With the passage of a citizen initiative last fall, Maine became the first state to approve the use of ranked-choice voting for state elections. Then, in May, it became the first state to have ranked-choice voting ruled unconstitutional. Although the state Supreme Court issued a nonbinding advisory opinion, it still casts serious doubt on the measure’s future.

In Maine, the governor has been elected with less than 50 percent of the vote in nine of the last 11 elections. In five of them, the governor won with less than 40 percent. Some prefer ranked-choice voting to the current winner-take-all system because the winner will have a majority of the vote—at least 50 percent plus one.

Instead of choosing just one candidate from a list, voters rank all candidates for a given office according to their preference, from first choice to last. Ranking the candidates is the easy part; counting the votes is more complicated.

Here’s how it works.
1. Each voter’s No. 1 preference is counted.
2. If no candidate receives at least 50 percent of the vote, the one with the least votes is eliminated and the ballots are re-counted.
3. If a voter’s No. 1 choice was the eliminated candidate, the voter’s second choice receives his or her vote.
4. The process is repeated until one candidate tops 50 percent.

Supporters say ranked-choice voting ensures that winning candidates have a broad base of support—a majority. In the winner-take-all system (how most elections are held), races with three or four candidates can result in a winner receiving well under 50 percent of the votes. Ranked-choice voting, they say, also prevents an independent or minor-party candidate from playing spoiler to a major-party candidate.

“With ranked-choice voting, you have the freedom to vote for the candidate you like best, without worrying that you will help to elect the candidate you like least,” Maine Representative Andrew McLean (D) says. “Ranked-choice voting rewards consensus candidates and ensures that candidates who are opposed by a majority of voters can never win. This better voting system gives more voice and more choice to voters.”

Ranked-choice voting also gives military and overseas voters a say in runoff elections for primaries, which says some voters will essentially get to vote twice under this system because ballots cast by supporters of a losing candidate will be pulled and retabulated. As she sees it, “the ballots of the loser(s) will determine the winner,” she wrote in an op-ed opposing the state’s measure.

Other concerns include technology (ranked-choice voting is challenging with current voting equipment) and cost (the Maine Secretary of State’s office estimated it would need $761,000 in 2017-18 and $641,000 in 2018-19 to print additional ballot pages and update voting equipment).

Uncertainties aside, interest in ranked-choice voting has spiked. Lawmakers in 14 states have introduced 25 bills on the topic so far this year, though nothing has passed yet.

—Wendy Underhill
Body Art: More Normal Than Novel

Nearly every state has some type of body art law, but they vary widely.

At least 45 states have laws prohibiting minors from getting tattoos. Thirty-eight states have laws prohibiting both body piercing and tattooing on minors without parental permission. Tattoo facilities are unregulated in several states, including Idaho, Nevada, New Hampshire, New Jersey, Pennsylvania, Utah and Wyoming.

Health officials worry about the safety of unregulated body art studios, whose practices potentially could cause scarring, nerve damage and infections, including hepatitis C, the leading cause of liver cancer in the U.S.

Body art practitioners are some of the loudest proponents of better regulation; they want their professions to be taken seriously. The National Environmental Health Association and the Association of Food and Drug Officials, along with state and local health workers, are updating the national Body Art Model Code that was written in the 1990s. The code is meant to be a guide to best practices that states and localities can adapt to their specific needs.

—Magazine staff
A bout every 12 minutes, someone in the U.S. dies by suicide. It’s the 10th leading cause of death nationally and accounted for 44,193 deaths in 2015, according to the Centers for Disease Control and Prevention. And although many public health problems improved between 2000 and 2015, suicide rates climbed by 28 percent, with even higher increases among some groups. The rate among veterans and other military personnel, for example, almost doubled between 2003 and 2008.

CDC research shows that groups with disproportionately high suicide rates include middle-aged adults; American Indian, Alaska Native and white populations; lesbian, gay and bisexual youth; those living in rural areas; and workers in some occupations, including farming, fishing and forestry.

In addition, for every one adult suicide in 2015, 11 people were treated in emergency rooms for intentionally hurting themselves, 32 people attempted suicide and more than 221 people seriously considered suicide, according to the CDC and the Substance Abuse and Mental Health Services Administration.

Suicide takes a financial toll on families and states. In 2014, lifetime per capita costs from medical care and lost productivity due to suicide ranged from about $107 million in New Jersey to $338 million in Alaska, the CDC reports. The estimated national cost of deaths from suicide totaled $56.8 billion.

Lawmakers in at least 32 states and the District of Columbia have introduced legislation this year to establish suicide prevention hotlines, prevent suicide in schools and colleges, and develop or fund suicide prevention programs. Indiana lawmakers, for example, enacted legislation to develop a statewide suicide prevention program, and the Arkansas General Assembly enacted a bill requiring colleges to provide students with information on suicide warning signs and available prevention services.

Research shows that many of these strategies, as well as identifying at-risk individuals, ensuring access to services and addressing environmental and economic factors, can help prevent suicide. A new resource from the CDC provides a range of strategies based on the best available evidence to help states and communities prevent suicide and suicide attempts.

Nationally, fewer than half of the American adults who reported having serious thoughts of suicide received any mental health care in 2015, even though research shows it can help, the CDC reports. State mental health parity laws, which require insurance policies to provide mental health coverage equivalent to that provided for other health conditions, were associated with an estimated 5 percent decline in suicide rates, according to a recent study in the journal Health Economics.

Other policies that may improve access to services include bolstering recruitment and retention of mental health care providers and extending the reach of existing providers through telehealth services.

Some states require teachers and other school employees to complete suicide awareness and prevention training. Often called “gatekeeper training,” it helps coaches, clergy, educators, health care providers and others to recognize suicide risk factors and help those affected receive the support services they need. Illinois, for example, requires training for teachers, guidance counselors and others who work with teenage students.

More comprehensive approaches address factors in the broader community and surrounding environment that can play a role in suicide rates. These policies encourage the safe storage of medications and firearms, restrict access to bridges, railway tracks and other suicide “hotspots,” promote financial security or ensure stable, affordable housing.

Suicide rates vary by state, as do the range of strategies being used. But any rate above zero is too high when it comes to suicide, ensuring this issue will remain a public health priority for lawmakers for quite some time.

—Emily Heller

For more information on SafeUT, go to ncsl.org/magazine.
Companies continue working to bring powdered alcohol products to market—even though a majority of states have banned them.

Powdered drink mixes to which consumers add their own liquor to create adult beverages are still legal; however, companies that make them are looking to expand into actual powdered alcohol products that require only the addition of water.

The U.S. Alcohol and Tobacco Tax and Trade Bureau approved labels in May for Lieutenant Blender’s Cocktails in a Bag. The Texas company is also set to begin producing a margarita mix, called Cheat-a-Rita in a Bag. Lieutenant Blender’s is following in the footsteps of Lipsmark LLC, an Arizona company developing “Palcohol”—freeze-dried rum, vodka and cocktail mixes, including a margarita variety called Powderita.

This year, Oklahoma and South Dakota joined the 34 other jurisdictions that have passed laws prohibiting the sale of powdered alcohol products. Maryland’s law is a temporary two-year ban. Minnesota’s one-year temporary ban expired on June 1.

Colorado, Delaware and New Mexico have taken a different approach by including powdered alcohol in their statutory definitions of alcohol, so that the products can be regulated similarly.

Concerns about powdered alcohol center on its potential to fall into the hands of minors or to be misused—snorted, inhaled or mixed with other alcoholic beverages.

Lipsmark argues on its website that banning powdered alcohol denies responsible adults and businesses a chance to use a legal, safe and revolutionary product that has applications in medicine, energy, hospitality, the military and manufacturing. The company claims liquid alcohol is in fact easier to conceal and to abuse, whether by spiking drinks or by binge drinking. And, because powdered alcohol causes a person to become intoxicated more slowly than liquid alcohol, the company says it is less appealing to underage drinkers.

Instead of banning powdered alcohol, the company believes legislators should regulate it to deter the creation of a black market and restrict its sales to licensed liquor stores, where consumers must present valid identification to buy it.

—Heather Morton

Powdered Policy

- States that ban powdered alcohol
- States that apply existing alcohol laws to powdered alcohol

Source: NCSL, June 2017