NEWS BITES

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LAPPA NEWS

PUBLICATIONS

Reports & Studies

In collaboration with the University of Rhode Island College of Pharmacy, the Legislative Analysis and Public Policy Association (LAPPA) is excited to announce its comprehensive report entitled, "Pharmacists and Buprenorphine: Analysis of State Laws and Regulations." Funded by the Foundation for Opioid Response Efforts, this project, named Pharmacy Bridge, focused on a demonstration of the real-world application and outcomes of two innovative models of pharmacy-based, low-barrier buprenorphine induction and maintenance services: (1) collaborative care through a collaborative practice agreement (CPA); and (2) independent pharmacist prescribing of buprenorphine.

The report contains state-by-state descriptions and analyses of relevant statutes and regulations as well as a detailed summary of overall findings, and addresses, among other things:

- Whether a pharmacist can prescribe and/or administer buprenorphine, either independently or under a CPA, and if allowed, what steps a pharmacist must take to begin doing so;
- Whether a pharmacist can order and/or evaluate the results of laboratory tests, either independently or under a CPA, and if allowed, what steps a pharmacist must take to begin doing so;
- The requirements for entering CPAs and required elements of CPAs;
- Whether a pharmacist can provide services via telehealth; and
- What pharmacist-provided services are covered under state Medicaid programs and commercial insurance.

The Pharmacy Bridge project includes a new website (PharmacyBridge.org) containing the contents of LAPPA's report as well as providing descriptions of and interactive maps with LAPPA's overall findings. The website will soon contain the findings for each individual jurisdiction.

50-state Summaries

Automatic License Plate Recognition Systems: Summary of State Laws: In this new 50-state summary, LAPPA examines state statutes and regulations related to Automatic License Plate Recognition (APLR) Systems, which are camera systems that capture the license plate data of vehicles and other information. ALPR systems automatically capture images or videos of all vehicles that pass the camera. A computer algorithm then converts the image or video into computer-readable data that includes the license plate number and any additional

information that the system is set up to detect including, but not limited to, global positioning system (GPS) location data; vehicle make, model, and color; date and time; and, in some cases, images of the driver and any passengers through the use of facial recognition technology. Once the information has been captured and cataloged by the ALPR system, the system can then compare those "data points against various databases, including 'hot lists,' which contain a list of license plates linked to vehicles of interest. If there is a match to a 'hot list' license plate, the ALPR system can alert a law enforcement officer in real time." A "hot list" is a list of vehicles of interest and can include information on vehicles related to kidnappings, missing persons, stolen vehicles, and other criminal activities including potential terrorist activity. In addition to unsolicited notifications from an ALPR system, users can manually query the system for investigative purposes, such as to track where a suspect vehicle has been over time. ALPR data is also used for enforcement of traffic laws, toll collection, and analysis of traffic patterns. Additionally, private individuals and entities use ALPR systems for neighborhood and home security purposes, including parking enforcement in private lots and by homeowners' associations, as well as consumer marketing and repossession of vehicles with past-due car loans.

Mental Health and Substance Use Disorder Insurance Parity (SUD): Summary of State Laws: Mental health and substance use disorder (SUD) parity aims to ensure that health insurance coverage for mental health and SUD conditions is not more restrictive than that for physical health conditions (*e.g.*, medical and surgical benefits). In pursuit of that goal, the United States Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). As originally enacted, the MHPAEA did not mandate that insurance plans include mental health and SUD coverage. It only required plans that already offered mental health and SUD benefits to ensure that those benefits were not more restrictive than those applied to medical and surgical benefits. The original law only applied these conditions to large employer group insurance policies (employers with more than 50 employees), Medicaid plans, and Children's Health Insurance Program (CHIP) plans. In the years since, amendments to the MHPAEA have expanded the protections to include small employer group plans, individual plans, and plans purchased through healthcare exchanges. LAPPA created a document that summarizes how health insurance statutes throughout the 50 states, the District of Columbia, and all U.S. territories treat mental health and SUD parity.

Drug Checking Equipment, Needles/Syringes, and Drug Paraphernalia: Summary of State Laws: Given the increased emphasis in recent years on using harm reduction strategies to slow the overdose crisis, the hurdle posed by state drug paraphernalia laws to freely allowing drug checking services or establishing syringe services programs is not inconspicuous. Accordingly, in 2022, LAPPA first undertook an extensive research project to determine how drug paraphernalia laws throughout the 50 states, the District of Columbia, and all U.S. territories treat drug checking equipment (including fentanyl test strips and other items) and needles/syringes. This September 2025 version is an update to the original report.

FEDERAL NEWS BITS

DEA Holds the 29th National Drug Take Back Day: On October 20, 2025, the Drug Enforcement Administration (DEA) joined 4,263 law enforcement agencies in communities across the country at 4,317 collection sites to carry out another successful national take back day. Since its inception in 2010, the DEA's National Prescription Take Back Day has collected nearly 20,391,815 pounds (more than 10,000 tons) of medications – this October's event alone collected 571,054 pounds of unneeded and expired medication from home medicine cabinets. In removing unwanted medications from the home, this event can help prevent drug misuse before it begins and can also prevent the possibility of accidental overdoses and poisonings. For those who are unable to participate in their community take back day, there are nearly 16,500 pharmacies, hospitals, other businesses, and police departments that offer safe medication disposal 365 days per year. For more information about National Prescription Take Back Day, click here to visit the website dedicated to the effort.

Executive Order Reduces Tariffs on Certain Fentanyl-related Imports from China: President Trump recently authorized two executive orders aimed at decreasing tariffs on fentanyl-related imports from China. Beginning on November 10th, the tariff on fentanyl-related imports was reduced from 20 percent to 10 percent in the hopes of stabilizing bilateral trade flow and as part of overall efforts to solidify the recent trading deal struck between President Trump and Chinese President Xi Jinping. According to officials in the Trump Administration, the reduction in the fentanyl tariff is meant to encourage Chinese regulatory authorities to take more stringent action against illegal drug production and export operations that contribute to the fentanyl crisis in this country.

NATIONAL NEWS BITS

Energy drink, "Feel Free," Leading Many into Addiction: Botanic Tonics, a Texas-based company, has been making its energy drink, Feel Free, since 2020, marketing it as a natural alternative to caffeine as a way to increase mood, productivity, and focus. What the company does not mention is that this "wellness brand" contains kratom which has led users of the product looking for a boost of energy into a nightmare of addiction. Now sold in over 24,000 gas stations, health food outlets, and convenience stores, the drink is popular with high school and college students and young professionals, not understanding that "all natural" does not necessarily mean safe and healthy. In 2016, the Drug Enforcement Administration proposed classifying kratom as a Schedule I drug, as its effects are like heroin. The kratom industry successfully lobbied against that classification. Similarly, the U.S, Food and Drug Administration (FDA) has sounded the alarm on kratom, most recently recommending tight control of products containing 7-OH, a synthetic derivative of kratom. However, since Feel Free contains only natural kratom leaf extract, it does not fall within the FDA's recommendation. For now, kratom is not regulated on the federal level, but as of April of 2025, 24 states and the District of Columbia have some sort of regulation on kratom. However, only six states and the District of Columbia have classified it as a controlled substance. (For more information on kratom, see LAPPA's 50-state summary and fact sheet on the substance.) Only recently, through social media, have users of Feel Free learned that the product is dangerously addictive, with horror stories of individuals, mostly youth, wanting a quick pick-me-up only to descend into a nightmare of addiction. That said, with the drink readily available and without regulation, many more people may become addicted to the substance.

INTERNATIONAL NEWS BITS

"Bluetoothing" Sparking a Surge in HIV Cases Across the Globe: A dangerous practice called "bluetoothing," where people inject themselves with the blood of other drug users to get a cheap high, is spreading across the globe and contributing to an increase in H.I.V. infections. The scale of the practice has been hard to quantify but is spreading more quickly in high-poverty areas in Africa and Asia, due mostly to tough policing, spiking drug prices, and falling drug supplies. To effectively "bluetooth," an initial drug user injects a drug like heroin or methamphetamine and then that person's drug-infused blood is injected into another user who is hoping to get high off of the same dose of the drug. In some countries, drug users can even purchase used blood-infused heroin syringes for less money than a dose of heroin. In addition to the extreme risk of hepatitis and H.I.V. transmission, there are also severe risks associated with combining incompatible blood types. Public health officials are focusing their outreach efforts on educating drug users by informing them that bluetoothing, according to lab results, is an extremely ineffective way to get high because very little drug actually passes from one person's blood to the other yet it is the perfect way to transmit disease because one drop of infected blood can easily infect the person into which it is injected.

STATE NEWS BITS

California: Health officials in Los Angeles County recently issued a warning to the public due to an increase in

the number of overdose deaths connected to the synthetic compound kratom. Also known as 7-OH, kratom is the psychoactive component of a leafy plant native to Southeast Asia, and its synthetic concentrate can be found in a variety of products sold in gas stations, in smoke shops, and online. The products are largely unregulated and are often promoted as dietary supplements that address issues like pain, anxiety, mood disorders, and opioid withdrawal. At lower doses, kratom can have a stimulant-like effect, but at higher doses it can have strong opioid-like effects, and when combined with other substances like alcohol or sedatives, can cause severe respiratory depression and death. The Food and Drug Administration (FDA) issued warning letters in July of 2025 stating that 7-OH cannot lawfully be added to conventional foods and that there are no FDA-approved drugs containing 7-OH.

Iowa: After years of legislative inaction, the state of Iowa is awarding grants to communities funded through money received from opioid settlement funds. Governor Kim Reynolds signed a law in June of 2025 directing 75 percent of the more than $325 million Iowa expects to receive to go directly toward efforts to reduce opioid misuse and its impacts – with half of the funds going to local communities based on population and the other half going to the state. Grant projects must prioritize: (1) addressing needs in communities affected by opioids; (2) using proven or community-based methods to support those affected by opioid use; (3) working with local service providers to improve recovery outcomes; (4) promoting the use of medications for opioid use disorder and distributing overdose reversal drugs; (5) respecting the privacy and dignity of people receiving services; and (6) using data to show results and improve services.

Maryland: The powerful sedative medetomidine was recently detected in two drug samples collected by the city's health department after a mass drug overdose in northern Baltimore community. Medetomidine, a common veterinary sedative, is frequently mixed with fentanyl and is considered especially dangerous because it does not respond well to opioid antagonists such as naloxone, making overdoses associated with the substance difficult, if not impossible, to reverse. A Maryland state testing program that looks at the composition of illicit drugs being used has found medetomidine in samples infrequently, however samples from Cecil County – closer to Philadelphia – detected the substance in nearly 70 percent of samples tested, showing that the sedative is beginning to creep into the state's illicit street drug supply. The city health department is developing a mass overdose response protocol to coordinate efficient emergency action to combat the threat posed by not only medetomidine but other new and emerging drugs that keep entering the scene. To read LAPPA's fact sheet on medetomidine, click here.

New Jersey: New Jersey is preparing to allocate $130.7 million from its share of opioid settlement funds to expand harm reduction initiatives across the state and support individuals and families affected by substance use disorder. The $118.7 million will be spread over a period of 5 ½ years and will go towards expanding 45 existing harm reduction sites and opening 10 more sites that have already been authorized. These sites provide naloxone, sterile syringes, and other supplies, and link people with treatment, health care, and other needed services. Another $12 million over three years will support nonprofits that assist families and loved ones of those with substance use disorder by providing grants to fund bereavement groups, harm reduction support, and peer counseling. In total, New Jersey is set to receive more than $1 billion in settlement funds over the next 20 years, with money set to be directed to harm reduction, treatment, housing, and recovery programs.

Pennsylvania: The Montgomery County District Attorney released the results of a 10-month grand jury investigation into the sale of unregulated products in smoke shops throughout the Philadelphia area. The 107-page report containing the jury's findings focused on the alarming proliferation of stores that sell what they claim to be legal hemp products in Montgomery, Bucks, and Chester Counties. The grand jury concluded that stores use misleading packaging and falsified lab reports to openly sell banned substances and called for greater enforcement and an establishment of a statewide licensing system for the sale of THC products and rigorous product-testing requirements along with age restrictions. The report further detailed the rapid rise in the sale of other intoxicating products at smoke shops, such as kratom and tianeptine – which is also known as "gas station heroin." Click here, to read LAPPA's fact sheet on tianeptine.

West Virginia: West Virginia's medical cannabis program has collected approximately $34 million in taxes, licensing fees, and interest since its 2021 inception. Under state law that money is earmarked for medical cannabis research, substance use disorder services, and law enforcement training. However, the State Treasurer's Office (STO) is refusing to release the money because under federal law, cannabis is illegal, and unless or until that federal law changes, the position of the STO is not to retain the funds. Numerous other states have distributed millions of dollars of their money generated from medical cannabis programs to support drug and alcohol prevention and treatment programs and communities disproportionately affected by drug use. With cuts to federal funding that West Virginia used for prevention and treatment programs, many in the state would like to access those funds.

NOTABLE STUDIES

Ohio Study Reveals Attitudes Among Primary Care Providers Toward Diabetes versus OUD Treatment: A study of 400 Ohio primary care providers that assessed their willingness to treat opioid use disorder (OUD) in their patients found that providers had more empathy toward patients with OUD rather than those with diabetes but were significantly less likely to treat the patients for OUD than for diabetes. The providers saw OUD as less within a patient's control than diabetes but referred patients to addiction specialists to treat them while they themselves treated the patients with diabetes. The study suggests that even though effective medications for OUD can be prescribed in primary care settings, healthcare providers do not feel confident working with patients with OUD. The study's authors surmise that providers view OUD treatment as "something that doesn't 'belong' in primary care." The researchers hope that these findings will promote meaningful conversations about making primary care more inclusive of addiction treatment. This will expand access to treatment for numerous people suffering from OUD and break down barriers (like lack of transportation and stigma) that often prevent people from receiving the treatment that they need.

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 disorder, 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 policymakers and practitioners who want the latest comprehensive information on law and policy. Examples of topics on which LAPPA has assisted stakeholders include naloxone access laws, law enforcement deflection to treatment, medication for addiction treatment in correctional settings, diversion in healthcare settings, and the involuntary commitment of individuals with substance use disorder.

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