

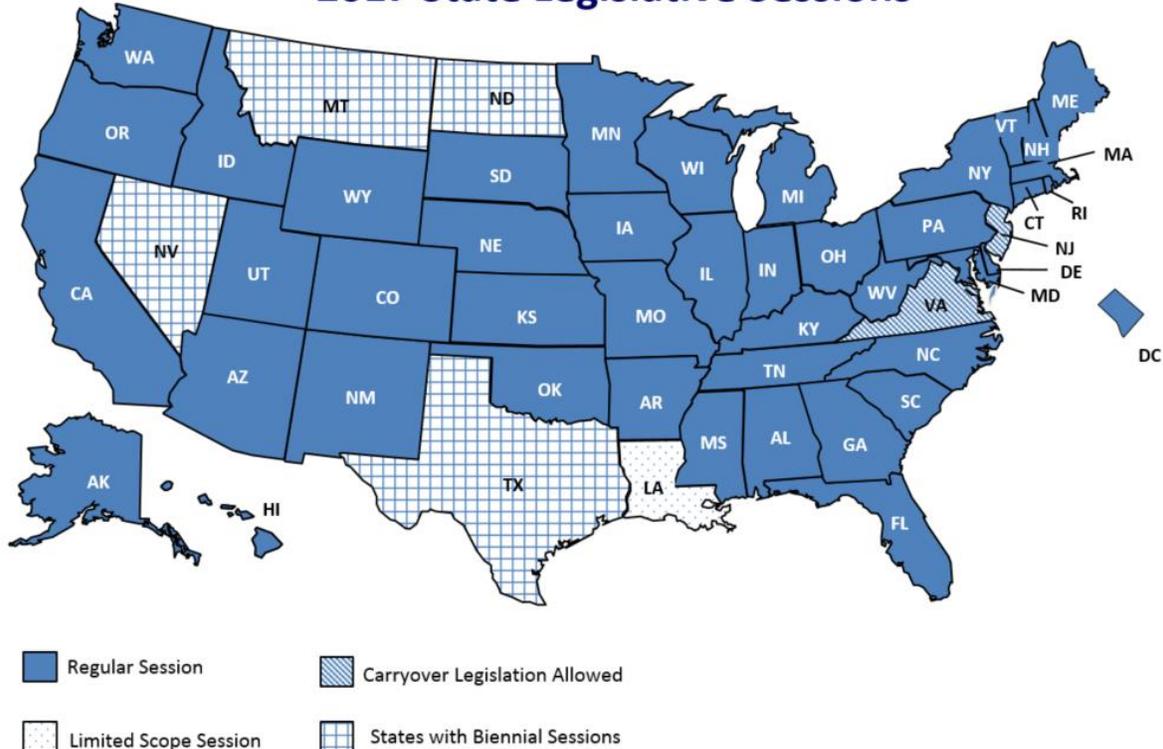
# 2017 State Legislative and Regulatory Prospectus



## OVERVIEW

All states and the District of Columbia will hold regular legislative sessions in 2017.<sup>1</sup> Louisiana will have a limited session, with bills restricted to fiscal and local matters, and legislators limited to five pre-filed bills.<sup>2</sup> Two states will allow bills introduced in 2016 to be considered in 2017 (i.e. carryover legislation).<sup>3</sup>

## 2017 State Legislative Sessions



To provide an overview of the issues expected to impact state health agencies and public health, ASTHO reviewed available pre-filed bills and canvassed the state health agency legislative liaisons regarding priorities and issues they expect their legislatures to address in the coming year. Substance abuse and the opioid epidemic remains a major focus in 2017. Other public health policies include investing in core public health infrastructure, preventing and mitigating the impact of adverse childhood events, improving tobacco prevention and control efforts, and regulating new and existing marijuana regimes. We encourage you to visit the [ASTHO website](http://www.astho.org) to stay updated on the latest developments as state legislative sessions unfold.

## SUBSTANCE ABUSE AND MISUSE POLICIES

<sup>1</sup> National Conference of State Legislatures (NCSL). "2017 Legislative Session Calendar." Available at: <http://www.ncsl.org/documents/ncsl/2017sessioncalendar.pdf>. Accessed 12-16-2016.

<sup>2</sup> NCSL. "Legislative Sessions with Limited Scope." Available at: <http://www.ncsl.org/research/about-state-legislatures/legislative-sessions-with-limited-scope.aspx>. Accessed 12-16-2016.

<sup>3</sup> Stateside Associates. "State Carryover Procedures." Available at: <http://www.stateside.com/wp-content/uploads/State-Carryover-Procedures-FactPad-Insert.pdf>. Accessed 12-16-2016.

### **Leveraging Executive Authorities**

States have used a variety of policy levers to respond to the opioid epidemic and will continue these efforts in 2017. One of the trends noted over the past few years has been the willingness of state agencies to use existing authorities to immediately respond in moments of crisis. For example, in states where a pharmacy board or legislature authorized a standing order for dispensing opioid antagonists (e.g., naloxone), state health departments have issued state-wide standing orders. Given the need for rapid and dynamic solutions at all levels, this trend will continue.

### **Reduce Opioid Overdose Deaths**

With the increased availability of more potent forms of illicit opioids, specifically fentanyl and carfentanil, states expect to see more overdoses in 2017. To counter this unfortunate trend, state policymakers are exploring ways to expand access to opioid antagonists, increase access to evidence-based substance use disorder treatment, and improve the linkages while reducing the barriers among public health services, healthcare providers, public safety, corrections, and substance use disorder treatment providers. Efforts will likely include insurance reforms to increase reimbursements for treatment services, establishing new care providers like peer support specialists, and adding referral requirements for substance use disorder treatments when discharging individuals suffering from overdoses from emergency rooms or inpatient hospitalizations.

### **Improving Prescribing Practices**

States will also continue efforts to reduce abuse and misuse of prescription opioids by altering prescribing practices through provider education, modifying and leveraging prescription drug monitoring programs, adopting or mandating the use of prescription guidelines and limits, and strengthening regulatory oversight and enforcement of pain management clinics and specialists. Finally, recognizing the connections between substance use disorders and public safety, states will explore programs and policies to increase access to substance use disorder treatments in correctional systems.

### **Responding to Secondary Impact**

The opioid epidemic has also created secondary effects impacting public health, including infants born with neonatal abstinence syndrome (NAS) and outbreaks of blood-borne diseases such as HIV and hepatitis C. State efforts around NAS may include revising reportable disease requirements to better identify cases of NAS, adopting evidence-based treatment guidelines, and increasing collaboration across agencies to ensure follow-up care and support services. In terms of blood-borne disease outbreaks, federal policy changes in 2016 allow state and local governments to use federal funds for syringe services program administrative costs. With injection drug use rates increasing, states will continue to look to these programs to mitigate the risk of infectious disease outbreaks.

## **ASTHO PRESIDENT'S CHALLENGE**

### **Public Health Approaches to Preventing Substance Abuse Misuse and Addictions**

At ASTHO's 2016 Annual Meeting, ASTHO President **Jay Butler (AK)** introduced the [2017 ASTHO President's Challenge: Public Health Approaches to Preventing Substance Abuse, Misuse, and Addictions](#). Using a multi-level public health practice paradigm, Butler challenged ASTHO members and partner organizations to address substance abuse disorder at all levels. The challenge provides a forum and a platform for state health officials to share promising practices, leverage new resources and partnerships, and embrace interventions with a prevention focus. With substance use disorders at epidemic levels and opioids involved

in more than 33,000 overdose deaths in [2015](#), this timely challenge builds on ongoing efforts of states and health departments across the United States to craft responsive and responsible policies and strategies.

## EMERGING ISSUES

### **Investing in Public Health Infrastructure**

While not a new issue, threats to public health over the past few years including large-scale water and food contamination, the emergence and rapid spread of infectious diseases, and the opioid epidemic underscore the need for sustainable investments in infrastructure to promote and protect the public's health. States will need to focus on developing and retaining an effective public health workforce, creating and integrating public health surveillance, information, and data systems to improve decisionmaking, and establishing flexible and responsive authorities and funding so health departments have the tools to prioritize and respond effectively as threats emerge.

### **Adverse Childhood Events**

Research and medicine continue to reveal the connection between adverse and traumatic events experienced early in life with increased risk factors for poor health outcomes across the lifespan. States will work to address and prevent these early events, thereby investing in the improved long-term health and prosperity of their residents.

### **Access to Contraception**

Almost half of [U.S. pregnancies](#) are unintended, which can result in poor maternal and child health outcomes, as well as additional costs to the healthcare system. Improving access to contraception is one approach states have taken to reduce the number of unintended pregnancies. Oregon and California have allowed pharmacists to provide certain hormonal contraceptives to women over-the-counter, and other states may explore other approaches to expand access to contraceptives.

### **Licensure Compacts**

To ensure access to healthcare professionals and providers, jurisdictions are exploring interstate licensure compacts. The Interstate Medical Licensure Compact became effective in May 2015. However, implementation activities are ongoing. Currently, seven states have enacted the Recognition of EMS Personnel Licensure Interstate Compact Act, which provides a streamlined process for EMS licensure across member states. The compact requires 10 states to join before implementation, and it is possible that the remaining three states will join in 2017.

## ONGOING ISSUES

### **Healthcare and Medicaid Reforms**

With a new federal administration, there will likely be significant changes to ongoing efforts to promote healthcare and Medicaid reform. Although precise detail are unknown, the incoming administration will likely advance flexibility for state-led efforts, meaning there may be increased opportunities to leverage Medicaid 1115 or 1332 waivers to improve health outcomes in states.

### **Marijuana**

Currently, 50 percent of Americans live in a jurisdiction that allows medical marijuana; 20 percent live in a jurisdiction that allows individuals over 21 to use marijuana. Arkansas, Florida, and North Dakota, which adopted medical marijuana, and that adopted medical marijuana and California, Maine, Massachusetts, and Nevada, which adopted retail marijuana, in November 2016 will likely focus on developing and

implementing regulatory systems and enforcement mechanisms. It is also likely that legislatures in states allowing medical and retail marijuana will continue to evaluate and modify existing programs. However, with marijuana remaining prohibited under federal law, federal enforcement requirements relating to state legalization efforts may change with the new federal administration.

### **Promoting Healthy Behaviors**

With a focus on decreasing healthcare costs, policymakers are increasingly exploring programs to incentivize healthy behaviors and reduce tobacco use. Taxes on cigarettes and other tobacco products will be considered, as a public health measure and a means of revenue for other state activities. States will continue to debate raising the minimum age of tobacco use to 21, determine how to incorporate electronic nicotine devices and other novel tobacco products into their regulatory systems, and strengthen smoke-free laws. Additionally, states are engaging more in nutrition policies and activities, including areas such as state-wide taxes on sugar-sweetened beverages and guidelines and standards for food procurement by state agencies.

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