

2024 Recap: Enacted Legislation



ASAM American Society of
Addiction Medicine

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Addiction Treatment in Correctional Facilities

[UT SB 212](#)

Allows the Department of Corrections to cooperate with medical personnel to provide medications for substance use disorder (SUD), such as buprenorphine, methadone, or naltrexone, to incarcerated individuals who had an active treatment plan prior to incarceration.

Drug Scheduling/Enhanced Penalties

[FL SB 718](#)

Providing criminal penalties for adults who, in the course of unlawfully possessing specified controlled substances, recklessly expose a first responder to such substances and an overdose or serious bodily injury of the first responder results; prohibiting the arrest, charging, prosecution, or penalizing under specified provisions of law of a person acting in good faith who seeks medical assistance for an individual experiencing, or believed to be experiencing, an alcohol-related or a drug-related overdose, etc.

[ID H 406](#)

Institutes mandatory minimum penalties for the possession of 4 grams or more of fentanyl.

[ID H 617](#)

Repeals previous laws allowing for the operation of syringe service programs (SSPs).

[KY HB 5](#)

Criminal justice omnibus legislation. Enhances criminal penalties for the distribution of fentanyl and its analogues.

[LA SB 276](#)

Designates mifepristone and misoprostol as controlled substances under state law.

[WV HB 4667](#)

Prevents syringe service programs from distributing smoking devices.

Harm Reduction

[CO HB 24-1037](#)

Enhances several harm reduction efforts throughout the state, including strengthening Good Samaritan protections for the distribution of opioid antagonists and exempting persons from prosecution for possessing drug paraphernalia provided by SSPs.

[ID H 441](#)

Excludes fentanyl testing strips from drug paraphernalia classification under state law.

KS SB 419

Provides immunity from prosecution for possession of small amounts of controlled substances when persons seek or provide medical assistance related to the use of a controlled substance.

VT H 72

Measures



Draws from the Opioid Abatement Special Fund and allocates \$1.1 million in grants for the Vermont Department of Health.



Establishes an overdose prevention site in the city of Burlington.



Requires the Health Department to contract with a researcher or consultant to study the impact of the overdose prevention site pilot program.

WI SB 875

Excepts xylazine testing materials from the definition of drug paraphernalia and civil and criminal liability exemptions for distributing and administering xylazine testing products.

WV SB 269

Excludes test strips from definition of drug paraphernalia.

Licensure & Regulation of Treatment Facilities

KY SB 71

Measures



Allows a court to issue an order for pretrial release pending an assessment for a mental health or substance use disorder.



Prohibits any person from receiving kickbacks for referrals into treatment facilities.



Requires that a needs assessment be conducted within 48 hours.



Mandates that a treatment plan be developed by a qualified health professional who is employed by a treatment program.

Medicaid

KY HB 534

Prohibits the Department for Medicaid Services, a Medicaid managed care organization, and other insurers from requiring or using certain utilization reviews for prescription drugs that contains an opioid antagonist. The other insurer prohibition applies to health benefit plans issued or renewed after January 1, 2025.

LA SB 190

Issues a plan to raise Medicaid reimbursement rates to 100% of Medicare rates. Places a specific emphasis on physician-provided primary care, obstetric care, non-specialty mental health, substance use disorder, family planning, and women's health services.

UT HB 501

Provides Medicaid coverage for FDA-approved medications for substance use disorder to individuals released from incarceration for 90 days prior to release. Amends the Medicaid waiver related to housing support services to include an individual that was a qualified incarcerated person within the previous 12 months.

Medications for Opioid Use Disorder

TN HB 1683/SB 2080

Removes obsolete references to the federal DATA 2000 waiver which was removed under the Consolidated Appropriations Act, 2023.

TN HB 2060/SB 2019

Measures



Increases, from 50 to 100, the number of patients to whom a licensed nurse practitioner or physician assistant who is authorized to prescribe Schedule II or III drugs may prescribe buprenorphine products.



Increases, from four to ten, the maximum number of licensed nurse practitioners or physician assistants who prescribe buprenorphine products that a physician may supervise or collaborate with at one time.

TN HB 2308/SB 2297

Authorizes licensed nurses and licensed physician assistants who work in an Health Facilities Commission (HFC) licensed hospital to prescribe buprenorphine products for the treatment of opioid use disorder. Establishes that a physician may oversee more than two nurses or physician assistants who prescribe buprenorphine products at an HFC-licensed hospital or affiliate clinic.

Naloxone Access/Opioid Antagonists

AZ SB 1211

Enables pharmacists to dispense naloxone hydrochloride or any other opioid antagonist approved by the FDA without a signed prescription. Removes previous requirements that the state board of pharmacy establish protocols for naloxone distribution.

CO HB 24-1003

Measures



Allows the adoption of a policy for maintaining a supply of opioid antagonists on school buses and extends existing civil and criminal immunity to school bus operators and other employees present on buses if they furnish or administer an opioid antagonist in good faith, in addition to other requirements.



Allows an adopted policy to allow an employee or agent of the school to furnish an opioid antagonist to any individual, including a student, but only if the student has received school-sponsored training.



Requires a school, school district, or the state charter school institute not to prohibit students at the school district or institute charter school to possess or administer on school grounds, on a school bus, or at any school-sponsored event an opioid antagonist and possess a non-laboratory synthetic opiate detection test or a non-laboratory additive detection test.

GA SB 395

Authorizes the possession of opioid antagonists in schools. Authorizes schools to maintain a stock supply of opioid antagonists; authorizes trained school personnel to administer opioid antagonists and carry opioid antagonists on their person and provides for immunity.

LA HB 456

Requires public and non-public schools to adopt policies for maintaining a supply of naloxone or other opioid antagonists and authorizing school employees to administer them in an opioid emergency. Extends protections from civil liability for administering the medication to schools, employees, volunteers, health professionals, and training organizations.

LA HB 602

Designates naloxone as a ‘life-saving medication’ under state law. Enables licensed early learning centers, colleges and universities, places of employment, restaurants, amusement parks, recreation camps, after-school programs, sports playing fields and arenas, and other similar locations to stock life-saving medications. These qualified entities additionally are authorized to allow trained personnel to administer these medications in situations of medical emergency.

MD SB 1099

Measures

Expands the purpose of the Public Access Automated External Defibrillator Program (AED program) to include an initiative to co-locate up to two doses of naloxone with each automated external defibrillator (AED) placed in a ‘public buildings,’ which could constitute:



public mass transportation accommodation that is supported by public funds



an improvement of a public area used for gathering or amusement, including a public park or recreation center



a facility that is supported by public funds and primarily used to provide secondary or higher education

The Emergency Medical Services (EMS) Board must (1) develop and implement the initiative in collaboration with the Maryland Department of Health (MDH) and (2) adopt regulations jointly with MDH.

MS HB 1137

Authorizes community organizations, high-risk opioid overdose touchpoint or a member or personnel of such organizations to receive and administer opioid antagonists.

OK SB 1740

Extends civil liability protections to first responders administering opioid antagonists in emergency circumstances, unless there is gross negligence.

VA HB 342

Measures



Requires state agencies to possess naloxone or other opioid antagonists used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose and permits employees of any state agency to possess and administer naloxone or other opioid antagonists.



Directs the Department of Health to post on its website informational resources relating to the use of naloxone and other opioid antagonists for opioid overdose reversal and prevention in public places.



Directs the Department of Health to develop a plan for the procurement and distribution of naloxone or other opioid antagonists to each state agency and for the possession of naloxone or other opioid antagonists by each state agency.

VT HB 586

Requires the Department of Criminal Justice Services to establish training standards and publish and periodically update model policies for law-enforcement personnel on the use of naloxone or other opioid antagonists to prevent opioid overdose deaths, in coordination with statewide naloxone training programs developed by the Department of Behavioral Health and Developmental Services and the Virginia Department of Health.

Measures

Requires each local school board to develop, in accordance with the guidelines developed by the Department of Health in collaboration with the Department of Education, plans, policies, and procedures for:



providing at each public secondary school includes a program of instruction on opioid overdose prevention and reversal and for encouraging each student to complete such program of instruction prior to graduation.



the procurement, placement, and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses for the purposes of opioid overdose reversal.



the possession and administration of an opioid antagonist by any employee of the school board who is authorized by a prescriber and trained in the administration of an opioid antagonist, including policies:

- a) requiring each public elementary and secondary school to ensure that at least one employee is authorized by a prescriber and trained and certified in the administration of an opioid antagonist
- b) for partnering with a program administered or approved by the Department of Health to provide such training and certification
- c) for maintaining records of each such trained and certified employee

Parity & Insurance Reform

CO HB 24-1045

Measures



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.



Requires an insurance carrier and the medical assistance program to reimburse a licensed pharmacist prescribing or administering medications for substance use disorder pursuant to a collaborative pharmacy practice agreement (collaborative agreement) at a rate equal to the reimbursement rate for other providers.



Amends the practice of pharmacy to include exercising prescriptive authority for any FDA-approved product or medication for opioid use disorder in accordance with federal law, if authorized through a collaborative agreement.



Requires the state board of pharmacy, the Colorado medical board, and the state board of nursing to develop a protocol for pharmacists to prescribe, dispense, and administer certain FDA-approved products for substance use disorder.



Requires reimbursement to pharmacies of an enhanced dispensing fee for administering injectable antagonist medication for substance use disorder that aligns with the administration fee paid to a provider in a clinical setting.



Requires the 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.

KY HB 534

Prohibits the Department for Medicaid Services, a Medicaid managed care organization, and other insurers from requiring or using certain utilization reviews for prescription drugs that contains an opioid antagonist.

MD HB 932/SB 791

Measures



Revises online prior authorization policy.



Requires a private review agent to promptly request additional information to determine whether to authorize or certify an inpatient admission, or an admission for residential crisis, for the treatment of a mental, emotional, or substance use disorder.



Requires private review agents to make determinations within two hours for the treatment of a mental, emotional, or substance use disorder and promptly notify the health care provider of that determination.

MD HB 1074/SB 684



Alters and expands reporting requirements for carriers to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act (Parity Act). A carrier must submit a biennial compliance report beginning July 1, 2024, that includes specified information, including information on select nonquantitative treatment limitations (NQTLs), and results from a comparative analysis conducted by the carrier.



Authorizes the Insurance Commissioner to take additional actions to enforce compliance with reporting requirements. The bill specifies that a carrier has the burden of persuasion in demonstrating compliance and that 'Parity Act' includes any regulations to implement the Act.

WA SB 6228

Required managed care organizations (MCO) when conducting a utilization management review for inpatient or residential SUD treatment to authorize treatment for a minimum 14-day period from the start of treatment. Any subsequent authorization must be for a minimum of seven days of treatment. The health plan or MCO may not consider the person's length of stay in treatment at a behavioral health agency when authorizing continuing care at the behavioral health agency.

Recovery Residences

FL HB 106

Measures



Requires certified recovery residences to meet additional level of care certifications provided at those residences, and specifies four levels of care that distinguish the residences.



Prohibits any recovery residence from denying an individual access to the residence solely on the basis that the individual has been prescribed federally approved medication for the treatment of substance use disorders.



Preempts local regulation of certified recovery residences by prohibiting a local ordinance or regulation from regulating the duration or frequency of a resident's stay in a certified recovery residence located within a multifamily zoning district.

SC S 445

Measures



Requires the Department of Alcohol and Other Drug Abuse Services (DAODAS) to approve one credentialing entity within six months of the effective date of this article, for the purpose of developing and administering a voluntary certification program for organizations operating recovery housing and administrators of recovery housing.



Requires the approved credentialing entity to establish recovery housing certification requirements and procedures based upon nationally recognized quality standards.



The section of the bill pertaining to a state agency's requirement to refer a patient to certified recovering housing takes effect eighteen months after approval of the Governor.



A state agency, an employee or agent of a state agency, or a vendor with a state contract that provides services for prevention and treatment of alcohol and substance use disorders, may not refer a person to recovery housing unless the recovery housing is certified pursuant to this article.

Telehealth/Telemedicine

[CT HB 5198](#)

Extend telehealth provisions adopted during the COVID-19 pandemic until June 30, 2027.

[MI HB 4579](#)

Requires that insurers must cover services provided through telemedicine at least the same coverage for that service as if the service involved face-to-face contact between the health care professional and the patient.

[MI HB 4580](#)

Prohibits Medicaid or the Healthy Michigan Plan from requiring a recipient to use telemedicine service instead of in-person consultation or contact.

[SC H 4159](#)

Provides definitions and specifies requirements for healthcare professionals who provide telehealth services. Further, the bill adds the definition of telehealth to the Medical Practice Act and revises requirements related to the practice of telemedicine.

Tobacco & Other Substances

[GA HB 181](#)

Designates mitragynine and hydroxymitragynine as Schedule I controlled substances. Repeals previous provisions relating to the regulation of kratom.

[MD HB 1180/SB 1056](#)

Measures



Prohibits licensees that sell cigarettes, other tobacco products, or electronic smoking devices at retail from displaying cigarettes, other tobacco products, or electronic smoking devices for sale unless located behind a counter.



Requires certain licensed retailers to verify an individual's date of birth before selling cigarettes, other tobacco products, or electronic smoking devices.

[VT S 114](#)

Establishes a Psychedelic Therapy Advisory Working Group for the purpose of reviewing existing research on the cost-benefit profile of the use of psychedelics to improve mental health and to make findings and recommendations regarding the advisability of the establishment of a state program to permit health care providers to administer psychedelics in a therapeutic setting and the impact on public health of allowing individuals to legally access psychedelics under state law.