Session Objectives

- Understand emerging health topics that states are currently addressing, including the opioid epidemic, emergency preparedness through the lens of Zika and marijuana
- Learn about state challenges and successes related to emerging topics
- Learn state strategies from peers in other states during Q&A and group discussion
What’s Covered Today

- Overview of the epidemic
- State strategies in prevention, intervention, treatment and recovery
  - Intersection with human services and criminal justice
- Discussion
What's the Problem?

- Since 1999, the number of overdose deaths involving opioids quadrupled
- 91 Americans die every day from an opioid overdose

“My take-home message today is that this is an emergency.”
– Dr. Anne Schuchat, Acting Director, Centers for Disease Control and Prevention

Source: https://www.cdc.gov/drugoverdose/data/statedeaths.html
What’s the Problem?

- The majority of drug overdose deaths (6/10) involve an opioid
- Human and financial costs
- Prescription drug misuse
- Illicit drugs (e.g., heroin, fentanyl)
  - Large majority of illicit drug use started with non-medical use of prescription drugs
- Prevent misuse while maintaining access to needed medications

Prevention & Intervention
Prevention: PDMP

- Prescription drug monitoring programs (PDMP) among most promising state strategies
- PDMP state action and best practices:
  - Registration
  - Delegates (e.g., nurse, medical assistant) and authorized users/recipients (e.g., health, public safety, licensing board)
  - Universal use
  - Data submission (real-time)
  - Active management
  - Ease of use and access (e.g., integration with electronic health record)
  - Interstate data sharing

PDMP Data Submission and Mandatory Use Requirements
Prevention: Other State Actions

- Prescription limits or guidelines
  - 13 states (CT, KY, MA, ME, NH, NJ, NY, OH, PA, RI, UT, VA, VT + AZ)
  - First time opioid prescriptions; day or MME limits
  - Centers for Disease Control and Prevention (CDC) Guideline
    - Voluntary recommendations for providers
- Provider Education & Training

Prevention: Other State Actions

- Pain clinic regulation
- Alternative pain management
  - e.g., acupuncture, massage, chiropractor
- Public education campaigns
- Drug take-back days/drop-boxes
- Non-opioid directives
- Abuse-deterrent formulations
Intervention (Rescue)

- Naloxone access laws
  - Immunity
  - Emergency responders, law enforcement, fire fighters
  - Lay person
  - Third party prescriptions
  - Standing orders
- Good Samaritan Overdose/911 immunity

Treatment and Recovery
Treatment

- Only 10% with Substance Use Disorder receive treatment of any type
  - 3 FDA approved medications used with behavioral therapies
    - Proven to reduce illicit drug use, misuse, overdose risk and fatalities

- Treatment reduces:
  - Health care costs, criminal activity, withdrawal symptoms, cravings

- Treatment increases:
  - Economic, social, personal productivity, adherence to therapy, presenteeism, etc.

Hurdles to Treatment

- All treatments are not covered by all payers
  - Coverage isn’t consistent across insurance companies/states

- Medicaid Fee for Service varies
  - Residential treatment is optional

- Parity Laws- “comparable coverage”
  - May have limitations but not violations

- Many stakeholders involved
Road to Recovery Through Treatment

- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- Treatment is a bottleneck in recovery
  - Not enough detox and treatment beds
  - Lack of providers in most urban and rural areas
  - Encouraging prescribers to use evidence-based MAT
- Sober living, long term recovery resources
- Ensuring parity and coverage as required by state and federal laws

Intersection with Criminal Justice & Human Services Issues
Criminal Justice

- Pre-arrest diversion/deflection
- Pretrial diversion
- Revising Criminal Penalties
- Expanding Access to Medication Assisted Treatment (MAT)

Child Welfare

- Highest number of children in foster care since 2008
- State strategies
  - Plans of safe care
  - Specialty courts

![Bar chart showing reasons for removal related to parental substance use in FY 2015]

- Neglect: 161,791
- Drug Abuse Parent: 85,937
- Caretaker Inability to Cope: 37,243
- Alcohol Abuse Parent: 14,978
- Parent Death: 2,019

Reason for Removal Related to Parental Substance Use in FY 2015
Key Questions to Ask

- What does the data show? What are the biggest issues for the state? Where do gaps exist?
  - E.g., overdoses, PDMP/prescribing, law enforcement seizures
- What recent action has been in taken in the state (legislation and otherwise)?
- What new strategies might be needed and/or appropriate for the state?
- What agencies (e.g., public health, mental or behavioral health, child welfare, law enforcement) and other stakeholders (e.g., providers, families, insurers, etc.) need to be at the table?
Tools and Resources

- NCSL Injury Prevention Database

- NCSL Prescription for Pain Management Brief

- NCSL Prescription Drug Monitoring Programs Postcard

- Centers for Disease Control and Prevention
  https://www.cdc.gov/drugoverdose/index.html

HEALTH SEMINAR FOR NEWER HEALTH LEGISLATORS

Strong States, Strong Nation

HEALTH SEMINAR FOR NEWER HEALTH LEGISLATORS

National Conference of State Legislatures

Emergency Preparedness- Zika
What’s Covered Today

- What’s the problem: why emergency preparedness is important for states and state budgets
- Addressing the problem: state responses and options
- Moving forward: key resources

Emergency Preparedness

- Emergency preparedness includes:
  - Disease outbreaks
    - Ebola, Zika, H1N1
  - Natural disasters
    - Hurricanes, floods, tornados
  - Act of terrorism
Disease Outbreaks

Emergency Preparedness - Funding

Federal

State

Local
### Emergency Preparedness

#### Preparedness & Response: By the Numbers

- **$616**: Million in annual Public Health Preparedness and Response funds awarded to 62 jurisdictions for 2016
- **646**: CDC responders deployed internationally to fight Zika
- **21,756**: Incoming calls responded to from the public, state health departments, clinics, and hospitals
- **4**: CDC Emergency Operations Center responses at once: Polio, Ebola, Zika, and Flint, Michigan Water Contamination
- **31,000**: Zika Prevention Kits distributed across the U.S. and its territories
- **25**: Countries and public health leaders to CDC headquarters for emergency management training
- **2,232**: Federal, state, territorial, and local emergency responders trained on how to receive and distribute products from the Strategic National Stockpile
- **216**: Inspections of laboratories registered to handle select agents and toxins conducted by the Federal Select Agent Program in 2015
- **64**: Peer-reviewed publications and Morbidity and Mortality Weekly Reports published by Office of Public Health Preparedness and Response staff
- **100**: Public Health Emergency Preparedness-funded field staff assigned to 44 different awards' locations in 2016
Zika

**What we know**

- **Number of cases**
  - US Reported Cases - 5,234 Zika
  - US territories Reported Cases - 36,526

- **How it is spread**
  - The bite of an infected Aedes species mosquito
  - Sexual contact with an infected individual
  - From a pregnant woman to her fetus
  - Blood transfusions (very likely but no confirmed cases)

- **Impact on pregnant women and her fetus**
  - A pregnant woman can spread Zika to her fetus and infection during pregnancy can cause birth defects

- **No cure or vaccine**

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**What we don’t know**

- If there is a safe time to travel to affected areas during pregnancy
- If you are bitten during pregnancy, the likelihood of infection and transmission to fetus
- Long term effects of Zika
- The length of time that a man can still infect his partner through sexual contact after Zika infection
  - Longest reported length of the Zika virus in a man’s system is 93 days
Forty-four states reported pregnant women with evidence of Zika in 2016.
- Most of these women acquired Zika virus infection during travel to an area with Zika.

Nearly 1,300 pregnant women with evidence of possible Zika infection were reported to the US Zika Pregnancy Registry.
- Of the nearly 1,000 pregnancies that were completed by the end of the year, more than 50 (or about 5%) had Zika-related birth defects.

Among pregnant women with confirmed Zika infection, about 1 in 10 had a fetus or baby with birth defects.
- Confirmed infections in the first trimester posed the highest risk—with about 15% having Zika-related birth defects.
Estimated range of *Aedes albopictus* and *Aedes aegypti* in the United States, 2016*

Addressing the Problem

- **Prevention:**
  - Pregnant women limiting travel to affected areas
  - Mosquito bite protection (long sleeves, bug spray)
- Local vector and mosquito abatement programs
- **Education**
- Congress approved $1.1 billion to combat Zika *(September, 2016)*
- CDC awarded states nearly $184 Million
  - For testing, treatment and mosquito surveillance and abatement
Emergency Preparedness- Response Efforts

- Federal
- State
- Local
- Individual

State Example: Florida

- 1,125 confirmed cases in Florida
- Proactive approach
  - Hotline for citizens
  - Daily updates from Surgeon General
  - Tests kits
  - Governor Scott Declared Public Health Emergency (Feb. 2016)
Moving Forward

- US Zika pregnancy registry
- Birth defects surveillance
- Continued mosquito surveillance, vector (mosquito) control and abatement
- Public education

Additional Resources

- Report: “Facts about Microcephaly,” Centers for Disease Control and Prevention
- Website: Zika & Pregnancy, Centers for Disease Control and Prevention

NCSL Resources

- Taking a Bite Out of Zika
- Public Health Advisory: The Emerging Mosquito Borne Zika Virus Outbreak
- Subscribe to State Legislatures magazine
- State Legislatures homepage
What’s Covered Today

- Overview of medical, CBD and adult-use cannabis laws
- State program details, similarities and differences
- Taxes
- Legislator roles
- Lessons learned
- Your questions
Significant Pending Legislation- 2017

- States/territories with proposals to **legalize and regulate adult use**: “similar to alcohol” that are still pending: 22 & DC. *(DIED) (PASSED)*
  - AZ, CT, GA, HI, IL, KS, KY, MD, MN, MS, MO, NH, NJ, NM, NY, PA, RI, TX, VT, WY and DC

- States with **pending** bills to create new **comprehensive medical marijuana** programs in 2017: 16 *(DIED) (PASSED)*
  - IA, IN, KS, KY, MS, MO, NE, NC, OK, SC, TN, TX, UT, VA, WV, WI

- 2016 Ballot Initiatives: Adult-use- AZ, CA, ME, MA, NV.
  - Medical- AR, FL, MT, ND.

  - *new and potential for carry-over as of April 20, 2017*
A Brief History of Medical Marijuana Programs

- CA: First state to pass with Prop. 215 in 1996
- Since then, 28 states, DC, Guam and PR have followed: AK, AR, AZ, CO, CT, DE, FL, HI, IL, ME, MD, MA, MI, MN, MT, NV, NH, NJ, NM, NY, ND, OH, OR, PA, RI, VT, WA, WV, (29 states + 3 territories total)
- 16 became legal through voter/ballot initiative process
- 17 legal through legislation (CT, DE, HI, IL, MD, MN, NH, NJ, NM, NY, OH, PA, RI, VT, WV) (and 1 through Dept. of Health regulation)

Medical Marijuana Programs Vary

Some require or allow for:

- Patient Registries: 28+
- Grower/Caregiver Registries and Limits: varies
- Dispensaries: 26+
- Specific Conditions: 28+ and all CBD programs
- Recognize Patients from Other States: 7
- Products and Product Testing: varies
- * 2016 & 2017 approved details TBD
CBD-Limited Medical Marijuana Laws

- CBD: Cannabidiol, non-psychoactive and often therapeutic compounds in marijuana.
  - Definition of “low THC”
    - Lowest: below .3% THC and ≥ 5%-15% CBD by weight
    - Highest: Below 3% THC and/or above 10% CBD by weight
  - Conditions for use
    - Severe intractable seizure disorders/Dravet syndrome, epilepsy, muscle spasms, neuro disorders, cancer pain and others
  - “Low THC” or “high cannabidiol” (CBD) medical programs: 17 states
    - 11 in 2014 + GA, ID (vetoed), OK, TN, TX, VA, WY, in 2015
  - Vary widely by source of CBD products, % of CBD or THC, research, distribution, conditions, etc. Protections: some allow for patient’s legal defense, some protect referring doctors, some may put doctors or universities/providers/patients at risk of breaking federal laws
  - NCSL MMJ webpage for more details

Legalized Adult-Use in 8 states

- 2012: Colorado (A 64-2012) and Washington (I 502-2012)
- Colorado had 24-member Implementation Task Force at work- rulemaking
  - Included 4 state legislators. Chairs were executive director of Dept. Revenue and the Gov’s chief legal counsel
- Washington implementation with the state Liquor & Cannabis Board
- Alaska- growing/possession legal as of Feb. 24, 2015 licensing/regulation late 2016
- Oregon- Ore. Liquor Control Commission
- DC- limited personal growing and sharing allowed (not regulated)
- 2016: 4 new states (California, Maine, Massachusetts, Nevada)
Regulations and Oversight

- Colorado: Dept. of Revenue, Marijuana Enforcement Division (MED)
- Washington: Washington State Liquor and Cannabis Control Board
- Oregon: Oregon Liquor Control Commission
- Alaska: Alcoholic Beverage Control Board/Marijuana Control Board
- DC: limited personal growing and sharing allowed (not regulated or tracked)
- California: Bureau of Marijuana Control within the Dept. of Consumer Affairs
- Maine: Dept. of Agriculture, Conservation and Forestry
- Massachusetts: The Cannabis Control Commission
- Nevada: Department of Taxation

Tax Rates

- CO- **Adult use** 15% retail excise, 10% special sales tax (dropping to 8%), 2.9% regular state sales tax + LOCAL. **Medical** Marijuana Tax Rates: 2.9% sales tax + LOCAL
- OR- 17% Point-of-sale on adult/rec, no tax on medical. Localities can add another 2%.
- WA- **Adult use** 37% excise tax on ALL sales of flower, concentrates, infused products, collected by retailers at POS.
- AK- $50 per ounce tax on marijuana, paid by cultivator at transfer, roughly 20% effective tax rate
- CA- $9.25 per oz. cultivation tax for flowers and $2.75 per oz. for leaves. 15% sales tax
- ME- 10% sales tax
- MA- 3.75% state sales tax, up to 2% local sales tax
- NV- 15% excise tax on wholesale
- District of Columbia- No regulated production or sales, however estimated at $20m
<table>
<thead>
<tr>
<th>State</th>
<th>Limits: Possession, Cultivation, Purchase</th>
<th>Businesses Allowed &amp; Restrictions</th>
<th>Tracking &amp; Security</th>
<th>Local Role &amp; Limits</th>
<th>License Determination</th>
</tr>
</thead>
</table>
| AK    | P- 1 oz.  
C- 6 plants (3 mature)  
$- 1 oz. | Cultivation, Manufacturers, Testing Labs, Retail Stores  
No state limits | Potency, warnings, contamination  
Can prohibit through ordinance or voter initiative | Time, place, manner and #  
Min. requirements established in rules by MCB |
| CO    | P- 1 oz. (public)  
C- 6 plants  
$- 1 oz & ¼ oz. | Cultivation, Product Manuf., Testing Labs, Retail Stores  
No state limits | Seed to sale, video, alarms and locks  
May limit, license, restrict, tax | Any qualified applicant through the state, locals may limit |
| OR    | P- 1 oz. (public or 8 oz. private)  
C- 4 plants per residence  
$- ¼ oz. until 1/1/17 | Producers (growers), Processors (manuf.), Wholesalers and Retailers  
Plants and products tested for contaminants, potency, detailed labeling | Time, place, zoning, Local election, or ordinance (varies)  
Meet OLCC criteria, meet standards | 
| WA    | P- 1 oz. (public)  
C- N/A  
$- 1 oz. (varies) | Producers, Processors and Retailers  
556 limit, sq. ft.  
Analytic tests on products, moisture, potency, etc. | Locals can advise state board on license.  
Prohibition being appealed | If more applicants than allotted, state selects by lottery |

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</table>
| CA    | P- 2.5 oz., concentrates  
C- 6 plants  
$- 1 oz., ¼ oz. concentrates | Cultivation, Manufacturers, Testing Labs, Retail Stores  
No state limits but localities may restrict or ban | TBD by regs | May limit by ordinance until 2019, then by popular vote  
Priority for applicants with experience since Sept. 2016 |
| ME    | P- 2.5 oz.  
C- 6 plants  
$- 2 1/2oz & ¼ oz. | Cultivation, Manufacturers, Testing Labs, Retail Stores, Social Clubs. | TBD by regs | Must have "local approval"  
Medical experience given priority for retail |
| MA    | P- 8 oz. or 5 grams concentrate  
C- 6 plants  
$- 1 oz. or 5 grams concentrate | Cultivation, Manufacturers, Testing Labs, Retail Stores. | TBD by regs | May limit location and times  
Medical experience given priority, then lottery |
| NV    | P- 1 oz. (public) or 1/8 oz of concentrate  
C- 6 plants  
$- 1 oz. or 1/8 oz | Cultivation, Manufacturers, Testing Labs, Retail Stores | TBD by regs | Locals may adopt measures to enforce zoning and land use regs  
Medical experience priority for first 18 months |
Legislative Roles in Regulation

- Drafting legislation and/or enabling language
- Creating rules/regulations and assigning responsibility
- Establishing fees, tax mechanisms, funding
- Oversight and/or assigning program implementation and evaluation

Lessons Learned

- Edibles, products, testing, packaging
- Advertising and marketing
- Tax rates
- Licensing, social clubs
- Security & Tracking (physical, cameras, seed to sale)
- Environmental impacts (water, air, energy, real estate)
- More research needed
Key Questions to Ask

- What are states doing? How are they doing it?
  - It’s complicated. E.g., medical, adult use, dispensaries, licensing, products, local control, testing, packaging, etc.

- How does this work considering federal laws?
  - Federal drug schedule, banking/financial services, etc.

- What should you consider?
  - Listening and learning from other states
  - Data, data, data and opinions

NCSL Tools & Resources

Webpages:

LegisBriefs:
Questions?

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