



2014 Year in Review

Violence and Injury Prevention Laws

This report summarizes select state laws related to violence and injury prevention that were enacted by state legislatures in 2014. It also provides information about current violence and injury prevention issues. Links to additional resources on the topics covered are included throughout the report.

Prescription Drug Overdose. Twenty-seven states passed more than 50 laws aimed at preventing prescription drug abuse, misuse and overdose. Many of these laws establish some degree of legal immunity to encourage those experiencing an overdose to seek medical attention.

Traumatic Brain Injury. Seven states passed laws to address traumatic brain injury among youth athletes.

Traffic Safety. At least 18 states passed laws to address traffic safety issues, including distracted driving, ignition interlock devices, sobriety programs and graduated driver licensing for teen drivers.

Older Adult Falls. Four states passed laws that aim to prevent older adult falls.

Intimate Partner Violence, Sexual Violence and Teen Dating Violence. Six states passed laws to address intimate partner violence and prevent sexual violence.

Child Maltreatment. Six states passed laws related to preventing child abuse and neglect.

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Introduction

Unintentional and violence-related injuries are the leading cause of death for Americans ages 1 through 45. Among young and middle-aged Americans, injuries from car crashes, poisonings or falls are prominent risks. For adults over age 65, falls, as well as injuries related to motor vehicle crashes, can result in lengthy hospitalizations and reduced independence.

This report provides a summary of violence and injury prevention laws enacted in 2014 and a brief overview of select policy issues, including prescription drug overdose; traumatic brain injury; traffic safety; older adult falls; intimate partner violence, sexual violence and teen dating violence; and child maltreatment. This review is intended as a resource for state legislators and legislative staff who seek to learn about state policy actions that aim to reduce the burden of violence and injuries.

Prescription Drug Overdose

Prescription drug overdoses in the United States increased four-fold between 1999 and 2012. Among adults ages 25 to 64, drug overdoses cause more deaths than motor vehicle crashes. Deaths by prescription painkillers, often called opioid pain relievers, are becoming increasingly common, killing more than 16,000 Americans in 2013 alone.

State legislatures are increasingly interested in ways to [reduce prescription drug overdoses](#) and prevent people from using these drugs for recreational purposes. In 2014, 27 states passed more than 50 laws to address this growing public health concern. Three categories of these laws are described below: drug overdose immunity, prescription drug monitoring programs and other types of laws.

Drug Overdose Immunity

In 2014, 17 states passed laws to reduce the number of overdose-related deaths by encouraging people to seek help. These laws generally fall in two categories. The first type provides immunity from low-level criminal prosecution for drug-related violations for those who seek medical assistance for themselves or others who are experiencing an overdose. The second type allows health care providers or other authorized individuals to dispense an opioid antagonist, such as naloxone, to counter the effects of a drug overdose. Brief descriptions of these laws follow.

California

Senate Bill 1438 clarifies that peace officers are included among those authorized to receive and distribute opioid antagonists to someone who is experiencing an overdose. This law also establishes emergency medical technician training protocols and standards for use and distribution of opioid antagonists.

Assembly Bill 1535 authorizes the California State Board of Pharmacy to establish regulations that standardize distribution of naloxone. Standards must require pharmacists to provide education to the patient receiving naloxone about overdose prevention and recognition, and safe administration of naloxone. The law requires pharmacists to notify a patient's primary care provider of any drugs or naloxone-related devices supplied to the patient. Pharmacists also must complete an opioid antagonist training program.

Connecticut

House Bill 5487 provides immunity from prosecution to a person who administers an opioid antagonist to another person who is experiencing an opioid-related drug overdose. The law also provides the same legal immunity to a licensed health care professional, who is acting with reasonable care, for administering an opioid antagonist.

Stopping an Overdose

Opioid antagonists, such as naloxone, are drugs used to counter the effects of an opioid-related overdose. These FDA-approved drugs are to be used only in a medical emergency. Some drug immunity laws specify naloxone as the preferred opioid antagonist, while others use the more general term opioid antagonists. For more information about state laws related to opioid antagonists, see [NCSL's Drug Overdose Immunity "Good Samaritan" Laws](#).

Delaware

Senate Bill 219 allows the Department of Health and Social Services to create a community-based program that increases access to naloxone. Participants in the program must complete a free or low-cost training program. The law also allows friends and family members of an opioid-addicted person to purchase naloxone, when the addicted person has a prescription. Prevention education and training are to be available to these families and friends.

House Bill 388 allows peace officers who completed an approved training course to receive, carry and administer naloxone to a person experiencing an opioid-related overdose. The law also provides immunity for officers who, in good faith and without gross negligence, administer naloxone to a person experiencing an overdose. The Department of Health and Social Services is also required to create a uniform treatment plan for administration of naloxone by peace officers and participants in the community-based naloxone access program (created in Senate bill 219, see above).

Georgia

House Bill 965 provides immunity from certain arrests, charges or prosecutions for people who seek medical assistance for a drug overdose. The law also provides immunity to practitioners and pharmacists who dispense or prescribe opioid antagonists in good faith and in accordance with current standards of care.

Indiana

Senate Bill 227 allows emergency medical technicians, firefighters, law enforcement officers or paramedics to administer an overdose intervention drug to a person suffering from an overdose. The law allows certain health care providers to prescribe and dispense overdose intervention drugs to the groups listed above.

Louisiana

Senate Bill 422 provides immunity from prosecution for people seeking medical assistance, either for themselves or others, for drug overdoses. The law also authorizes first responders to administer, without a prescription, opioid antagonists when encountering an individual who is exhibiting signs of an opioid overdose. First responders are required complete the training necessary to safely and properly administer an opioid antagonist.

House Bill 754 authorizes first responders to administer naloxone or another opioid antagonist to any individual who is undergoing or who is believed to be undergoing an opioid-related drug overdose. The law requires first responders to complete the training necessary to safely and properly administer naloxone or another opioid antagonist to individuals who are experiencing a drug overdose.

Massachusetts

House Bill 4001 creates naloxone distribution programs to expand first-responder and bystander training to properly administer naloxone. The law also authorizes community pilot programs. Pharmacists are required to complete a training program on opioid antagonists and to provide to the Department of Public Health the number of times an opioid antagonist is dispensed annually.

Maine

House Bill 1209 (LD 1686) authorizes health care professionals to prescribe naloxone to an individual who is at risk of experiencing a drug overdose. The law also allows health care professionals to prescribe naloxone to an immediate family member of a person at risk for an overdose. The family member is allowed to administer naloxone if, in good faith, he or she believes the at-risk person is experiencing an overdose. The law also authorizes naloxone administration by law enforcement officers and firefighters who have received medical training to correctly do so.

Michigan

Michigan passed several laws in 2014 to address abuse of prescription opioid drugs. For more detailed information about the package of laws, see the Michigan Senate Fiscal Agency's [bill analysis](#).

Senate Bill 857 amends the state's existing Good Samaritan law to provide civil immunity for a person who administers an opioid antagonist to another individual who is believed to be experiencing an overdose.

House Bill 5404 requires [medical control authorities](#) to establish emergency medical protocols that require each life support vehicle to be equipped with opioid antagonists and emergency services personnel to be properly trained to administer the opioid antagonists. The law also frees medical professionals from liability when they administer opioid antagonists to individuals suffering from an opioid-related overdose.

House Bill 5405 specifies that a person who, in good faith, administers an opioid antagonist to an individual he or she believes is suffering from an opioid-related overdose, is not subject to criminal prosecution or professional sanction.

House Bill 5407 authorizes prescribers to dispense an opioid antagonist to a family member, friend or other individual in a position to assist a person who is at risk of experiencing an opioid-related overdose. The law also grants civil liability protection to a practitioner who prescribes or dispenses an opioid antagonist that is administered and results in injury or death. The Department of Community Health is required to publish an annual report on opioid-related overdoses in Michigan.

Minnesota

Senate File 1900 permits individuals who are acting in good faith to administer opioid antagonists and limits liability for these individuals. It also provides immunity to certain individuals who seek medical assistance for themselves when experiencing an overdose or for another individual who may be experiencing an alcohol or drug overdose.

Missouri

House Bill 2040 allows first responders, with appropriate training, to administer naloxone to patients who are suffering from an apparent opioid-related overdose. It also allows pharmacies to provide naloxone to qualified first-responder agencies.

New York

Senate Bill 6477B establishes that health care professionals and pharmacists may prescribe, dispense or distribute opioid antagonists. These prescriptions may be non-patient-specific to allow for increased access to opioid antagonists. The law also specifies that any recipient of this prescription is not liable, if he or she is acting in good faith.

Ohio

House Bill 170 allows a family member, friend or other individual, who is in a position to assist an individual who is apparently experiencing or is at risk of experiencing an opioid-related overdose, to obtain and administer naloxone without being subject to criminal prosecution. The immunity is valid as long as the naloxone was obtained from a licensed health professional and the person attempts to

contact an emergency medical provider either immediately before or after administering naloxone. The law also allows law enforcement officers to administer naloxone, without being subject to administrative action or criminal prosecution and if acting in good faith, to an individual who apparently is experiencing an opioid-related overdose.

Oklahoma

House Bill 2666 allows naloxone or other opioid antagonists to be dispensed or sold by a pharmacy without a prescription, as long as it is done under supervision of a licensed pharmacist.

Pennsylvania

Senate Bill 1164 establishes immunity for a person on probation or parole who transported a person experiencing a drug overdose to a law enforcement agency, campus security office or health care facility, or for reporting the event with the 911 system. To receive immunity, the person must give his or her name and location, cooperate with all personnel involved and remain at the scene. The law also allows a licensed health care professional to dispense naloxone to person at risk of experiencing an opioid-related overdose, or to a family member, friend or other person in a position to assist this person. The licensed health care professional is immune from legal or professional disciplinary action from any result of the administration of naloxone. In addition, the Department of Health is required to develop or approve training and instructional materials about opioid-related overdoses and naloxone administration.

Tennessee

Senate Bill 1631 authorizes a licensed health care practitioner to prescribe, in good faith, naloxone to a person who is at risk of experiencing an opioid-related overdose. A family member, friend or a person who is in a position to assist a person at risk also can receive this prescription and administer the opioid antagonist. Both the practitioner and person administering the drug will be immune from civil liability. Furthermore, the commissioner of health is required to create and maintain an online education program with the goal of educating the public on administration of opioid antagonists and the techniques for dealing with opioid-related drug overdoses.

Utah

House Bill 119 allows dispensing and administration of an opioid antagonist to a person who is believed to be experiencing a drug overdose. The law also clarifies that it is not unlawful or unprofessional conduct for certain health professionals to prescribe an opioid antagonist to a person who is experiencing a drug overdose.

Wisconsin

Assembly Bill 446 allows any person to possess and deliver or dispense an opioid antagonist. Health care workers may dispense or possess these drugs only if they have the legal authority to do so. A first responder must have undergone training before he or she can administer opioid antagonists. The law requires emergency medical technicians to carry opioid antagonists and to receive training for their proper administration. It also allows law enforcement officers and firefighters to receive training to administer opioid antagonists. The law authorizes a licensed physician, licensed physician assistant and registered nurse to prescribe an opioid antagonist to a person who is in a position to assist another person who is at risk of experiencing an opioid-related drug overdose. Any person acting in good faith who administers an opioid antagonist to another is immune from civil or criminal liability, as is the health care professional who prescribed the opioid antagonist.

Prescription Drug Monitoring Programs

Statewide prescription drug monitoring programs (PDMPs) aim to electronically track prescription painkillers with the goal of preventing people from obtaining multiple prescriptions from multiple providers. Sixteen states enacted legislation in 2014 to modify an existing PDMP. Of these states, Indiana, Louisiana, Rhode Island, South Carolina, Tennessee and Virginia passed laws to require prescribers or dispensers of controlled substances to use or report to the state's PDMP. Brief descriptions of these laws follow.

Colorado

House Bill 1173 authorizes medical directors or appointed designees at substance abuse treatment facilities to access the Prescription Drug Monitoring Program. The law also directs the Department of Human Services to create a secure online substance abuse treatment registry to allow

substance abuse treatment facilities to verify patient eligibility and register patients.

House Bill 1283 allows an out-of-state pharmacist to access Colorado's Prescription Drug Monitoring Program data if inquiring about a current patient to whom the pharmacist is dispensing a controlled substance. The law also allows federally owned and operated pharmacies to submit data to the program database. Creation of a Prescription Drug Monitoring Task Force also is authorized by this law to develop a plan to reduce prescription drug abuse in the state.

Florida

House Bill 7177 makes changes to data-sharing rules with the prescription drug monitoring program, the Electronic Florida Online Reporting of Controlled Substances Evaluation Program (E-FORCSE), by requiring a law enforcement agency to enter into a user agreement with the Department of Health (DOH) before the department releases E-FORCSE information to that agency. Information released to the attorney general's Medicaid fraud investigators, DOH's health care regulatory boards and law enforcement agencies may be shared only if the information is relevant to the investigation that prompted the request.

Idaho

House Bill 348 clarifies that people have the right to access information from the controlled substance database about themselves and designate others, such as a peer assistance entity, to access that information.

House Bill 396 requires that prescribers of controlled substances register with the Board of Pharmacy every year to obtain online access to the controlled substances prescription database. This law exempts veterinarians from this required registration.

Indiana

House Bill 1218 requires that prescriptions for controlled substances be reported to the Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT) program within seven days after the drug has been dispensed. Beginning Jan. 1, 2016, prescribers are required to report controlled substance prescriptions daily to the program. The Board of Pharmacy is required adopt a rule requiring a practitioner in an opioid treatment program to check the INSPECT program in specified circumstances. The law

also prohibits an opioid treatment program from prescribing, dispensing or providing more than a seven-day supply of opioid treatment medication to a patient to take out of the facility.

Iowa

Senate File 2080 permits the Board of Pharmacy to enter into an agreement with a prescription monitoring program or database operated in a bordering state or in the state of Kansas for mutual exchange of information.

Louisiana

Senate Bill 496 requires a prescriber to access the Prescription Monitoring Program prior to initially prescribing any schedule II controlled substance when prescribed for non-cancer-related chronic or intractable pain. The law also establishes limits on prescriptions for schedule II substances, including prohibiting a schedule II prescription to be filled more than 90 days after the date of the prescription.

Senate Bill 556 requires controlled substances dispensers to report prescriptions to the Prescription Monitoring Program no later than the next business day after dispensing.

Maryland

House Bill 1296 authorizes the Prescription Drug Monitoring Program to review prescription monitoring data and report possible misuse or abuse of a monitored prescription drug to the prescriber or dispenser. The program is required to obtain clinical guidance about possible misuse and abuse, and the interpretation of the data, before reporting the misuse or abuse of a monitored prescription drug.

House Bill 255 extended the state's Prescription Drug Monitoring Program through 2019. The law also allowed the program to receive and share information with other states' prescription monitoring programs, provided the information is used in accordance with the law.

Maine

Senate Bill 743 (LD 1840) enables prescribers to be automatically enrolled in the Prescription Monitoring Program when applying for or renewing a professional license. The law directs the Department of Health and Human Services to update the enrollment mechanism for prescribers of controlled substances who are applying or renewing a professional license.

Minnesota

House File 2402 changes membership of the Prescription Monitoring Program Advisory Task Force to include medical examiners and coroners. It also requires the task force to develop criteria for sending unsolicited prescription monitoring data to prescribers and dispensers.

Ohio

House Bill 341 requires prescribers of opioids or benzodiazepines to request patient information from the state's prescription monitoring program, the Ohio Automated Rx Reporting System (OARRS), before writing a prescription. Under this law, if the course of treatment continues for more than 90 days, prescribers are required to request patient information from OARRS. The law also requires that prescribers and pharmacists who prescribe or dispense opioids or benzodiazepines certify to their licensing board that they have access to OARRS when renewing a license.

Oklahoma

House Bill 2665 authorizes the disclosure of Prescription Monitoring Program information to prescription monitoring programs of other states, provided that a reciprocal data-sharing agreement is in place.

Pennsylvania

Senate Bill 1180 establishes the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP), which provides prescribers and dispensers' access to a patient's prescription medication history through an electronic system to alert medical professionals to potential dangers of certain treatment options. It creates the ABC-MAP Board to establish and oversee the program. In addition, the law helps prescribers identify at-risk individuals and refer them to drug addiction treatment professionals and programs. The program also alerts the appropriate licensing board if it detects prescribing practices that deviate from established clinical standard.

Rhode Island

House Bill 7574/Senate Bill 2523 allows an authorized designee of a practitioner or pharmacist to consult the prescription drug monitoring database on a practitioner's or pharmacist's behalf. The practitioner or pharmacist is ultimately responsible for any confidentiality requirement and the decision about whether to prescribe or dispense controlled substance. The law also requires practitioners

to register with the prescription drug monitoring database upon registration or renewal of authority to prescribe controlled substances.

South Carolina

Senate Bill 840 requires dispensers of controlled substances to submit daily reports of prescription information to the Department of Health. The law also requires a court order for release of certain information for research and education purposes. It also establishes continuing education requirements for physicians.

Tennessee

Senate Bill 2547 requires health care providers to report controlled substances prescriptions to the Controlled Substance Monitoring Database each business day. It also authorizes the Board of Pharmacy to implement this new requirement.

Utah

Senate Bill 29 allows authorized employees of Medicaid managed care organizations to access the state's Controlled Substance Database Program if the organization suspects a Medicaid recipient is improperly obtaining a controlled substance.

Senate Bill 178 allows a pharmacist to designate up to three licensed pharmacy technicians to have access to the Controlled Substances Database Program on behalf of the pharmacist.

Virginia

House Bill 874 authorizes the Board of Pharmacy to identify substances or drugs that have the potential for abuse and are available by prescription only. The law requires prescribers to report these drugs to the Prescription Monitoring Program.

House Bill 1249/Senate Bill 294 requires prescribers of controlled substances to be registered with the Prescription Monitoring Program when filing for licensure or renewal. The law also requires registered prescribers to request information from the program regarding a patient's treatment history prior to issuing a prescription for benzodiazepine or an opiate that is anticipated to last for more than 90 consecutive days. The law also authorizes the secretary of health and human resources to identify and publish a list

of benzodiazepines or opiates that have a low potential for abuse by human patients. Prescriptions on this list will not require the prescriber to request and obtain information from the Prescription Monitoring Program.

Other Prescription Drug Overdose Prevention Laws

In 2014, Colorado, Illinois, Massachusetts, Ohio and Tennessee passed laws to curb prescription drug overdoses that are not related to legal immunity or prescription drug monitoring programs. Brief descriptions of these laws follow.

Colorado

House Bill 1207 requires the Department of Public Health and Environment to establish a household medication take-back program to collect and dispose of unused household medications. It allows individuals to dispose of unused household medications at approved collection sites.

Illinois

Senate Bill 2928 allows a law enforcement agency to collect, store and transport controlled substances from residential sources to a site or facility permitted by the Environmental Protection Agency.

Massachusetts

Senate Bill 2142 provides for creation of standards and certification for substance use treatment disorder providers. It allows a commission to determine opiates that pose a risk to public health because of misuse or abuse and, when possible, to identify a drug formulary of appropriate substitutions. In addition, it provides for required insurance coverage for abuse-deterrent opioid drugs identified on the formulary. The law also allows the commissioner of public health to create regulations related to practitioners' prescribing of certain drugs.

Ohio

House Bill 314 establishes an explicit informed consent requirement for prescribers who intend to prescribe controlled substances containing opioids to minors. The law limits to no more than a 72-hour supply the quantity of a controlled substance containing opioids that a prescriber may prescribe to a minor.

Tennessee

Senate Bill 1663 requires licensed health care practitioners to notify their specific licensure board of work they carry out at any pain management clinic. The law also requires a prescription drug wholesaler to inform the Board of Pharmacy of suspicious orders and to report theft or loss to law enforcement agencies. The law also authorizes a pain management clinic to be issued an order of abatement if the clinic has been a site of crime.

For more information about strategies to prevent prescription drug overdose, see:

- [NCSL's Prescription Drug Overdose and Abuse Prevention Legislation Tracking Web page](#)
- [NCSL's Prescription Drug Overdose: Strategies for Prevention](#)
- [National Center for Injury Prevention and Control's Drug Overdose Prevention Web page](#)

Traumatic Brain Injury

Traumatic brain injury (TBI) is a [serious public health problem in the United States](#). In 2010, at least 2.5 million emergency department visits, hospitalizations or deaths included a diagnosis of TBI, either alone or in combination with other injuries. Approximately 85 percent of TBIs are concussions or mild brain injuries. Children, adolescents and older adults are most likely to sustain a TBI. [Since 2009, 50 states and the District of Columbia passed laws to address traumatic brain injury](#). Most of these laws target youth sports-related concussions and require student athletes to be removed from competition or practice if a concussion is suspected. About half of these states also create guidelines for concussion management or concussion awareness materials and require coaches or athletic trainers to be trained in concussion awareness.

In 2014, seven states passed laws that modified existing sports concussion laws or created additional rules that aim to prevent youth sports concussions. Mississippi passed a law to require schools to implement youth sports concussion policies. Brief descriptions of these laws follow.

Connecticut

House Bill 5113 requires the Board of Education to develop a concussion education plan and prohibits school boards from allowing a student athlete to participate in any intramural or interscholastic athletic activity without being notified of this plan. If the athlete and the athlete's parent or guardians receive training on the concussion education plan, then the student athlete is able to reenter an intramural or interscholastic athletic activity.

Indiana

Senate Bill 222 forbids high school students who were removed from athletic practice or a game because of a suspected concussion or head injury to return to play within 24 hours after the concussion. It also requires coaches to complete a certified coaching education course, which includes concussion awareness.

Mississippi

House Bill 48 requires public and private schools to adopt and implement concussion management and return to play policies for youth athletic activities. These policies must be shared with parents or guardians before the start of the regular school athletic season. The law also requires the Department of Health to endorse a concussion recognition education course to provide information to the public about the nature and risk of concussions in youth activities.

New Hampshire

House Bill 1113 amends the state's existing concussion law to require school districts to distribute a concussion and head injury information sheet to student athletes.

Ohio

House Bill 487 requires the director of the Department of Health to establish a committee regarding concussion and head injuries sustained by athletes while participating in interscholastic athletic events and athletic activities organized by youth sports organizations. This committee is required to develop and publish guidelines addressing the diagnosis and treatment of concussions and head injuries. Furthermore, this committee is to develop and publish guidelines that dictate the conditions under which a student athlete may be granted clearance to return to practice or competition. This committee will also identify the minimum education requirements necessary to qualify a physician

or licensed health care professional to assess and clear an athlete for return to practice or competition.

Rhode Island

House Bill 7367 requires teachers and school nurses to complete a low- or no-cost training course in concussions and traumatic brain injuries. The teachers and school nurses must complete a refresher course annually.

Virginia

House Bill 410/Senate Bill 172 require each non-inter-scholastic and non-intramural youth sports program that uses public school property to establish policies regarding identifying and handling suspected concussions in student athletes. These policies must be consistent with either the local school's policies and procedures or the Board of Education's [Guidelines for Policies on Concussions in Student-Athletes](#).

For more information about strategies to prevent traumatic brain injury, see:

- [NCSL's Traumatic Brain Injury Laws Web page](#)
- [National Center for Injury Prevention and Control's Traumatic Brain Injury Web page](#)

Traffic Safety

Motor vehicle crashes are one of the leading causes of death for Americans in their first three decades of life. In 2013, [more than 32,000](#) people died in crashes. The annual medical and work loss cost of motor vehicle crashes [nation-wide is estimated at \\$41 billion](#); \$17 billion of that is spent on medical costs alone.

In 2014, at least 18 states passed laws to address some aspect of traffic safety. This report summarizes only those laws that relate to distracted driving, ignition interlocks, 24/7 sobriety programs and graduated driver's licensing. For a complete overview of 2014 enacted traffic safety legislation and research, see NCSL's [Traffic Safety Trends: State Legislative Action, 2014](#).

Distracted Driving

Since 2000, legislatures in every state have considered legislation related to distracted driving or, more specifically, driver cell phone use. In 2014, legislators in nine states passed at least 10 distracted driving laws. Brief descriptions of these laws follow.

Iowa

Senate Bill 2130 authorizes the Department of Transportation to develop education programs to foster public awareness about the dangers and consequences of driving while distracted.

Louisiana

House Bill 370 prohibits drivers from using wireless communication devices while driving through school zones during posted active hours.

New Hampshire

House Bill 1360 prohibits use of hand-held wireless communication devices while driving. It also authorizes the commissioner of safety to develop a public education program to alert the public about this new law.

New Mexico

Senate Bill 19 prohibits reading, viewing or typing text messages on a mobile communication device while driving a motor vehicle.

South Carolina

Senate Bill 459 makes it unlawful for a person to use a wireless electronic communication device to compose, send or read text-based communications while operating a motor vehicle on public streets and highways.

South Dakota

Senate Bill 13 makes use of hand-held mobile telephones while driving a commercial motor vehicle a serious traffic violation and allows the Department of Public Safety to revoke commercial driver's licenses of those convicted of this violation.

House Bill 1177 prohibits use of hand-held electronic wireless communication devices to write, send or read a text-based communication while driving a motor vehicle.

Utah

Senate Bill 253 modifies existing law to prohibit operating a motor vehicle while using laptops or other communication devices that are readily removable from the vehicle and are used for the following activities: manually writing; sending or reading an instant message or electronic mail; dialing a phone number; accessing the Internet; and viewing or recording video.

Vermont

Senate Bill 314 amends current law to prohibit use of a hand-held mobile telephone device while driving a commercial vehicle.

Wisconsin

Assembly Bill 12 prohibits drivers from being engaged or occupied with an activity that interferes with the person's ability to safely drive a motor vehicle. The law also prohibits use of any electronic device that visually provides entertainment while operating a motor vehicle.

Ignition Interlock

All 50 states and the District of Columbia have some type of law related to ignition interlocks, which prevent a car from being started if alcohol is detected on the driver's breath. Some require all driving under the influence offenders to use them. Others require only those convicted with a high blood alcohol concentration (BAC) or repeat offenders. In 2014, seven states passed laws related to ignition interlocks. Brief descriptions of these laws follow.

Alabama

Senate Bill 319 allows a person who is convicted for driving under the influence to elect to have an ignition interlock device installed in his or her car in lieu of a driver's license suspension.

Delaware

House Bill 212 requires all driving under the influence offenders to install an ignition interlock in the vehicle they operate.

Louisiana

Senate Bill 277 requires an ignition interlock device to be installed in the vehicles of people convicted of driving while intoxicated for the second time.

Maryland

House Bill 1015 requires an individual who is convicted of transporting a minor younger than age 16 while driving under the influence of alcohol to participate in the Ignition Interlock System Program, which mandates ignition interlock usage.

Senate Bill 87 establishes that repeat offenders of alcohol or drug-related driving offenses must either submit to a suspension of the driver's license for one full year or agree to and complete one full year of participation in the Ignition Interlock System Program.

New Hampshire

Senate Bill 247 establishes requirements for removing an ignition interlock device from a vehicle by requiring the interlock service provider to first obtain a certificate of removal of the interlock from the state.

South Carolina

Senate Bill 137 requires anyone under age 21 convicted of driving with an unlawful alcohol concentration to install an ignition interlock device in his or her vehicle.

West Virginia

Senate Bill 434 establishes the Motor Vehicle Alcohol Test and Lock Program for people whose licenses have been revoked for certain driving under the influence offenses. The program requires these offenders to use the ignition interlock.

24/7 Sobriety Programs

24/7 Sobriety Programs require those convicted of alcohol-related offenses to take frequent breathalyzer tests or other alcohol monitoring tests to ensure sobriety. Anyone who fails or skips the test is subject to minimal but certain punishments. [South Dakota](#) was the first state to establish this type of program in 2007. Although not all state programs specify impaired driving restrictions, Idaho, South Dakota, Washington and Wyoming passed laws in 2014 to include ignition interlock requirements within the state program. Brief descriptions of these laws follow.

Idaho

House Bill 461 authorizes the attorney general to establish a sobriety and drug monitoring program to reduce the

number of people on Idaho's highways who drive under the influence of alcohol or drugs.

South Dakota

Senate Bill 21 makes changes to the existing sobriety program by allowing a sheriff to remove a participant from ignition interlock sobriety testing if the participant fails to pay the required fees and costs for those testing devices. The participant will be placed on twice-a-day, in-person testing by the sheriff as a result of failure to pay.

Washington

Senate Bill 6413 requires a court in a locality where 24/7 monitoring is used to sentence a driving while intoxicated offender to 24/7 monitoring, to ignition interlock requirements, or to both.

Wyoming

Senate Bill 31 authorizes the attorney general to create a 24/7 sobriety program to reduce the number of repeat crimes that are related to substance abuse. This reduction is to be completed by monitoring and enforcing an offender's sobriety through intensive alcohol and drug testing. If any violations are discovered, immediate and appropriate actions must be taken.

Graduated Driver Licensing

Graduated driver licensing (GDL) systems are proven effective in keeping teens safer on the road. They help new drivers gain experience under low-risk conditions by granting driving privileges in stages. As teens move through the stages of GDL, they are given extra privileges, such as driving at night or driving with passengers.

In 2014, five states passed laws to create or change graduated driver's license restrictions for teen drivers. Brief descriptions of these laws follow.

Iowa

Senate Bill 115 creates an additional restriction for teens with intermediate licenses by limiting to one the number of unrelated minor passengers in the motor vehicle.

Maine

House Bill 1358 (LD 1862) authorizes the secretary of state to issue special restricted driver's licenses to people under the age of 15 based on educational or employment need. To receive this special license, the person must complete a minimum of 70 hours of driving, including 10 hours of night driving, while accompanied by a licensed driver. The licensed driver must be a parent or guardian or at least age 20.

Minnesota

House File 2684 modifies provisions on graduated driver licensing to establish a voluntary supplemental curriculum for educating parents of novice drivers. The law also increases to 30 hours the minimum amount of supervised driving time for an instruction permit and requires that a log of supervised driving time be submitted.

New Hampshire

House Bill 1317 requires a driving education course curriculum to include at least 30 hours of classroom instruction, 10 hours of behind-the-wheel driver training and six hours of observation.

Utah

House Bill 18 provides that a person who is age 17 or younger is eligible for a driver's license certificate if the person has held an equivalent learner's permit issued by another state or branch of the U.S. Armed Forces for six months.

Three Stages of Graduated Driver Licensing

1. The learner stage requires teenage drivers to be accompanied and supervised by a licensed adult as they learn to drive.
2. The intermediate or provisional stage allows unsupervised driving, but teen drivers are subject to some limitations such as the number of passengers or the time of day.
3. The final stage is full licensure, where all restrictions and provisions are lifted.

For more information about strategies to prevent motor vehicle-related injuries and fatalities, see:

- [NCSL's Traffic Safety Legislation Database](#)
- [National Center for Injury Prevention and Control's Motor Vehicle Safety Web page](#)

Older Adult Falls

Each year in the United States, [one in three adults over age 65](#) falls. Long-term physical injuries, such as hip fractures and traumatic brain injuries, are just two of the many consequences and costs of older adult falls. While the federal Medicare program pays for the bulk of these costs, the AARP estimates that state Medicaid programs pay for 11 percent of the direct costs associated with older adult falls.

Increasingly, [state legislatures are playing a role in preventing older adult falls](#) by establishing programs and appropriating funds to encourage fall prevention activities. In 2014, Connecticut and New York appropriated funds to support fall prevention activities. Hawaii and New Mexico also passed laws to establish programs that aim to prevent older adult falls. Brief descriptions of these laws follow.

Connecticut

House Bill 5596 appropriates \$475,000 to the Department of Aging for fall prevention activities.

Hawaii

House Bill 2053 establishes a fall prevention and early detection program within the Department of Health's Emergency Medical Services and Injury Prevention System Branch. The program is responsible for coordinating provision of public and private services that focus on fall prevention and early detection for older adults.

New Mexico

House Bill 99 establishes a statewide and community-based older adult fall risk awareness and prevention program.

New York

Senate Bill 6353 appropriates state funds for services and expenses to localities, including grants, of an older adult falls prevention program.

For more information about strategies to prevent older adult falls, see:

- [NCSL's Elderly Fall Prevention Legislation and Statutes Web page](#)
- [National Center for Injury Prevention and Control's Falls Among Older Adults Web page](#)

Sexual Violence, Intimate Partner Violence and Teen Dating Violence

The Centers for Disease Control and Prevention identifies sexual violence, including intimate partner and teen dating violence, as a major public health problem. In 2014, six states passed laws to address sexual violence, intimate partner violence and teen dating violence prevention. Brief descriptions of these laws follow.

California

Senate Bill 1165 authorizes a school district to voluntarily provide education on dating violence, sexual abuse and sex trafficking prevention. School districts that elect to offer this instruction are required to ensure that each pupil receives the instruction at least once in junior high (or middle school) and at least once in high school.

Connecticut

House Bill 5029 requires all higher education institutions to report annually to the Higher Education Committee on the following activities: sexual assault prevention and awareness programming; sexual assault policies and campaigns; and the number of incidents and disciplinary cases involving sexual assault, stalking and intimate partner violence. It also requires institutions to include information about stalking and family violence in their annual uniform campus crime reports. All higher education institutions are required to enter into a memorandum of understanding with at least one community-based sexual assault crisis service center to ensure students have access to free and confidential counseling services.

House Bill 5593 requires local and regional boards of education and the Department of Education to address teen dating violence in schools in the same way that current law requires them to address bullying. This includes establish-

ing a safe school climate plan and resource network to identify, prevent and educate people about dating violence. In addition, these boards of education and the Department of Education are required to provide teen dating violence prevention, identification and response training to certain school employees.

Illinois

House Bill 5288 allows school counselors to participate in an in-service training program about communicating with, and listening to, youth victims of domestic or sexual violence.

Louisiana

House Bill 1052 creates the Domestic Violence Prevention Commission. The law creates a list of duties for the commission, which includes conducting a comprehensive review of all existing public and private domestic violence programs to identify gaps in prevention and intervention services. In addition, the commission's duty is to increase coordination among public and private programs to strengthen domestic violence prevention and intervention services.

Massachusetts

Senate Bill 2334 establishes a domestic violence fatality review team within the Executive Office of Public Safety and Security. The purpose of the team is to decrease the incidence of domestic violence fatalities by increasing prevention. This is to be done by recommending changes in law, policy and practice.

Virginia

House Bill 1233 allows victims of stalking the same protection as victims of domestic violence under Virginia's confidentiality program.

For more information about strategies to prevent sexual violence and teen dating violence, see:

- [NCSL's Teen Dating Violence Legislation Web page](#)
- [National Center for Injury Prevention and Control's Sexual Violence Prevention Web page](#)
- [National Center for Injury Prevention and Control's Intimate Partner Violence Prevention's Web page](#)

Child Maltreatment

Child maltreatment affects hundreds of thousands of children in the United States each year. In 2012, more than 1,600 children from newborns to age 17 died from abuse and neglect. For more information about state policy options to prevent child maltreatment see [NCSL's Preventing Child Maltreatment: Defining the Problem, Discussing Solutions](#).

In 2014, six states passed laws related to child maltreatment prevention. Brief descriptions of these laws follow.

Arkansas

House Bill 1103 appropriates funds to the state Child Abuse and Neglect Prevention Board to be used specifically for prevention services.

Arizona

Senate Bill 1001a provides the statutory framework for the Department of Child Safety (DCS) within the Division of Children, Youth and Families. DCS is required to protect children alleged to be abused or neglected and to be responsible for screening and investigating allegations of child abuse and neglect. In addition, DCS is required to promote safe and stable family environments for children.

Louisiana

Senate Bill 524 requires child day care providers to participate in a four-hour orientation that includes recognizing signs of child abuse and ways to prevent child abuse.

Maine

House Bill 1208 (LD 1685) requires the Department of Health and Human Services to convene a working group to review current laws related to the abuse and neglect of children, identify gaps in the safety net to protect children from abuse and neglect, and make recommendations to fill these gaps to strengthen protection of children from abuse and neglect.

Pennsylvania

House Bill 431 requires mandated reporters of child abuse, such as people who work with children as their profession, to complete at least three hours of child abuse recognition and reporting training.

Vermont

House Bill 373 enumerates duties of the Division of Child Development, including to encourage development of a comprehensive child care services system that promotes the wholesome growth and educational development of children; facilitate development of child care facilities; and encourage and promote delivery of parenting education, developmentally appropriate activities, and primary child abuse and neglect prevention services.

For more information about strategies to prevent child maltreatment, please see:

- [NCSL's Child Care and Early Education Legislation Database](#)
- [National Center for Injury Prevention and Control's, Essentials for Childhood - Steps to Create Safe, Stable, and Nurturing Relationships](#)

Additional Resources

NCSL Resources

[Violence and Injury: Strategies for Prevention 2013](#)

[Prescription Drug Overdose: Strategies for Prevention 2014](#)

[Preventing Child Maltreatment: Defining the Problem, Discussing Solutions](#)

Other Resources

[Centers for Disease Control and Prevention, National Center for Injury Prevention and Control](#)

[WISQARS Interactive Injury Statistics Database](#)

[Safe States Alliance](#)

[National Alliance for Model State Drug Laws](#)

[National Highway Traffic Safety Administration](#)

This publication was made possible by grant number 1U50CE002586-01 from Centers for Disease Control and Prevention. Its contents and the links to non-CDC websites are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, the National Center for Injury Prevention and Control, or the U.S. Department of Health and Human Services.



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ISBN 978-1-58024-768-9