



ama-assn.org  
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May 17, 2021

The Honorable Chris Kennedy  
Colorado General Assembly  
200 E. Colfax  
Room 307  
Denver, CO 80203

Dear Representative Kennedy:

On behalf of the American Medical Association (AMA), the Colorado Medical Society and our physician and medical student members, we are writing to provide comments on Colorado House Bill 21-1276 (H.B. 1276), including our support for the provisions that increase access to evidence-based care for patients with pain. Colorado continues its strong record in removing barriers for patients with a substance use disorder, but like nearly every other state, has considerable work to do to ensure patients with pain do not suffer from health insurance company and other barriers to comprehensive, compassionate care. H.B. 1276 addresses this directly by ensuring affordable cost-sharing and removing prior authorization requirements for alternatives to opioid therapy. This includes also removing step therapy requirements and requiring at least one non-opioid pharmacologic option on a formulary's lowest cost-sharing tier.<sup>1</sup>

Colorado's drug overdose epidemic has changed to one primarily driven by illicitly manufactured fentanyl and methamphetamine.<sup>2</sup> This is why we also support efforts to identify how arbitrary restrictions on opioid therapy for patients with pain have led to reductions in care, increased suffering, and other adverse effects. From 2014-2019, Colorado physicians and other health care professionals reduced opioid prescribing by nearly 40 percent. Dose strength during that same time period decreased by nearly 50 percent. Yet, there is no indication that Colorado's health plans have increased access to non-opioid alternatives, made them more affordable, or reduced administrative barriers to them. H.B. 1276--like last year's H.B. 20-1085-- is long overdue to help protect patients with pain. We support amendments to H.B. 1276 to better understand and take action to protect patients who benefit from opioid therapy from non-consensual tapering, discontinuation of care, and other non-medical interventions.

It follows that we also support amendments that balance the need for appropriate oversight with respect for patient autonomy and individualized patient care decisions. The AMA has heard from patients with pain across the country, including Colorado, of being pressured to taper opioid therapy or discontinue altogether. The amendment to ensure patients stable on opioid therapy can continue that treatment under the supervision of their physician is essential to remove stigma, fear, prejudice, and harm to patients with pain. Oklahoma and New Hampshire are the only two states that have enacted similar provisions, and we

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<sup>1</sup> These are among the recommendations that the AMA, in partnership with the Colorado Medical Society, Colorado Pain Society, and Manatt Health, provided in a detailed analysis of Colorado House Bill 20-1085 to identify the patient care and other benefits to increasing access to non-opioid alternatives. See the full analysis here: <https://end-overdose-epidemic.org/wp-content/uploads/2020/10/AMA-Manatt-CMS-CPS-CO-RFI-Response-FINAL.pdf>

<sup>2</sup> As the legislative declaration in H.B. 21-1276 demonstrate, Colorado has seen increased death and suffering from the COVID-19 pandemic. The drug overdose epidemic, as reported in Colorado and across the nation, also has become worse—primarily due to illicit fentanyl and methamphetamine. CDC's most recent data show that death related to fentanyl in Colorado has increased from 206 to 556 (Oct. 2019-Oct. 2020). Death related to methamphetamine increased from 357 to 513. Death related to prescription opioids increased from 221 to 275. And death related to heroin increased from 229 to 232. See data tables here: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

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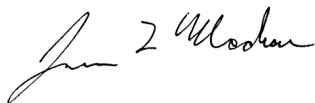
urge Colorado to follow their example. H.B. 1276 appropriately restores balance to the need for judicious opioid prescribing with explicit protections for patients with pain and the physicians who care for them.

With respect to requirements for the state's prescription drug monitoring program (PDMP), the AMA and the Colorado Medical Society urge that the focus should be on improving the PDMP rather than on the number of times or circumstances when it must be queried. Most importantly, the full integration of the PDMP into electronic health records is desperately needed and is the one change that will have the most significant and guaranteed benefit. While physicians and other health care professionals have found limited benefits to using the PDMP, there remains a lack of integration and absence of data showing how it can improve care for patients with pain. These are among the reasons why we seriously question legislative mandates focused on increased frequency to use the PDMP.

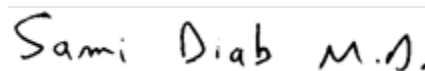
We also share concerns regarding new restrictions surrounding prescriptions for benzodiazepines. Unlike other efforts in Colorado to support evidence-based care for patients, this new section in H.B. 1276 lacks clarity and does not have an evidence-base. The AMA has seen nearly 40 states enact arbitrary restrictions on prescriptions for opioid analgesics, but we are not aware of those laws helping patients with pain. Similarly, we are opposed to new arbitrary restrictions on another class of medications because of the very real likelihood for unintended consequences for patients who benefit from benzodiazepines as part of their therapy. Evidence is clear that opioid prescribing restrictions have been misapplied. We, therefore, strongly urge the Colorado legislature to not create a new source of harm for patients.

In sum, we support your work to help patients with pain. We support the provisions in H.B. 1276 that do this, and we urge you to remove or continue to amend those that do not. If you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at [daniel.blaney-koen@ama-assn.org](mailto:daniel.blaney-koen@ama-assn.org) or Chet Seward, Chief Strategy Officer, Colorado Medical Society, at [chet\\_seward@cms.org](mailto:chet_seward@cms.org).

Sincerely,



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CEO, Executive Vice President  
American Medical Association



Sami Diab, MD  
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