

2022 Recap: Enacted Legislation



ASAM American Society of
Addiction Medicine

ASAM Brief → June 30, 2022

Addiction in the Criminal-Legal System

KY SB 90

Establishes a behavioral health conditional dismissal pilot program beginning October 1, 2022, and continuing for four years to provide eligible individuals an alternative to receive treatment for a behavioral health disorder instead of incarceration, resulting in dismissal of criminal charges upon successful completion of the program.

Measures



Identify the counties participating in the pilot program and define its terms



Amend KRS 197.020 to provide for telehealth services in county jails



Establish program procedures, reporting requirements, and program requirements including access to medical treatment, counseling, education, and vocational counseling and training



Create a council with designated membership to assist with the implementation of the pilot program; provide that the council shall end September 30, 2027

OH SB 24

Enhances penalties for certain drug trafficking offenses committed in the vicinity of a substance addiction services provider or an individual in recovery from substance use disorder.

WI AB 317

Modifies administrative rules relating to driver safety plans and medication for addiction treatment. Specifically, this new law provides that, if substance use disorder treatment is recommended for a person in a driver safety plan, that treatment must include an evaluation for the appropriateness of medication for addiction treatment for the person.



State chapter supported

CO HB 22-1326

This sweeping new law responds to the increased prevalence of fentanyl in the state by combining enhanced criminal penalties with harm reduction.

Measures



Classifies possession of 1 gram or more of fentanyl as a felony



Dedicates \$29 million toward harm-reduction tools, including testing strips and opioid antagonists



Expands medication for addiction treatment in jails and requires that law enforcement funnel people suffering drug addiction into jail-based treatment programs



Requires the state's Department of Public Health and Environment to launch a public education program to inform people about the dangers of fentanyl



State chapter opposed

FL HB 95



Adds methamphetamine to the list of specified controlled substances which, if the substance is the proximate cause of the victim's death, can subject the person who distributed the controlled substance to a conviction for first degree felony murder.

Amends s. 893.12(1)(h), F.S., by increasing the penalties for sale of a controlled substance from a third-degree felony to a second-degree felony, and from a second-degree felony to a first-degree felony when the offense is committed within 1,000 feet of a substance use treatment facility.



Additionally, increased the minimum mandatory term of imprisonment for a person convicted of trafficking in specific quantities of dangerous fentanyl or fentanyl analogues from three years to seven years, and from 15 years to 20 years.

ME LD 2040 (HP 1532)

Instructs the commissioner of Corrections to maintain a comprehensive substance use disorder treatment program in all correctional facilities.

Measures



The program must include, but is not limited to, screening, assessment and treatment of persons residing in correctional facilities for substance use disorder, including alcohol use disorder



The program must also provide initial and ongoing training and technical assistance for correctional facility staff and health care practitioners in each correctional facility

TN HB 1905/SB 1891

Adds "drug overdose" to the list of incidents that must be reported to law enforcement (chief of police or sheriff and district attorney general) by medical providers rendering aid for efforts.

Barriers to Treatment

MD HB 578/SB 323

Requires the Maryland Department of Health to



Adopt a reporting system



Conduct outreach



Analyze patterns of prescribing medications in the state



Identify certain barriers related to prescribing medications to treat an opioid use disorder

The Department is required to submit a report of its finding to the Governor and the General Assembly by October 1, 2023, and annually thereafter.



State chapter supported

ME LD 1758 (HP 1309)

Establishes an exemption to written informed consent requirement for mental health services and substance use disorder treatment during a federal or state declared public health emergency.

MI SB 412

Removes the prior authorization requirement on medication for addiction treatment (MAT) in the state's Medicaid program.



State chapter supported

Prohibits a healthcare provider who is authorized to prescribe buprenorphine under federal law from prescribing via telehealth a buprenorphine product, as approved by the federal food and drug administration for use in recovery or medication for addiction treatment, unless they are employed by or contracted with a licensed nonresidential office-based opiate treatment facility or licensed nonresidential opioid treatment program; a community mental health center; a federally qualified health center; a hospital licensed; the bureau of TennCare's comprehensive enhanced buprenorphine treatment network; and the delivery of telehealth is being provided on behalf of the entity that employs or contracts with the provider.

VA SB 594

Prohibits licensed providers from requiring payment from Medicaid participants for the prescription of an opioid for the management of pain or the prescription of buprenorphine-containing products, methadone, or other opioid replacements approved for the treatment of opioid addiction by the U.S. Food and Drug Administration for medication-assisted treatment of opioid addiction, regardless of whether the provider participates in the state plan for medical assistance.

Cannabis Reform

MD HB 837

Measures



Requires the State of Maryland Medical Cannabis Commission, in consultation with certain stakeholders, to conduct a baseline study of cannabis use in the State by March 1, 2023.



Legalizes the use and possession of a certain quantity of cannabis by an individual who is at least 21 years old (pursuant to the passage of a state constitutional amendment)



Alters certain provisions relating to penalties, charging procedures, expungement, shielding, and sentencing for certain offenses involving cannabis



Establishes the Cannabis Public Health Advisory Council and A Cannabis Public Health Fund

SD SB 5

Revises the acceptable conduct related to the medical use of cannabis. Specifically, it allows for the possession of up to three ounces of cannabis among qualified patients and establishes a framework for at-home cultivation.

UT SB 195

This bill adds acute pain as a qualifying condition for limited amounts of medical cannabis and requires that providers first consider an individual's history with substance use disorder or opioid disorder before recommending medical cannabis.

LA HB 135

Establishes interstate reciprocity for Louisiana's medical cannabis program. Allows certified pharmacies to dispense cannabis prescriptions to qualified patients who are enrolled in other states' medical cannabis programs.

LA HB 137

Extends immunity from prosecution to qualified visiting medical cannabis patients for possession of medical cannabis under legal limits.

RI SB 2430



Legalizes the sale and possession of up to 1 ounce of cannabis for recreational adult use. Allows for up to 10 ounces of marijuana to be stored in the home. Allows for home grow of small amounts of marijuana.

Establishes a 10 percent state cannabis excise tax in addition to the 7 percent sales tax and 3 percent local tax for the municipality where the sale takes place. Recreational cannabis sales would begin on December 1st and 33 existing retailers in Rhode Island could convert to become hybrid medical/recreational retailers.



Additionally, provides for the Automatic expungement of past convictions by July 1, 2024. Establishes an expedited process or expungement before that date.

Child Welfare

KY SB 97

Requires law enforcement to request a blood, breath, or urine test from a caregiver suspected of being under the influence at the time of a child fatality or near fatality. This new law also allows law enforcement to request a search warrant for the test if consent is not given by the caregiver.

Harm Reduction

FL SB 544

Measures



Revises the purpose of specified provisions relating to the prescribing, ordering, and dispensing of emergency opioid antagonists to certain persons by authorized health care practitioners



Requires hospital emergency departments and urgent care centers to report incidents involving a suspected or annual overdose to the Department of Health under certain circumstances



Provides certain authorized persons immunity from civil or criminal liability for administering emergency opioid antagonists under certain circumstances



Revises requirements for a certain health awareness campaign

ME LD 1428 (HP 1044)

Increases the availability of intranasal naloxone in community and corrections settings. Specifically, this new law allows law enforcement officers, corrections officers, and municipal firefighters to dispense naloxone.

ME LD 1909 (HP 1415)

Removes requirement that conditioned the distribution of new supplies with the return of used needles/syringes. This new law removes the prior one-to-one exchange standard and gives the Department of Health elevated discretion in regulating the standard of exchange.



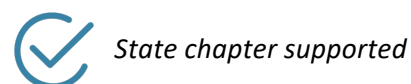
State chapter supported

[TN HB 2177/SB 2427](#)

Excludes narcotic testing equipment used to determine whether a controlled substance contains a synthetic opioid from the definition of “drug paraphernalia.” This exclusion does not apply if the equipment is possessed for purposed of a person’s commission of a drug-related offense. This exclusion is repealed July 1, 2025.

[TN HB 2465/SB 2572](#)

Authorizes a healthcare prescriber to prescribe an opioid antagonist to individuals with the potential for a drug-related overdose, not just individuals who have had an opioid-related overdose. It also permits certain government and non-governmental entities to prescribe and store an opioid antagonist for the purpose of providing the antagonist to a person at-risk of overdose or likely to assist a person experiencing overdose.

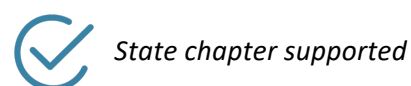


[WA HB 1761](#)

Allows nurses to dispense opioid overdose reversal medication in the emergency department.

[WI SB 600](#)

Decriminalizes the use of fentanyl testing strips to test a substance for the presence of fentanyl.



[NM HB 52](#)

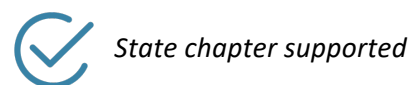
Amends the Harm Reduction Act to expand supplies or devices provided to harm reduction program participants. This new law provides that possession of certain supplies or devices is not a violation of the controlled substances act and adjusts the Department of Health and Advisory Committee duties pertaining to the harm reduction program.

[CT HB 5430](#)

Clarifies that fentanyl test strips are not considered drug paraphernalia under state law, meaning that they can be possessed, used, and distributed without fear of criminal penalties. Additionally, it allows OTP networks to prescribe and dispense methadone through mobile units.

[IL HB 4408](#)

Prohibits Medicaid and private payers from charging co-pays on opioid antagonists such as naloxone.

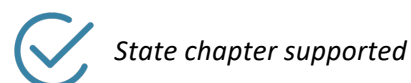


[IL HB 4556](#)

Expands access for pharmacists and other health care professionals to distribute fentanyl testing strips and ensures the supplies can be stored without fear of prosecution in a licensed pharmacy, hospital, or other health care facility.

[LA HB 212](#)

Removes fentanyl test strips (FTS) from drug paraphernalia classification under state law, allowing for their possession and use.



LA HB 601

Clarifies and expands upon the state's existing Good Samaritan legal protections.

Measures



Specifies that a person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose may not be charged, prosecuted, or penalized for use of a controlled dangerous substance or for possession of drug paraphernalia



Specifies that a person who experiences a drug-related overdose and is in need of medical assistance may not be arrested, charged, prosecuted or penalized for use of a controlled dangerous substance or for possession of drug paraphernalia if evidence for the offense was obtained as a result of the overdose and the need for medical assistance

TN HB 2228/SB 2465

Requires providers to offer a prescription for an FDA-approved opioid antagonist when issuing opioid prescriptions. Specifically, the provider must offer opioid antagonist prescriptions if they prescribe more than a three-day supply of an opioid medication, an opioid medication concurrently with a prescription by the same provider for benzodiazepine, or the patient presents with an increased risk for overdose.

Mental Health & Addiction Parity

GA HB 1013

Ensures that state law is complaint with federal parity requirements.

Measures



Requires insurers offering mental health and substance use disorder services in their plans to cover those conditions the same as physical health



Directs increased funding for mental health and addiction treatment services

PDMPs

MD SB 200

Alters the requirements of the Prescription Drug Monitoring Program to require the Program to monitor the dispensing of naloxone medication by all prescribers and dispensers in the State and to require dispensers to report naloxone medication data to the Program.

WI SB 49

Requires the Department of Administration to issue a request for proposals, subject to approval by the Joint Committee on Finance under its passive review process, to establish and maintain an opioid and methamphetamine data system to collect, format, analyze, and disseminate information on opioid and methamphetamine use.

IL SB 3024

Amends the Illinois Controlled Substances Act. Provides that in accordance with an agreement entered into with the Department of Human Services, an authorized employee of a county or municipal health department or the Department of Public Health shall have access to data from the prescription inquiry system for any of the following purposes:



Developing education programs or public health interventions relating to specific prescribing practices, controlled substances and the prevention of fraud and abuse



Conducting analyses and publish reports on prescribing trends in their respective jurisdictions

Provides that analyses and reports must not include information that identifies, by name, license, or address, any practitioner, dispenser, ultimate user, or other person administering a controlled substance.



Provides that any county or municipal health department accessing data from the system shall implement appropriate technical and physical safeguards to ensure the privacy and security of data obtained from the system.



State chapter opposed

Regulation of OTPs

VA HB 679

Eliminates the requirement that opioid treatment programs (OTPs) be located more than one-half mile from a public or private licensed day care center, or a public or private K-12 school. The effective date is delayed until January 1, 2023.

LA SB 268

Requires that opioid treatment programs (OTPs) offer at least one form of FDA-approved opioid agonist treatment to pregnant patients.



State chapter supported

Telehealth/Telemedicine

AL HB 423/SB 272

Implements permanent regulations on telehealth in the state. Specifically, this new law allows for the prescribing of controlled substances by telemedicine but requires at least one face-to-face meeting every twelve months, with some exceptions for mental health counseling. It allows the Alabama Board of Medical Examiners and the Medical Licensure Commission to set further guidelines for the provision of telehealth services.

FL SB 312

Allows practitioners to prescribe controlled substances, including buprenorphine (except for those in Schedule II unless under certain circumstances) through telemedicine.

Measures



Establishes a list of authorized providers who can practice via telehealth, including physicians, psychologists, physician assistants, advanced practice registered nurses, etc.



Empowers licensing boards to establish standards of care for telehealth, including setting in-person requirements for the prescribing of controlled substances to new patients



Requires that insurers reimburse health care providers for covered services



Prohibits licensing boards from placing in-person requirements on new patients whose medical record indicates that they have already received medication for opioid use disorder from another provider

TN HB 2655/SB 2453

Extends the statutory provision regulating reimbursements for healthcare services provided during a telehealth encounter beyond April 1, 2022. It tolls, for the duration of any state of emergency, the 16-month period that a provider can offer telemedicine services to the patient without having an in-person encounter. It also permits a healthcare provider to provide medical services through telehealth if the service is not otherwise outside the provider's license.

TN HB 2355/SB 2240

Prohibits a healthcare provider who is authorized to prescribe buprenorphine under federal law from prescribing via telehealth a buprenorphine product, as approved by the federal food and drug administration for use in recovery or medication for addiction treatment, unless they are employed by or contracted with a licensed nonresidential office-based opiate treatment facility or licensed nonresidential opioid treatment program; a community mental health center; a federally qualified health center; a hospital licensed; the bureau of TennCare's comprehensive enhanced buprenorphine treatment network; and the delivery of telehealth is being provided on behalf of the entity that employs or contracts with the provider.