Model State Drug Laws
Advancing Life-Saving Drug and Alcohol Policies

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Introduction

• 26 years as a prosecutor, 20 years doing Policy & Legislation for the Pennsylvania District Attorneys’ Association

• 2 years as Executive Director of the President’s Commission on Model State Drug Laws

• 5 years as Pennsylvania’s first Secretary of the PA Department of Drug & Alcohol Programs

• President of NAMSDL since 2017

- Ran under Presidents Bush & Clinton

- 12 Republicans, 12 Democrats, three state Attorneys General, President of NDAA, President of IACP, two treatment leaders, mayors, legislators and judges

- Five public hearings resulting in 44 Model State Drug Laws

- Although predominantly law enforcement, the report was aggressively pro-treatment.
What is NAMSDL? (1)

• National Alliance for Model State Drug Laws

• Mission

  • NAMSDL empowers states by identifying and creating the most comprehensive, integrative, and effective model laws, policies and protocols in the areas of drug and alcohol prevention, intervention, treatment, recovery support, overdose abatement, and criminal justice.
What is NAMSDL? (2)

• Vision

• To strengthen the role of state laws, policies and protocols aimed at reducing substance use disorders in our nation’s families and communities
What is NAMSDL? (3)

• Values

INTEGRITY
INNOVATIVE
AMBITIONOUS
COMPREHENSIVE
ADAPTIVE
LEADERSHIP
Why We Do Our Work (1)

- 72,000 reasons in 2017 alone
- Nearly one in three families suffering with SUDs
- 60 to 70% of those in the CJ System are there with untreated or undertreated SUDs

Why We Do Our Work (2)

• 2017 Surgeon General’s Report on Alcohol, Drugs, and Health
  • 78 people die every day in the United States from an opioid overdose (nearly quadrupled since 1999)
  
  • Despite the fact that we have treatments we know are effective, only one in five people who currently need treatment for opioid use disorders is actually receiving it (largely due to lack of funding)

• Though less documented, prevention is similarly under-resourced
  • Loss of federal “Safe and Drug Free Schools” funding in 2010 – never restored

• Affordable Care Act requires the majority of health plans and insurers to offer prevention, screening, interventions, and other forms of treatment for substance abuse disorders

“We need to see addiction as a chronic disease, and not as a moral failing.”
—Jerome Adams, current US Surgeon General

CAGES AND COFFINS ARE NOT A HUMANE OR CIVILIZED RESPONSE TO AN EPIDEMIC
Why We Do Our Work (4)

We know what works in the areas of prevention, intervention, treatment, recovery supports, and overdose abatement.

While federal funding drives many policies, most policy and program work is done at the state and local level.
Model state laws embodying proven best practices and cutting edge programs give all 50 states a roadmap for how to use scarce resources to maximum effect.
Why We Do Our Work (6)

• A Model Law drives forward strong policies and programs

• It can be a catalyzing focal point for interested stakeholders and other activists in each state to move policy forward.
Recently Completed Model Laws

• Model Act Providing for Warm Hand-off of Overdose Survivors to Treatment
• Model Universal Access to Naloxone Act
• Model Scheduling Novel Psychoactive Substances Act
• Model Expedited Scheduling of Controlled Substances Act
• Model Controlled Substance Analogue Statute
Warm Hand Off for Overdose Survivors (1)

• Ultimate goal is to increase funding, training, and reporting

• Connect emergency departments to local drug and alcohol agencies, treatment programs, and recovery support services
Warm Hand Off for Overdose Survivors (2)

• Utilize and empower peer recovery support professionals
• Develop training curriculum in effective WHO protocols
  • Emergency medical service personnel
  • Emergency department personnel

https://ezexitnow.org/services/join/
Warm Hand Off for Overdose Survivors (3)

• Require implementation of WHO procedures by emergency departments for licensure

• Funding
  • Require reasonable and fair reimbursement rates by public/private insurance for WHO services
  • State grant program funded by state budget and public/private gifts and grants

Warm Hand Off for Overdose Survivors (4)

- Legal Immunity
- Encourage development of Overdose Stabilization & Warm Hand-off Centers in areas of greatest need
- Annual reporting to legislature regarding compliance with Act and estimated impact
Naloxone

- Create broadest possible access for all.
- Ensure comprehensive funding (*eliminate* cost as a barrier).
- Educate the public about the need to carry.
- Help save the lives of individuals who have experienced opioid-related overdoses so that they can live and seek recovery.

https://www.wvpublic.org/post/should-public-schools-stock-naloxone#stream/0
Naloxone Co-Prescribing

- Co-prescribing is mandatory whenever opioids are prescribed and one of the following are present:
  1) Patient has history of SUD
  2) High dose Rx (over 50 MME/day)
  3) Concurrent use of opioids & benzos (etc.), or
  4) Other factors consistent with CDC Guidelines (e.g. friends/family with OUD)

Naloxone Statewide Standing Order

- Directs state’s physician general or surgeon general to issue statewide standing order

- FDA-approved naloxone formulations

- Includes instructions for how and when to use, calling EMS and for follow-up care

- Also applies to community-focused organizations
Naloxone & Community-Focused Organizations

• Doctors may prescribe to recovery community organizations (RCO) or other community-focused organizations, to enable them to distribute where needed, with instructions

• First responders authorized to distribute to individuals or family members of those at-risk

• Community-focused organizations are authorized to possess, store & distribute where needed
Naloxone Immunity; Public Education; Supply

• Civil & criminal immunity (includes immunity from adverse professional action) for prescribing, dispensing, distributing & administering naloxone

• Single State Authority (or Health Department) tasked with PR and training campaign for healthcare professionals, CJ stakeholders, & general public

• Pharmacies mandated to have naloxone (if runs out, they have seven days to get it to the customer)
Paying for Naloxone

• Medicaid and health insurance must pay for FDA-approved nasal spray or auto-injector (insurer can choose to pay for both)

• Insurance & Medicaid coverage is 100%: not subject to deductible, copay or preauthorization

• The Act creates a Naloxone Access Grant Program to provide for & incentivize the wider use of naloxone
Naloxone Data Collection & Evaluation

- Data on overdoses, overdose deaths, and prescriber info on pill bottles are provided to the PDMPs

- Confidentiality a priority; PDMP data on ODs on “need to know” basis for healthcare providers to facilitate SUD intervention and to protect against further ODs

- Data also used to guide deployment of resources
Model Laws Are Never “Final”

• New insights emerge as laws move through state legislatures.

• We continue to learn as model law provisions are implemented in practice.

• Times and needs change.

• For example, we already have a list of improvements for our 2018 Model Naloxone, Warm Hand-Off and NPS Laws.
Current Model Law Projects & Updates (1)

- Model Patient Protection & Treatment Ethics Act
- Model Recovery High School Act
- Model Collegiate Recovery Act
- Model Police Deflection Act (first stage of Criminal Justice Treatment update)

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Current Model Law Projects & Updates (2)

- Model Informed Patient Consent to Opioid Prescribing Act
- Model Removing Obstacles to Meaningful Employment
- Model Drug Endangered Children Act
- Model Family Preservation Act Update

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Patient Protection and Treatment Ethics Act (1)

- Patient Brokering
- Predatory Web Practices
- Bait & Switch Out-of-Network Schemes
- Clinical Service Misrepresentations
- Paying Clients to Engage in Bilking Schemes
- Third-Party Consultant Practices
Patient Protection and Treatment Ethics Act (2)

- Over-Billing Schemes
- Employing Clients Against Clients’ Best Interest
- One Way Compensated Travel
- Paid call center/Directory/Call aggregation
- Overcrowding of Recovery Houses
Adolescents in early recovery are at greater risk of relapse when returning to their old school (people, places & things).

Recovery high schools provide a recovery-supportive, rather than recovery-averse school environment.

Recovery high schools help newly recovering adolescents achieve long-term recovery.
Recovery High Schools (2)

The Model Recovery High School Act promotes the development of these lifesaving schools by:

1. Authorizing creation of Recovery High Schools as public schools, charter schools, or private schools
2. Establishing high-level Statewide Advisory Board with Education, SUD, CYS & other officials, plus recovery high school alumnae
3. Requiring recovery schools to meet accreditation standards and practices set forth by the Association of Recovery Schools
4. Establishing various funding mechanisms
5. Requiring data collection and reporting on outcomes
Illinois Voters “embrace” a New Approach to Criminal Justice*

- **69% back** Illinois law pushing drug treatment over arrest

- Provided public and political support for **Senate Bill 3023**

- **85+ police departments or law enforcement association** proponents signed on the bill (SB 3023) which became law (PA 100-1025)

*The Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act

Police Deflection (3)

Illinois Senate Bill 3023
The Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act
Police Deflection (4)

2018 Illinois Deflection Legislation: Senate Bill 3023

• The Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act

• Authorizes and encourages local law enforcement leaders to create collaborative local programs that “deflect” individuals with substance use problems away from the criminal justice system into addiction treatment services

• Provides a roadmap for partnerships between law enforcement, substance use treatment providers, and community members to guide the development of deflection programs
Warm Hand-Off and Police Deflection = More Interventions

• Is there enough treatment?

• AHA on warm hand-off: “You’re setting us up for failure.”

• Another recovery leader: “You’re building a superhighway to a small dirt road”
Expanding Treatment (1)
Addiction Costs Reduction Act

- 1993 Model Law needs updating
- Requires coverage for all needed services (intervention, detoxification, inpatient rehab, IOP, OP and family services)
- Both MAT and drug-free treatment
Expanding Treatment (2)
Addiction Costs Reduction Act

- Levels and lengths of stay determined by licensed treatment program medical professional *not* by managed care

- Disallows denials of coverage due to identification of SUD and referral to treatment in the CJ system
Expanding Treatment (3)
Medicaid Addiction Costs Reduction Act

• This 1993 Model Law also needs updating

• Mandates full Medicaid coverage of full continuum of services (see above) in accordance with clinical determination, with same protections as ACRA.

• Adds explicit provisions for *long-term* residential rehab.
NAMSDL is currently working on an update of groundbreaking 1993 President’s Commission Model Family Preservation Act.
Family Preservation Act - Mothers Seeking Treatment (2)

How does a mother seek residential inpatient treatment when she is pregnant or caring for her children?

- Fear of leaving her children in another’s care
- Fear of losing her children permanently
- Solution: Obtain treatment where her children can reside with her
Family Preservation Act- Highlights of the Act (3)

- Facilitates the establishment of residential addiction treatment programs for mothers
- Holistic services = family focused
- Preserve the family unit
- Save lives and money
Family Preservation Act- Additional Benefits (4)

- Prioritize SUD Treatment Funding
- Coordination of agency and community services
  - Especially between SUD and CYS fields
- Improve referral and data collection
Family Preservation Act - Mandated Training (5)

• Remove the barriers that agencies and community organizations can work together

• Share information about drug and alcohol substance misuse with other agencies to improve collaboration
Upcoming Projects

- Model Access to Treatment (MACRA & ACRA) Update
- “Protecting America’s Children” Package of Model Laws
- Model Drug-Free Workplace Update
- Model Package of PDMP Supplements
- Model Drugged Driving Act
- Model Drug Takeback Act
- Model Prescribing Guidelines Act
- Model Treatment Workforce Act
- Model Good Samaritan Act Update
Questions

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