2023 Mid-Year Report: Trends in State Legislation

Overview

State legislative sessions have concluded in over half the country, providing an ideal opportunity to look back. The 2023 state legislative sessions have been highly active. In total, 527 addiction medicine related bills were introduced in 45 states since the start of this year. For reference, there were 451 such bills introduced at this time last year.

By the Numbers:

- 68 of these bills were enacted and will become law (13%). This is compared to 76 bills enacted last year or (17%) total.
- 152 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 (29%).
- 66 of the remaining bills have passed at least one legislative chamber and may become new law later if the session is still active (13%).
- 241 of the remaining bills are still in their introductory stage. 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 (46%).

The top three policy areas of interest for state lawmakers this year were Naloxone Access, Harm Reduction, and Cannabis Reform. This is compared to the top areas of interest being Cannabis Reform, Harm Reduction, and Criminal Justice Reform/Access to Treatment at this point in 2022.

Naloxone Access

The top areas of legislative activity in states this past year were naloxone access legislation and harm reduction policies. In total, there were a combined 113 bills introduced relating to naloxone access and harm reduction. This widespread trend is unsurprising given that all states regardless of region and political composition have been significantly impacted by the overdose epidemic. In turn, state legislatures have responded by taking steps to reduce overdose deaths.

Nationally, there was a trend of states expanding access to naloxone through a variety of different methods. For example, Arkansas (AR) enacted legislation (HB 1514) requiring that naloxone rescue kits be placed on the campus of all public high schools and colleges. Further, the state also passed a law (HB 1562) allowing health professionals to directly supply naloxone to a family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose. Florida (FL) also enacted legislation (HB 783) requiring institutions within the Florida University system to supply emergency opioid antagonists (naloxone) within residence halls and dormitory residences. Texas (TX) similarly enacted legislation (SB 629) requiring school districts serving grades 6-12 to adopt and implement policies on the maintenance, administration, and disposal of opioid antagonists.
Indiana (IN) enacted legislation (SB 214) implementing a state-wide standing order for all opioid antagonists approved by the Food and Drug Administration (FDA). Meanwhile, Oklahoma (OK) enacted legislation (HB 2424) allowing for opioid antagonists to be prescribed to family members. Maine (ME) enacted three bills relating to naloxone. One bill (LD 981/SP 400) requires emergency medical service providers to be trained in administering naloxone. Another bill (LD 1036/HP 672) requires all uniformed police officers to be trained in naloxone distribution and carry naloxone at all times while on duty. Maine lawmakers also passed a law (LD 1052/SP 421) to enhance Good Samaritan protections for those responding to an apparent overdose. Additionally, Colorado (CO) enacted legislation (HB 23-1167) fortifying Good Samaritan legal immunity for individuals responding to a drug overdose in good faith. This effort was supported by the Colorado Society of Addiction Medicine. South Carolina (SC) passed a law (S 407) aligning state naloxone distribution procedures with FDA guidance. Finally, Virginia (VA) enacted legislation (SB 1415) to expand access to naloxone, removing training requirements related to its possession and use. Virginia passed another law (HB 1709/SB 1424) to authorize employees of the Department of Corrections to possess and administer naloxone.

**Harm Reduction**

Additionally, numerous states enacted harm reduction policies aiming to reduce drug overdose deaths. Principally, six states—Kansas (KS), Kentucky (KY), Minnesota (MN), Mississippi (MS), Oklahoma (OK), and Utah (UT)—clarified their laws relating to drug paraphernalia explicitly decriminalizing fentanyl test strips. The Kentucky Society of Addiction Medicine and the Utah Society of Addiction Medicine actively supported these efforts in their states. Figure 3 can be referenced below to provide an overview of the legal status of fentanyl test strips and other drug checking equipment (DCE) nationwide. Relatedly, Minnesota enacted legislation (SF 2909) decriminalizing possession of syringes, as well as trace amounts of controlled substances discovered on drug paraphernalia. Additionally, Minnesota became the second state to legally authorize (SF 2934) the creation of overdose prevention sites. Finally, Vermont (VT) enacted a comprehensive harm reduction legislative package (H 222) aimed at preventing overdose deaths. Among other changes, this bill included provisions to establish safe disposal programs for unused syringes, decriminalize harm reduction supplies, establish programs to distribute opioid antagonists to at-risk individuals and establish opioid antagonist kiosks, and establish provisions for drug-checking and contaminant detection services.

**Cannabis Reform**

States considering cannabis reform was another highly active area of focus this session. A total of 106 cannabis related bills were introduced and 8 bills passed. This number is comparable to last year where 107 cannabis bills were introduced and 9 passed. Most notably, three states—Kentucky, Maryland (MD), and Minnesota—enacted legislation establishing new legal cannabis programs. Maryland and Minnesota passed laws creating adult-use cannabis programs, while Kentucky passed a law establishing a medical cannabis program in the state. In Utah (UT), lawmakers took legislative steps (SB 137) to amend their own existing medical cannabis program by adjusting patient limitations, modifying qualified conditions, and extending the renewal period for medical cannabis patient licenses. Louisiana (LA) and New Mexico (NM) both enacted legislation expanding expungement programs for previous cannabis arrest and convictions. Elsewhere, Virginia added new rules (HB 2428/SB 1233) regarding legally advertising cannabis products in their state. Finally, Wyoming (WY) enacted legislation (HB 108) prohibiting the sale of THC vaping devices and edibles to minors.
Parity and Insurance Reform

Out of 33 bills introduced, related to parity and insurance reform, 5 of those bills were enacted. Specifically, in Arkansas, lawmakers enacted legislation (HB 1558) prohibiting healthcare insurers, including Medicaid, from placing prior authorization on injectable medications for the treatment or detoxification of opioid and alcohol addiction. The Arkansas Society of Addiction Medicine supported this effort. Illinois (IL) passed a law (SB 1568) requiring a study of insurance plans and the percentage that limit mental health and SUD benefits. Further, New Mexico enacted legislation (SB 273) restricting limitations SUD care and strengthening parity. Lastly, Virginia enacted legislation (HB 2216/SB 1347) requiring mobile crisis response and stabilization services to be covered by insurance carriers.

Telehealth

Telehealth was also a policy area that grabbed the attention of lawmakers in 2023. There were 32 bills introduced in states relating to telehealth. This statistic constituted an increase from the 22 telehealth bills introduced in 2022. 4 states enacted notable reforms to their telehealth policy with implications for addiction medicine. Florida enacted legislation (HB 267) revising the state’s definition of telehealth to include audio-only services and telephone calls. Similarly, Maryland also passed a law (SB 534) including audio-only telephone conversations within the definition of telehealth and extending reimbursement for these services. Vermont enacted legislation (H 411) extending COVID-19 health care regulatory flexibilities. New Hampshire (NH) enacted legislation (HB 500) enabling physicians, physician assistants and APRN's to prescribe opioid controlled medications classified in schedule II through IV by means of telehealth after establishing a physician-patient relationship with the patient. Finally, Louisiana enacted legislation (SB 66) amending state regulation of telehealth including in-person visit requirements prior to prescribing controlled substances by telehealth.

Addiction Treatment in Correctional Facilities

3 states enacted notable legislation regarding addiction treatment in correctional facilities. In New Mexico, lawmakers enacted legislation (SB 425) creating a fund to expand medication for addiction treatment (MAT) programs in state correctional facilities. Utah enacted legislation (HB 111) requiring county and municipal jails to establish MAT continuation plans for incarcerated individuals. Finally, lawmakers in Washington state (WA) passed a law (SB 5502) to enhance SUD screening and treatment support for individuals in correctional facilities.

Other Notable Legislation

In total, 38 bills were introduced in 12 states to revise criminal penalties for controlled substances as part of a trend where states nationwide moved to combat fentanyl distribution. Lawmakers in Indiana, Louisiana, and Texas enacted measures to enhance criminal penalties for possession and distribution of fentanyl.

Utah enacted legislation (SB 193) allowing qualified practitioners to issue an emergency medical order to dispense up to a 72-hour supply of methadone to relieve acute withdrawal symptoms while the qualified practitioner arranges to refer the patient for substance use disorder treatment.
Finally, lawmakers in Alabama passed a law (HB 433/SB 239) to repeal an outdated requirement for the Alabama Board of Medical Examiners to regulate the prescribing and use of buprenorphine to treat opioid use disorder (OUD) in nonresidential settings. The requirement was obsolete in light of the removal of the federal ‘X-waiver’ for buprenorphine prescribing. **The Alabama Society of Addiction Medicine actively supported this legislation.**

### Key Figures

**Figure 1: Status of 2023 State Legislation, July 20, 2023**

![Pie chart showing the status of 2023 state legislation: 12.1% Enacted, 46.5% Introduced, 29.1% Failed, 12.6% Under consideration.]

**Figure 2: Number of Enacted Bills per Subject Area**

![Bar chart showing the number of enacted bills per subject area: Addiction Treatment, 12; Drug use, 10; Drug policy, 8; Opioids, 6; Pain management, 4; Prescription Drug Abuse, 2; Substance use disorders, 2; Other, 2.]

**Figure 3: States with Laws Permitting Possession of Drug Checking Equipment (DCE), 2023 Updated**

![Map showing states with laws permitting possession of DCE.]