LAPPA NEWS

LAPPA recently published two model acts, the **Model Expanded Access to Emergency Opioid Antagonists Act** and the **Model Syringe Services Program Act**.

LAPPA’s **Model Expanded Access to Emergency Opioid Antagonists Act** is a model law that provides state officials with the means to increase the ability of their citizens to access and use life-saving emergency opioid antagonists. The Centers for Disease Control and Prevention estimates that nearly 100,000 Americans died from a fatal overdose during the 12-month period from March 2020 to March 2021. Opioid antagonists, such as naloxone, can be used during emergencies to reverse opioid overdoses and are effective in preventing fatal opioid overdoses. This Act: (1) enables all citizens to access emergency opioid antagonists; (2) encourages citizens to obtain emergency opioid antagonists; (3) grants immunity to individuals who administer opioid antagonists; (4) requires physicians to co-prescribe an emergency opioid antagonist when prescribing an opioid to a patient; (5) ensures that health insurance covers emergency opioid antagonists; (6) prohibits discriminatory life and health insurance practices related to the possession of emergency opioid antagonists; (7) provides increased access to opioid antagonists in educational institutions and correctional settings; (8) establishes a pilot program to increase bystander access to emergency opioid antagonists; and (9) promotes initiatives that educate citizens on the life-saving potential of emergency opioid antagonists. To read the White House Office of National Drug Control Policy’s Press Release about the model act, click [here](https://www.whitehouse.gov).

LAPPA’s **Model Syringe Services Program Act** authorizes the establishment of comprehensive syringe services programs which are associated with an increase in access to treatment and a decrease in bloodborne infectious disease diagnoses as well as the number of needlestick injuries to first responders and others. This Act delineates the required components for syringe services programs operating within a state, including that such programs: (1) directly provide, or offer referrals to, expanded services, such as substance use disorder treatment, including medications for addiction treatment, HIV and viral hepatitis testing and treatment services, access to opioid antagonist kits, health care services, and mental health services; (2) reduce needlestick injuries to law enforcement, emergency services personnel, sanitation workers, and members of the community; (3) provide data collection and reporting requirements for syringe services programs; (4) provide immunity from criminal arrest, charge, and prosecution for the possession, distribution, or furnishing of hypodermic needles and syringes and other supplies; (5) provide educational and training materials for members of the community, including law enforcement and other first responders, such as emergency medical services; and (6) provide for funding of syringe services programs. To read the White House Office of National Drug Control Policy’s Press Release about the model act, click [here](https://www.whitehouse.gov).
The U.S. Food and Drug Administration (FDA) has granted fast track designation for OPNT003, nasal nalmefene, an investigational treatment for opioid overdose. In July 2021, Opiant Pharmaceuticals reported positive results from a study comparing the efficacy of OPNT003 to an intramuscular nalmefene injection, and studies are ongoing comparing nasal nalmefene to nasal naloxone, which is currently the most widely used opioid overdose treatment. Fast track is an FDA process designed to facilitate the development and expedite the review of potential therapies for treating serious conditions while addressing an unmet need. Programs with the fast track designation often benefit from early and frequent communication with the FDA and possible rolling submission of a marketing application. OPNT003’s designation comes at a time when opioid overdose rates in the U.S. are at historic levels and calls are increasing for greater access to overdose reversal medications.

The Biden administration is holding off on lowering government funding for the use of methadone to treat opioid use disorder after fears that a rate change could result in Medicare recipients not getting needed treatment during the COVID-19 pandemic. The interim rule released in November pauses an annual process for updating government coverage of methadone treatment providers. According to the U.S. Department of Health and Human Services (HHS), around 5,000 Medicare beneficiaries per month suffer an opioid overdose and any action that might affect treatment options for those patients, such as a reimbursement rate change, is ill-advised at this time. The new interim rule took effect on January 1, and HHS is currently accepting public comment, giving the government time to study this issue and develop a payment methodology for methadone treatment moving forward.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is extending the methadone take-home flexibilities for one year, effective upon the eventual expiration of the COVID-19 public health emergency. The extension allows for the continuation of the take-home medication flexibilities that SAMHSA put in place in March 2020 and complements Health and Human Services’ Overdose Prevention Strategy. The March 2020 exemption was issued to protect public health by reducing COVID-19 infections among patients and healthcare providers. Preliminary studies show that nearly two years after the exemption was first granted, stakeholders report increased engagement with treatment, improved patient satisfaction, and a sharp decrease in incidents of misuse or diversion. Flexibility promotes individualized, recovery-oriented care by allowing increased access for persons who reside far away from treatment options and/or who lack reliable transportation. To read more, click here.

The U.S. Department of Justice’s Office of Justice Programs recently announced awards totaling over $38 million to advance reforms in the criminal justice and juvenile justice systems. The funding will support (1) evidence-based approaches designed to reduce crime and incarceration and (2) research to expand knowledge about effective pretrial strategies and practices for reducing racial and ethnic disparities in the justice system. In 2020, the number of people held in state and federal prisons fell by 15 percent and the jail population decreased by 25 percent, yet the United States continues to imprison more people, at higher rates, than any other country in the world, with people of color making up a disproportionate percentage of the overall incarceration population. The announced grants will support several programs aimed at improving public safety, while also reducing incarceration levels and addressing long-standing racial disparities. To read more, click here.
**First Participants Enrolled in Trial for Vaccine to Treat Opioid Use Disorder**

A University of Minnesota Medical School clinical trial studying a vaccine for opioid use disorder has enrolled its first participants. The phase 1 randomized placebo-controlled trial is funded by a grant from the National Institutes of Health and will test the safety and potential efficacy of a vaccine that could prevent both the euphoric and toxic effects of oxycodone. Trial participants are being enrolled at Columbia University in New York City and Clinilabs Drug Development Corporation in Eatontown, New Jersey. Participants must be between the ages of 18 and 59, must currently be using opioids and not seeking treatment for drug use, and must have prior experience with intranasal opioid use. The vaccine being studied stimulates the body’s immune system to produce antibodies to oxycodone. When a vaccinated individual takes oxycodone, the antibodies bind to the drug molecule and stop it from entering the brain, thereby preventing the high the drug produces. Because the vaccine only targets oxycodone, it will not interfere with medications approved to treat opioid use disorder that the patient might also have in his or system, such as methadone, buprenorphine, naltrexone, or naloxone. The trial plans to enroll 45 initial participants, who will be monitored for several weeks as inpatients at Columbia University. Researchers will observe the participants for any adverse events, determine the participant’s response to oxycodone after vaccination, and then will study the participants’ drug behavior on an outpatient basis. Click [here](#) to read more from *Pharmacy Times*.

**Bloomberg Philanthropies Commits $120 Million to Reduce Overdose Deaths**

Michael Bloomberg recently announced that Bloomberg Philanthropies is making a five-year, $120 million investment to help combat the overdose crisis in some of the U.S.’s most hard-hit states – Kentucky, New Jersey, New Mexico, North Carolina, and Wisconsin. Bloomberg’s Overdose Prevention Initiative was launched in 2018 with an initial investment of $50 million and, over the last eight years, the total investment in the initiative has reached $170 million. An announcement about the $120 million was made at the 4th annual Bloomberg American Health Summit, an event of Bloomberg Philanthropies and the Bloomberg American Health Initiative at Johns Hopkins Bloomberg School of Public Health. The five states will each receive $10 million in support over the next five years to help address their respective high overdose death rates by implementing new policies that expand access to treatment and harm reduction initiatives. Prior investment in Michigan and Pennsylvania saw significant results in terms of lives saved. To read more from Bloomberg Philanthropies, click [here](#).

**STATE NEWS BITS**

**Colorado:** Correctional facilities in the state of Colorado experienced a steep increase in the number of drugs being smuggled into jails and prisons over the last four years. In the first six months of 2021, more than three times the amount of heroin was seized than in all of 2018. The total amount of drugs seized is equivalent to tens of thousands of potential doses, many of which might be lethal because they contained the powerful opioid fentanyl. The state Department of Corrections is taking steps to stop the influx of drugs, including routine testing of inmates, monitoring of phone calls, and increased screening of all incoming mail.

**District of Columbia:** Forensic analysts have identified a new and highly potent family of synthetic opioids in the District’s illicit drug supply. The opioids, which were found on used syringes examined by the city’s department of forensic sciences, are called protonitazene and isotonitazene, substances that are both at least
several times more potent than fentanyl. Identification of “nitazenes” comes at a time when D.C. is grappling with an ever-worsening opioid crisis that saw 498 fatal overdoses over a 12-month period during the coronavirus pandemic.

**Illinois:** CVS Health announced that it has installed time delay safe technology in all 392 Illinois pharmacy locations, including those in Target stores, to help reduce organized retail crime. It is anticipated that the new safes for controlled substances will help prevent pharmacy thefts and the associated diversion of those medications, including oxycodone and hydrocodone. The technology used delays the time it takes for pharmacy employees to open a safe. Prior related efforts resulted in a 70 percent decline in pharmacy robberies where a delay safe was in use.

**Iowa:** The University of Iowa’s Carver College of Medicine received a grant from SAMHSA for further education on substance use disorder and medications that are used for addiction treatment. The grant funds will allow for additions to the curriculum that will better equip medical students with the skills needed to treat persons suffering from substance use disorders. Students will also learn more about prescribing medication to treat addiction (MAT), something much needed in the state where there are currently only 108 MAT providers.

**Maryland:** U.S. Senators Ben Cardin and Chris Van Hollen, along with Congressmen John Sarbanes and Andy Harris (all of whom represent Maryland), jointly announced just over $16,000 in federal funding for Anne Arundel and Somerset Counties to bolster telehealth services for up to 7,000 individuals who are incarcerated. The telehealth services will expand access to behavioral services that will help individuals who are incarcerated get needed care, regardless of their location or the location of their provider.

**Michigan:** Inmates at the Oakland County jail in Pontiac, Michigan can now get free Narcan nasal rescue kits from a vending machine when being discharged. The kits contain two doses of opioid overdose reversal medication, as well as instructions on how to use the medicine, from the state Department of Health and Human Services. This is one of the first such machines in Michigan. The project is patterned after one in Los Angeles, California, where 30,000 doses were distributed in the year 2020.

**New Jersey:** A Monmouth County doctor has been accused of receiving bribes and kickbacks from the pharmaceutical company Insys, in exchange for illegally prescribing large amounts of the narcotic fentanyl. The doctor was charged with conspiracy to pay and receive kickbacks, receiving kickbacks, healthcare fraud, and conspiring to unlawfully distribute dangerous narcotics. Insys allegedly provided more than $130,000 in bribes and kickbacks to the doctor, who prescribed the drug Subsys, a potent narcotic designed to rapidly enter a patient’s bloodstream upon being sprayed under the tongue.

**New York:** Governor Kathy Hochul recently announced that New York will distribute $2 million in federal funds to help addiction treatment providers establish mobile units that will bring medication directly to people in remote and otherwise underserved areas. The funds will be awarded through a request for application process and must be used by providers to set up mobile medication units (MMUs) that can dispense medication proven to reduce the risk of relapse and overdose, including methadone and buprenorphine. Providers that currently operate state-certified opioid treatment programs are eligible to receive up to $200,000 each to purchase and retrofit an MMU.

**Ohio:** A new statewide initiative was announced by the Ohio Opioid Education Alliance aimed at helping Ohioans understand that substance use disorder (SUD) and mental illness are complex diseases, partly the result of genetics and related factors, largely out of a person’s control, and not moral failings or poor character. The Beat the Stigma campaign will encourage citizens to do three things: (1) challenge how they think about SUD; (2) know their individual risk; and (3) take care of their mental health. The state has already committed $9.75 million to the initiative and efforts are underway to secure matching funds from other business and community sources.
Oregon: In the town of Ontario, a program aimed at reducing harm for persons with substance use disorders has been so successful that more than 15,000 syringes have been collected and more than 3,000 sharps have been exchanged for new ones. Collection bins are set up throughout the city, with an aim of reducing syringe litter, and the syringe services program is helping to reduce infections that can spread through the reuse or sharing of needles. Through the exchange program, individuals can receive not only clean needles, but also education, information about naloxone, and peer counseling.

Pennsylvania: The University of Pittsburgh School of Dental Medicine recently announced a commitment toward responsible pain management, the Costello Pain Care Pledge (Pledge). The Pledge is incorporated into student and resident training as part of the curriculum and hopes to encourage the reversal of a decades’ long practice of routinely prescribing opioids for dental procedures. The guidelines incorporated into the Pledge are based on evidence showing that non-opioid medications generally work as well, or perhaps even better, at managing pain after routine dental work.

Tennessee: Shelby County Schools are auctioning off items left behind in the Bayer warehouse, the school district’s new headquarters. The items set to be auctioned include commercial pharmaceutical equipment, kitchen equipment, and a fluid bed granulator manesty pill press reverse osmosis system. The pill press is of concern to many in the state, who assert that there is no legitimate reason for a lay person to own such an item. A spokesperson for the school district has stated that the advertisement of the online auction was premature and that the school system is still reviewing which items will actually be placed up for sale.

ABOUT LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

The Legislative Analysis and Public Policy Association (LAPPA) is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to model laws and policies that can be used by national, state, and local criminal justice and substance use disorder practitioners who want the latest comprehensive information on law and policy. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

For more information about LAPPA, please visit: https://legislativeanalysis.org/.

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