

2024 Mid-year Report: Enacted State Legislation



ASAM American Society of
Addiction Medicine

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Overview

In over 30 states, the legislative sessions have wound down. As compared to prior years, the first half of 2024 has been more active in state legislatures. In 2024, we tracked 725 addiction medicine related bills in 45 states since the sessions began. At this time last year, we tracked 527 addiction medicine bills.

By the Numbers:

114

of the 725 total state bills were signed by the governor and will become law. That is about 16% of the total, compared to 13% in 2023

66

of these bills passed at least one chamber and may still become law if the legislature is active. That is about 9% of the total, compared to 13% last year

269

of these bills failed – meaning they were voted down in committee, vetoed by the governor, or otherwise failed to advance before the legislative session ended. That is about 37% of the total, compared to 29% last year

276

of the remainder of these bills are still in the introductory state. This means that they have not advanced out of committee or been called for a floor vote. Many of these bills will simply fail to be considered and therefore fail this session. That is 38% of the total, compared to 46% last year.

The top three areas of interest for state legislators in the first half of 2024 were Naloxone Access/Harm Reduction, Cannabis Reform, and Parity and Prior Authorization. Similarly, the top areas in 2023 were Naloxone Access, Harm Reduction, and Cannabis Reform.

Naloxone Access

Same as 2023, Naloxone Access and Harm Reduction more broadly were the top categories of legislative activity in 2024. The two categories totaled 170 bills introduced this year. This represents a continuation of trends from previous years where state lawmakers across the country are pursuing legislative measures to reduce overdoses amidst a continuing crisis.

In wake of naloxone hydrochloride nasal spray's designation as an over-the-counter medication, state lawmakers continued to pursue policy steps to enhance the accessibility of naloxone to individuals and communities. Arizona (AZ) enacted legislation ([SB 1211](#)) enabling pharmacists to dispense naloxone without a written prescription. Colorado (CO) enacted legislation ([HB 24-1003](#)) to enhance the supply of naloxone in schools and on school buses. Further, the legislation also enhanced training requirements and liability protections for aiders. Similarly, Georgia (GA), Louisiana (LA), and Virginia (VA) enacted legislation to strengthen requirements for naloxone supply and training at schools. These bills ([SB 395](#), [HB 456](#), [SB 726](#)) also include provisions to enhance civil liability protections for aiders. Additionally, Virginia (VA) enacted bills requiring state agencies to supply naloxone ([HB 342](#)) and establishing training standards for law enforcement officers ([HB 586](#)). In Oklahoma (OK), the governor signed legislation ([SB 1740](#)) to extend civil liability protections to first responders responding to an overdose emergency.

Maryland (MD) enacted legislation ([SB 1099](#)) requiring two doses of naloxone to be located with automated external defibrillator (AEDs) in public buildings. Further, Mississippi (MS) enacted legislation ([HB 1137](#)) allowing community organizations and their personnel in high-risk areas to receive and administer naloxone. Similar legislation ([HB 602](#)) was enacted in Louisiana (LA) to designate naloxone as a ‘life-saving medication’ and allow for its easier distribution among community organizations.

Harm Reduction

In addition to many states enacting measures to enhance the accessibility of naloxone, states also advanced measures to expand harm reduction efforts. Harm reduction measures include policies to decriminalize drug checking equipment (DCE) like fentanyl test strips, support syringe service programs (SSPs), and institute pilot programs to establish overdose prevention sites (OPS).

Following along with trends from prior years, three additional states took steps to clarify the legal status of DCE under their state law. These states include [Idaho \(ID\)](#), [Wisconsin \(WI\)](#), and [West Virginia \(WV\)](#). Further, Colorado (CO) enacted major legislation ([HB 24-1037](#)) to strengthen harm reduction efforts statewide including strengthening liability protections for the distribution of opioid antagonists and exempting persons from prosecution for possessing supplies provided by SSPs. This harm reduction legislation was [strongly supported](#) by the Colorado Society of Addiction Medicine (COSAM). Similarly, Kansas (KS) enacted legislation ([SB 419](#)) to provide immunity from prosecution for possession of small amounts of controlled substances when persons seek or provide medical assistance in an apparent controlled substance-related emergency. Finally, Vermont (VT) became the third state to legally authorize a pilot OPS when state lawmakers overturned a gubernatorial veto to enact the legislation ([H 72](#)).

Cannabis Reform

While state lawmakers continued to display a significant interest in cannabis reform legislation as they have in prior years, none of the bills that we were tracking were enacted yet in 2024. While legislation to legalize adult use cannabis was introduced in Hawaii (HI) and Indiana (IN), both efforts failed. Further, adult-use cannabis legislation in New Hampshire (NH) and Pennsylvania (PA) stalled due to disagreement over major aspects of the proposed programs. Finally, in Virginia (VA), the governor [vetoed](#) legislation to establish a commercial market for adult-use cannabis.

Parity and Insurance Reform

In 2024, state lawmakers also took a significant interest in legislation regarding parity, prior authorization, and other insurance reforms. When compared to 2023, we tracked more bills in this category.

Most notably, Colorado (CO) enacted legislation ([HB 24-1045](#)) prohibiting insurance carriers from requiring prior authorization on medications to treat substance use disorder (SUD) based solely on the dosage amount. This legislative package was [supported](#) by the Colorado Society of Addiction Medicine (COSAM). Other states also took legislative action to reform prior authorization. In Kentucky (KY), legislation ([HB 534](#)) was enacted to prohibit Medicaid managed care organizations from instituting prior authorization on prescriptions drugs containing opioid antagonists. Further, Maryland (MD) enacted two bills relating to prior authorization and insurance reform.

One bill ([HB 932/SB 791](#)) reform the review processes for admitting individuals to residential facilities. The other bill ([HB 1074/SB 684](#)) enhances reporting requirements to ensure greater compliance with federal parity laws. Finally, Washington state (WA) enacted legislation ([SB 6228](#)) requiring managed care organizations to provide coverage for at least 14 days of residential/inpatient treatment.

Drug Scheduling / Enhanced Penalties

Continuing with trends from prior years, certain states continued to take legislative actions to enhance criminal penalties for drug use and other punitive measures towards people who use drugs. For example, Oregon (OR) drew significant national media attention for enacting legislation ([HB 4002](#)) to reinstitute criminal penalties for drug possession, overturning the previous status quo after the implementation of Measure 110. Further, Kentucky (KY) enacted legislation ([HB 5](#)) enhancing penalties for fentanyl distribution, despite a [legislative veto](#) from the governor and [concerns](#) from the Kentucky Society of Addiction Medicine (KYSAM). Similarly, Idaho (ID) enacted legislation ([H 406](#)) instituting mandatory minimum penalties for fentanyl possession. This legislation was [opposed](#) by the Idaho Society of Addiction Medicine (IDSAM). In Louisiana (LA), legislation ([SB 276](#)) was enacted to designate mifepristone and misoprostol as controlled substances. The Louisiana Society of Addiction Medicine (LASAM) took a leading role in [opposing](#) this legislation. Finally, in Florida (FL), legislation ([SB 718](#)) was enacted to institute criminal penalties for persons who expose first responders to controlled substances if bodily injury is caused.

Two states took troubling actions to restrict the operating capacity of syringe service programs (SSPs). Idaho (ID) enacted legislation ([H 617](#)) to ban the operation of SSPs completely in the state, reversing a previous policy which enabled them. West Virginia (WV) enacted legislation ([HB 4667](#)) restricting SSPs' ability to distribute certain supplies to participants.

Licensure of Treatment Programs / MOUD

Another area of activity in state legislatures was legislation relating to licensing addiction treatment programs and other policies relating to medications for opioid use disorder (MOUD). In Colorado (CO), legislation ([HB 24-1045](#)) was enacted to enable pharmacists practicing under collaborative practice agreements to receive reimbursement for prescribing MOUD. This legislation was [supported](#) by COSAM. Kentucky (KY) enacted legislation ([SB 71](#)) to prohibit persons from receiving financial kickbacks for referrals to treatment programs. Finally, in Tennessee (TN) three bills were passed regulating MOUD. The first bill ([HB 1683/SB 2080](#)) removed outdated references to the DATA 2000 waiver. The second bill ([HB 2060/SB 2019](#)) increases the number of patients a nurse practitioner or physician assistant can prescribe buprenorphine products. The last bill ([HB 2308/SB 2297](#)) allows physicians to oversee more than two nurses or physician assistants who prescribe buprenorphine products at an HFC-licensed hospital or affiliate clinic.

Telehealth

Another policy area of interest to state lawmakers in recent years is telehealth policy. Michigan (MI) enacted two notable telehealth bills. One bill ([HB 4579](#)), which was [supported](#) by the Michigan Society of Addiction Medicine (MISAM), establishes pay parity for services provided by telehealth. The other bill ([HB 4580](#)) prohibits state Medicaid from preferencing telehealth services over face-to-face services. In Connecticut (CT), lawmakers [extended](#) pandemic-era telehealth flexibilities until 2027. Finally, South Carolina (SC) enacted legislation ([H 4159](#)) specifying requirements for telehealth practitioners.

Medicaid

State lawmakers also pursued changes to state Medicaid policies in 2024. Louisiana (LA) enacted legislation ([SB 190](#)) to raise Medicaid reimbursement rates for physician services, including treatment for SUD. This bill was [supported](#) by LASAM. In Utah (UT), legislation was enacted ([HB 501](#)) to require state Medicaid to provide coverage for Food and Drug Administration (FDA)-approved medications for substance use disorder to individuals released from incarceration for 90 days prior to release.

Key Figures

Figure 1: Status of 2024 State Legislation, July 17, 2024

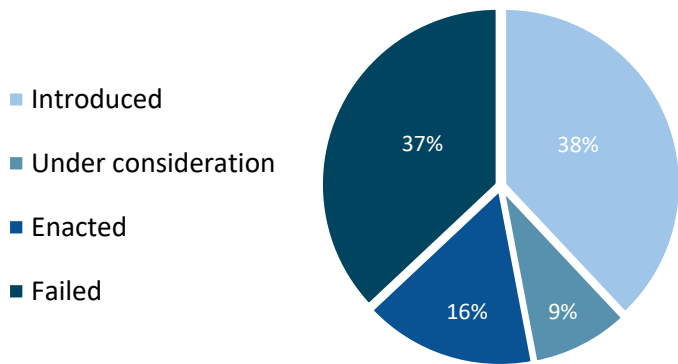


Figure 2: Number of bills enacted per subject area

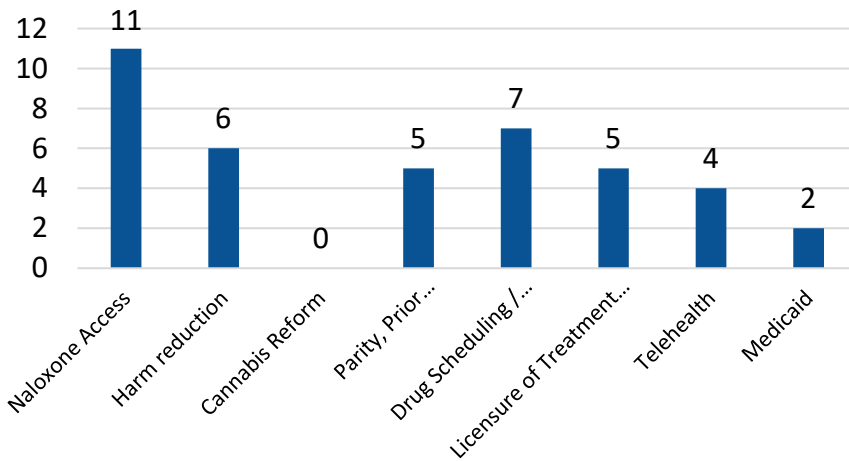


Figure 3: Enacted versus failed legislation between 2023 and 2024

