

2023 Mid-Year Report: Enacted Legislation



ASAM American Society of
Addiction Medicine

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Addiction Treatment in Correctional Facilities

WA SB 5502

Instructs the Department of Corrections not to transfer an incarcerated individual to participate in the graduated reentry program until the department has conducted a comprehensive assessment for substance use disorder.



If the incarcerated individual is assessed to have a substance use disorder, they must be assisted in enrolling in substance use disorder treatment services at the level deemed appropriate by the assessment.



Substance use disorder treatment services shall include access to medication for addiction treatment (MAT) and counseling programs.



Incarcerated individuals transferred to participate in the graduated reentry program must begin receiving substance use disorder treatment services as soon as practicable after transfer to the graduated reentry program to avoid any delays in treatment.



Upon transfer to the graduated reentry program, when clinically appropriate, individuals must be provided with access to self-administered fentanyl testing supplies and opioid antagonists upon transfer to graduated reentry program.

NM SB 425

Creates a fund to expand medication for addiction treatment (MAT) programs in state correctional facilities.

UT HB 111

Requires county or municipal jails to allow the continuation of medication for addiction treatment (MAT) plans for incarcerated individuals who were in treatment prior to incarceration. Provides that a county may pay for medications used for MAT plans. Provides that a jail may, at the discretion of the sheriff, store medications used for MAT plans.

Cannabis Reform

LA HB 286

Provides that a person can file for expungement of cannabis related misdemeanor arrest or conviction 90 days after the conviction.

NM HB 314

Requires that all public records for convictions and arrests related cannabis and cannabis paraphernalia are expunged within two years of the original arrest or conviction.

WY HB 108

Prohibits the sale of THC vaping devices and edibles to minors.

KY SB 47

Creates a medical cannabis program. Establishes the Cabinet for Health and Family Services as the entity responsible for implementing, administering, and overseeing the medicinal cannabis program.

Measures



Deletes provisions related to pharmacists.



Revises the makeup of the Board of Physicians and Advisors.



Requires qualified patients to provide documentation of diagnosed medical condition.



Establishes cause of action for patients injured or defrauded by caregiver.



Establishes a list of qualifying medical conditions.



Requires Senate confirmation of members of the Board of Physicians and Advisors.

MD HB 556/SB 516

Renames the Alcohol and Tobacco Commission to be the Alcohol, Tobacco, and Cannabis Commission; establishing the Maryland Cannabis Administration as an independent unit of State government; establishing a regulatory and licensing system for adult-use cannabis; imposing a sales and use tax of 9% on the sale of cannabis; requiring the Administration, by July 1, 2023, to convert medical cannabis licenses to licenses to operate a medical and adult-use cannabis business; etc.

MN HF 100

Measures



Legalizes adult-use cannabis and establishes a regulatory structure.



Allows adults 21 and older to possess in public up to two ounces of cannabis.



Establishes a new Office of Cannabis Management, including a designated Division of Social Equity.



Establishes a breakdown of revenue for legal sales: 80 percent of revenue will go into the state's general fund, while 20 percent will go to local governments.

UT SB 137

Amends the medical cannabis program. Modifies patient caps for qualified medical providers; for the initial issuance of a medical cannabis card, extends the expiration date from six months to one year unless the recommending medical provider provides a shorter expiration date. Allows the Department of Health and Human Services to revoke a medical cannabis patient card if the recommending medical provider withdraws the provider's recommendation for medical cannabis; allows certain physician assistants to diagnose post-traumatic stress syndrome for the purpose of recommending medical cannabis, among other changes.

VA HB 2428/SB 1233

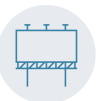
Makes it a Class 1 misdemeanor to advertise in or send any advertising matter into the Commonwealth regarding cannabis, cannabis products, or any substance containing synthetic tetrahydrocannabinol or synthetic derivative of tetrahydrocannabinol other than those that may be legally sold in the Commonwealth. The bill establishes restrictions on marijuana advertisements, including provisions that prohibit advertisements from:



Targeting minors



Being placed near schools, playgrounds, and certain other places



Being displayed at a sporting event or on a billboard



Being misleading, deceptive, or false



Referencing the intoxicating effects of marijuana



Promoting overconsumption or consumption by minors.

Child Welfare

WY SF 79

Establishes plans of safe care for infants born with prenatal substance exposure following release from a health care provider. Plans of safe care address the health and substance use treatment needs of the infant and the affected family or caregiver.

Drug Scheduling/Enhanced Penalties

IN SB 379

Adds specified substances to the list of controlled substances. Defines "fentanyl containing substance" and increases the penalty for dealing a drug that is a fentanyl containing substance.

LA HB 90

Enhances criminal penalties for possession of fentanyl. Enhances penalty for possession of less than 28 grams to be between a 5-to-40-year sentence. Enhances penalty for possession of more than 28 grams to life imprisonment.

TX HB 6

Enhances the criminal penalty for fentanyl poisoning related to death.

Harm Reduction

KY HB 353

Excludes testing equipment (fentanyl test strips) used to determine the presence of chemicals, toxic substances, or hazardous compounds in controlled substances from the prohibition of possession of drug paraphernalia. Amends KRS 218.010 to exclude fentanyl found on testing equipment from the definition of "fentanyl."

CO HB 23-1167

Extends Good Samaritan legal immunity from arrest and prosecution to a person who did not report the overdose to an emergency responder but aided or sought aid for the person who suffered the overdose and satisfies additional requirements related to the reporting. The bill also extends that immunity from arrest and prosecution to the following criminal offenses:



Unlawful possession of a controlled substance if the material, compound, mixture, or preparation contains fentanyl, carfentanil, benzimidazole opiate, or an analog thereof



Unlawful distribution or transfer of the controlled substance for the purpose of consuming all of the controlled substance with another person at a time substantially contemporaneous with the transfer, if the distribution or transfer involves certain controlled substances.

KS SB 174

Decriminalizes fentanyl test strips under state law, among other provisions.

MN SF 2909

Includes provisions to decriminalize possession of certain items such as fentanyl test strips and syringes, as well as trace amounts of controlled substances discovered on paraphernalia. Authorizes syringe service providers as community-based public health programs that offer cost-free comprehensive harm reduction services.

MN SF 2934

Includes provisions directing the commissioner of human services to create grants for harm reduction organizations, including allowing funding to be used for overdose prevention sites (OPS).

MS HB 722

Excludes fentanyl testing materials from definition of 'paraphernalia' under state law.

OK HB 2987

Excludes drug testing strips for fentanyl or fentanyl related compounds from being classified as drug paraphernalia.

TN HB 75/SB 256

Provides that immunity from being arrested, charged, or prosecuted may be applied for a person who experiences subsequent drug overdoses (more than one) at the discretion of the responding law enforcement officer or the district attorney general's office.

UT SB 86

Removes fentanyl test strips (FTS) and other testing equipment from drug paraphernalia classification under state law and allow healthcare facilities, substance use harm reduction services programs, and drug addiction treatment facilities to temporarily possess controlled substances to test for their safety.

VT H 222

Measures



Establishes a safe disposal program for unused syringes and facilitates regional stakeholder meetings to oversee safe disposal programs.



Clarifies that harm reduction supplies do not constitute drug paraphernalia.



Establishes programs to reduce opioid overdoses including developing strategies to distribute opioid antagonists to at-risk individuals and establish opioid antagonist kiosks.



Specifies that state Medicaid must provide coverage for all medically necessary medications for opioid use disorder (MOUD).



Prohibits insurance plans from implementing fail first policies in coverage of prescription medications for substance use disorder (SUD).



Amends rules to allow office-based providers to prescribe up to 24 mg of buprenorphine. Establishes provisions for drug-checking and contaminant detection services.

Licensure & Regulation of Addiction Treatment Facilities

OK SB 665

Exempts persons who own in whole or in part a public or private medical facility where a majority of patients are issued prescriptions for opioids from obtaining obtain a registration issued by the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control when issuing buprenorphine with naloxone or buprenorphine as used for medication for addiction treatment (MAT) services.

WV HB 3337

Prohibits additional substance use disorder treatment facilities and services in counties with over 250 licensed treatment beds (Kanawha County).

Medicaid

AR HB 1129

Requires the Arkansas Medicaid Program reimburse for screening for behavioral health conditions and behavioral health services provided in: (1) A hospital outpatient clinic; or (2) A physician clinic.

TX HB 1357

Repeals a requirement that Medicaid reimbursement for medication for addiction treatment (MAT) for opioid and substance use disorder expire on August 31, 2023.

Methadone & Opioid Treatment Programs

SC H 3870

Authorizes the permitting and operation of opioid treatment programs (OTPs) to provide methadone maintenance treatment.

UT SB 193

Allows qualified practitioners to issue an emergency medical order to a qualified pharmacy to dispense up to a 72-hour supply of methadone to relieve acute withdrawal symptoms while the qualified practitioner makes arrangements to refer the patient for substance use disorder treatment.

Naloxone Access

AR HB 1514

Requires that opioid overdose rescue kits be located on the campus of each public high school and state-supported institution of higher education.

AR HB 1562

Amends the Naloxone Access Act to allow 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. Additionally allows health professions to directly supply naloxone to an individual who is employed or contracted by a public or private organization, including without limitation:



A state, municipal, or county entity



A hospital or clinic



A law enforcement agency



A harm reduction organization



A shelter or homeless services organization



An educational institution



A building manager



A pain management center.

FL HB 783

Expands caregiver authority to possess and administer emergency opioid antagonists. Requires all institutions within the Florida University system to supply emergency opioid antagonists in clearly marked locations within residence halls and dormitory residences. Provides civil and criminal immunity to campus law enforcement officers who administer or attempt to administer emergency opioid antagonists.

IN SB 214

Provides that a statewide standing order for the dispensing of an overdose intervention drug must allow for choice in the: (1) purchasing; (2) dispensing; and (3) distributing; of any formulation or dosage of a naloxone product that is approved by the federal Food and Drug Administration.

ME LD 981 (SP 400)

Requires emergency medical services personnel to be trained in administering and dispensing naloxone.

ME LD 1036 (HP 672)

Requires uniformed patrol law enforcement officers to obtain training in naloxone administration and carry naloxone at all times while on duty.

ME LD 1052 (SP 421)

Expand Good Samaritan protections for administering naloxone. Protects individuals acting in good faith to respond to an apparent opioid-related drug overdose without criminal or civil liability or professional disciplinary action.

OK HB 2424

Allows for the prescription of opioid antagonists to family members. Replaces the term 'naloxone' with 'opioid antagonist.'

SC S 407

Establishes procedures for over-the-counter naloxone in alignment with the United States Food And Drug Administration (FDA).

TX SB 629

Using monies from the opioid abatement account, this legislation:



Requires school districts to adopt and implement a policy at each campus serving students in grades 6 through 12 on the maintenance, administration, and disposal of opioid antagonists, meaning any drug that inhibited the effects of opioids.



Allows school districts to implement a policy at each campus in the district, including campuses serving students in a grade level below 6.

VA HB 1709/SB 1424

Adds employees of the Department of Corrections designated by the Director of the Department to the list of persons who are authorized to possess and administer naloxone or other opioid antagonists.

VA SB 1415

This legislation:



Allows any person to possess and administer naloxone or other opioid antagonist used for overdose reversal other than naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.



Removes training requirements related to the possession and administration of naloxone.



Directs the Department of Health, the Department of Behavioral Health and Developmental Services, and the Department of Corrections to develop a statewide plan for the distribution of naloxone throughout the Commonwealth and allows such agencies to begin implementation of the plan to the extent the agencies can do so with existing resources.

Parity & Insurance Reform

AR HB 1558

Amends the Prior Authorization Transparency Act by prohibiting a healthcare insurer, including Medicaid, from placing prior authorization on injectable medications for the treatment or detoxification of opioid and alcohol addiction.

IL SB 1568

Requires the Department of Insurance to study the number of the number of employment disability insurance plans offered in the state, including the number that limit mental health and substance use disorder benefits. Requires findings to be presented to the General Assembly by April 30, 2024.

NM SB 273

Enacting sections of the Health Purchasing Act and the New Mexico Insurance Code to prohibit insurers from applying limitations on coverage for mental health or substance use disorder services that are more restrictive than limitations on coverage for other types of health care services. Enacts provisions to uphold insurer compliance.

VA HB 2216/SB 1347

Requires health insurance carriers to provide coverage for mobile crisis response services and support and stabilization services provided in a residential crisis stabilization unit to the extent that such services are covered in other settings or modalities, regardless of any difference in billing codes. The bill requires the State Corporation Commission, in consultation with the Secretary of Health and Human Resources, to convene a stakeholder work group to examine network standards for mobile crisis response services and the current availability of mobile crisis response services in the Commonwealth. The bill requires the work group to make recommendations regarding:



The definition and standards of care for mobile crisis response services and short-term residential crisis stabilization services as they apply to the commercial insurance market, including balance billing protections.



The licensure or accreditation required for such services in the Commonwealth.



How cost-sharing and deductibles will be addressed as part of accessing such services for commercially insured individuals.

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Recovery Residences

KY HB 248

Creates various new sections of KRS Chapter 222 to define terms; require certification for recovery residences; establish requirements for recovery residences; establish requirements for the Cabinet for Health and Family Services pertaining to certified recovery residences; require certain entities to refer individuals only to certified recovery residences; direct the Department for Medicaid Services to seek approval to provide Medicaid coverage and reimbursement for substance use disorder recovery services provided by a certified recovery residence.

Regulation of Office-Based Treatment

AL HB 433/SB 239


Repeals a previous state law requiring the Alabama Board of Medical Examiners to adopt rules governing the prescribing and use of buprenorphine to treat opioid use disorder (OUD) in nonresidential settings. The law was obsolete in light of removing the federal “X-waiver” for buprenorphine prescribing.

State Appropriations/Opioid Settlement


NJ S 783

Establishes Opioid Recovery and Remediation Fund. Establishes requirements for proceeds from opioid settlements to support substance use disorder prevention and treatment programs.

VA SB 1568



Establishes the Commonwealth Opioid Abatement and Remediation Fund to receive funds from a direct settlement, judgment, verdict, or other court order relating to consumer protection claims regarding the manufacturing, marketing, distribution, or sale of opioids that are intended to be used for opioid abatement or remediation, excluding funds designated for transfer to the Opioid Abatement Authority.



Provides that such funds be deposited by the Office of the Attorney General. Moneys in the Fund be administered pursuant to the appropriation act and shall be used solely for the purposes of efforts to treat, prevent, or reduce opioid use disorder or the misuse of opioids or to otherwise abate or remediate the opioid epidemic, or for any other approved purposes described in a related settlement, judgment, verdict, or other court order.

Telehealth/Telemedicine

FL HB 267

Revises the definition of telehealth to include audio-only services and telephone calls.

LA SB 66

Restricts the prescribing of controlled substances by telehealth until an in-person patient examination is completed. Authorizes a state agency or professional or occupational licensing board to regulate.

MD SB 534



Extends the inclusion of certain audio-only telephone conversations under the definition of ‘telehealth’ for the purpose of certain provisions of law relating to reimbursement and coverage of telehealth by the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations.



Requires the Maryland Medical Health Care Commission to study and make recommendations regarding the delivery of health care services through telehealth by December 1, 2024.

NH HB 500

Enables physicians, physician assistants and APRN's to prescribe non-opioid and opioid controlled medications classified in schedule II through IV by means of telemedicine after establishing a physician-patient relationship with the patient. When prescribing a non-opioid or opioid controlled drug in schedule II through IV by means of telemedicine a subsequent in-person exam must be conducted by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, at least on an annual basis.

VT H 411

Extends COVID-19 health care regulatory flexibility until March 31, 2024.

Tobacco & Other Substances

CO SB 23-290

Implements a voter-approved initiative to legalize psychedelics in Colorado. Establishes a regulatory framework for legal psychedelics centered around “healing centers” where adults 21 and older will be able to receive psychedelic treatment. Additionally, specifies rules on cultivation and facilitators, creates licensing requirements, dictates state agency regulatory responsibilities and imposes penalties for unsanctioned activities.

KS HB 2269

Amends the Kansas cigarette and tobacco products act to raise the minimum age to 21 years old for the sale, purchase or possession of cigarettes, electronic cigarettes or tobacco products.