Research Protocol for Overdose Data to Action: Overdose Prevention Center Legislation

Prepared by the Association of State and Territorial Health Officials

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Overdose Data to Action: Overdose Prevention Center Legislation

I. Date of Protocol: July 2023

II. Scope: Collect, code, and analyze state/territorial legislation considered from January 1, 2019 to January 1, 2023, related to the establishment of overdose prevention centers, also known as safe consumption sites or harm reduction centers.

III. Primary Data Collection

a. Project Dates: October 2021 – July 2023

b. Dates Covered in the Dataset: This is a longitudinal dataset analyzing legislation related to the establishment of overdose prevention centers between January 1, 2019, and January 1, 2023.

c. Data Collection Methods: The legislative tracking team (“team”) consisted of two researchers (“researcher”) and two data entry staff (“staff”). The team worked to establish a process to collect, organize, and code bills related to the establishment of overdose prevention centers. Researchers used the commercial bill tracking software, FiscalNote, to identify and tag bills covering January 1, 2019, to January 1, 2023. Once the tagged bills were entered into a master spreadsheet and checked, staff assigned for entry began in MonQcle.

d. Databases Used: FiscalNote was used to identify the proposed legislation. Researchers then used the bill text and jurisdictional legislative websites for all proposed legislation.

e. Search Terms: The following search terms were used to capture the legislation for the dataset:
   i. Keyword searches: “Overdose prevention center”~5 OR “safe consumption” OR “harm reduction center”~5

f. Initial Returns and Additional Inclusion or Exclusion Criteria:
   i. The following bills were included:
      1. A bill introducing a new statute—or amending an existing statute—that related to the community distribution of opioid antagonists, fentanyl test strips, and/or the establishment of overdose prevention centers. Fentanyl Test Strip Distribution
      2. Laws that decriminalize fentanyl test strips were excluded as evidence of facilitating distribution. However, these laws would clearly be relevant to the Fentanyl Test Strip legality analysis.
3. Laws that actively support distribution of fentanyl test strips in the community setting or by a state or local health agency were included. This includes distribution authorized through specific programs, such as syringe service programs.

ii. The following variables were excluded:
1. Pre-filed bills not formally introduced into their respective state legislatures or bills that failed before formal introduction.
2. Legislative resolutions.
3. Citizen petitions filed in support of legislation.

IV. Coding

a. Development of Coding Scheme: The research team and subject matter experts developed the coding questions, circulated them with additional subject matter experts as well as legal epidemiology experts for review. When the questions were finalized, the team entered them into MonQcle, a web-based software-coding platform. Search strategies were then designed and conducted as described herein. Once all the relevant bills were identified, researchers used the information to populate a master spreadsheet that mirrored the MonQcle system. This master spreadsheet included answers to the questions noted below for each topic area, as well as a link to the legislative text, a publicly available source.

b. General Coding Rules: The following general coding rules applied to all records:

i. The bill introduction date served as the effective date for the coding record.

ii. This dataset covers the period from January 1, 2019, through January 1, 2023. The valid through date for the most recent record for each jurisdiction is January 1, 2023. Bills enacted, vetoed, or failed as a final status prior to that date were extended to that final valid through date of January 1, 2023. Some legislative sessions extended beyond this date, so some bills may have had status changes beyond this date. Be sure to check the state legislature website for the status of bills after January 1, 2023, for the most up to date information on their progress.

 o Question 1: “Has there been legislation considered to authorize an overdose prevention center between January 1, 2019 – January 1, 2023? (Yes/No)”
   - Jurisdictions were coded “yes” if a bill within the search was introduced within the time frame that would authorize the creation of or require working towards the ability to authorize an overdose prevention center.
   - If no such bill existed, the jurisdiction was coded as “no.”

 o Question 1.1: “What was the bill’s number?”
   - The bill number(s) were entered into the text box.

 o Question 1.2: “When was the bill introduced?”
   - Introduction date was entered using the calendar function.
Question 1.3: “What was the last active status of the bill?”
- Coded “introduced” if the bill was introduced but there was no further action.
- Coded “Passed first chamber” if the bill passed in the chamber where it was introduced but did not pass in the second chamber.
- Coded “Passed second chamber” if the bill passed in the chamber where it was introduced and in the second chamber.
- Coded “Failed – sine die” if the bill did not pass both chambers before the session adjourned sine die.
- Coded “Vetoed” if the bill passed both chambers and vetoed by the governor, but the legislature could/did not override the veto.

Question 1.4: “What was the date of the last action?”
- The date of last action was entered using the calendar function.
- Caution flags were noted if the legislation failed outside of the through date for this data set but before publication.

Question 1.5: “If legislation was considered, was the overdose prevention center a pilot project?”
- Jurisdictions were coded “yes” if the legislation included language establishing an overdose prevention center pilot project or the bill included an expiration date.
- If the bill did not include this language, the jurisdiction was coded as “no.”
- Caution flags were noted if the legislation was not a pilot project, but created a work group that would operate for a timed duration with the goal of establishing an overdose prevention center.

Question 1.6: “Did the legislation require law enforcement authorization before operating?”
- Jurisdictions were coded “yes” if the legislation included language that required law enforcement authorization before being able to establish an overdose prevention center.
- If the bill did not include this language, the jurisdiction was coded as “no.”

Question 1.7: “Did the legislation require local government approval before operating?”
- Jurisdictions were coded “yes” if the legislation included language requiring local government approval of establishing an overdose prevention center, including approval from a local health agency or legislative body.
- If the bill did not include this language, the jurisdiction was coded as “no.”

Question 1.8: “What services are overdose prevention centers required to provide?”
- Coded “Syringe exchange.” This box was checked if the center was required to provide needle or syringe exchange.
• Coded “Fentanyl Test Strip.” This box was checked if the center was required to provide harm reduction supplies, including fentanyl test strips.
• Coded “Naloxone.” This box was checked if an opioid antagonist was required to be available on site.
• Coded “Referrals to treatment for infectious disease.” This box was checked if the center was required to provide referrals for medical treatment that may be appropriate for persons utilizing the center.
• Caution flags were noted when some of these services were available upon request.

V. Quality Control

a. Quality Control – Background Research: Quality control of the original research consisted of the research team evaluating the data entered in the Microsoft Excel document to ensure that there were no missing entries, and to ensure that there were complete citations and that caution note information and questions were clarified when applicable. Research was checked at 100% redundancy by research team attorney for quality control. When necessary, divergent conclusions were discussed for resolution, and if a conclusion could not be reached, elevated to a supervising attorney. Regular meetings were held to determine how to consistently account for different situations and resolve all divergences and differences of opinion with respect to the relevant legislation.

b. Quality Control – Original Coding: Two entry staff team members used the master spreadsheet populated by the research team to enter information into the MonQcle system. All jurisdictions were 100% redundantly coded from the master spreadsheet, using two separate MonQcle focused teams. One entry staff team member input all the jurisdictions information from the spreadsheet. The Second entry team member conducted the quality control entries by cloning the jurisdictions record in MonQcle without the answers, then entering all information based on the master spreadsheet. All errors were resolved by the researchers.

c. Quality Control – Data Limitations: The research team acknowledges that the jurisdictions may interpret the legislation (or questions and answers) differently and that the legislative search may not have captured all proposed legislation.

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