CONSIDERING THE STATE DEPARTMENT'S PERFORMANCE
6	REVIEW REPORT, THE GENERAL ASSEMBLY MAY ENACT LEGISLATION
7	MODIFYING OR REPEALING THE BENEFIT.
8	SECTION 3. In Colorado Revised Statutes, 27-80-107.5, amend
9	(4)(c) as follows:
10	27-80-107.5. Increasing access to effective substance use
11	disorder services act - managed service organizations - substance use
12	disorder services - assessment - community action plan - allocations
13	- reporting requirements - evaluation. (4) (c) It is the intent of the
14	general assembly that each designated managed service organization use
15	money allocated to it from the marijuana tax cash fund to cover
16	expenditures for substance use disorder services that are not otherwise
17	covered by public or private insurance. Except as provided in paragraph
18	(a) of this subsection (4) SUBSECTION (4)(a) OF THIS SECTION, each
19	managed service organization may use its allocation from the marijuana
20	tax cash fund to implement its community action plan and increase access
21	to substance use disorder services for populations in need of such services
22	that are within its geographic region. IF AN ENHANCED RESIDENTIAL AND
23	INPATIENT SUBSTANCE USE DISORDER TREATMENT AND MEDICAL
24	DETOXIFICATION SERVICES BENEFIT BECOMES AVAILABLE UNDER THE
25	COLORADO MEDICAL ASSISTANCE PROGRAM, MANAGED SERVICE
26	ORGANIZATIONS SHALL DETERMINE TO WHAT EXTENT MONEY ALLOCATED
27	FROM THE MARIJUANA TAX CASH FUND MAY BE USED TO ASSIST IN

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1	PROVIDING SUBSTANCE USE DISORDER TREATMENT, INCLUDING
2	RESIDENTIAL AND INPATIENT SUBSTANCE USE DISORDER TREATMENT AND
3	MEDICAL DETOXIFICATION SERVICES, IF THOSE SERVICES ARE NOT
4	OTHERWISE COVERED BY PUBLIC OR PRIVATE INSURANCE.
5	SECTION 4. Appropriation. (1) For the 2018-19 state fiscal
6	year, \$236,827 is appropriated to the department of health care policy and
7	financing for use by the executive director's office. Of this appropriation,
8	\$155,193 is from the general fund and \$81,634 is from the healthcare
9	affordability and sustainability fee cash fund created in section
10	25.5-4-402.4 (5)(a), C.R.S. To implement this act, the office may use this
11	appropriation as follows:
12	(a) \$51,375, which consists of \$33,666 from the general fund and
13	\$17,709 from the healthcare affordability and sustainability fee cash fund,
14	for personal services, which amount is based on an assumption that the
15	office will require an additional 1.5 FTE;
16	(b) \$72,952, which consists of \$47,806 from the general fund and
17	\$25,146 from the healthcare affordability and sustainability fee cash fund,
18	for operating expenses; and
19	(c) \$112,500, which consists of \$73,721 from the general fund and
20	\$38,779 from the healthcare affordability and sustainability fee cash fund,
21	for general professional services and special projects.
22	(2) For the 2018-19 state fiscal year, the general assembly
23	anticipates that the department of health care policy and financing will
24	receive \$236,828 in federal funds to implement this act, which amount is
25	included for informational purposes only. The appropriation in subsection
26	(1) of this section is based on the assumption that the department will
27	receive this amount of federal funds to be used by the executive director's

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1	office as follows:
2	(a) \$51,375 for personal services;
3	(b) \$72,953 for operating expenses; and
4	(c) \$112,500 for general professional services and special
5	projects.
6	SECTION 5. Safety clause. The general assembly hereby finds
7	determines, and declares that this act is necessary for the immediate
8	preservation of the public peace, health, and safety.

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