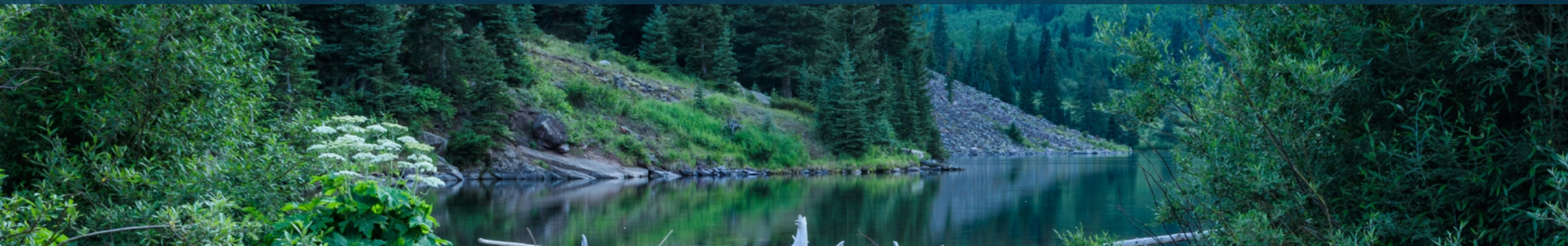
ASAM
ANNUAL CONFERENCE
Innovations in Addiction Medicine and Science
April 24-27, 2025 | Denver, CO

Policy Impacts Our Patients: Insights from Colorado



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Stephanie B. Stewart, MD, MPHS, MRO, FASAM

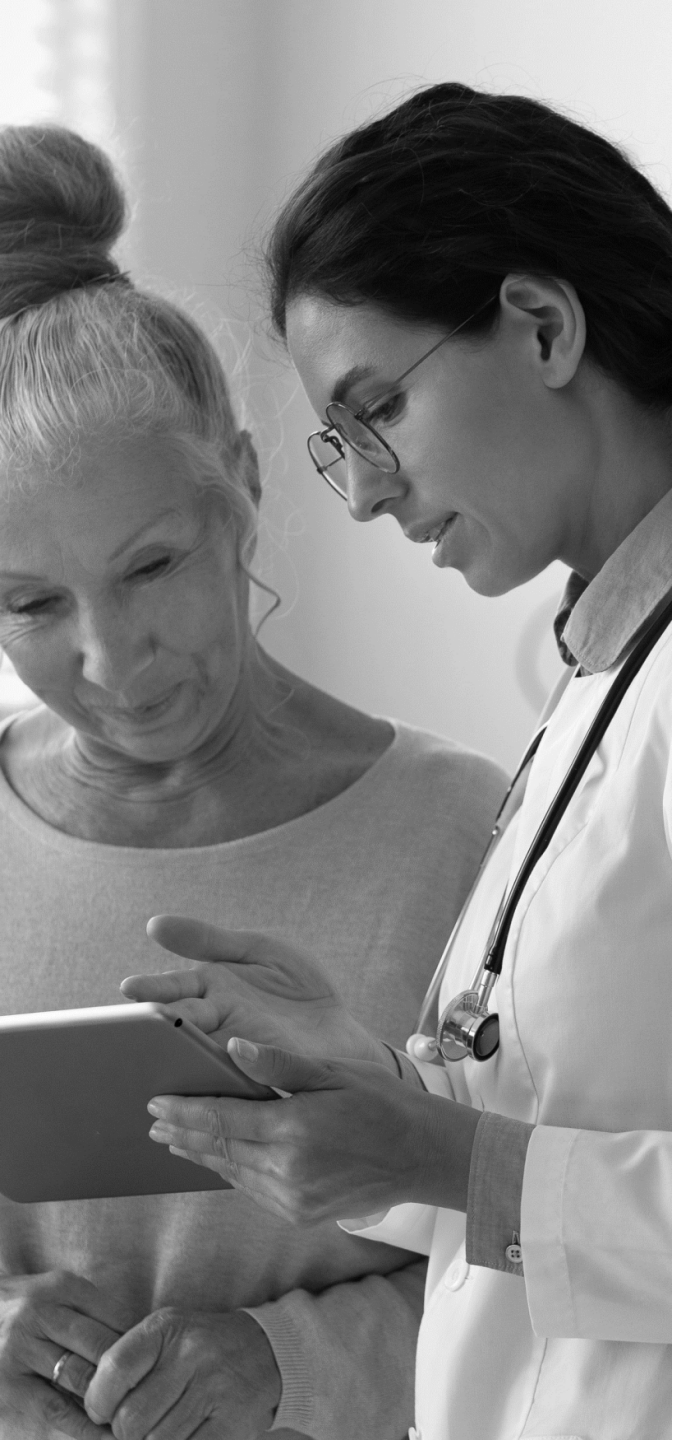
Addiction Medicine Physician

University of Colorado Anschutz Medical Campus

Disclosure Information

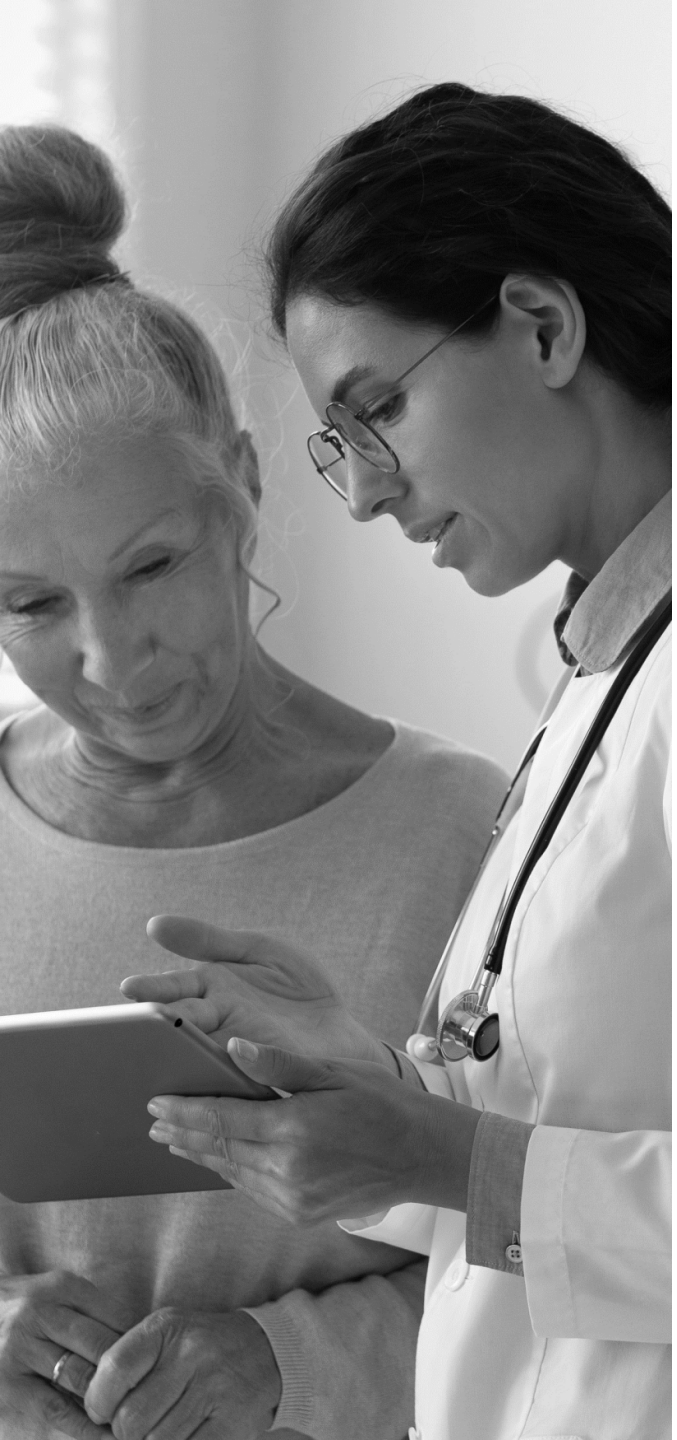
Stephanie B. Stewart, MD, MPHS, MRO, FASAM

- *No disclosures*



Imagine a patient with SUD.

What contacts with any type of policy might they have?



Policy Impacts Our Patients

Examples:

- Criminal justice
- Employment urine drug screening/safety-sensitive job requirements
- Child protective services
- OTP takeout policies
- Insurance coverage (prior authorizations, formulations/types of MAT available)
- Housing

Advocacy is Essential to Move Addiction Care Forward

- ASAM's **public policy statement** on advancing racial justice in addiction medicine is explicit that “addiction medicine professionals *should* [emphasis added] advocate for policies” that ensure access to addiction care, especially for black, indigenous, and other people of color
- Legislation surrounding addiction care is rapidly evolving.
  - In Colorado, over a dozen opioid-specific bills have been enacted in the past three years

Opioid and Other Substance Use Disorders Interim Study Committee

COMMITTEE MEMBERS

Representative
Chris deGruy Kennedy
Chair

Senator
Kevin Priola
Vice Chair

Representative
Ryan Armagost

Representative
Elisabeth Epps

Senator
Sonya Jaquez Lewis

Representative
Mike Lynch

Senator
Kyle Mullica

Senator
Rod Pelton

Senator
Perry Will

Representative
Mary Young

COSAM Wishlist for 2024

- Remove/streamline red tape than encumber the opening an addiction treatment facility
- **Have a transparent Medicaid pay rate for Regional Accountability Entities (RAEs)**
- **Remove all prior auths for any dose of buprenorphine (including those above FDA labeling) that is prescribed by a medical provider**
- Public awareness campaigns for PCPs/Peds to rx naloxone to teens as standard of care.
- Require skilled nursing facilities (SNF) to administer delivered methadone

COSAM Wishlist for 2024 Cont.

- Preserve any telehealth flexibilities allowed by the DEA in Colorado to provide SUD care with controlled substances and ensure that payors cover telehealth appointments at the same rate as in person appointments
- **Colorado Medicaid to reimburse unobserved (take-out) methadone doses at the same rate as observed doses**
- Establish a Buprenorphine Hotline similar to Rhone Island. This would require funding. Rhode Island has a free 24-hour hotline staffed with buprenorphine prescribers. /billers-and-providers/MAT_buprenorphine_products.pdf

HB24-1045 was a large bill.

Bill B: Treatment for Substance Use Disorders (HB24-1045)

Prime Sponsors: Rep. Armagost and Rep. deGruy Kennedy; Sen. Mulica and Sen. Will

- Prohibits a carrier that provides coverage under a health benefit plan for a drug used to treat a substance use disorder from requiring prior authorization for the drug based solely on the dosage amount (Section 1)
- Requires reimbursement of pharmacists at same rate as other providers of medication-assisted treatment (MAT) (Section 2)
- Extends prescriptive authority of FDA-approved medications for opioid use disorders to pharmacists (Section 7)
- Require the Board of Pharmacy to develop protocols for pharmacists to prescribe, dispense, and administer medications for opioid use disorders (Section 8)
- Requires the state Medical Assistance Program to reimburse a pharmacist prescribing or administering medications for opioid use disorder pursuant to a collaborative agreement at a rate equal to the reimbursement rate for other providers (Section 23)
- Add pharmacies and pharmacists as eligible entities for funds of the Colorado Medication-Assisted Treatment Expansion Program (Sections 11-16)
- Requires the commissioner of insurance to review the network adequacy rules and report findings and recommendations to the Opioid and Other SUD Study Committee. (Section 3)
- Allows licensed clinical social workers and licensed professional counselors to provide clinical supervision for individuals seeking certification as addiction technicians and addiction specialists and directs the State Board of Human Services, as applicable, to adopt rules related to clinical supervision by these professionals (Sections, 4, 5, 6)
- Establishes the Behavioral Health Diversion Pilot Program in at least 2, but no more that 5, judicial districts to provide diversion from the criminal justice system for persons charged with behavioral health disorders that require early recovery services and treatment that is reasonably expected to deter participants' future criminal behavior with a repeal date of June 20, 2028 (Sections 9 and 10)
- Requires the Department of Health Care Policy and Finance (HCPF) to seek federal authorization for screening, medication-assisted treatment, prescription medications, case management, and care coordination services through the state Medical Assistance Program to persons up to 90 days prior to release from jail, a juvenile facility, or a dept of corrections facility (Section 17).
- Adds substance use disorder treatment to the list of health-care or mental health-care services required to be reimbursed at the same rate for telemedicine as a comparable in-person service (Section 18)
- Requires HCPF to seek federal authorization for partial hospitalization for substance use disorders treatment with full federal financial participation and that partial hospitalization for substance use disorder treatment shall not take an effect until federal approval has been obtained (Section 19)

HB24-1045 Cont.

- Requires Managed Care Entities that provide prescription drug benefits or methadone administration for treatment of substance use disorders to: 1) Not impose any prior authorization requirements on any prescription medication approved by the FDA for the treatment of substance use disorders, regardless of the dosage amount; and 2) Set the reimbursement rate for take-home methadone treatment and office-administered methadone treatment at the same rate (Section 20)
- Requires the Behavioral Health Administration to collect data from each withdrawal management facility on the total number of individuals who were denied admittance or treatment for withdrawal management and the reason for the denial and review and approve any admission criteria established by a withdrawal management facility and to share the data received with Behavioral Health Administration services organizations (Section 21)
- Requires Managed Care Entities to disclose the aggregated average and lowest rates of reimbursement for a set of behavioral health services determined by HCPF. (Section 22)
- Appropriates $150,000 annually for the Colorado Child Abuse Prevention Trust Fund for programs that reduce prenatal substance exposure (Section 24)
- Appropriate $50,000 annually to the Colorado Child Abuse Prevention Trust Fund for convening stakeholders to identify strategies to increase access to childcare for families seeking SUD treatment and recovery services (Section 24)
- Allows the Board of Human Services to promulgate rules authorizing a person holding a valid, unsuspended, and unrevoked license as a licensed clinical social worker in Colorado or a licensed professional counselor in Colorado to provide clinical supervision for certification purposes to a person working toward certification as a certified addiction technician or a certified addiction specialist, if the licensed clinical social worker or licensed professional counselor is acting within the scope of practice for the relevant license and is qualified based on education or experience to provide clinical supervision for the clinic work hours (Section 25)
- Requires the Behavioral Health Administration to contract with a third-party for support of behavioral health providers seeking to become behavioral health safety net providers with the goal of the provider becoming self-sustaining (Section 26)
- Creates the Contingency Management Grant Program in the Behavioral Health Administration to provide grants to SUD treatment programs for implementing contingency management for stimulant use disorder treatment (Section 27)
- Requires county jails that provide SUD treatment services to apply for a correctional providers license from the Behavioral Health Association and requires the Behavioral Health Administration to promulgate rules providing minimum health, safety, and quality standards for corrections service providers that provide services to incarcerated Medicaid members (Section 28)
- Requires the Behavioral Health Administration, in collaboration with the Department of Health Care Policy and Finance, to convene a working group to study and identify barriers to opening and operating an opioid treatment program [methadone treatment], including satellite medication units and mobile methadone clinics (Section 29)

Collaborating With Other Specialty Societies

- Addiction is well-positioned to collaborate with other physician groups due to a broad representation of physician specialties.
- Consider collaborating with your state's chapter of AMA, AAFP, APA, etc. These groups have additional membership and may have additional resources, including lobbyists.

Colorado Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

COLORADO ACADEMY OF FAMILY PHYSICIANS

Re: Colorado Society of Addiction Medicine and Colorado Academy of Family Physicians Support for SB24-022, Bill to Regulate Flavored Tobacco Products

On behalf of the Colorado Society of Addiction Medicine (COSAM), the medical specialty society representing physicians and clinicians in Colorado specializing in the prevention and treatment of addiction, and the Colorado Academy of Family Physicians (CAFP), representing family medicine physicians, we write today in support of SB24-022. This important legislation would allow county commissioners enhanced authority to regulate nicotine and tobacco products. Specifically, SB24-022 would allow county officials to prohibit the distribution of flavored nicotine and tobacco products, aligning with recommendations from the American Society of Addiction Medicine (ASAM)'s policy statement on e-cigarette[1] and the American Academy of Family Physicians on Tobacco.[2]

Coordinating Advocacy With ASAM

- Must be consistent with ASAM public policy
- Policy statements: https://www.asam.org/advocacy/public-policy-statements
- Also consider any conflicts/concerns with your employer/academic affiliation (there is likely a policy and a lobbyist there)
- Also, you can always participate as yourself!

How ASAM Staff Can Help!

Can prepared written testimony for committee.

Can help prep you for oral testimony, develop strategy, etc.

Cannot directly interact with legislators as they are not licensed state lobbyists.

Advocacy and Burnout

- “In this link between social determinants of health and burnout, I see a problem, but also a way forward. If individual powerlessness is the crux of this source of burnout, then organizing toward a collective action should be part of the solution.” Leo Eisenstein
- Others have postulated that advocacy may improve burnout

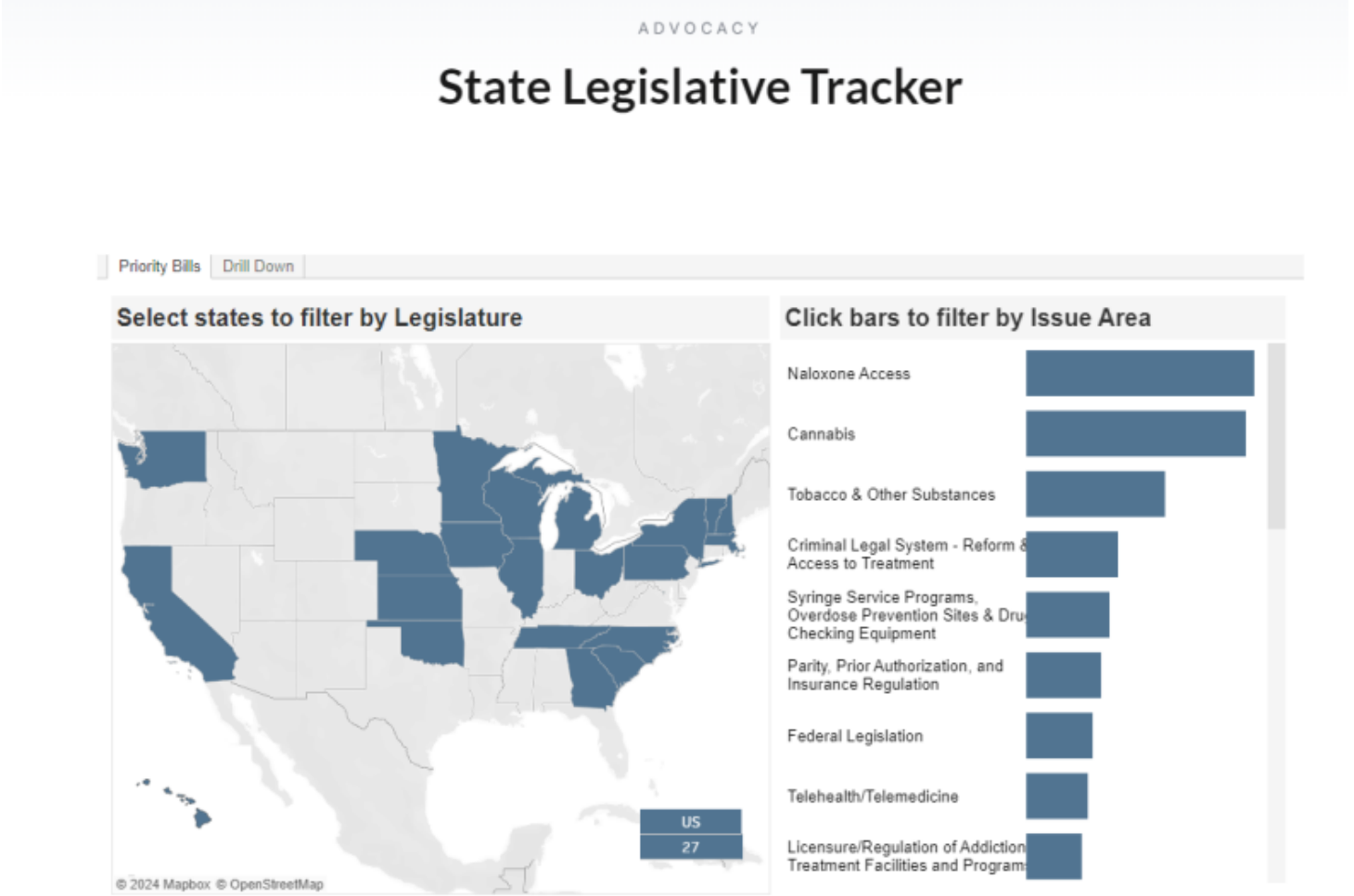
SOURCE: Butcher L. Advocacy Work: Antidote to Burnout. Physician Leadership Journal. 2020 May 1;7(3):20-2.
Coutinho AJ, Dakis KE. Incorporating advocacy training to decrease burnout. Academic Medicine. 2017 Jul 1;92(7):905.
Eisenstein L. To fight burnout, organize. New England Journal of Medicine. 2018 Aug 9;379(6):509-11.
Jeelani R, Lieberman D, Chen SH. Is patient advocacy the solution to physician burnout?. InSeminars in reproductive medicine 2019 Sep (Vol. 37, No. 05/06, pp. 246-250). Thieme Medical Publishers.

Takeaways

- Addiction specialist voices are valued!
- You can be involved in policy/advocacy as much or as little as you want
- You can be involved at any level (hospital policy, city/county, state, national)
- Your professional society is usually there to support you
  - ASAM is for sure!

Resources

ASAM State Legislative Tracker



SOURCE: https://www.asam.org/advocacy/state-advocacy/legislative-tracker

How to find your

State Legislators:

https://openstates.org/find_your_legislator

Session Dates:

https://www.ncsl.org/about-state-legislatures/2022-state-legislative-session-calendar

This Drive Folder Contains Examples of Op-eds, Letters of Support, and Example Testimony

SOURCE: https://drive.google.com/drive/folders/1Mjgn1nhUIv8u2lCuA_UU_ov5rUe_XqUG