NAMSDL Updates

NAMSDL in the News
The February 3, 2016 issue of Join Together News from the Partnership for Drug-Free Kids featured an article entitled “Restricting Access to Methamphetamine Precursors through Legislation.” Written by NAMSDL State and Federal Affairs Director, Susan P. Weinstein, the article provides an overview of the state laws that restrict the retail sales of the methamphetamine precursors, ephedrine, and pseudoephedrine. Click here to read the article.

The January/February 2016 edition of the Journal of Addiction Medicine featured research conducted by NAMSDL Legislative Attorney, Jon Woodruff, in the article entitled “What Do We Know Now About the Impact of the Laws Related to Marijuana?” NAMSDL provided a description of the types of state laws currently in effect that address the recreational and medicinal use of marijuana as well as expected future legislative trends. Click here to read a free abstract of the article.

Legislative Alerts

State Legislative Alerts

Alcohol
As of mid-March 2016, 16 states have outlawed the sale and use of powdered alcohol products, while 13 others have outlawed just its sale. So far in the 2016 legislative session, similar bills remain pending in California, the District of Columbia, Florida, Idaho, Kentucky, Maryland, Massachusetts, Missouri, New Hampshire, Pennsylvania, Rhode Island, West Virginia, and Wisconsin. In Massachusetts, comprehensive legislation to deal with opioid abuse recently signed by the Governor, HB 4056, contains a provision prohibiting the sale of powdered alcohol. The West Virginia legislation, HB 4314, passed both houses of the state legislature and awaits approval by the Governor. Click here to find out where legislation stands in your jurisdiction.

Marijuana
NAMSDL continues to track proposed bills and resolutions addressing the personal and medicinal use of marijuana. So far during the 2016 legislative session: (1) legislation to allow the personal, non-medical use of marijuana for persons over age 21 is pending in 16 states (Arizona, Connecticut, Hawaii, Illinois, Kentucky, Maryland, Massachusetts, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, Pennsylvania, Rhode Island, Vermont, and Wisconsin); (2) legislation to allow qualifying patients suffering from certain medical conditions to use marijuana for medical purposes is pending in 18 states (Alabama, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky,

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Mississippi, Missouri, Nebraska, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Utah, West Virginia, and Wisconsin); and (3) legislation amending or establishing state laws allowing the limited use of low-THC cannabidiol products for treating seizures is pending in nine states (Florida, Georgia, Indiana, Iowa, Missouri, Oklahoma, South Carolina, Utah, and Virginia).  Click here to find out where legislation stands in your jurisdiction.

**Methamphetamine and Precursor Drugs**

Since the last issue of *NAMSDL News*, the Indiana legislature passed SB 80 which requires a prospective purchaser of non-prescription ephedrine or pseudoephedrine products to have a “relationship on record” with the pharmacy where the transaction is taking place. If the purchaser does not have such a record, the pharmacist must make a professional determination as to whether there is a legitimate medical or pharmaceutical need for the product. Also, Georgia HB 588, originally introduced in March 2015, passed both houses of the Georgia Assembly, although in differing forms. The bill requires Georgia pharmacies to submit certain information to an electronic database prior to completing the sale of a non-prescription product containing ephedrine or pseudoephedrine. Finally, Alabama HB 298, introduced in February 2016, allows ephedrine, pseudoephedrine, and phenylpropanolamine to be sold by prescription, thus requiring the Alabama Board of Health (Board) to classify the drugs as Schedule III controlled substances. The bill gives the Board the authority to exempt a product from classification as a controlled substance if the Board finds that the product is effectively formulated to prevent conversion of the active ingredient into methamphetamine or its salts or precursors.  Click here to find out where legislation stands in your jurisdiction.

**Naloxone Access and Good Samaritan Legislation**

NAMSDL updated its research on Good Samaritan overdose protection laws and naloxone access laws and has posted them to its website. By mid-April, NAMSDL’s state bill status updates also will be updated and posted.  Click here to find out where legislation stands in your jurisdiction.

**Prescription Monitoring Programs**

**Research**

NAMSDL began updating all of the prescription monitoring program documents on its website and will also be adding a few new documents on topics suggested by stakeholders in the field. The updated documents should be posted to NAMSDL’s website by the beginning of April.

**Bill Status Update**

The first bill status update related to prescription monitoring programs of 2016 was posted to the NAMSDL website and is current through February 25, 2016. A large number of bills and regulations have been filed so far this year, including several federal bills to reauthorize NASPER funding. Of note, Nebraska lawmakers passed LB 471 which now makes controlled substances reporting mandatory for dispensers (effective January 1, 2017, although dispensers can begin reporting prior to that date), and requires the reporting of all prescriptions beginning January 1, 2018.  Click here to read the full report.

**Federal Legislative Alerts**

On March 10, 2016, the Senate passed S 524, the Comprehensive Addiction and Recovery Act (CARA), by a 94-1 vote. The bipartisan bill authorizes grants for various treatment and prevention programs, strengthens prescription

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drug monitoring programs, expands the availability of naloxone to law enforcement agencies, and increases disposal sites for prescription medications that are often abused. A companion measure providing $600 million in additional funding to pay for some of the programs was not authorized. The bill was received in the House on March 14, 2016.

On March 17, 2016, the Senate unanimously passed S 483, the Ensuring Patient Access and Effective Drug Enforcement Act. The bipartisan bill clarifies the standards that companies must meet when protecting prescription drugs from being diverted from their intended use. The bill was sent to the House for discussion on March 18, 2016. 

Click here to find out about other bills in the U.S. Congress.

National News

NGA and AMA Release Joint Statement
In February, the National Governors Association (NGA) and the American Medical Association (AMA) released a joint statement calling for an end to the opioid epidemic that is plaguing our nation. The announcement included: (1) using prescription monitoring programs; (2) educating prescribers about effective pain management, substance use disorder, and related areas beginning in medical school and continuing throughout a physician’s career; (3) prioritizing treatment for substance use disorder and recognizing that it is a medical disease that needs care and compassion; and (4) promoting overdose prevention and education efforts, which includes increasing access to naloxone. Click here to read the press release.

Walgreens Announces Two New Programs to Combat Drug Abuse
Walgreens announced that it will install safe medication disposal kiosks in more than 500 drugstores in 39 states and Washington, DC by the end of 2016, making it easier and more convenient for individuals to dispose of their unwanted, unused, or expired medications free of charge. The company also will continue to participate in the U.S. Drug Enforcement Administration (DEA)-sponsored National Prescription Drug Take Back Days, serving as a collection point for law enforcement. Also by the end of 2016, Walgreens will make naloxone available without a prescription at its pharmacies in 35 states and the District of Columbia. The company anticipates that when implementation of the program is completed, naloxone will be available without a prescription in more than 5,800 of Walgreens’ stores, in states where a direct prescription is not required. Click here to read the press release.

CDC Releases New Prescribing Guidelines
On March 15, 2016, the Centers for Disease Control and Prevention (CDC) released CDC Guideline for Prescribing Opioids for Chronic Pain which sets forth recommendations for primary care clinicians who prescribe opioids for chronic pain in out-patient settings. The recommendations advise clinicians to use caution when prescribing opioids and to use non-opioid therapy for a majority of chronic pain. Moreover, the Guideline focuses on best practices for clinicians to follow when prescribing opioid therapy, including open communication with the patient, setting realistic
goals for pain and function, and prescribing the lowest effective dose. The publication includes clinical tools, patient/partner fact sheets, graphics, and a decision-making checklist for clinicians. Click here to read the Guideline.

HHS Proposes Changes to the Confidentiality Rules of Substance Use Disorder Records
On February 5, 2016, the U.S. Department of Health and Human Services announced proposed revisions to 42 CFR Part 2, the Confidentiality of Alcohol and Drug Abuse Patient Records regulations, commonly known as “Part 2.” The proposed rules seek to modernize the existing rules to allow “information sharing to support coordination of patient care” while still addressing the legitimate privacy concerns of individuals receiving treatment for substance use disorder. Comments are being accepted on the proposed changes until 5:00 p.m. on April 11, 2016. Click here to read the proposed rule with a summary of the proposed changes.

Prescriber Awareness Curbs Drug Abuse
A study by the School of Public Health at Georgia State University, published in the Pain Physician Journal, found that the opioid epidemic may be changing the way that various health care providers are prescribing and dispensing controlled substances. Surveying almost 6,000 doctors, nurse practitioners, physician assistants, dentists, and pharmacists throughout Indiana, researchers learned that the abuse of prescription drugs influences clinical prescribing. Click here to read the study.

Overdose Deaths from Common Sedatives Increase
A study by the Albert Einstein College of Medicine, Montefiore Health System, and the Perelman School of Medicine at the University of Pennsylvania, published in the American Journal of Public Health, revealed that overdose deaths from benzodiazepine drugs (e.g., Xanax, Valium, and Klonopin) have increased four-fold since 1996. The number of adults purchasing a benzodiazepine prescription increased by 67 percent, from 8.1 million prescriptions in 1996 to 13.5 million in 2013. Click here to read the study.

Court Finds Hospital Did Not Violate ADA by Refusing to Hire Nurses in Drug Rehab
In an unpublished opinion issued on January 29, 2016, the U.S. Court of Appeals for the Sixth Circuit affirmed the dismissal of a lawsuit brought by two Kentucky nurses for alleged violations of the Americans with Disabilities Act (ADA). The plaintiffs, both of whom had restrictions on their nursing licenses as part of a state-sponsored drug rehabilitation program, alleged that their new, post-merger employer impermissibly failed to hire them because of their drug addiction, a protected disability under the ADA. The Sixth Circuit disagreed, instead concluding that the employer’s policy was to refuse to hire nurses with any restrictions due to disciplinary action on their licenses, regardless of the underlying reasons. In the court’s view, the employer’s policy was not illegal because it applied equally to all nurse applicants and the plaintiffs had not shown that it disproportionately affected nurses who suffered from drug abuse. Click here to read the opinion.

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CVS Pharmacy Agrees to Pay $8 million for Controlled Substance Act Violations
In February 2016, CVS Pharmacy (CVS) reached an agreement with the U.S. Attorney for the District of Maryland to pay $8 million to resolve federal claims that certain Maryland CVS pharmacies dispensed controlled substances in violation of the Controlled Substances Act (CSA). In particular, the government alleged that between 2008 and 2012, the pharmacies (and pharmacists) in question did not ensure that certain prescriptions filled, including those for oxycodone, fentanyl, and hydrocodone, were issued for legitimate medical purposes. The settlement with CVS comes on the heels of an August 2015 agreement by CVS to pay $450,000 to resolve similar CSA claims involving Rhode Island pharmacies. Click here to read more about the settlement.

Law Enforcement Guide on the Impact of Marijuana Legalization Released
The Police Foundation and the Colorado Association of Chiefs of Police released a guide entitled, Colorado’s Legalization of Marijuana and the Impact on Public Safety: A Practical Guide for Law Enforcement, which addresses the challenges facing Colorado law enforcement agencies (LEAs) in the wake of legalized marijuana. These include opposing state and federal marijuana laws, trafficking of marijuana from Colorado, and ensuring public safety of growing operations, among others. The guide is intended to assist all LEAs as other states consider legalizing marijuana. Click here to read the Guide.