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

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

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

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

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

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

(I) Improved function and quality of life;

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

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

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

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

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

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

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

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

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

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

(2) Therefore, in order to enhance collaboration with health care
providers, promote alternatives to opioids, and prevent more tragic deaths as a result of opioids, it is the intent of the general assembly to:

(a) Mandate that health benefit plans provide coverage for a minimum amount of physical therapy, occupational therapy, and acupuncture treatments;
(b) Expand health plan coverage to include atypical opioids, such as buprenorphine, tramadol, and tapentadol, at a low cost;
(c) Extend the seven-day limit on opioid prescriptions indefinitely;
(d) Establish competency-based continuing medical education requirements that concern opioid prescription practices for physicians, physician assistants, and other health care professionals;
(e) Incorporate the risk of benzodiazepines usage into provider education programs;
(f) Mandate the designation of additional controlled substances and other prescription drugs to be tracked by the prescription drug monitoring program;
(g) Extend the requirement that providers must check the prescription drug monitoring program before prescribing a second fill for an opioid and before prescribing benzodiazepines, with certain exceptions; and
(h) Allow medical examiners and coroners to query the prescription drug monitoring program during death investigations.

Renumber succeeding sections accordingly.

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