

Strong States, Strong Nation



STATE OPIOID POLICY TRENDS

 NATIONAL CONFERENCE *of* STATE LEGISLATURES

South Carolina House Opioid Abuse Prevention Study Committee
October 30, 2018



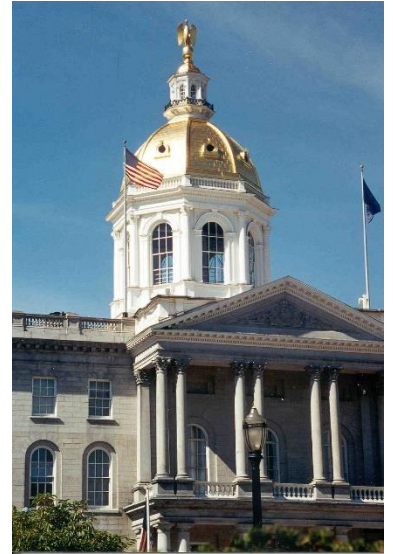
Agenda

- ❑ About NCSL
- ❑ The four pillars of opioid health policy
- ❑ State health policy innovations and trends
- ❑ Diversion and deflection from the criminal justice system
- ❑ Treatment for the justice involved

National Conference of State Legislatures



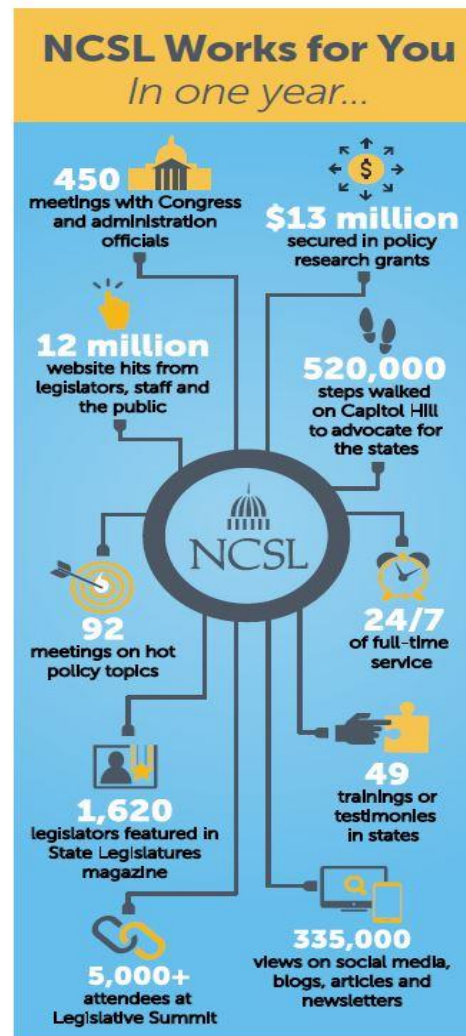
- ❑ Bipartisan, membership organization
 - ❑ Each of the 50 states and all territories
 - 7,383 state legislators
 - 30,000+ state legislative staff
- ❑ Research, education, technical assistance
- ❑ Mission:
 - ❑ Improve the quality & effectiveness of state legislatures
 - ❑ Promote policy innovation and communication among state legislatures
 - ❑ Ensure states have a strong, cohesive voice in the federal system



What Does NCSL Do?



- ❑ Research
- ❑ Website: www.ncsl.org
- ❑ Congressional Meetings
- ❑ Invitational Meetings
- ❑ Information Requests
- ❑ State Legislatures Magazine
- ❑ Trainings and Testimony
- ❑ Legislative Summit
- ❑ Social Media





The Four Pillars of Opioid Policy

Prevention

Intervention

Treatment

Recovery

Prevention & Intervention

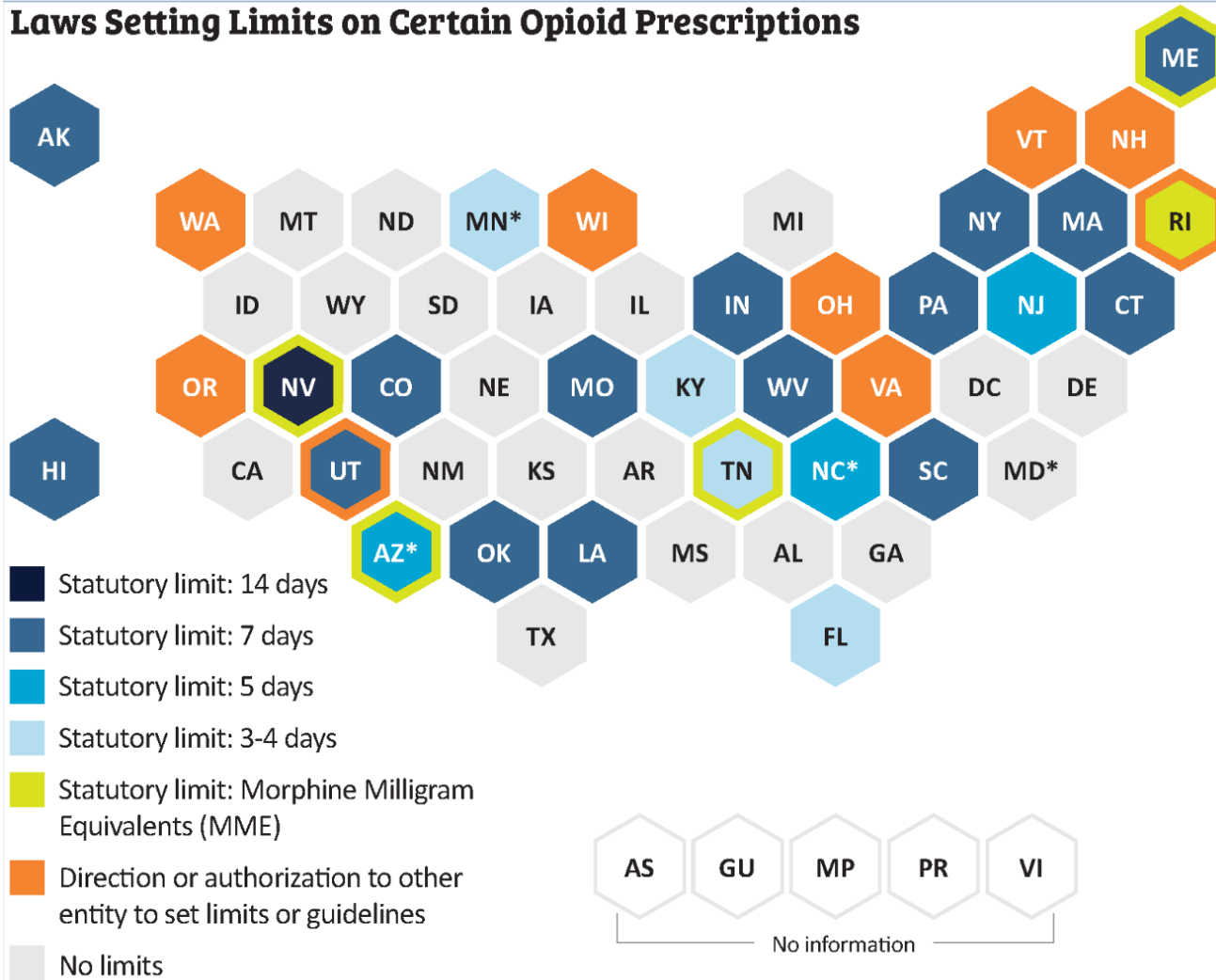




Prevention: State Actions

- ❑ Provider education & training
 - ❑ e.g., identifying substance use disorders; pain management; opioid prescribing
- ❑ Voluntary non-opioid directives
- ❑ Drug take-back days/drop-boxes
- ❑ Alternative pain management
 - ❑ e.g., acupuncture, massage, chiropractor
- ❑ Prescription drug monitoring programs (PDMPs)
- ❑ Prescription limits or guidelines

Laws Setting Limits on Certain Opioid Prescriptions



Intervention



- ❑ Screening, Brief Intervention and Referral to Treatment (SBIRT)
- ❑ Access to Naloxone
 - ▣ Emergency responders, law enforcement, fire fighters
 - ▣ Lay persons
 - ▣ Third party prescriptions (providing medication to someone other than the at-risk drug user)
 - ▣ Good Samaritan overdose/911 immunity

Treatment & Recovery



Treatment: Coverage



- Medicaid and private payer coverage
 - ▣ Funding increases, coverage mandates for detox and inpatient beds
 - Residential treatment is optional for Medicaid-enrolled patients
 - ▣ Removing prior authorization, “medically necessary” requirements
 - ▣ Strengthening parity
- Access to Medication-Assisted Treatment (MAT)
 - ▣ Requiring equal access and coverage of all FDA-approved MAT i.e., buprenorphine, methadone, and naltrexone



Treatment: Access to Care

- Increasing the number and type of providers
 - ▣ Expanding the number of patients to whom a provider can prescribe buprenorphine
 - ▣ Training providers in medication-assisted treatment
- Expanding the reach of providers through telehealth
 - ▣ Expanding providers, settings eligible for reimbursement
 - ▣ Specifying substance abuse services

Recovery



- ❑ Peer Support Specialists/Recovery Coaches
 - ❑ At least 13 states have a state-wide certification process
 - ❑ Centers for Medicare & Medicaid Services require state training and certification for peer support specialists to bill Medicaid
- ❑ Recovery high schools and college campus efforts
- ❑ Other peer networks and support groups
- ❑ Recovery Residences/Sober Living Homes



Strategies and Innovations

Access
Treatment
Reduction
Recovery
Disposal
Partners
Limits
CoMAT
Data
Awareness
Integration
Training
Alternatives
Naloxone
Average
RD



Health Tools and Resources

- ❑ NCSL Opioid Policy Deep Dive <http://www.ncsl.org/bookstore/state-legislatures-magazine/opioid-deep-dive-state-policy-updates.aspx>
- ❑ NCSL Opioid Prescribing Policies Report www.ncsl.org/research/health/prescribing-policies-states-confront-opioid-overdose-epidemic.aspx
- ❑ NCSL Injury Prevention Database www.ncsl.org/research/health/injury-prevention-legislation-database.aspx
- ❑ NCSL Prescription for Pain Management Brief
<http://www.ncsl.org/documents/health/PainManagement216.pdf>
- ❑ NCSL Prescription Drug Monitoring Programs Postcard
<http://www.ncsl.org/research/health/prescription-drug-monitoring-programs-postcard.aspx>
- ❑ Centers for Disease Control and Prevention
<https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>



Questions?

The Forum for America's Ideas



THE CRIMINAL JUSTICE SYSTEM RESPONSE TO OPIOIDS



NATIONAL CONFERENCE *of* STATE LEGISLATURES

The Forum for America's Ideas



EARLY INTERVENTIONS



NATIONAL CONFERENCE *of* STATE LEGISLATURES



Deflection

Definition:

“Stopping a citizen from entering the criminal justice system who is at immediate risk of or is at likely future risk of entering the criminal justice system due to behavioral health challenges, and instead deflecting (moving) them into the community human services system.”

Sources: Jac Charlier, TASC

Types of Programs

- Overdose Response
 - QRT – Quick Response Team
 - DART – Drug Abuse Response Team
 - PORT – Post Overdose Response Team
- Police Referral
 - LEAD – Law Enforcement Assisted Diversion
 - STEER – Stop, Triage, Engage, Educate, Rehabilitate
- Self-Referral
 - Angel Program



Recent Deflection Enactments

- California SB 843 (2016)
 - LEAD pilot program and made a \$15 million appropriation.
- Colorado 2017 Budget
 - LEAD pilot program and co-responder programs. Appropriated \$5.2 million.
- Illinois SB 3023 (2018)
 - First enactment authorizing full range of pre-arrest deflection programs.
- Kentucky SB 120 (2017)
 - Authorized Angel Initiative programs.
- New Jersey AB 3744 (2016)
 - Authorized law enforcement assisted addiction and recovery program.
- New Mexico HB 2 (2017)
 - Authorized funding for the study of LEAD in Santa Fe.



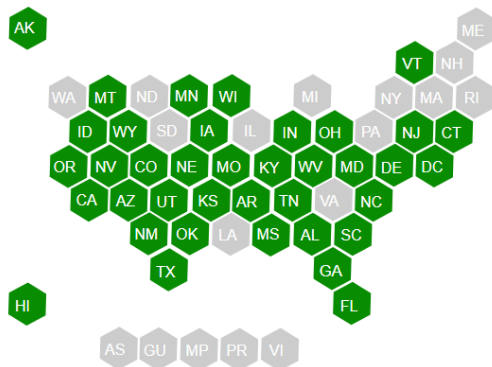
Deflection and Diversion

- Deflection is an emerging legislative trend that reroutes individuals with behavioral health needs before arrest or before contact with the justice system.
- Statutory pretrial diversion is well established in 48 states and the District of Columbia and reroutes defendants after arrest, but prior to adjudication or final entry of judgment.

Statutory Pretrial Diversion Database



General Population Diversion

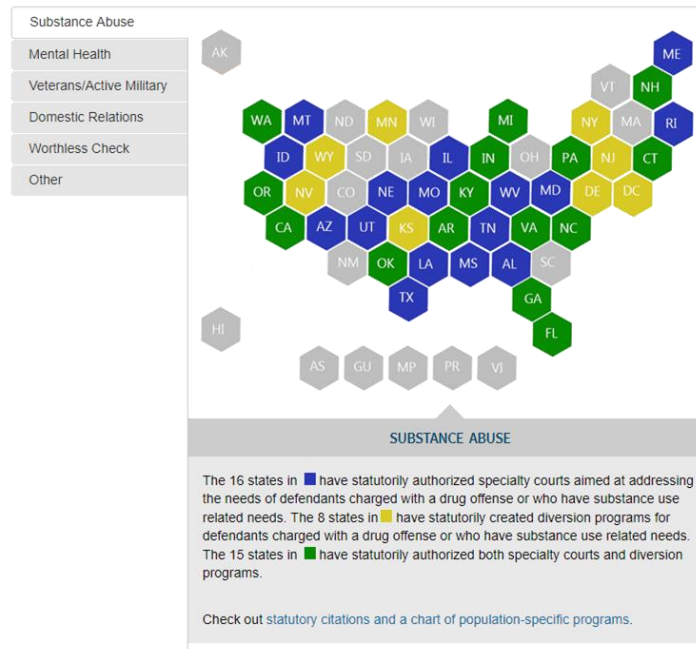


The interactive map has been designed to allow users to compare state general population diversion courts and programs. Select the state on the map for detail about general population diversion programs and courts in each state.

Thirty-seven states authorize programs that are not population specific and address the needs of defendants more generally than the programs listed above. These laws generally designate who has authorization to create a diversion program or designates administrative authority over a program to a specific individual or office such as prosecuting attorneys, local courts, or other local governmental agency. State statute also generally provides guidance on which defendants are eligible for participation in the diversion program and often specifically excludes defendants charged with a particular crime, defendants with specified criminal histories, or cases where certain circumstances, like death or bodily injury, were a factor.

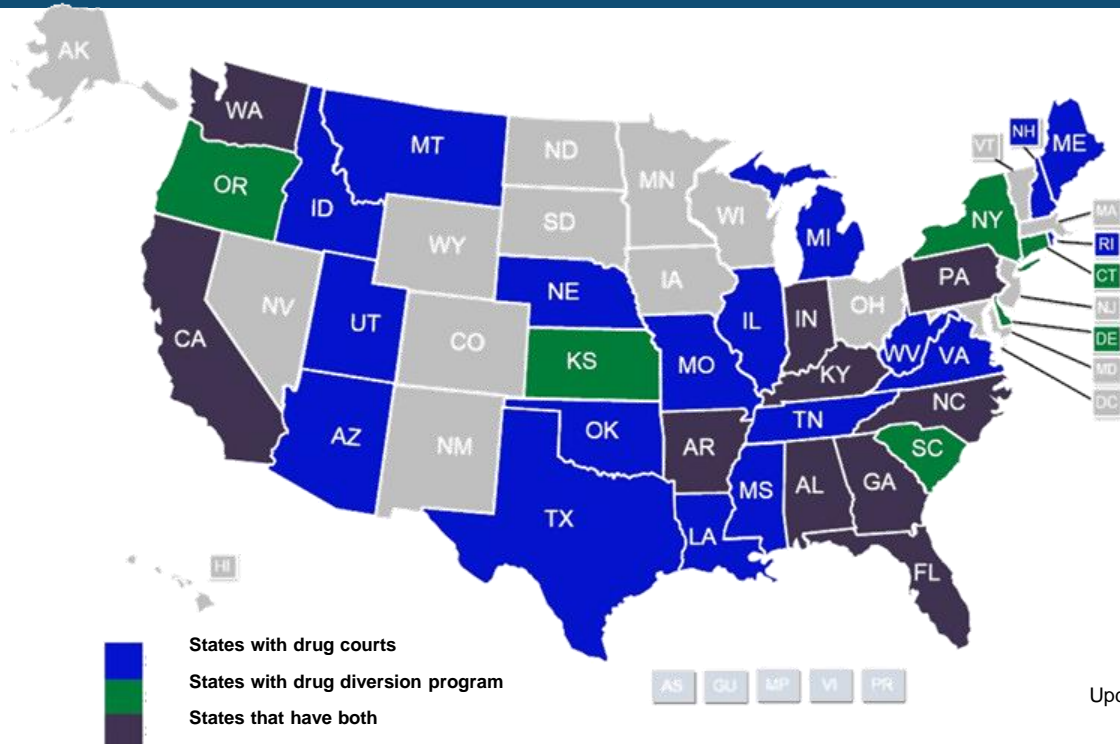


Population Specific Diversion



[Statutory Pretrial Diversion Database](#)

Statutory Pretrial Drug Courts and Diversion Programs



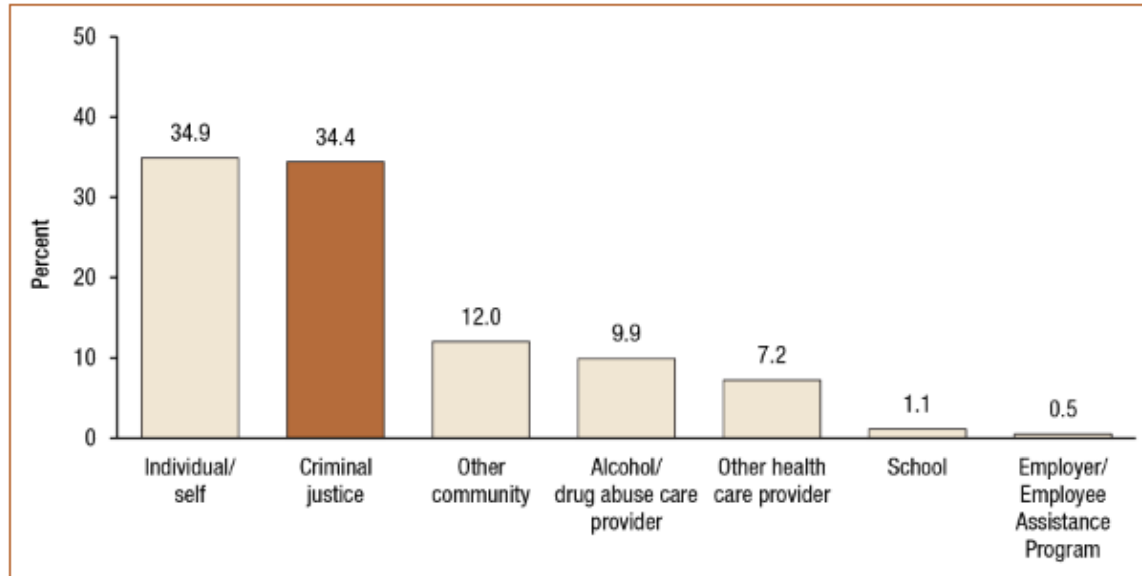
Updated February 2017



CRIMINAL JUSTICE
SYSTEM:
TREATMENT FOR THE
JUSTICE INVOLVED



According to Substance Abuse and Mental Health Services Administration (SAMHSA), the criminal justice system is the single largest source of referral to substance abuse treatment.



Source: SAMHSA Treatment Episode Data Set – Discharges (TEDS–D), 2011.

Sources: [SAMHSA Report](#)

States have expanded access to Medication Assisted Treatment (MAT) throughout the criminal justice system



**MAT has
been
authorized
:**

- During pretrial release
- As part of diversion
- As part of a probation/parole
- In prisons & jails
- As part of reentry



Recent MAT Diversion Enactments

In recent years, at least 12 states have enacted new laws addressing the use of medication assisted treatment in treatment courts and diversion programs.

- Florida HB 5001 (2016)
- Illinois HB 5594 (2016)
- Indiana SB 464; HB 1304; HB 1448 (2015)
- Michigan HB 5294 (2016)
- Missouri HB 2012 (2016)
- New Jersey SB 2381 (2015)
- New York AB 6255 (2015)
- Ohio HB 59 (2013)
- Tennessee SB 2653 (2016)
- Virginia HB 30 (2016)
- Wisconsin AB 657 (2016)
- West Virginia HB 2880 (2015)

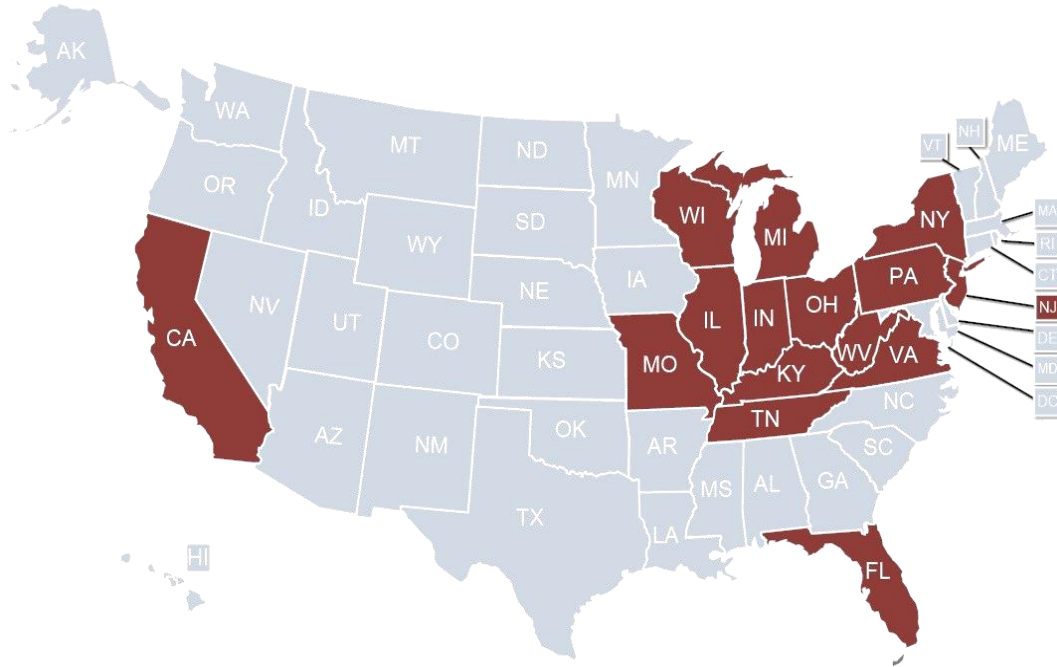


Recent MAT Enactments Affecting Incarcerated & Supervised Individuals

In recent years, at least 10 states have enacted new laws addressing the use of medication assisted treatment correctional facilities and by supervision agencies.

- California SB 843 (2016)
- Florida HB 5001 (2016)
- Indiana SB 464; HB 1304; HB 1448 (2015)
- Kentucky SB 192 (2015)
- Michigan HB 5294 (2016)
- Missouri HB 10 (2015); HB 10 (2013)
- New Jersey SB 2381 (2015)
- Pennsylvania HB 1589 (2016); SB 524 (2015)
- Tennessee HB 1374 (2015)
- West Virginia HB 2880 (2015)

Treatment: States with Recent Enactments



Updated August 2017



Questions?



Thank you.

Margaret Wile
Policy Specialist, Health Program
margaret.wile@ncsl.org
303-856-1459

Strong States, Strong Nation



STATE OPIOID POLICY TRENDS

 NATIONAL CONFERENCE *of* STATE LEGISLATURES

South Carolina House Opioid Abuse Prevention Study Committee
October 30, 2018