EXPLORING POLICY SURVEILLANCE

Part 5 — Policy Surveillance for Policymaking

May 14, 2019, 1:00 p.m.-2:30 p.m. ET
How to use WebEx Q&A

1. Open the Q&A panel by clicking the “…” button on the bottom of the screen and selecting “Q&A”
2. Select “All Panelists”
3. Type your question
4. Click “Send”
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Exploring Policy Surveillance in Policymaking

Corey Davis, JD, MSPH, EMT-B

May 14, 2019
Brief Background

Over 67,000 overdose deaths from September 2017-September 2018
» Leading cause of death for Americans under age 50
» More than died of HIV/AIDS at the height of the epidemic
» Many preventable!

Opioid pain relievers (OPRs) accounted for about 32,000 or 17,000 deaths in 2016, depending on how you count..

...but deaths from synthetic opioids are increasing dramatically
..as are deaths from other drugs
The epidemic is rapidly shifting..

Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016

..and it’s unevenly distributed

Overdose burden falls most heavily on states with large rural and working-class communities

New England, Appalachia, rural Southwest hit particularly hard
The Role of State Law and Policy

» Federal response has been very Toby Keith – whole lot of talk, not a lot of action

States are acting as laboratories of democracy

» Lots of things happening in the realm of law, regulation, policy, and practice

Unfortunately, many states are operating under the following logic:

» We must do something
» This is a thing
» Therefore we must do it
The Role of State Law and Policy

» That’s not the best way to legislate.

It’s complicated, but it’s important to get it right
» Or at least try to get it right

One way to try to figure out what to do is to see what other states have done, and how it’s worked

Do states actually do that w/r/t drug-related harm reduction?
» Some evidence in other public health areas
» I don’t see much here
A few quick examples..

» Prescribing limits
» PDMPs
» Syringe access
Prescribing limits

At least 25 states have placed limits on the duration and/or strength of opioid prescriptions

- Nearly all limited to acute pain
- Nearly all permit prescriber to exceed limits if reasons are documented
- None specifically address polypharmacy
- None mandate non-opioid therapy
- Most passed since Jan 2017
## Some limit days

<table>
<thead>
<tr>
<th>Day Limits</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 day supply</td>
<td>Kentucky</td>
</tr>
<tr>
<td>5 day supply</td>
<td>North Carolina (7 days post-op); New Jersey</td>
</tr>
<tr>
<td>7 day supply</td>
<td>Alaska; Arizona; Connecticut; Delaware; Indiana; Louisiana; Massachusetts; Maine; New York; Ohio; Pennsylvania; Utah; Virginia; Vermont</td>
</tr>
<tr>
<td>14 day supply</td>
<td>Nevada</td>
</tr>
<tr>
<td>20 day supply</td>
<td>Rhode Island</td>
</tr>
<tr>
<td>30 day supply</td>
<td>Hawaii; Illinois; Missouri; Tennessee</td>
</tr>
<tr>
<td>31 day supply</td>
<td>South Carolina (CII, 90 days III-V)</td>
</tr>
</tbody>
</table>
### Some limit dose

<table>
<thead>
<tr>
<th>Dose Limits</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>“lowest effective dose”</td>
<td>Maryland, New Jersey, New Hampshire</td>
</tr>
<tr>
<td>30 MME</td>
<td>Ohio, Rhode island</td>
</tr>
<tr>
<td>90 MME</td>
<td>Nevada</td>
</tr>
<tr>
<td>100 MME</td>
<td>Maine</td>
</tr>
</tbody>
</table>
Do they work?

» **No evaluations**
   Not surprising since nearly all are < 2 years old

» **Some evidence that initial Rxs predict long-term opioid Rx**
   » Most misused meds come from 3rd parties

» **But..**
   Don’t directly address the dx of whether to Rx opioid
   Don’t take individual factors into account
   May move some people from Rx opioids to heroin
Has that stopped states from implementing them?

» It has not.
Prescription Drug Monitoring Programs

What’s the logic model?

1. Collect data
2. ?????
3. ?????

#2 is often a black box

#3 is often something like “reduce doctor shopping” or “assist in investigations”

» They are generally not conceived as public health interventions

And are not designed to improve public health outcomes
Do they work?

Annals of Internal Medicine

Association Between Prescription Drug Monitoring Programs and Nonfatal and Fatal Drug Overdoses
A Systematic Review

David S. Fink, MPH; Julia P. Schleimer, BS; Aaron Sarvey, MPH; Kiran K. Grover, BA; Chris Delcher, PhD; Alvaro Castillo-Carniglia, PhD; June H. Kim, PhD; Ariadne E. Rivera-Aguirre, MPP; Stephen G. Henry, MD; Silvia S. Martins, MD, PhD; and Magdalena Cerdá, DrPH

Background: Prescription drug monitoring programs (PDMPs) are a key component of the president’s Prescription Drug Abuse Prevention Plan to prevent opioid overdoses in the United States.

Purpose: To examine whether PDMP implementation is associated with changes in nonfatal and fatal overdoses; identify features of programs differentially associated with those outcomes and investigate any potential unintended consequences of the programs.

Data Sources: Eligible publications from MEDLINE, Current Contents Connect (Clarivate Analytics), Science Citation Index (Clarivate Analytics), Social Sciences Citation Index (Clarivate Analytics), and ProQuest Dissertations indexed through 27 December 2017 and additional studies from reference lists.

Study Selection: Observational studies (published in English) from U.S. states that examined an association between PDMP implementation and nonfatal or fatal overdoses.

Data Extraction: 2 investigators independently extracted data from and rated the risk of bias (ROB) of studies by using established criteria. Consensus determinations involving all program features (n = 5). PDMP implementation with mandated provider review combined with pain clinic laws (n = 1), and PDMP robustness (n = 1). Evidence from 7 studies was insufficient to draw conclusions regarding an association between PDMP implementation and nonfatal overdoses. Low-strength evidence from 10 studies suggested a reduction in fatal overdoses with PDMP implementation. Program features associated with a decrease in overdose deaths included mandatory provider review, provider authorization to access PDMP data, frequency of reports, and monitoring of nonscheduled drugs. Three of 6 studies found an increase in heroin overdoses after PDMP implementation.

Conclusion: Evidence that PDMP implementation either increases or decreases nonfatal or fatal overdoses is largely insufficient, as is evidence regarding positive associations between specific administrative features and successful programs. Some evidence showed unintended consequences. Research is needed to identify a set of “best practices” and complementary initiatives to address these consequences.
Has that stopped states from implementing them?

» It has not.
Syringe access

Very strong evidence base
Yet remains illegal in most states; SAPs often face arbitrary restrictions
Paraphernalia arrests don’t reduce drug-related harm

» Isn’t that our goal?
Has that encouraged states to decriminalize syringes?

» It has not.
What does it all mean?

“Would you tell me, please, which way I ought to go from here?”

“That depends a good deal on where you want to get to,” said the Cat.

“I don’t much care where—” said Alice.

“Then it doesn’t matter which way you go,” said the Cat.

“—so long as I get somewhere,” Alice added as an explanation.

“Oh, you’re sure to do that,” said the Cat, “if you only walk long enough.”
So.. Where do we want to go?

- In many cases, laws do not seem to have the reduction of drug-related harm or improvements in public health as their end goal.
- In some cases, it is very likely that they will work against that purpose.
- In others, it seems the goal is to signal that we’re being “tough on crime.”
- In some cases, it seems that the goal is to pass a law, any law.

- None of this is any good.
Opioid-related law principles

- The overdose epidemic is a public health emergency
- It requires an epidemic-appropriate public health response
- It also requires attention to root causes of misuse and addiction

- If a law isn’t designed to address one or more of those things, it’s probably not going to achieve it
- Until we decide that reduction of drug-related harm is the goal, and work towards it, things are unlikely to get better
- And likely to get worse
Law and policy matter.. But it’s complicated.

» Data aren’t that great
   Although they’re getting better

» Lots of signaling, but powerful actors aligned against meaningful change
   Remember, smoking still kills ~450k/yr in US

» Legal epi can be useful to determine what works
   But knowing is only half the battle

» How do we translate knowledge into action?
Why the need for a public database

- Complicated and confusing
  - Little uniformity
  - Bad drafting

- Constantly changing
  - Amendments

- Court cases
  - Many restrictions are challenged
Database Developers

ACLU

Center for Reproductive Rights

National Abortion Federation

Planned Parenthood

THE POLICY SURVEILLANCE PROGRAM

RAAP

regulatory assistance for abortion providers
Main Audiences

- Compliance attorneys and abortion providers
- Litigators
- National and state-level advocates
- Researchers
Scope of the Database

- Advertising Restrictions
- Bans
- Provider Qualifications
- Reporting Requirements
- Requirements for Minors
- Waiting Period Requirements
- Medication Abortion
- Protecting Access to Clinics
- Refusal to Perform Abortions

- Insurance Coverage Restrictions
- Public Funding Restrictions
- Statutory & Constitutional Rights
- Abortion Laws Overview
- Facility Licensing Requirements
- Ambulatory Surgical Center Requirements
- Hospitalization Requirements
Abortion Law Project

Abortion is a critical component of reproductive healthcare and a common procedure, with nearly 1 in 4 women having an abortion by the age of 45. Since the landmark 1973 U.S. Supreme Court decision in Roe v. Wade, which upheld a woman’s constitutional right to seek an abortion, state legislatures have created a complex patchwork of laws regulating when and how abortion services can be provided.

With abortion being such a highly regulated procedure, it is important to understand which policies are in effect in each state, as well as the interaction of multiple policies within a jurisdiction. This comprehensive compilation of state abortion laws explores state-level statutes and regulations, in effect as of December 1, 2019, across all 50 states and Washington D.C.

- Abortion Advertising Restrictions
- Abortion Bans
- Abortion Provider Qualifications
- Abortion Reporting Requirements
- Abortion Requirements for Minors
- Abortion Waiting Period Requirements
- Medication Abortion Requirements
- Protecting Access to Abortion Clinics
- Refusal to Perform Abortions
- Restrictions on Insurance Coverage of Abortion
- Restrictions on Public Funding of Abortion
- Statutory and Constitutional Right to Abortion
- Abortion Laws

The Abortion Laws Dataset provides a general overview of each abortion regulation listed above, allowing for a snapshot of the regulatory landscape across all topics within every state.

Targeted Regulation of Abortion Provider (TRAP) Laws

- Abortion Facility Licensing Requirements
- Ambulatory Surgical Center Requirements
- Hospitalization Requirements
3.1. Who must provide the information?
- Physician performing abortion
- Referring physician
- Any physician
- Qualified individual other than a physician

3.2. Must the information be communicated to the patient in person?
- Yes
- No

3.2.1. Must the information be provided individually to the patient in a private area?
- Yes
- No

3.3. What required information must be communicated to the patient?
- Link to breast cancer risk
- Adverse mental health effects
- Risk of infertility
- Pregnancy health risks
- Reversal of medication abortion
- Fetal pain
- Fetal personhood
- Opportunity to view ultrasound
- Father must provide financial support
- Alternatives to abortion
PREEMPTION OF LOCAL AUTHORITY:
TRACKING AND MEASURING IMPACTS

Exploring Policy Surveillance for Policymaking
May 14th, 2019
WHO WE ARE

The National League of Cities (NLC) is the voice of America’s cities, towns and villages, representing more than 200 million people across the country.
Preemption is the use of state law to nullify a municipal ordinance or authority.
Preemption By State

States with minimum wage preemption
Preemption By State

- States with paid leave preemption
Preemption By State

States with ride sharing preemption
Preemption By State

- States with municipal broadband preemption
Fiscal Authority by State

- No TELs
- Less binding property tax limit
- Potentially binding property tax limit
- Binding property tax limit & general limit
• PSP AIM: Use legal epidemiology methods to create a longitudinal dataset analyzing and tracking preemption laws in 11 domains across the country.
• NLC AIM: Use legal data to shape state and national discussions/increase national awareness of state preemption and support efforts to thwart state preemptive activity by providing coordinated and timely info and data.
## Preemption Question Development Table

<table>
<thead>
<tr>
<th>Order</th>
<th>Variable Name</th>
<th>Question</th>
<th>Possible Answers</th>
<th>Internal Notes**</th>
<th>Question Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (P)</td>
<td>IZ_Mandatory</td>
<td>Does the law preempt mandatory inclusionary zoning?</td>
<td>Yes</td>
<td></td>
<td>Binary – Mutually Exclusive</td>
</tr>
<tr>
<td>2 (C)</td>
<td>IZ_Exist</td>
<td>Does preemption apply to existing developments?</td>
<td>Yes</td>
<td></td>
<td>Binary – Mutually Exclusive</td>
</tr>
<tr>
<td>3 (C)</td>
<td>IZ_New</td>
<td>Does preemption apply to new developments?</td>
<td>Yes</td>
<td></td>
<td>Binary – Mutually Exclusive</td>
</tr>
<tr>
<td>4 (C)</td>
<td>IZ_Type</td>
<td>What types of residential units are preempted?</td>
<td>Rental</td>
<td></td>
<td>Categorical – Select All that Apply</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Owner-occupied</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Types of residential units not specified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 (C)</td>
<td>IZ_Exceptions</td>
<td>What kinds of exceptions are in the law?</td>
<td>Density Bonus</td>
<td></td>
<td>Categorical – Select All that Apply</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Incentives</td>
<td></td>
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<td></td>
<td>Voluntary Programs</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Inclusionary zoning
2. Paid leave
3. Broadband
4. Rent stabilization
5. Firearms
6. Ban the Box
7. Tax and Expenditure Limitations - Property Tax Rate Limits
8. Tax and Expenditure Limitations - Property Tax Levy Limits
9. Tax and Expenditure Limitations - Property Tax Assessment Limits
10. Tax and Expenditure Limitations - Full Disclosure/Truth in Taxation
11. Tax and Expenditure Limitations - General Revenue and Spending Limits
Why does the tracking and research of preemption laws require policy surveillance?
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4. Click “Send”
Thank You!

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