2016 State Legislative Summary
The Association of State and Territorial Health Officials (ASTHO) tracks legislation impacting state health agencies and public health to facilitate information sharing on trends and emerging issues. This document summarizes the bills that ASTHO tracked across the 48 jurisdictions that held legislative sessions in 2016.

Substance Abuse and Misuse
Key strategies to prevent, control, and treat substance abuse disorders included expanding access to and availability of opioid antagonists, improving the utility of prescription drug monitoring programs, and making addiction and other treatment options more readily available and accessible.

Expanding Access and Availability of Opioid Antagonists
In Alaska (SB 23), Arizona (HB 2355), Indiana (SB 187), Florida (HB 1241) Louisiana (HB 1007), Minnesota (SF 1425), New Mexico (HB 277/SB 262) Tennessee (SB 2403), and West Virginia (SB 431), pharmacists can now furnish opioid antagonists without a patient-specific prescription. New York (AB 9078/SB 6346) required chain pharmacies to have standing orders, and Alabama (HB 379) extended civil and criminal liability protections to health officers who issued standing orders. Alabama (HB 379), Connecticut (HB 5053), Hawaii (SB 2392), Iowa (SF 2218), and New Mexico (HB 277/SB 262) expanded the types of first responders who can carry opioid antagonists. New York (AB 10364/SB 7860) also allowed public library staff to administer opioid antagonists, and Connecticut (HB 5053) and New York (SB 8138/AB 10726) allowed licensed healthcare providers to administer opioid antagonists in an emergency. California (AB 1748) encouraged opioid antagonists to be kept in schools. Missouri (HB 1568), New Mexico (HB 277/SB 262), Oregon (HB 4124) and Utah (HB 238/HB 240) allowed third parties to administer opioid antagonists. Hawaii (SB 2392), Rhode Island (H 7710/S 2460), and West Virginia (HB 4146) required insurance to cover opioid antagonists.

Prescription Drug Monitoring Programs
Arizona (SB 1283), California (SB 482), Maryland (HB 437), Massachusetts (HB 4056) Minnesota (SF 1440), Nebraska (LB 471), New Hampshire (HB 1423/SB 576), New Mexico (SB 263), Vermont (S 243), Virginia (SB 287/SB 513), and Wisconsin (AB 364) mandated use of Prescription Drug Monitoring Programs (PDMPs). Louisiana (SB 56) required standards for retaining, archiving, and destroying PDMP data. Mississippi (HB 462) increased penalties for improper use of the PDMP. Iowa (SF 2102), Oregon (HB 4124), and Utah (HB 239) addressed integration of PDMPs with health and pharmacy information systems.

States also modified access to PDMPs. Florida (SB 964), Hawaii (SB 2915), and Idaho (H 374) authorized prescribers and dispensers to delegate the responsibility to check PDMPs and input data. Idaho (H 337), Oregon (HB 4124), and Utah (HB 149) allowed medical examiners to access the PDMP. Wisconsin (AB 365) required law enforcement to add certain controlled substance violations to the PDMP. In Utah, several bills resulted in hospitals and courts reporting overdose-related events into the PDMP (HB 114), parole and probation officers accessing the PDMP without a warrant (SB 3001), and individuals designating a third party to receive an alert from the PDMP if a controlled substance is dispensed (HB 150). Virginia (SB 491) allowed limited disclosure of PDMP data to insurance companies.
Iowa (SF 2102) authorized the release of de-identified PDMP data for statistical research. Rhode Island (H 8326) sought to improve functionality, timeliness, and scope of the PDMP. Utah (HB 239) required the Department of Occupational and Professional Licensing to develop criteria for access and use of PDMP data. In Virginia (HB 657), the health department must develop criteria to identify unusual patterns of prescribing using PDMP data. Finally, Wisconsin (AB 766) added reporting requirements to assess satisfaction with the PDMP system and trends in prescribing and drug use.

Safe Syringe Programs
Jurisdictions created and strengthened safe syringe programs (SSP), to reduce transmission of blood-borne infectious diseases. Florida (SB 242), North Carolina (H 972), and Utah (HB 308) created new programs, while Connecticut (SB 218), Delaware (SB 259), Maine (LD 1552), and Maryland (SB 97) expanded existing ones. Indiana (SB 290) prohibited law enforcement from using an individual's participation in an SSP as the sole basis of determining reasonable suspicion for arrest.

Safe Syringe Legislation in 2016

Substance Use Disorder Treatment
Minnesota (SF 2414) tasked the Commissioner of Human Services with improving the state’s substance use disorder treatment. Indiana (SB 297/HB 1347), Massachusetts (H 4056), Rhode Island (H 7616), and New Hampshire (SB 533) strengthened substance use disorder treatment. Indiana (SB 214) prohibited Medicaid from reimbursing opioids prescribed for pain management that are indicated only for treatment and required rulemaking and clinical standards for treatment programs. Tennessee (SB 829) required non-residential substance abuse treatment facilities to obtain certificates of need. West
Virginia (SB 454) modified certificates of need and requirements for chemical dependency treatment providers. Wisconsin (AB 367) required reporting by methadone treatment programs.

Massachusetts (HB 4056), New York (AB 10726), Pennsylvania (HB 1699), and Rhode Island (S 2356/H 7616), required hospitals and emergency rooms to include education about and referral to substance abuse treatment in discharge plans for patients who are admitted due to an overdose. Florida (SB 12) enacted a “no wrong door” approach to direct individuals with mental health or substance abuse disorders to appropriate resources and treatments. Illinois (HB 5593) requires all programs serving people with substance abuse disorders to provide information about treatment. Florida (SB 12), Illinois (HB 5594), and New Hampshire (SB 533) strengthened drug courts to divert individuals with substance abuse disorders to treatment. Indiana (HB 1102) and West Virginia (HB 4176) expanded the availability of medication-assisted treatment in their corrections systems.

Provider and Prescriber Requirements and Education
Connecticut (HB 5053), Maine (LD 1646), Massachusetts (H 4056), Pennsylvania (HB 1699), and Rhode Island (S 2823/H 8224) enacted laws to limit the amount of opioids that can be prescribed for acute, non-surgical pain. In Vermont, the health department proposed a rule change to set limits on the dosage and number of opioid painkillers that can be prescribed. States also added continuing education requirements for providers (Massachusetts H 4056, Maine LD 1646, Pennsylvania SB 1202/SB 1368, Virginia HB 829, and Vermont S 243).

Pain Management Specialists and Pain Management Clinics
Tennessee (SB 2057/SB 1466), West Virginia (HB 4537), and Wisconsin (AB 366) strengthened regulation of pain management clinics and specialists by licensing facilities (TN), expanding the types of facilities that must comply with pain clinic rules (WV), strengthening pain management credentials (TN), and certifying pain management clinics (WI).

Drug Scheduling and Tracking
Florida (HB 1347) increased local authority to act when controlled substance analogs are discovered. Indiana (SB 161) restricted ephedrine and methamphetamines and began tracking pseudoephedrine prescriptions. Nebraska (LB 1009) defined “look alike” in its controlled substances law and prohibited their sale. New Hampshire (SB 576) added fentanyl class drugs to the Controlled Drug Act.

Neonatal Abstinence
New Hampshire (S 515) amended its child protection statute to allow a medical diagnosis to neonatal abstinence syndrome caused by the use of non-prescription drugs, as well as other evidence of a parent’s drug dependence, as prima facie evidence that a child’s health is in danger.

Tobacco Control and Prevention
Electronic Nicotine Devices
The most common legislative strategies to address electronic nicotine devices (ENDs) focused on taxing ENDs or components, geographically restricting the use of ENDS, restricting youth access, and establishing licensing or regulatory systems. Kansas (SB 149) delayed implementation of a $0.20 per milliliter of consumable material tax on e-liquid from July 1, 2016 to January 1, 2017. Through Proposition 56, California voters raised the cigarette tax, which applies to ENDS as well. Hawaii (SB 305)
prohibited the use of ENDS in the Hawaii Healthcare Corporation System. DC (B21 780) and Vermont (H 171) included ENDS in existing smoke-free laws. California (SB X2 5), Illinois (SB 32), New Jersey (A 4098), and Washington (SB 6328) passed laws to restrict youth access to ENDS. California defined ENDS in its existing tobacco control laws, which includes fines for the sale of tobacco products to minors. The California bill also subjected wholesalers, distributors, and retailers of ENDS products to licensure requirements. Illinois prohibited the sale of alternative nicotine products to minors, and New Jersey required liquid nicotine to be sold in child-resistant package. Washington’s bill included both age of sale and packaging restrictions.

_Raising the Legal Age of Tobacco Use_
California (SB X2 7) joined Hawaii and raised the minimum age of tobacco use to 21. Additionally, bills were considered in 11 other states and the District of Columbia.

_Tobacco at 21 Legislation in 2016_

_Tobacco Taxes_
Louisiana (HB 14) increased the cigarette tax from $0.86 to $1.08, Pennsylvania (HB 1198) increased it from $1.60 to $2.60, and West Virginia (SB 1012) increased it from $0.65 to $1.20. California voters approved a $2.00 tobacco tax increase through Proposition 56, resulting in a new tax rate of $2.87. Additionally, Hawaii (HB 2466) and Pennsylvania (HB 1605) required studies on cigarette tax revenue distributions.
Clean Air and Smoke-Free Laws
California (SB 997/AB X2 7) eliminated many exemptions to its clean air act, including enclosed areas in places of employment. DC (B21 686) banned tobacco products at sporting venues.

Other Tobacco Legislation
California (AB X2 11/AB X2 9/AB 1114) increased fees for tobacco retail licenses, permitted charter schools with tobacco-free campuses to receive tobacco prevention funds, and authorized Medicaid reimbursement for cessation treatments prescribed by a pharmacist. Kentucky (HB 83) clarified a definition for “reference tobacco” to account for products created for research purposes.

Workforce
Nurse Practitioners and Physician Assistants
Illinois (HB 421) and West Virginia (HB 4334) allowed Nurse Practitioners (NPs) to practice without a collaborating agreement. Florida (HB 1241/HB 423), Utah (SB 58), and West Virginia (HB 4334) expanded prescriptive authority for NPs. Virginia (HB 580/HB 330) added clinical nurse specialist, certified nurse midwives, and certified nurse anesthetist categories. Connecticut (SB 67), Colorado (SB 158), Illinois (SB 2900), and Missouri (HB 1816) allowed NPs and PAs to make and certify medical determinations for things like disability applications, the medical necessity of chemical restraints in mental health facilities, and immunization exemptions. Finally, Oregon (SB 1503) mandated payment parity between physicians, NPs, and PAs who practice as primary care providers.

Dental Therapists
Vermont (S 20) established a license for mid-level dental providers. Licensed dental practitioners who meet experience and educational requirements may provide oral health services under a written collaborative agreement and the general supervision of a dentist.

Other Workforce Legislation
Missouri (HB 1816) authorized licensing boards to share data about workforce with the state or institutions of higher learning.

Water Quality
Arizona (HB 2325) updated requirements for lead testing and restricted appropriation of certification fees from sewage operators for water quality projects. California set up a system where schools can distribute clean drinking water (SB 828) and required public water systems to inventory lead pipes (SB 1389). Indiana (SB 347) required a legislative report on the water infrastructure needs of state water utilities. California (AB 2153) also imposed requirements on manufacture, sale, and disposal of lead acid batteries and established a lead advisory committee to identify sources of lead and outline a regulatory agenda and standards that prioritize children’s health.

Zika and Vector Control
Puerto Rico was at the epicenter of the Zika outbreak. In response, Puerto Rico created special districts to reduce mosquitos (PS 1705) and modified a program to manage and eliminate tires to reduce breeding sites (PC 2670). In addition, Puerto Rico’s legislature passed a resolution raising concerns about aerial spraying due to potential health impacts.
Arizona (SB 1270) moved its Pest Management Division to the Department of Agriculture and increased investigative and enforcement authorities. Minnesota (HF 3142) tasked the Commissioner of Health with seeking federal funds to combat Zika, and Rhode Island (S 2341) consolidated programs and activities, including vector control, into a new a Department of Environmental Management.

**Food Safety**

*Food Safety Modernization Act Implementation*

Hawaii (HB 2582), Illinois (SB 2047), and Michigan (HB 5294) included provisions in their budgets to implement the federal Food Safety Modernization Act (FSMA). Hawaii (HB 2657) also amended a loan program to reimburse for costs of food safety audits. Idaho (H 499) and Vermont (H 778) assigned responsibility to implement FSMA to their departments of agriculture.

*Genetically Modified Food*

The U.S. Congress (S 764) preempted state genetically modified organisms labeling laws for foods. Under the federal law, companies must identify whether their products contain genetically modified organisms through a Quick Response code, but the package does not need a label.

**Marijuana**

![Marijuana: Adult Use, Medical Use, and Cannabidiol (CBD) or Low-THC Current Status of State & Territorial Laws](image)

Last updated: 11/17/2016

© Association of State and Territorial Health Officials 2016 2231 Crystal Drive, Ste 450, Arlington, VA 202-371-9090 www.astho.org
Retail Marijuana and Authorized Use by Individuals over 21

Voters in four states (California, Maine, Massachusetts, and Nevada) approved measures in November 2016 to allow the retail sale of marijuana and its use by individuals over 21. In addition, Colorado (HB 1261/ SB 191/HB 1436/HB 1211/SB 80/HB 1041) and Washington (SB 6177) modified their existing retail systems. Colorado’s efforts focused on increased consumer safety. Washington outlined the criteria to review applications to grow marijuana for research purposes.

Medical Marijuana

Legislators in Ohio (HB 523) and Pennsylvania (SB 3), as well as voters in Arkansas, Florida, and North Dakota approved access to medical marijuana. The laws and ballot measures followed the structure of comprehensive medical marijuana regimes by specifying the conditions that qualify for treatment with marijuana and outline a process to regulate marijuana growers and dispensaries.

In addition, California, Colorado, DC, Michigan, and Oregon amended their medical marijuana systems. California (SB 837) revised its medical marijuana law to strengthen consumer safety and product standards. California also added a legislative report on issues surrounding licensing and appeals (AB 2679), created a “specialty cottage” license (AB 2516), eliminated a requirement that marijuana dispensaries pay their taxes electronically (AB 821), and allowed local governments to concurrently regulate medical marijuana (AB 21). Colorado (HB 1359/HB 1373) explicitly allowed medical marijuana to be used by individuals on probation—unless a court prohibits use—and on school grounds. In addition, Colorado (HB 1363) limited exposure to medical marijuana advertisements to people under the age of 21. DC (B21 256) increased the number of plants that marijuana cultivation centers may grow. Hawaii (SB 2384/HB 2707) allowed for unannounced inspections of marijuana businesses, created a medical marijuana advisory commission, allowed nurse practitioners to certify patients, and authorized the University of Hawaii to conduct testing and research. Michigan (HB 4209 and HB 4210) revised its medical marijuana program by establishing usable marijuana equivalents to determine how much marijuana a patient may possesses, creating the licensure for marijuana grow operations, distributors, processors, and retailers, and improving consumer, product, and employee safety.

Louisiana (SB 271/SB 180) increased access to medical marijuana by replacing the term “prescribe” with “recommend” and creating an affirmative defense for possession of medical marijuana.

Cannabidiol

Alabama (HB 61) provided an affirmative defense to possession of cannabidiol (CBD). Oklahoma (HB 2835) added conditions that can be treated with CBD. Utah (HB 58) extended the repeal date of its CBD authorizing act, and Virginia (SB 701) allowed pharmaceutical processors to obtain permits to produce CBD oils.

Health Equity

California (SB 1159) added equity as a component of the California Healthcare Cost, Quality, and Equity Data Atlas to “eliminate or reduce health disparities and address the social determinants of health.” Colorado (HB 1386) covered the fees associated with obtaining identification documents for vulnerable individuals. DC (B21 360) established an Office of Violence Prevention and Health Equity to use public health methods and tools to reduce and mitigate violence and replaced the Commission on Health Disparities with a Commission on Health Equity to “examine and address health inequities across the
District.” Florida (HB 941) changed the Office of Minority Health to the Office of Minority Health and Health Equity.

**Maternal and Child Health Legislation**

**Breastfeeding**
The Kentucky Senate recognized the importance of removing barriers to breastfeeding in the state (CR 9). In Mississippi (SB 2070), the health department is charged with developing “Breast-Feeding in Mississippi: Guidelines” and other educational materials to distribute to maternal child health providers. The bill also encouraged, but did not require, hospitals to promote breastfeeding in infant feeding policies. New Hampshire (SB 488) created an advisory council on lactation to examine breastfeeding best practices and report on its activities and findings.

**Newborn Screening**
California (SB 1095) clarified that the state is only responsible for the screening of diseases detectable through a blood test. Connecticut (HB 5537) added screening for severe combined immunodeficiency, and Louisiana (HB 283) added screening for Krabbe disease.

**Contraceptives**
Vermont (H 620) required insurance to cover at least one drug, device, or other product in each contraceptive method for women identified by FDA and voluntary sterilization for men and women. The state must also implement value-based payments for insertions and removal of long-acting reversible contraceptives and increase provider reimbursements.

**Other Legislation Impacting Maternal and Child Health**
Georgia (HB 1058) clarified a pregnant woman’s right to refuse an HIV test. Washington (SB 6534) exempted information collected by a maternal mortality review panel from public records requests.

**Infectious Disease Legislation**

**Healthcare Acquired Infections and Antimicrobial Resistance**
Colorado (HB 1236) redefined hospital-acquired infection as healthcare-acquired infection (HAI), expanded the types of facilities that are required to report infection data, modified membership of the advisory committee, and extended the legislation’s sunset date through 2021. Missouri (SB 579) required its Infection Control Advisory Panel to make recommendations about implementing the Centers of Medicare and Medicaid Services’s reporting guidelines for HAI and required hospitals and ambulatory surgery centers to have antibiotic stewardship policies. New Hampshire (SB 512) added long-term care and dialysis centers to its infection reporting statute.

**Other Infectious Diseases**
Colorado (SB 146) amended the definition of STI to include HIV and sexually transmitted hepatitis. It also replaced broad HIV criminalization language. Illinois (HB 4554) mandated insurance coverage for HIV treatments and pre-exposure prophylaxis. West Virginia (SB 404) authorized the state health department to bill private insurance and Medicaid for HIV and STI testing.
Immunization Legislation

Encouraging Adult Immunization
Georgia (HB 902) and Louisiana (HB 969HB 468) passed laws to increase adult immunizations. Georgia required assisted living facilities to provide annual information about influenza, including the current Vaccine Information Statement. Louisiana required adult residential care providers and nursing homes to inform residents about shingles, pneumonia, and influenza vaccinations. Louisiana (SB 397) expanded eligibility for individuals pursuing advanced education or training to remain in the foster system until age 21, and, as a result of this change, these individuals are able to obtain influenza vaccinations from the state.

Immunization Exemptions and Mandates
Colorado (H 1425) allowed child care centers to accept children on a short-term basis without proof of immunization, provided the center informs parents and caregivers that some of the children at the facility may not be immunized. Delaware (SB 223), Iowa (HF 2460), and South Dakota (SB 28) expanded mandates for meningococcal vaccines. Delaware required the vaccine for students who live on-campus at college or university, and Iowa and South Dakota required the immunization during grade school. South Carolina (H 3204) allowed the health department to offer the HPV vaccine, contingent on availability of state or federal funds.
**Vaccine Administration:**
Arizona (SB 1112) expanded the ability of pharmacists to administer vaccinations pursuant to Board of Pharmacy rules. California (AB 1114) authorized Medicaid reimbursement for immunizations administered by pharmacists. Virginia (HB 313) authorized nurse practitioners, physician assistants, licensed practical nurses, and pharmacists to administer childhood immunizations and complete an immunization record pursuant to a valid prescription.

**Interstate Compacts**

*Interstate Medical Licensure Compact*
Arizona (HB 2502), Colorado (HB 1047), Mississippi (HB 41), New Hampshire (HB 1665), and Pennsylvania (HB 1619) joined the Interstate Medical Licensure Compact, which streamlines physician licensure requirements between member states.

*Emergency Medical Services Compact*
Idaho (S 1281), Kansas (SB 225), Tennessee (HB 1888), Utah (HB 100), and Virginia (HB 222) enacted legislation to enter into an interstate compact for licensing emergency medical services (EMS) personnel. The compact will be activated when 10 states become members.

**Data and Informatics**

*Telehealth*
Alaska (SB 74), Connecticut (SB 298), South Carolina (S 1035) and Washington (SB 6519) encouraged telehealth services. Alaska created safe harbors for providers, required development of “standards of care” for telehealth, and created a provider directory. Connecticut required a Medicaid waiver or state plan amendment to allow coverage of telehealth services. South Carolina created a telemedicine practice act to govern the standards of care and recordkeeping. Washington convened a Collaborative for the Advancement of Telemedicine to bring together stakeholders to develop recommendations to improve and expand telehealth services.

*Privacy and Information Sharing*
DC (B21 7) allowed mental health information to be shared with other providers to coordinate services and care. Rhode Island (S 2828) required payers and providers to form a workgroup and provide recommendations for establishing systems to give patients electronic access to claims information. Illinois (HB 1260), Oregon (SB 1558), and Vermont (S 155) strengthened privacy protections for health information. Illinois added “health insurance information” and “medical information” to the state Personal Information Protection Act. Oregon excluded mental health records from the definition of “student records” to restrict access by college and university administrators. Vermont created a private right of action for individuals who have had their health information disclosed.

*All-Payer Claims Data, Data Repositories, and Health Information Exchanges*
California (SB 1159) created a data atlas to aggregate information on healthcare cost, quality, and equity, with an aim to ensure that healthcare is cost-effective and responsive. Delaware (SB 238) established the Health Care Claims Database inside the Delaware Health Information Network.
Healthcare Delivery System Reform
Community Health Benefits
Ohio (HB 390) changed reporting timelines to align the planning and implementation by local boards of health and tax-exempt hospitals and required centralized dissemination of current plans, assessments, and IRS schedule H filings. Vermont (S 255) increased the information tax-exempt hospitals must disclose, required progress reports on implementation of strategic plans, and clarified public engagement expectations.

Price Transparency and Consumer Protection
California (AB 72) and Florida (HB 221) restricted “surprise billing” to limit any out-of-network charges applied to services received at locations that are in-network. Connecticut (SB 351) required hospitals to disclose cost-to-charge ratios on bills. Florida (HB 1175) required providers to give patients a good faith estimate of charges and insurers to develop tools to enable policyholders to estimate costs for services. Ohio (SB 129) established timeframes for insurance companies to respond to prior authorization requests and appeals. Rhode Island (H 7786) required increased transparency in insurance billing.

Accountable Care Organizations
Vermont (H 812) established an all-payer model for healthcare to align payers through global targets for quality and cost of care. The model brings together commercial insurance, Medicare, and Medicaid. In addition, the law requires patients to sit on ACO boards and developed minimum standards for integrated care.

Medicaid
Alaska (SB 74) and Arkansas (HB 1001/SB 1) passed Medicaid reform bills. Alaska targeted telehealth, care integration, and fraud and waste reduction. Arkansas’s bill extended the Medicaid expansion waiver. In Louisiana, the governor expanded Medicaid through Executive Order No. JBE 16-01.

Public Health Delivery
Colorado (HB 1192), Connecticut (HB 5537), Tennessee (SB 851), Utah (HB 392/SB 126), and West Virginia (SB 597) updated public health roles and responsibilities. Colorado’s law updated sunset provisions for boards including those responsible for marijuana and the PDMP. Connecticut revised outdated language. Tennessee created a clinical lab advisory board. Utah eliminated obsolete reporting requirements for government agencies, including the health department, and clarified health department rulemaking processes. West Virginia revised the structure and duties of the West Virginia Health Care Authority.

The 2016 State Legislative Summary was made possible through funding from CDC PPHF 2013: OSTLTS Partnerships - CBA of the Public Health System (Cooperative Agreement SU38OT000161-03 REVISED). Its contents are solely the responsibility of the authors and do not necessarily reflect the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. For more information on ASTHO’s state health policy initiatives, please contact KT Kramer, ASTHO director of state health policy.