

NEWS BITES

JANUARY 2025

LAPPA NEWS

JOIN OUR TEAM

The Legislative Analysis and Public Policy Association (LAPPA) is seeking an **entry level legislative attorney** to work with its team of attorneys to perform research and comparative analyses of state laws and regulations. This position is funded through a federal grant. The position is remote, so the ideal candidate must be independent and a self-starter. The best candidate will: (1) be able to manage multiple projects; (2) be detail-oriented; (3) like working within tight deadlines and for a fast-paced organization; (4) be able to operate within a bipartisan framework; and (5) enjoy public policy work.

Qualifications

- A Juris Doctorate from an accredited law school and admission to a state bar.
- Excellent legal and legislative research, writing, analysis, and communications skills.
- Outstanding organizational skills and the ability to work independently.
- The ability to write documents in a non-partisan, objective fashion.
- Strong applicants will have experience in and knowledge about substance use disorder at the intersection of public health and public safety.

Salary will be commensurate with experience and between \$80,000 to \$110,000. LAPPA offers four weeks of paid vacation; paid sick leave; health, dental, and vision insurance; and a 401K with an organizational match.

Individuals interested in the position should send: (1) a resume; (2) a cover letter; and (3) two writing samples, at least one of which shows the analysis of a statute/regulation/court case to info@thelappa.org. The application deadline is February 15, 2025.

LAPPA is also seeking a **contract attorney** to update its existing [50-state summary research](#) on state laws and regulations. This is not a full-time position. Compensation will be based on the assigned topic(s) and intricacy of the work. The ideal candidate must be independent and a self-starter. The best candidate will: (1) have at least two years of legislative research experience; (2) be detail-oriented; (3) be able to work within tight deadlines; and (4) enjoy public policy work.

Qualifications

- A Juris Doctorate from an accredited law school and admission to a state bar.
- Excellent legal and legislative research, writing, analysis, and communications skills.
- Outstanding organizational skills and the ability to work independently.
- Strong applicants will have experience in and knowledge about substance use disorder at the intersection of public health and public safety.

Individuals interested in the position should send: (1) a resume; (2) a cover letter; and (3) a sample of previous legislative research work to info@thelappa.org. The application deadline is February 15, 2025.

PUBLICATIONS

Model Laws

LAPPA is pleased to announce the release of the [Model Building the Substance Use Disorder Workforce of the Future Act](#) and the [Model Mental Health and Substance Use Disorder Parity Act](#). The *workforce act*, drafted in collaboration with the O'Neill Institute for National and Global Health Law at the Georgetown University Law Center, addresses the current and projected shortage of professions for the substance use disorder workforce, including psychiatrists, psychologists, physicians who are certified in addiction medicine, addiction counselors, social workers, nursing professionals, peer support professionals, and others. This legislation guides states in adopting a strategy that supports and advances immediate, intermediate, and long-term measures to build and sustain an SUD workforce.

The *parity act* aims to empower effective enforcement of mental health and substance use disorder (SUD) parity standards at the state level. This model legislation requires: (1) health benefit plans to provide mental health and SUD benefits on terms no more restrictive than those for medical/surgical benefits; and (2) health insurers to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act for all state-regulated health benefit plans subject to the parameters of this legislation. The overarching purpose of this model is to save lives and improve health and quality of life by expanding access to mental health and SUD treatment.

50-State Summaries

Involuntary commitment, sometimes referred to as civil commitment, is a legal process by which a judge may order an individual with symptoms of a serious mental illness to be confined to treatment for a period of time against the individual's wishes. Originally reserved only for the treatment of individuals with severe mental illness, many states have expanded their involuntary commitment laws to apply to individuals with severe substance use disorders (SUDs). Laws that allow for the involuntary commitment of individuals with severe SUDs vary widely among jurisdictions. LAPPA has undertaken an extensive research project to determine the laws that address the involuntary commitment of those with SUDs in the 50 states, District of Columbia, and U.S. territories and collected the results of that research into this document. In [Involuntary Commitment of Those with Substance Use Disorders: Summary of State Laws](#), LAPPA provides state-by-state tables describing aspects of each law currently in effect, as of December 2024, including: whether the laws allow for the involuntary commitment of an individual with a primary diagnosis of SUD; • the court of relevant jurisdiction for involuntary commitment proceedings; • the type of treatment a judge may order; • who may file a petition for involuntary commitment; • the time between the filing of the petition and the hearing; • the elements of a petition for involuntary commitment; • the legal standard for a hearing on involuntary commitment; • the maximum length of an initial involuntary commitment order; • the renewal process for an

involuntary commitment order; • the penalty for submitting a false petition for involuntary commitment; • additional provisions of note; and • recently proposed, but not enacted, legislation. LAPPAs designed this document to: (1) provide a singular resource for each jurisdiction’s laws; (2) allow for a comparison of these laws between jurisdictions; and (3) identify and highlight interesting provisions.

In 2014, several U.S. cities and counties filed lawsuits against drug manufacturers, alleging that the companies’ aggressive marketing practices fueled a national opioid addiction epidemic that subsequently killed hundreds of thousands of people. Since then, over 3,000 state and local governments have filed lawsuits of their own, seeking to recoup the billions of dollars these entities spent—and continue to spend—on the fallout from the epidemic. The result of these legal efforts is a series of ongoing monetary settlements, greater than \$55 billion to date, on a scale not seen since the “big tobacco” settlements of the 1990s. Such settlements serve as a cautionary tale: of the billions of dollars states received—and still receive—only a fraction has gone towards their intended purpose of reducing tobacco use. Some states used the funds to pay off unrelated debts or fill budget gaps. Over the last four years, many states have enacted laws to avoid a similar fate for opioid litigation settlement funds, putting in place legal restrictions to guarantee that the money is spent on addressing the opioid epidemic. In the [Opioid Litigation Proceeds: Summary of State Laws](#), LAPPAs examines state and territorial laws expressly providing for the receipt and use of settlement proceeds from opioid manufacturer and distributor litigation. This document updates LAPPAs’ previous examination of such laws published in December 2022. As of November 2024, a total of 40 jurisdictions have enacted laws that apply to proceeds from opioid litigation settlements.

NOTABLE STUDIES

Youth Buprenorphine Access Plummeting: A new study published in the *Journal of the American Medical Association* found that the number of young adults who were dispensed buprenorphine decreased annually by 6.5 percent between 2020 and 2023, raising concerns about access to the only medication for addiction treatment (MAT) for substance use disorder approved for adolescents. MAT is widely considered the gold-standard of care for SUD, yet only about one in five individuals with SUD receive MAT. The authors of this study noted that buprenorphine use (as MAT) is especially low in adolescent and young adult age groups for multiple reasons including the fact that there are fewer treatment facilities serving youth and fewer providers who are comfortable dispensing medication for SUD to young patients. Click [here](#), to read more about this study.

FEDERAL NEWS BITS

SAMHSA Updates Contingency Management Guidelines: On January 8, 2025, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated its guidelines to expand access to contingency management – a behavioral intervention aimed at improving adherence to a substance use treatment program. Contingency management payments were previously limited to \$75 per patient annually, and under the new guidelines, the amount is increased to \$750 per patient annually. Contingency management is currently the only standard of care for stimulant use disorder (StUD) according to guidance from the American Society for Addiction Medicine and the American Academy of Addiction Psychiatry. The behavioral therapy is a potentially life-saving intervention for the more than four million people who meet the diagnostic criteria for StUD, and the previous cap of \$75 per year was found to be ineffective.

Action Demanded on 7-OH: Lawmakers sent a letter to the Food and Drug Administration (FDA) asking what the agency plans to do about 7-OH products flooding the consumer market. These products are often

marketed as kratom and confused by consumers as such but differ in a significant way. 7-OH products are synthetically altered to increase their potency, are semi-synthetic, and have an increased possibility of addiction. These are all attributes that a consumer of a product marketed as kratom might not expect, and for this reason, lawmakers requested that the FDA respond to their inquiry on four specific points: (1) is the FDA educating consumers about the differences between kratom and 7-OH products; (2) is the agency seeking out the manufacturers of 7-OH products and penalizing them; (3) is the FDA helping to foster research into the effects of 7-OH products; and (4) how is the agency protecting consumers against these allegedly dangerous products?

STATE NEWS BITS

Illinois: A new state law will require coroners and medical examiners to report any high levels of fentanyl found through an autopsy to law enforcement and the state department of public health. This type of reporting is already occurring in some counties, but the state law will ensure that the same policy is followed in every county. The hope is that investigators will be able to use reported data to track down those selling fentanyl more quickly and bring justice to the hundreds of family members who have lost loved ones to a fentanyl overdose.

Indiana: Recognizing the important role that certified peer support professionals play in substance use recovery, Indiana will now cover training and certification costs for these professionals as part of an effort to build the state's peer support workforce. Peer support professionals assist people in the recovery process for substance use disorder (SUD) and use their own lived experience with SUD or serious mental health issues to aid in that process. The training process takes 48 hours over the course of two weeks and some topics covered include ethics and addressing stigma. Training is followed by a proctored exam and recertification, and annual continuing education is required.

Minnesota: A task force created to advise state lawmakers on policy issues surrounding psychedelic medicine has recommended the decriminalization of psilocybin-containing mushrooms, commonly referred to as magic mushrooms. The task force further recommended the creation of a state-regulated clinical program for these mushrooms to treat mental health disorders and funding for more research into the potential health benefits of psilocybin, MDMA (ecstasy or molly) and LSD. Two-thirds of the 23-member panel, which included legislators, state agency heads, tribal representatives, and health care professionals, approved the final recommendations. There were several proposals before the panel that failed to gain approval including more extensive decriminalization of magic mushrooms (specifically noncommercial cultivations); decriminalizing the personal use of MDMA, synthetic psilocybin, and LSD; and creating a state-regulated program for the clinical administration of MDMA and LSD.

Pennsylvania: Governor Josh Shapiro recently announced that the commonwealth's department of drug and alcohol programs will now allow treatment providers to apply for a telehealth-only license, effectively eliminating the need for a physical business location. Since the onset of the COVID-19 pandemic, telemedicine has become a key component of treatment for substance use disorders. As fatal overdoses increased during the pandemic, telehealth rules were relaxed so that medication for addiction treatment could be prescribed without an in-person visit. The Drug Enforcement Administration has extended that flexibility, and Pennsylvania is now making telehealth addiction treatment a permanent option by expanding who can become a provider under the new telehealth license. Facilities seeking the telehealth-only license will be required to maintain records on a web-based electronic health records program, and providers will have to agree to provide the commonwealth with remote access to facility files and client records.

Rhode Island: On December 10, 2024, a coalition of non-profit groups and addiction care providers opened the first state-sanctioned site for the safe consumption of illegal drugs in the United States. The Providence facility is the result of legislation passed in 2021 that created a pilot program for overdose prevention centers (OPCs) in the state. OPCs have been the center of much debate in recent years with harm reduction advocates noting that they can reduce overdose deaths and connect people with social services and treatment resources. Opponents feel that the centers normalize and perpetuate illegal drug use, and it can be difficult to find communities in which to locate the centers since many residents do not want one in or near their neighborhood. OPCs have been operating in other jurisdictions but not on a state-sanctioned level, and their status remains complicated at the federal level. The Biden Administration allowed sites in New York and Rhode Island to move forward, yet the U.S. Department of Justice has blocked the opening of a facility in Philadelphia – a case that made its way to U.S. Supreme Court, which ultimately rejected a request to hear the case.

Tennessee: The rate of new HIV infections in Tennessee has doubled over the past few years, and infectious disease experts are pointing to a number of factors that may be responsible for the increase, including a rise in injected drug use. Recent data from the Centers for Disease Control and Prevention show that 2022, 14 percent of new HIV infections across the entire country were among people who inject drugs – in 2018 that number was just six percent. Advocates for safe syringe services are using this information to bolster their argument that needle exchanges are critical to efforts to prevent the spread of HIV and other infectious diseases.

Vermont: The state’s largest substance use disorder (SUD) rehabilitation facility, Valley Vista, will no longer accept new patients taking methadone but will continue to serve existing patients who are already taking the medication. In a recent interview, Valley Vista’s vice president said that out of the 78 patients at the facility, seven patients take methadone, and transporting those patients to and from a methadone clinic is costing \$400 per day, an expense the facility can no longer afford. Vermont Medicaid will pay for transportation to and from methadone clinics but only if the transporting vehicles are operated by a state contractor or subcontractor – which for Valley Vista patients would mean public transit. Valley Vista representatives say that riding on public transit is problematic, so having Medicaid cover the cost has not been an option.

ABOUT THE 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. The

LAPPA produces model laws on critical issues as well as comparative analyses, publications, educational brochures, and other tools that can be used by national, state, and local public health and public safety practitioners who want the latest comprehensive information on law and policy. Examples of topics on which LAPPA has assisted stakeholders include naloxone access, treatment in emergency settings, Medicaid Section 1115 demonstration waivers, medication for addiction treatment in correctional settings, collateral consequences of conviction, syringe services programs, and the health information disclosure provisions of HIPAA and 42 C.F.R. Part 2.

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

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