

HOUSE FLOOR AMENDMENT

Second Reading

BY REPRESENTATIVE Kennedy

1 Amend printed bill, page 3, after line 1 insert:

2 **"SECTION 1. Legislative declaration.** (1) The general
3 assembly hereby finds and declares that:

4 (a) The opioid epidemic continues to be a tragic and preventable
5 cause of death and harm in Colorado and nationwide;

6 (b) Vulnerable populations prone to opioid and substance use
7 disorders are in particular need of help during and after the COVID-19
8 pandemic;

9 (c) Atypical opioids, such as buprenorphine, tramadol, and
10 tapentadol, exist on the market as safer alternatives to conventional
11 opioids;

12 (d) According to *Medicine Today*, a peer reviewed journal of
13 clinical practice, buprenorphine, tramadol, and tapentadol exhibit superior
14 efficacy in treating chronic pain when compared to conventional opioids
15 by demonstrating in users:

16 (I) Improved function and quality of life;

17 (II) Less serious adverse effects on immune function and the
18 endocrine system;

19 (III) Lower rates of some other adverse effects, such as
20 gastrointestinal effects;

21 (IV) A reduced risk of opioid-induced ventilatory impairment, and
22 thereby death, in high doses; and

23 (V) Lower abuse potential than conventional opioids and,
24 therefore, a lower risk of misuse, abuse, and diversion into black markets;

25 (e) Insurance coverage for alternatives to opioids, including safer
26 drugs and physical therapy, often includes barriers to safer treatment, like
27 prior authorization and step therapy;

28 (f) Chances of overdose increase when opioids are taken with
29 benzodiazepines, sedatives commonly prescribed for anxiety and as sleep
30 aids;

31 (g) More than 30% of overdoses involving opioids also involved
32 benzodiazepines, according to the National Institute on Drug Abuse;

33 (h) Since 2016, the federal Centers for Disease Control and
34 Prevention has recommended that clinicians avoid prescribing
35 benzodiazepines concurrently with opioids whenever possible;

36 (i) Both prescription opioids and benzodiazepines carry warnings
37 on their labels highlighting the dangers of using these drugs together; and

38 (j) Medical education standards are in need of continuous
39 development.

40 (2) Therefore, in order to enhance collaboration with health care

- 1 providers, promote alternatives to opioids, and prevent more tragic deaths
2 as a result of opioids, it is the intent of the general assembly to:
- 3 (a) Mandate that health benefit plans provide coverage for a
4 minimum amount of physical therapy, occupational therapy, and
5 acupuncture treatments;
 - 6 (b) Expand health plan coverage to include atypical opioids, such
7 as buprenorphine, tramadol, and tapentadol, at a low cost;
 - 8 (c) Extend the seven-day limit on opioid prescriptions indefinitely;
 - 9 (d) Establish competency-based continuing medical education
10 requirements that concern opioid prescription practices for physicians,
11 physician assistants, and other health care professionals;
 - 12 (e) Incorporate the risk of benzodiazepines usage into provider
13 education programs;
 - 14 (f) Mandate the designation of additional controlled substances
15 and other prescription drugs to be tracked by the prescription drug
16 monitoring program;
 - 17 (g) Extend the requirement that providers must check the
18 prescription drug monitoring program before prescribing a second fill for
19 an opioid and before prescribing benzodiazepines, with certain
20 exceptions; and
 - 21 (h) Allow medical examiners and coroners to query the
22 prescription drug monitoring program during death investigations."
- 23 Renumber succeeding sections accordingly.

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