

Overview

In 2014, 46 states and the District of Columbia are expected to convene regular legislative sessions. Montana, Nevada, North Dakota, and Texas only hold legislative sessions in odd-numbered years. To provide an overview of the issues expected to impact state health agencies and public health, ASTHO has reviewed available pre-filed bills and surveyed the state health agency legislative liaisons regarding priorities and issues they expect their legislatures to address in the coming year. We encourage you to visit the [ASTHO website](#) to stay abreast of the latest developments as state legislative sessions unfold.

State Budgets

According to the National Association of State Budget Officers, state fiscal conditions are expected to continue to moderately improve in fiscal 2014, with spending and revenues projected to rise above 2013 levels. Many states ended fiscal 2013 with budget surpluses due to improved revenue collections. In most states, additional budget dollars were directed toward Medicaid and education programs (K-12). With revenue collections expected to slow in fiscal 2014 and uncertainty surrounding the federal budget, funding for new initiatives is unlikely in many states. According to the National Conference of State Legislatures, fiscal issues that states will focus on this session include: Medicaid, education programs, corrections funding, state employee benefits and salary, tax policy, and infrastructure issues.

Emerging Issues

Genetically Modified Organisms

In 2013, more than half of the states considered legislation requiring the labeling of or prohibiting genetically modified foods. Laws governing genetically modified organisms (GMOs) were enacted in Connecticut and Maine. However, both state laws require additional states to pass similar laws before they will go into effect. With few GMO bills passing in 2013, many states (including Alaska, Hawaii, Missouri, New Hampshire, New York, and Vermont) will consider this issue again in 2014. In some states, such as New Hampshire, the legislation makes the commissioner of health responsible for investigating complaints regarding non-compliance with the GMO labeling law.

Social Impact Bonds

Given the status of state budgets, social impact bonds (SIBs), or pay-for-success projects, have been gaining traction as a possible way to pay for public health and other social programs. SIBs are away for governments to partner with the private sector to fund social programs. Investors are paid if the desired social impact is achieved. This session several states (California, Hawaii, New Jersey, and Washington) will be considering legislation to study the use of SIBs and develop pilot programs.

Ongoing Issues

Health Reform Implementation – Medicaid Expansion

The Patient Protection and Affordable Care Act (ACA) included many provisions for state governments to implement. Twenty-five states and DC have expanded Medicaid under ACA. Most states have done so by expanding eligibility to those whose income is 138 percent of the poverty level. This session, state legislatures will continue to explore ways of reforming and expanding Medicaid.

Prescription Painkiller Abuse, Misuse, and Overdose

According to CDC, deaths from prescription painkillers have reached epidemic levels in the past decade. The ASTHO 2014 President's Challenge, launched by **Terry Cline (OK)**, is to reduce the rate of nonmedical use and the number of unintentional overdose deaths involving controlled prescription drugs 15 percent by 2015. In 2014, states will consider numerous strategies to address this public health problem, including: establishing immunity for individuals who seek medical assistance for victims of overdoses (Mississippi, Oklahoma, Tennessee, Virginia, and Wisconsin), expanding access to the opioid antagonist naloxone (Maine, Wisconsin, and West Virginia), addressing neonatal abstinence syndrome (Indiana, Kentucky, New York, and Ohio), requiring providers to register with or review the prescription drug monitoring program before prescribing or dispensing certain controlled substances (New Jersey, Ohio, and Virginia), and examining who should have access to the data contained in the prescription drug monitoring program (Florida, Idaho, South Carolina, Utah, Virginia, Washington, and Wisconsin). Legislators will also consider drug disposal programs (Colorado and New York), regulating pain clinics (Oklahoma), standards for prescribing opioids in emergency departments (Hawaii), and a public awareness campaign (New York).

Privacy

Privacy will remain an area of interest in state legislatures this session. The recent disclosure regarding the National Security Agency's surveillance efforts has raised questions regarding the collection of data at all levels of government. Public health authorities collect individually identifiable health information for surveillance and health protection, and have a history of protecting and preserving this data's confidentiality. However, we can expect states to consider the issue of genetic privacy (California and New Hampshire), which may impact newborn screening programs, as well as who has access to specific data such as from prescription drug monitoring programs.

Health Equity

Several states will address issues related to promoting health equity and eliminating health disparities this session. Hawaii will consider a bill to update the state planning act's health objectives so they include a commitment to eliminating health disparities by addressing social determinants of health. The bill was drafted as a tribute to the late Hawaii State Department of Health Director, Loretta "Deliana" Fuddy, who passed away in a plane crash in December 2013. Minnesota will consider adding requirements to address health disparities in minority populations and identify health priorities of minority populations. Mississippi has several bills related to reducing and eliminating certain health disparities, one of which requires the state health officer to develop a program to close the gap in the health status of all gender and racial groups. Several other states (Indiana, New York, and Oklahoma) will consider requiring health professionals to complete cultural competency training.

Marijuana

Twenty states and DC have legalized medical marijuana and two states (Colorado and Washington) have legalized recreational or adult use marijuana. In 2014, a number of states will consider legalizing medical (Minnesota, Missouri, New York, and Tennessee) and recreational (Alaska and Hawaii) marijuana use. Some states will also consider amendments proposed to their existing laws in this area. For example, Washington will consider several bills to reconcile their medical and recreational use programs.

Synthetic Drugs

Since 2009, state legislatures have been working to outlaw synthetic cannabinoids and substituted cathinones. Most states have already banned one or both of these types of substances, but lawmakers cannot keep pace with producers, who constantly adjust their chemical formulations to come up with

new synthetic drugs that laws do not cover. In September 2013, the Colorado Department of Public Health and Environment, along with the Tri-County Health Department, Denver Health, and CDC, launched an epidemiological investigation after several hospitals reported seeing or admitting patients suffering from effects of smoking synthetic marijuana. In 2014, some state legislatures (Missouri, Mississippi, New Hampshire, New York, South Dakota, Virginia, Wisconsin, West Virginia and Wyoming) will continue to try and keep pace with producers by adding additional substances to Schedule I.

Promoting Healthy Behaviors

With a focus on decreasing healthcare costs, policymakers are increasingly exploring programs to incentivize healthy behaviors and reduce tobacco use. In 2014, states will consider health guidelines for government food procurement (Arizona, New York, and Washington), fees or taxes on sugar-sweetened beverages (Hawaii and Nebraska), and creating wellness programs (Hawaii and New York). We can also expect states to address electronic cigarettes (Hawaii and Oklahoma), smoking in public or multi-unit housing (Hawaii and Oklahoma), and requiring Medicaid and health insurance plans to provide coverage for tobacco cessation products (New York).

Maternal and Child Health

In 2014, states will consider several maternal and child health issues. These include establishing breastfeeding-friendly designations (Washington), convening a task force to study and make recommendations on elective pre-term pregnancy deliveries (Hawaii), adding screening for critical congenital heart defects (Hawaii, Massachusetts, and Virginia) and lysosomal storage disorders (Maryland and Pennsylvania) to the state's newborn screening program.

Resources

1. National Conference of State Legislatures. "Assessing 2014's Top State Fiscal Issues." Available at <http://www.ncsl.org/research/fiscal-policy/assessing-2014-s-top-state-fiscal-issues.aspx>. Accessed on 1-14-2013.
2. National Association of State Budget Officers. "Summary: Fall 2013 Fiscal Survey of States." Available at http://www.nasbo.org/sites/default/files/Summary_Fall%202013%20Fiscal%20Survey%20of%20States_0.pdf. Accessed on 1-14-2014.
3. Food Safety News. "State Legislative Session Begins Anew with Some Familiar Proposals." Available at <http://www.foodsafetynews.com/2014/01/old-failures-get-new-chance-as-2014-state-legislative-season-gets-underway/#.UtloENso7IU>. Accessed on 1-17-2014.
4. Governing. "Top 10 Legislative Issues to Watch in 2014." Available at <http://www.governing.com/topics/politics/gov-2014-legislative-issues-to-watch.html>. Accessed on 1-6-2014.
5. The Council of State Governments. "Top 5 Issues for 2014: Health." Available at <http://knowledgecenter.csg.org/kc/content/top-5-issues-2014-health>. Accessed on 1-6-2014.