

Courts and Criminal Justice/Corrections

Failed

[Ohio 2019 HB166](#) establishes and funds a program to reimburse counties that provide inmates in jails with medication-assisted treatment for drug costs. **Status:** Reimbursement provision vetoed by Governor.

Pending

[California 2019 AB1557](#) authorizes the creation of a 3-year pilot program (contingent on an appropriation in the annual Budget Act) for the use of medication-assisted treatment in the San Francisco jail system. **Status:** Held under submission in Appropriations Committee.

[Connecticut 2019 HB07395](#) mandates the availability of medication-assisted treatment to inmates in correctional facilities. **Status:** Referred to Appropriations Committee.

[Indiana 2019 SB0011](#) requires any qualified entity that operates under the “health” chapter of Indiana’s code to establish and maintain a syringe exchange program registry overseen by either a licensed physician, a registered nurse, or a physician assistant. Also provides a defense to prosecution of certain offenses related to controlled substances if: (1) a person is currently registered under a syringe exchange program; (2) the person obtained the hypodermic syringe or needle under a syringe exchange program; and (3) there is no more than a residual amount of a controlled substance located in the hypodermic syringe or needle. **Status:** Referred to Corrections and Criminal Law Committee.

[Maine 2019 LD1096](#) creates and funds a substance use disorder treatment program (including medication-assisted treatment) in correctional facilities. **Status:** Carried over to any special or regular session, or both, of the 129th Legislature pursuant to Joint Order HP 1322.

[Maine 2019 LD46](#) funds a pilot program in Cumberland County Jail to create an OUD treatment program to include medication-assisted treatment. **Status:** (*Enrolled*) Carried over on the Special Appropriations Table to any special or regular sessions, or both, of the 129th Legislature pursuant to Joint Order HP 1322.

[Massachusetts 2019 H3376](#) mandates that courts permit medical examinations to parties with by a drug addiction specialist, and that any defendant who is charged with a first or second drug offense shall be informed, upon being brought before the court on such charge, that they are entitled to request an exam to determine whether or not they are a drug dependent person who would benefit from treatment. If the defendant requests assignment to treatment and the evaluation of the addiction specialists deems the defendant would benefit from treatment the court must, while considering the nature of the charge and the availability of treatment, stay the court proceedings and assign the defendant to a drug treatment facility. In addition, the court may not prohibit the use of medication-assisted treatment as a condition of probation. **Status:** Pending in Joint Committee on the Judiciary with a hearing scheduled for 10/22/2019.

[New York 2019 S02161](#) establishes medication-assisted treatment programs in jails and prisons that will provide medication-assisted treatment to inmates, assist them with finding treatment in the community prior to release, and supply them with a one-week supply of medication to prevent relapse. **Status:** (*Engrossed*) Ordered to third reading.

[Pennsylvania 2019 SB424](#) establishes a program that provides, in organization and jurisdiction of courts of common pleas for court assessments for substance use disorder treatment; in other criminal provisions, it also provides for supervisory relationship to offenders; and, in Pennsylvania Board of Probation and Parole, it further provides for a supervisory relationship to offenders grants to counties to partner with non-profits to provide medication-assisted treatment to those in jails and diversion programs. **Status:** Referred to Judiciary Committee.

Enacted

[Indiana 2019 SB0293/Public Law 115](#) declares an emergency to authorize the establishment of a pilot program in Allen County to provide individuals under court supervision medication-assisted treatment.

[Maryland 2019 HB116](#) requires local correctional facilities to provide medication-assisted treatment to inmates and connect them with community treatment centers prior to release.

[Mississippi 2019 HB1352](#) requires drug courts to allow participants to receive medication-assisted treatment.

[Missouri 2019 HB10](#) authorizes and funds contracts with non-profits to provide continuity of care for returning citizens including initiation of medication-assisted treatment prior to release from correctional facilities.

[New York 2019 A07128](#) amends definitions of court proceedings that allow the extension of interim probation.

[Oklahoma 2019 SB86](#) declares an emergency to authorize and fund a pilot program to provide inmates in county jails with medication-assisted treatment.

[Texas 2019 SB1147](#) authorizes judges to require defendants to be evaluated for participation in medication-assisted treatment as a condition of community supervision but prohibits judges from requiring them to participate in the treatment as a condition of community supervision.

[Washington 2019 SB5380](#) requires drug courts to allow participants to receive medication-assisted treatment.

[West Virginia 2019 HB2010](#) prohibits courts from terminating parental rights solely because the parent is receiving medication-assisted treatment.

Discrimination

Pending

[California 2019 AB882](#) prohibits an employer of any size from terminating an employee solely for testing positive for a drug being used for medication-assisted treatment. **Status:** Hearing postponed in Labor and Employment Committee.

[New Jersey 2019 S2735](#) requires licensure of pain management clinics, establishes process to identify abnormal drug usage and prescribing practices, modifies requirements for opioid prescriptions and medication-assisted treatment, authorizes use of non-opioid advance directives, and addresses liability. Also prohibits substance use disorder treatment centers or halfway houses from denying admission to prospective participants solely because they are currently receiving medication-assisted treatment. **Status:** Referred to Health, Human Services and Senior Citizens Committee.

Harm Reduction

Pending

[Alabama 2019 SB235](#) authorizes the creation of harm reduction pilot programs to include syringe exchange, naloxone kits, community referrals to treatment, and educational materials and grants criminal immunity to participants for possession of hypodermic needles and residual amounts of controlled substances in needles brought for disposal. **Status:** Pending 3rd Reading.

[Maine 2019 LD1689](#) authorizes and funds syringe exchange programs. **Status:** Carried over on the Special Appropriations Table to any special or regular sessions, or both, of the 129th Legislature pursuant to Joint Order HP 1322.

[Massachusetts 2019 S1160](#) creates a peer-mentoring program for health providers to gain education in OUD treatment that is targeted at areas with low access to medication-assisted treatment. **Status:** Pending in Joint Committee on Mental Health, Substance Use and Recovery.

[Pennsylvania 2019 HB1358](#) requires patients receiving medication-assisted treatment to enroll and participate in counseling. **Status:** Referred to Human Services Committee.

Enacted

[Colorado 2019 SB008](#) authorizes and funds the provision of medication-assisted treatment for those in state custody who had already been receiving it in a local jail, creates and funds a harm reduction grant program, which will award grants to nonprofits engaged in substance use harm reduction efforts.

[Colorado 2019 SB227](#) authorizes school employees to receive training in the use of and carry naloxone, authorizes the use of hospitals as syringe exchange centers, creates and funds a take-back program for the safe disposal of unused household medications, authorizes entities that make AEDs available to the public to also purchase and make available naloxone.

[Illinois 2019 SB1828](#) authorizes the creation of harm reduction facilities to include syringe exchange, testing strips, naloxone kits, community referrals to treatment, and educational materials, mandates that all emergency vehicles carry naloxone.

[North Dakota 2019 2198](#) compels the state Department of Health to establish and administer a syringe exchange program.

Insurance

Failed

[Montana 2019 SB280](#) requires health insurers (including Medicaid) to cover medication-assisted treatment and prohibits them from imposing step therapy requirements for it. **Status:** Died in Public Health, Welfare and Safety Standing Committee.

Pending

[Louisiana 2019 HB526](#) prohibits Medicaid from requiring prior authorization or imposing step therapy requirements for medication-assisted treatment. **Status:** Referred to the Health and Welfare Committee.

[Massachusetts 2019 S609](#) requires insurance providers, including Medicaid, to cover medication-assisted treatment. **Status:** Pending in Joint Committee on Financial Services.

[Missouri 2019 SB103](#) requires health insurers to cover medication-assisted treatment. **Status:** Placed on Informal Calendar, awaiting 3rd reading.

[New York 2019 S05935](#) prohibits health insurers from requiring prior authorization for medication-assisted treatment. **Status:** Returned to Senate.

[Rhode Island 2019 S0680](#) requires health insurers (including Medicaid) to cover medication-assisted treatment and prohibits them from requiring prior authorization for it, requires that medication-assisted treatment be available to all in jails and prisons and in drug courts and other diversion programs. **Status:** Referred to Health, Education and Welfare Committee.

Passed

[Maine 2019 LD705](#) prohibits health insurers from requiring prior authorization for medication-assisted treatment.

[New Jersey 2019 A4744](#) prohibits Medicaid from requiring prior authorization for medication-assisted treatment.

Enacted

[Colorado 2019 HB1269](#) prohibits health insurers from requiring prior authorization for medication-assisted treatment.

[Delaware 2019 HB220](#) mandates that insurance plans that cover prescription drugs cover medication-assisted treatment.

[Iowa 2019 HF623](#) prohibits health insurers, including Medicaid, from requiring prior authorization for medication-assisted treatment.

[Missouri 2019 SB514](#) prohibits Medicaid from requiring prior authorization or imposing step therapy requirements for medication-assisted treatment.

[Oregon 2019 HB2257](#) declares an emergency to prohibit health insurers from requiring prior authorization for medication-assisted treatment.

[Tennessee 2019 SJR0181](#) prohibits health insurers from requiring prior authorization for medication-assisted treatment.

[Texas 2019 SB1564](#) prohibits Medicaid from requiring prior authorization for medication-assisted treatment.

[Vermont 2019 S0043](#) prohibits health insurers from requiring prior authorization for medication-assisted treatment.

[Virginia 2019 HB2558](#) prohibits Medicaid from charging out of pocket costs for medication-assisted treatment.

[Virginia 2019 SB1607](#) prohibits health insurers from requiring prior authorization for medication-assisted treatment.

Treatment

Failed

[Oregon 2019 HB2627](#) mandates the Oregon Health Authority to contract with Recovery Community Organizations to operate recovery community centers that will provide services including medication-assisted treatment to participants. **Status:** Died in House Ways and Means Committee.

Pending

[California 2019 SB325](#) requires the Department of Consumer Affairs to conduct a sunrise review for the licensing of alcohol or drug counselors and to submit a report to the Legislature proposing licensing standards for independent practitioners providing alcohol or drug abuse recovery or treatment services. The bill also prohibits state-licensed substance abuse treatment providers from banning the use of medication-assisted treatment to those who qualify for it. **Status:** First hearing cancelled at request of bill author, still pending in Assembly Business and Professions Committee.

[Maine 2019 LD1662](#) creates and funds a program to provide low-barrier treatment (including medication-assisted treatment) to those at the highest risk of overdose, incentivize community health centers to support more medical professionals to obtain waivers for medication-assisted treatment, and provide naloxone and training in its use to community health centers. **Status:** Carried over to any special or regular session, or both, of the 129th Legislature pursuant to Joint Order HP 1322.

[Minnesota 2019 HF2257](#) creates and funds a grant program to provide treatment for OUD (including medication-assisted treatment) to communities with the highest rates of overdose. **Status:** Referred to Health and Human Services Policy Committee.

[Missouri 2019 HB907](#) authorizes any paramedic with a certificate of controlled substance prescriptive authority to prescribe MAT to patients and provides that paramedics may have

restricted authority in prescribing MAT when delegated the authority to do so in a supervision agreement. **Status:** Placed on the Informal Perfection Calendar.

[New Jersey 2019 S3862](#) creates an integrated system of care pilot program for OUD treatment including medication-assisted treatment. **Status:** Referred to Health, Human Services and Senior Citizens Committee.

[New Jersey 2019 S1348](#) authorizes advanced practice registered nurses and physician assistants to provide medication-assisted treatment to patients even if their supervising physicians are not authorized to do so. **Status:** Referred to Health, Human Services and Senior Citizens Committee.

[New York 2019 A01126](#) requires that hospital emergency rooms either provide patients with OUD medication-assisted treatment or refer them to health care providers that can. **Status:** Referred to Assembly Health Committee.

[West Virginia 2019 HB3005](#) requires that if a patient of a state-licensed medication-assisted treatment program is or becomes pregnant while undergoing MAT therapy, the coordination of care agreement shall contain a provision that the patient receive prenatal care as a condition of continuation of treatment. **Status:** Referred to Health and Human Resources Committee.

[Wisconsin 2019 SB59](#) removes the prohibition on providing methadone in DHS-created opioid and methamphetamine treatment programs. **Status:** Referred to the Senate Organization Committee.

Passed

[Alabama 2019 SB425/Act 500](#) authorizes the use of buprenorphine for the treatment of OUD in nonresidential treatment programs.

Enrolled

[Arkansas 2019 HB1656/Act 964](#) declares an emergency to prohibit health insurers, including Medicaid, from requiring prior authorization for medication-assisted treatment.

Enacted

[California 2019 A714](#) limits the optional naloxone prescription and education to someone who receives an opioid prescription, as well as exempts prescribers from needing to give this service to those who have their prescription delivered in an inpatient or outpatient facility.

[Colorado 2019 SB001](#) expands the scope of and funding for a medication-assisted treatment expansion pilot program to extend grants provided by the program for expanded MAT access to more counties.

[Colorado 2019 SB228](#) creates and funds a pilot program to award grants to clinics and treatment facilities to integrate OB/GYN care and substance use treatment including medication-assisted treatment.

[**Florida 2019 HB4469/SB 2500**](#) funds general expansion of medication-assisted treatment, a specific hospital-run medication assisted treatment program, and medication-assisted treatment in the criminal justice system.

[**Louisiana 2019 SB240/Act 414**](#) authorizes advanced practice registered nurses and physician assistants to provide medication-assisted treatment to patients provided their supervising physicians are authorized to do so.

[**Louisiana 2019 HB250**](#) mandates that all residential substance use treatment facilities that provide treatment for OUD provide on-site medication-assisted treatment.

[**North Dakota 2019 2094**](#) authorizes the prescription of medication-assisted treatment through telemedicine.

[**Texas 2019 SB436**](#) requires the Department of Health and Human Services to develop and implement initiatives to improve screening procedures to better identify and care for women with opioid use disorder, improve continuity of care for women with OUD, optimize health care provided to women with OUD and babies with neonatal abstinence syndrome (NAS), encourage maternal engagement with babies with NAS, increase access to medication-assisted treatment for women with opioid use disorder during pregnancy and the postpartum period, and prevent opioid use disorder by reducing the number of opioid drugs prescribed before, during, and following a delivery. The department is also authorized to launch a pilot program based on these initiatives and collaborate with OB/GYNs.

[**Utah 2019 HB0398**](#) authorizes physician assistants, nurse practitioners, and registered nurses to dispense methadone under the direction of a pharmacist at a facility that provides medication-assisted treatment.