Legal & Policy Approaches to Reducing Prescription Drug Overdose

FACILITATOR'S GUIDE

ChangeLab Solutions
Law & policy innovation for the common good.

The Network
for Public Health Law

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Facilitator's Guide

The Network for Public Health Law, in conjunction with ChangeLab Solutions and the CDC National Center for Injury Prevention and Control, conducted a four-hour training on May 20, 2014 prior to the Safe States Alliance annual meeting.[1] Approximately two dozen state health agency staff attended the training on "Legal and Policy Approaches to Reducing Prescription Drug Overdose."

The training focused on two legal and policy approaches states have adopted to address the overdose epidemic: (1) Prescription Monitoring Program (PMPs), state-run electronic databases used to track prescribing and dispensing of controlled prescription drugs to patients; and (2) legal changes that increase access to emergency care and treatment for opiate overdose, including the administration of naloxone. The training described the evidence base for these interventions and presented best practices for their implementation, as suggested by the academic literature and subject matter experts.

This Facilitator's Guide contains all of the materials developed for and presented at the training. These materials can be adapted to provide a training that is customized for your community. This Guide includes all of the training materials needed by facilitators, including:

1. Facilitator's Agenda
2. Participant Agenda
3. Speaker Biographies (sample only, should be adapted to your training speakers)
4. PowerPoint presentations (attached as a separate file, modify these presentations to reflect your training content and speakers):
    a. Legal & Policy Approaches to Reducing Prescription Drug Overdose
    b. Opioid Overdose Prevention Strategies in MA
    c. Prescription Monitoring Program and Overdose Prevention in NYC
5. Small Group Activity: Policy Solution Exercise (with instructions for facilitators)
6. Overview of State Laws Related to Overdose Prevention
7. Overdose Prevention Organizations and Resources
8. CDC Logic Model "Assisting States to Address the Prescription Drug Overdose Epidemic"
9. Pre-training Exercise (to be sent to participants in advance of the training)
10. Pre-training Survey (to be administered via email in advance of the training)
11. Post-training Survey (to be administered (or emailed) at the conclusion of the training)

Overview & Background

Opioid overdose is at epidemic levels in the United States. State action, particularly the enactment and enforcement of evidence-based laws and policies, can dramatically affect the risk environment for drug overdose. Many states have responded to the overdose epidemic by changing law and policy to reduce overdose risk at a number of key junctures, from reducing improper prescribing to improving substance abuse treatment and increasing access to emergency overdose treatment. These access points are reflected below:

State Prescription Monitoring Programs (PMPs) are an example of an intervention to reduce improper prescribing practices. Other examples include laws regulating pain clinics, regulations requiring a physical exam before the prescription of controlled substances, and the implementation of patient review and restriction programs, where the patient is limited to a single prescriber and pharmacy, where appropriate.

Examples of methods states are using to address addiction include patient and provider education, increased funding and insurance coverage for evidence-based treatment, and acknowledgement and treatment of addiction as medical condition as opposed to a criminal offense.

Finally, ways to improve access to overdose care include laws and regulations that increase access to naloxone for community members and first responders as well as laws that encourage bystanders to become "Good Samaritans" by calling emergency responders without fear of arrest or other negative legal consequences.

This training focuses on one strategy at each end of the continuum: (1) PMPs and (2) legal changes that increase access to emergency care and treatment for opiate overdose, including the administration of naloxone. These strategies were chosen because there is growing evidence of their effectiveness, because they have seen increased adoption in recent years, and because both are likely to provide a high return on investment.

For example, PMPs that incorporate best practices have been shown to inform sound clinical prescribing decisions, reduce "doctor shopping", reduce insurer claims related to inappropriate prescribing, and provide data for non-patient-specific surveillance.[2] In the past 10 years, nearly 30 states have adopted PMPs, bringing the number of states with operational PMPs to 49 at the time this training was developed. However, not all of these laws incorporate best practices, such as access to real time data and inter-state data sharing.

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[2] Most of these citations can be found in Prescription Drug Monitoring Program Center of Excellence at Brandeis University, "Briefing on PDMP Effectiveness," updated April 2013, *available at* www.pdmpexcellence.org/sites/all/pdfs/briefing_PDMP_effectiveness_april_2013.pdf.

Studies have shown that increasing access to naloxone reduces overdose deaths, resulting in cost savings.[3] At the time of this training, nearly half the states had adopted laws increasing access to naloxone and approximately 17 had laws encouraging Good Samaritans to report drug overdoses.

See the attached Logic Model from the CDC on "Assisting States to Address the Prescription Drug Overdose Epidemic" for more information on how these two strategies fit into the overall framework of reducing prescription drug overdose.

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[3] Walley, A. Y., Xuan, Z., Hackman, H. H., Quinn, E., Doe-Simkins, M., Sorensen-Alawad, A., Ruiz, S., et al., Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis, BMJ, 2013, 346:f174; Coffin PO, Sullivan SD. Cost-effectiveness of distributing Naloxone to heroin users for lay overdose reversal. Ann Intern Med 2013;158(1):1-9.

Instructions for Facilitators

In addition to modifying the training content and length to suit your audience, we suggest two activities in advance of the training. First, ask participants to complete a needs assessment to ensure that the content of the training is appropriate for the audience and that you are able to answer questions that participants may have. (Please adapt the pre-training questionnaire provided with this Guide for this purpose.)

Second, ask participants to review their PMP and naloxone laws[4] (if applicable) prior to the training. This information will make for a more informed and robust discussion of potential policy options in the small group activity entitled "Policy Selection Exercise." See the information in the attached "Pre-Training Exercise" for sample instructions to participants.

If the suggested advance preparation is too burdensome, you may wish to send participants the "Overview of State Laws Related to Overdose Prevention" prior to the training (perhaps with the needs assessment) and ask them to familiarize themselves with their state laws related to overdose prevention. Note that this chart may need to be updated. If all of the training participants are from one state, you may wish to provide a summary of that state's overdose prevention laws for participants.

If it is not possible for participants to review their laws in advance of the training (for example, if you do not know who will be attending), alternate instructions are provided for the small group activity.

Finally, the companion "Participant's Guide" should be provided to training participants prior to or at the training.

We are interested in your experience using this curriculum. Please let us know if you have any questions or feedback on how to improve these materials by contacting:

Corey Davis
Deputy Director
Network for Public Health Law – Southeastern Region
cdavis@networkforphl.org

August 2014

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[4] Information about the current status of Prescription Monitoring Programs (PMP) and access to naloxone is available through LawAtlas (*www.LawAtlas.org*), a searchable database maintained by Public Health Law Research.

Legal & Policy Approaches to Reducing Prescription Drug Overdose

FACILITATOR'S AGENDA – 4 HOURS   **[INSERT DATE]**

TIME	ACTIVITY	OBJECTIVES	WHO	RESOURCES	LEGAL COMPETENCIES FOR PUBLIC HEALTH PRACTITIONERS ADDRESSED
10 mins	Intro and overview of ½ day session	• Goals for the session • Overview of the agenda • High-level introductory comments • Ask participants to introduce themselves (if time)	• [Insert name(s)]	• Agenda • PowerPoint (slides 1-8)	• Able to define relevant constitutional concepts and principles framing the practice of public health across relevant state, tribal, local, and territorial jurisdictions. • Able to describe laws and procedures governing the operational and administrative system within which governmental public health agencies or programs operate.
65 mins	Overview of PDO and policy options to address it (PMP/naloxone)	• Scope of the problem • Policy approaches and best practices • Legal issues	• [Insert name(s) of speakers]	• PowerPoint	• Identifies legal tools, processes, and enforcement procedures to advance community public health goals that are consistent with relevant state, tribal, local, and/or territorial laws.
15 mins	Q & A	• Allow participants to ask general questions	• [Insert name(s) of facilitator and who will answer questions]		
30 mins	Panel Discussion	• 2 state experts will discuss barriers, facilitators, lessons learned regarding PMP law and naloxone access/Good Samaritan Laws	• [Insert names of panel facilitator and speakers]	• PowerPoint or other presentation materials • Handouts from speakers?	• Identifies legal tools, processes, and enforcement procedures to advance community public health goals that are consistent with relevant state, tribal, local, and/or territorial laws. • Able to describe laws and procedures governing the operational and administrative system within which governmental public health agencies or programs operate.

TIME	ACTIVITY	OBJECTIVES	WHO	RESOURCES	LEGAL COMPETENCIES FOR PUBLIC HEALTH PRACTITIONERS ADDRESSED
15 mins	Q & A	• Questions from audience for the panel	• [Insert name of facilitator]		
15 mins	BREAK				
45 mins	Small group activity – participants choose *either* PMPs or naloxone / Good Samaritan laws	• Policy solution exercise • Participants apply what they've learned to evaluate possible policy options for their state	• [Who provides instructions] • [Insert names of small group facilitators]	• Instructions for small group activity • Handout on state PDO laws	• Identifies legal tools, processes, and enforcement procedures to advance community public health goals that are consistent with relevant state, tribal, local, and/or territorial laws.
20 mins	Report back from small groups	• Highlight key findings • Identify pros and cons of various strategies	• [Insert name of facilitator]		
20 mins	Summary and next steps	• How can participants move policy forward? • Where can people turn if they need help or have questions? • Links to public health and legal resources • What questions do people want answered in the future? • Session evaluation	• [Insert name(s) of facilitators]	• PowerPoint slides with resources • Handout with PDO resources • Evaluation form (sent via e-mail after the training)	• Be knowledgeable about the protocol for contacting or engaging with legal, ethical, and cultural advisors and other key public health law resources. • Be able to recognize the legal authority of critical system partners, such as other public health agencies, private- sector health agencies, and government agencies.
5 mins	CLOSE				
4 hours	Total Time				

Legal & Policy Approaches to Reducing Prescription Drug Overdose

OBJECTIVES

Participants will be able to:

- Understand the scope and major causes of the opioid overdose epidemic

- Understand promising policy options such as Prescription Monitoring Programs (PMPs) and naloxone access/overdose Good Samaritan Laws

- Describe best and promising practices for PMPs and naloxone access

- Understand the tools and data available for monitoring and evaluating PMPs, naloxone access initiatives, and overdose Good Samaritan laws

Participant Agenda

10 mins	**Introduction & Session Overview**
	[Insert speaker's name and organizational affiliation]
80 mins	**Legal & Policy Approaches to Reducing Prescription Drug Overdose**
	[Insert speaker's name and organizational affiliation]
45 mins	**State Experts**
	[Insert speaker's name and organizational affiliation]
15 mins	**Break**
45 mins	**Policy Solution Exercise**
	Small groups
20 mins	**Discussion of Policy Solution Exercise**
	Large group
20 mins	**Next Steps & Resources**
5 mins	**Close**

Legal & Policy Approaches to Reducing Prescription Drug Overdose

SPEAKER BIOGRAPHIES

MARICE ASHE, JD, MPH

Marice Ashe, CEO and founder of the Oakland-based nonprofit ChangeLab Solutions, creates pioneering efforts that help create communities where the healthiest choice is the easiest choice. ChangeLab Solutions uses the tools of law, public policy, and leadership engagement to design practical solutions to help all communities—especially those most at-risk.

ChangeLab Solutions works in every state in the nation on public policy issues touching every stage of life. Under Ashe's leadership, the organization creates multi-disciplinary partnerships to tackle complex social problems, empower people, and save money. Its vast library of "how to" guides and model policies can be found at www.changelabsolutions.org. Marice is a frequent speaker at leadership conferences, sits on multiple advisory boards, and consults with thought leaders from many fields. She is a graduate of the University of Notre Dame, and received her MPH and JD from the University of California at Berkeley.

COREY DAVIS, JD, MSPH

Corey Davis is Deputy Director of the Network for Public Health Law's Southeastern Region. As a health policy researcher, he has worked at Temple University's Center for Health Law, Policy, and Practice, the University of Pennsylvania's HIV Prevention Research Division, and the North Carolina Institute of Medicine, and has authored a number of articles in the lay and academic press. He also has significant practical legal experience, having served as an employment rights attorney at Equality Advocates Pennsylvania, where he represented lesbian, gay, bisexual and transgender (LGBT) individuals in discrimination and civil rights cases, and as Legal Project Director at Prevention Point Philadelphia, where he oversaw a street-based legal clinic sited at the city's syringe exchange program. Davis received his BS from the Indiana University of Pennsylvania, his MSPH from the University of North Carolina at Chapel Hill, and his JD from Temple University.

DEBORAH DOWELL, MD, MPH

Deborah Dowell is Team Lead for the Prescription Drug Overdose Team at the Centers for Disease Control and Prevention. She previously served as an advisor to Health Commissioner Thomas Farley at the New York City Department of Health and Mental Hygiene. Dr. Dowell received her undergraduate and medical degrees from Columbia University and her master of public health degree from the Johns Hopkins Bloomberg School of Public Health.

DENISE PAONE, PHD, MS, BSN

Dr. Paone is the Director of Research and Surveillance in the Bureau of Alcohol and Drug Use Prevention Care and Treatment at the New York City Department of Health and Mental Hygiene. Dr. Paone received her Masters and Doctoral degrees from Columbia University. She has worked in the field of public health, harm reduction, and substance use research for more twenty years. Dr. Paone is conducting drug related morbidity and mortality studies, with a special emphasis on unintentional drug poisoning deaths and opioid analgesic use. She is directing a new real-time drug surveillance project, RxStat, which is an innovative collaboration between Public Health and Public Safety, an initiative of the Mayor's Task Force on prescription painkillers. Dr. Paone is the chair of the overdose sub-committee for the National Council of State and Territorial Epidemiologists (CSTE).

SARAH RUIZ, MSW

Sarah Ruiz has been working in Program Development and Planning at the Massachusetts Department of Public Health, Bureau of Substance Abuse Services since 1996. At the Bureau she has worked on statewide initiatives related to tobacco use, HIV/AIDS, problem gambling, and opioid overdose prevention, among others. Since 2007 she has been coordinating the DPH naloxone pilot program which has involved partnerships with HIV/AIDS providers, parents support groups, correctional programs, first responders, and community-based prevention programs. In Massachusetts a 911 Good Samaritan and naloxone law was passed in 2012, changes have been made to the Prescription Monitoring Program, and regulations are now being changed to include both EMT and First Responder naloxone administration. Ruiz received her BA from Tufts University and her MSW from Boston College.

Policy Solution Exercise

INSTRUCTIONS FOR FACILITATORS

In the large group, tell participants they will choose to discuss how to help implement best practices regarding either:

1. A state Prescription Monitoring Program (PMP), or
2. Laws to increase naloxone access and encourage Good Samaritan reporting.

Participants should use the information they gathered in the Pre-Training Exercise about their state overdose prevention laws. If they did not complete that exercise or would like supplemental information, refer participants to the handout on "Overview of State Laws Related to Overdose Prevention" to see the characteristics of laws already existing in their state.

Once in the small groups, participants will have 30-40 minutes to discuss different policy options for the type of laws they have chosen. Find out who wants to discuss which issue (raise of hands); direct participants to the appropriate tables based on what issue they have chosen. There should be 5-10 people at each table.

INSTRUCTIONS FOR SMALL GROUP FACILITATORS

Once in small groups, ask folks to introduce themselves. Tell the group they will have 30 - 40 minutes (depending on instructions) to discuss different policy options for the type of laws they have chosen. Participants should use the information they gathered in the Pre-Training Exercise about their state overdose prevention laws. Or, they can refer to the handout on Overdose Prevention laws to find out what already exists in their state. Give each participant a copy of the attached list of Policy Options.

Ask participants to describe the laws in their state, focusing on:

• What are the strengths and limitations of the state law?

• How does the state law compare to the recommended best practices (see attached list of Policy Options)?

• What is the potential impact of the state law? How is this impact being seen or measured?

• Is implementation of the law clear and feasible?

• If a new law is adopted or the existing law expanded, what opposition might be expected?

If discussion lags, you can also ask questions like:

- What are potential unintended consequences of various elements of the law?
- How is the law enforced?
- If a new law is adopted or the existing law expanded, what stakeholders should be involved?

At the end of the discussion, ask the group to come up with their two top insights or take-home messages to share with the large group.

Policy Solution Exercise

INSTRUCTIONS FOR FACILITATORS

In the large group, tell participants they will choose to discuss how to help implement best practices regarding either:

1. A state Prescription Monitoring Program (PMP), or
2. Laws to increase naloxone access and encourage Good Samaritan reporting.

Participants can review the handout on "Overview of State Laws Related to Overdose Prevention" to see the characteristics of laws already existing in their state. This may help them decide which issue they want to discuss and may help them choose policy issues once they are in their small groups.

Once in the small groups, participants will have 30 - 40 minutes to discuss different policy options for the type of laws they have chosen. Find out who wants to discuss which issue (raise of hands); direct participants to the appropriate tables based on what issue they have chosen. There should be 5-10 people at each table.

INSTRUCTIONS FOR SMALL GROUP FACILITATORS

Once in small groups, ask folks to introduce themselves. Tell the group they will have 30 - 40 minutes (depending on instructions) to discuss different policy options for the type of laws they have chosen. Refer folks to the handout on Overdose Prevention laws to find out what already exist in their state. Give each participant a copy of the attached list of Policy Options.

From the list of policy options, each group should choose 2-3 that they think are most important to the implementation and operation of their chosen issue (PMPs or naloxone access).

List each of the chosen policy options on a flip chart. Next, each group should evaluate each of the policy options that they've chosen based on some or all of the following factors:

• What are the strengths and limitations of each policy option?

• What is the potential for impact? How will impact be observed or measured?

• Is implementation clear and feasible?

• What opposition might be expected?

If discussion lags, you can also ask questions like:

- What are potential unintended consequences?
- Is the policy sustainable?
- How will the policy be enforced?
- What stakeholders should be involved?

At the end of the discussion, ask the group to come up with their two top insights or take-home messages to share with the large group.

Policy Solution Exercise – Prescription Monitoring Programs (PMPs) Policy Options

INSTRUCTIONS FOR SMALL GROUP FACILITATORS

Choose **2-3 policy options** that you think are an important part of a state Prescription Monitoring Program:

1. Expand the types of drugs reported to the PMP: include Schedule II - V controlled substances; include non-controlled substances with a documented potential for abuse (e.g., Tramadol)

2. Proactively provide data to authorized users, e.g. provide regular reports to prescribers on patients who have filled multiple prescriptions for the same controlled substance and to regulatory boards regarding outlying prescribers and dispensers

3. Ensure that data is timely and complete, e.g., increase the frequency of data reporting by dispensers to the PMP

4. Allow for and facilitate inter-state sharing of PMP data

5. Require education and training for authorized PMP users

6. Provide de-identified data to researchers and others to reveal trends and evaluate PMP

7. Require users to register to use the PMP

8. Require users to access PMP information in certain circumstances

DISCUSSION QUESTIONS

- What are the strengths and limitations of each policy option?

- What is the potential for impact? How will impact be observed or measured?

- Is implementation clear and feasible?

- What opposition might be expected?

Policy Solution Exercise –
Naloxone Access & Overdose Good
Samaritan Laws

INSTRUCTIONS FOR SMALL GROUP FACILITATORS

Choose **2-3 policy options** that you think are important for increasing access to naloxone

1. Adopt a law or regulation increasing access to naloxone (for states without one)

2. Remove the possibility of legal action against naloxone prescribers and lay administrators, e.g., provide immunity from criminal prosecution and civil liability

3. Allow third parties to get a naloxone prescription, e.g., Person A gets the prescription but administers the medication to Person B

4. Allow naloxone prescriptions by standing order, e.g., through a non-profit or health center

5. Allow first responders such as EMTs and police to administer naloxone

6. Adopt a law encouraging Good Samaritans to report overdoses by limiting the liability for those who report overdoses, e.g., bystander would not be charged with drug possession

DISCUSSION QUESTIONS

*   What are the strengths and limitations of each policy option?

*   What is the potential for impact? How will impact be observed or measured?

*   Is implementation clear and feasible?

*   What opposition might be expected?

Overview of State Laws Related to Overdose Prevention

PRESCRIPTION MONITORING LAWS: MAY 2014

	Operational PMP	Monitor Schedule II - IV Controlled Substances	Monitor Schedule V Controlled Substances	Unsolicited PMP reports to all entities[5]	Unsolicited PMP reports to one or more entities[6]	Data Collection Interval	Interstate sharing of PMP data[7]	Training Required for Authorized Users	De-Identified data available for research	Required registration (Register), Required use (Use)
Alabama	✓	✓	✓		✓	Weekly	✓			Register
Alaska	✓	✓	✓	✓	✓	Monthly	✓			
Arizona	✓	✓		✓	✓	Weekly	✓		✓	Register
Arkansas	✓	✓	✓		✓	Weekly	✓		✓	
California	✓	✓			✓	Weekly	✓		✓	Register
Colorado	✓	✓	✓			2x/month	✓		✓	Use
Connecticut	✓	✓	✓		✓	Weekly	✓		✓	Register
Delaware	✓	✓	✓	✓	✓	Daily	✓		✓	Both
D.C.	enacted, not operational	✓	✓		✓	Daily	✓		✓	
Florida	✓	✓		✓	✓	Weekly				
Georgia	✓	✓	✓			Weekly			✓	

[5] Prescribers, pharmacists, law enforcement, and licensing entities

[6] Prescribers, pharmacists, law enforcement, and licensing entities

[7] Includes sharing information with PMPs in other states, authorized users in other states, or both

	Operational PMP	Monitor Schedule II - IV Controlled Substances	Monitor Schedule V Controlled Substances	Unsolicited PMP reports to all entities[5]	Unsolicited PMP reports to one or more entities[6]	Data Collection Interval	Interstate sharing of PMP data[7]	Training Required for Authorized Users	De-Identified data available for research	Required registration (Register), Required use (Use)
Hawaii	✓	✓	✓		✓	Weekly	✓			
Idaho	✓	✓	✓	✓	✓	Weekly	✓		✓	
Illinois	✓	✓	✓		✓	Weekly	✓		✓	
Indiana	✓	✓	✓	✓	✓	Weekly	✓		✓	
Iowa	✓	✓				Weekly	✓			
Kansas	✓	✓		✓	✓	Daily	✓		✓	
Kentucky	✓	✓	✓		✓	Daily	✓	✓	✓	Both
Louisiana	✓	✓	✓	✓	✓	Weekly	✓	✓	✓	Use
Maine	✓	✓			✓	Weekly	✓		✓	Register
Maryland	✓	✓	✓			3 days	✓		✓	
Massachusetts	✓	✓	✓	✓	✓	Weekly	✓	✓	✓	Both
Michigan	✓	✓	✓		✓	2x/month	✓			
Minnesota	✓	✓				Daily	✓			Use
Mississippi	✓	✓	✓	✓	✓	Weekly	✓		✓	Both
Missouri	legislation pending									
Montana	✓	✓	✓		✓	Weekly	✓	✓	✓	
Nebraska	✓									
Nevada	✓	✓		✓	✓	Weekly	✓	✓	✓	Use
New	enacted, not	✓			✓	Weekly	✓			Register

	Operational PMP	Monitor Schedule II - IV Controlled Substances	Monitor Schedule V Controlled Substances	Unsolicited PMP reports to all entities[5]	Unsolicited PMP reports to one or more entities[6]	Data Collection Interval	Interstate sharing of PMP data[7]	Training Required for Authorized Users	De-Identified data available for research	Required registration (Register), Required use (Use)
Hampshire	operational									
New Jersey	✓	✓	✓		✓	2x/month	✓	✓	✓	
New Mexico	✓	✓	✓	✓	✓	Weekly	✓	✓	✓	Both
New York	✓	✓	✓	✓	✓	Daily	✓			Use
North Carolina	✓	✓	✓		✓	3 days	✓		✓	Use
North Dakota	✓	✓	✓	✓	✓	Daily	✓		✓	
Ohio	✓	✓	✓		✓	Weekly	✓	✓	✓	Use
Oklahoma	✓	✓	✓		✓	Real time			✓	Use
Oregon	✓	✓				Weekly	✓		✓	
Pennsylvania	✓				✓	Monthly		✓		
Rhode Island	✓			✓	✓	Monthly	✓		✓	Use
South Carolina	✓	✓		✓	✓	Daily	✓	✓	✓	
South Dakota	✓	✓		✓	✓	Weekly	✓		✓	
Tennessee	✓	✓	✓		✓	Weekly	✓			Both
Texas	✓	✓	✓	✓	✓	Weekly	✓		✓	
Utah	✓	✓	✓		✓	Weekly	✓	✓	✓	Register
Vermont	✓	✓			✓	Weekly	✓	✓	✓	Both

	Operational PMP	Monitor Schedule II - IV Controlled Substances	Monitor Schedule V Controlled Substances	Unsolicited PMP reports to all entities[5]	Unsolicited PMP reports to one or more entities[6]	Data Collection Interval	Interstate sharing of PMP data[7]	Training Required for Authorized Users	De-Identified data available for research	Required registration (Register), Required use (Use)
Virginia	✓	✓			✓	Weekly	✓		✓	Both
Washington	✓	✓	✓		✓	Weekly	✓		✓	Use
West Virginia	✓	✓	✓		✓	Daily	✓	✓	✓	Both
Wisconsin	✓	✓	✓	✓	✓	Weekly	✓		✓	
Wyoming	✓	✓		✓	✓	Weekly	✓		✓	

Overview of State Laws Related to Overdose Prevention

NALOXONE ACCESS & OVERDOSE GOOD SAMARITAN LAWS: MAY 2014

	Naloxone Access Law	Limited Liability for Naloxone Prescribers and Administrators	3rd Party Prescription Authorized	Prescription by Standing Order Authorized	Allow EMTs to administer naloxone	Overdose Good Samaritan Law
Alabama						
Alaska						✓
Arizona						
Arkansas						
California	✓	✓	✓	✓	✓	✓
Colorado	✓	✓	✓		✓	✓
Connecticut	✓	✓				✓
Delaware						✓
D.C.	✓				✓	✓
Florida						✓
Georgia	✓		✓			✓
Hawaii						
Idaho						
Illinois	✓	✓	✓	✓		✓
Indiana						
Iowa						
Kansas						
Kentucky	✓	✓	✓	✓		

	Naloxone Access Law	Limited Liability for Naloxone Prescribers and Administrators	3rd Party Prescription Authorized	Prescription by Standing Order Authorized	Allow EMTs to administer naloxone	Overdose Good Samaritan Law
Louisiana						
Maine	✓		✓	✓		
Maryland	✓	✓	✓		✓	✓
Massachusetts	✓	✓	✓		✓	✓
Michigan						
Minnesota						
Mississippi						
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey	✓	✓	✓	✓	✓	✓
New Mexico	✓	✓	✓		✓	✓
New York	✓	✓			✓	✓
North Carolina	✓	✓	✓	✓	✓	✓
North Dakota						
Ohio	✓	✓	✓		✓	
Oklahoma	✓		✓		✓	
Oregon	✓		✓			
Pennsylvania						

	Naloxone Access Law	Limited Liability for Naloxone Prescribers and Administrators	3rd Party Prescription Authorized	Prescription by Standing Order Authorized	Allow EMTs to administer naloxone	Overdose Good Samaritan Law
Rhode Island	✓				✓	✓
South Carolina						
South Dakota						
Tennessee	✓ (effective 7/1/14)	✓	✓	✓		
Texas						
Utah	✓ (effective 5/13/14)	✓	✓			✓
Vermont	✓	✓	✓	✓	✓	✓
Virginia	✓		✓		✓	
Washington	✓	✓	✓			✓
West Virginia						
Wisconsin	✓		✓	✓	✓	
Wyoming						

Overview of State Laws Related to Overdose Prevention

MAY 2014

TABLE 1. PRESCRIPTION MONITORING LAWS

Data from LawAtlas (www.lawatlas.org) and the National Association for Model State Drug Laws (www.namsdl.org)

Monitor Schedule V Controlled Substances (Column 3)

- TN: Law authorizes the monitoring of Schedule V substances which have been identified by the controlled substances database advisory committee as demonstrating a potential for abuse

Unsolicited PMP Reports to one or more entities (prescribers, pharmacists, law enforcement, and licensing entities) (Column 5)

- NC: Provides unsolicited reports to the Attorney General who has the discretion to forward the information to law enforcement
- MI: Sends alerts to physicians when a patient surpasses the threshold but does not send the actual report

Data Collection Interval (Column 6)

- NY: Requires the submission of data in real time by statute, but that has been interpreted by regulations to mean no later than 24 hours after the substance is delivered
- OH: Requires submission of data from pharmacies weekly and from wholesalers monthly
- UT: Requires submission weekly, but for those participating in the statewide pilot program, submission is required daily
- MI: Going to daily reporting in July 2014

Inter-state sharing of PMP data (Column 7)

- OR: Will only allow direct access to the PMP practitioners in CA, ID, and WA

Training Required for Authorized Users (Column 9)

- VT: Law enforcement officials do not have access to the PMP, but must undergo training before being allowed access to PMP data provide dot them by licensing boards

Required Registration/Use (Column 10)

- **Required registration:**
  - Many states require that persons requesting access to the state PMP database first register as an authorized user. The data presented in the chart is concerned with only those states that require all practitioners licensed in the state to also register to use the PMP database.
  - AL: Only requires physicians with or seeking a pain management registration to be registered with the PMP
  - VA: Provision goes into effect on July 1, 2015
- **Required use:**
  - VA: Provision goes into effect on July 1, 2015
  - See the National Association for Model State Drug Law's memo titled "States that Require Prescribers and/or Dispensers to Access PMP Database in Certain Circumstance," available at www.namsdl.org, for specific state-by-state information.

TABLE 2. NALOXONE ACCESS AND OVERDOSE GOOD SAMARITAN LAWS

Data for Column 5 (Allow EMTs to Administer Naloxone) from "Emergency Medical Services Naloxone Access: A National Systematic Legal Review," unpublished manuscript available by request from Corey Davis (cdavis@networkforphl.org).

All other data from LawAtlas (www.lawatlas.org).

Overdose Prevention Organizations & Resources: May 2014

Alliance of States with Prescription Monitoring Programs (ASPMP)	
www.pmpalliance.org	
The ASPMP provides a forum for the development, discussion, and exchange of information and ideas regarding all aspects of Prescription Monitoring Programs (PMPs).	• An Assessment of State Prescription Monitoring Program Effectiveness and Results (November 2007) • Prescription Monitoring Program Model Act (October 2002)

Association of State and Territorial Health Officials (ASTHO)	
www.astho.org/rx	
ASTHO supports state health officials, their leadership teams, and other partners in the coordinated development and implementation of state action plans to address prescription drug misuse, abuse, and drug diversion.	• ASTHO Strategy Session on Prescription Drug Misuse and Abuse: Meeting Summary (August 2013) • State Assessment Tool: Gap Analysis Matrix (2013) • Preventing Prescription Drug Misuse, Abuse, and Diversion Across the Continuum (April 2012) • Taking Action to Prevent Prescription Drug Abuse: A Dialogue with State Leaders (February 2012) *(Webinar recording)* • Prescription Drug Overdose: State Health Agencies Respond (2008) • National Strategies and Recommendations Matrix

CDC's National Center for Injury Prevention and Control	
www.cdc.gov/injury/about/focus-rx.html	
CDC's Injury Center studies violence and injuries and researches the best ways to prevent them, applying science for real-world solutions to keep people safe, healthy, and productive. Preventing prescription painkiller overdoses is one of the	• Prescription Painkiller Overdoses: Use and abuse of methadone as a painkiller (July 2012) • Vital Signs: Risk for Overdose from Methadone Used for Pain Relief—United

Injury Center's focus areas, and its efforts include: improving system to track prescriptions and identify misuse, identifying prevention policies and programs that work, increasing health care provider accountability, and educating health care providers, policy makers, and the public.	States, 1999-2010 (July 2012) • Prescription Painkiller Overdoses in the US (November 2011) • Policy Impact: Prescription Painkiller Overdoses (November 2011)

CDC's National Center for Injury Prevention and Control
CDC's Public Health Law Program
www.cdc.gov/HomeandRecreationalSafety/Poisoning/laws/index.html

Based on discussions with experts in the field, CDC identified seven state legislative strategies that have potential to impact prescription drug misuse, abuse, and overdose. CDC surveyed the laws (state statutes and regulations) of all 50 states and the District of Columbia to see if they had enacted these laws as of August 31, 2010, and has compiled this information in a web-based resource.	• Laws Requiring a Physical Examination before Prescribing • Laws Requiring Tamper-Resistant Prescription Forms • Laws Regulating Pain Clinics • Laws Setting Prescription Drug Limits • Laws Prohibiting "Doctor Shopping"/Fraud • Laws Requiring Patient Identification before Dispensing • Laws Providing Immunity from Prosecution/Mitigation at Sentencing for Individuals Seeking Assistance During an Overdose

CDC's Office for State, Tribal, Local and Territorial Support (OSTLTS)
www.cdc.gov/stltpublichealth/index.html

The mission of OSTLTS is to advance US public health agency and system performance, capacity, agility, and resilience. The recently-released Prevention Status Reports (PSR) highlight—for all 50 states and the District of Columbia— the status of public health policies and practices designed to prevent or reduce important public health problems and concerns. Prescription drug overdose is one of the 10 topic areas for which a PSR was released.	• Prescription Drug Overdose Prevention Status Report: Implementing state pain clinic laws • Prescription Drug Overdose Prevention Status Report: Implementing prescription drug monitoring programs that follow selected best practices • Menu of State Prescription Drug Identification Laws • Menu of Pain Management Clinic Regulation • Menu of State Laws Related to Prescription Drug Overdose Emergencies

Harm Reduction Coalition
www.harmreduction.org

Harm Reduction Coalition was founded in 1993 by a working group of needle exchange providers, advocates, and drug users. Today, they are strengthened by an extensive and diverse network of allies who challenge the persistent stigma faced by people who use drugs and advocate for policy and public health reform.

- Overdose Prevention & Naloxone Manual
- Naloxone Legislation Drafting Guide

The National Alliance for Model State Drug Laws (NAMSDL)
www.namsdl.org

Funded by congressional appropriations, NAMSDL is the non-profit successor to The President's Commission on Model State Drug Laws. In coordination with the Office of National Drug Control Policy, NAMSDL drafts model drug and alcohol laws, policies and regulations. NAMSDL researches, analyzes and compares related state statutes, policies and regulations, and links people to their nationwide network of drug and alcohol experts.

- Components of a Strong Prescription Drug Monitoring Statute/Program (June 2012)
- Model Prescription Monitoring Program Act (November 2011)
- Prescription Drug and Pharmacies Information (A series of resources, including state-by-state policy language, on issues including: requiring ID prior to dispensing prescriptions; doctor shopping and prescription fraud; drug pedigree requirements; returned unused pharmaceuticals; drug take back programs; and regulation of internet pharmacies.)
- Pain Management Information (A series of resources, including state-by-state policy language, regarding pain management clinics.)
- Prescription Drug Monitoring Program Information (A series of resources, including state-by-state policy language, on issues including: PDMP administration; reporting; types of authorized PDMP recipients; access and registration; and privacy.)
- List of PMP Administrators/Contacts

National Conference of State Legislatures (NCSL)
www.ncsl.org

NCSL's mission is to improve the quality and effectiveness of state legislatures, promote policy innovation and communication among state legislatures, and ensure state legislatures have a strong, cohesive voice in the federal system. NCSL provides tools, information, and resources to craft the best solutions to difficult problems, and maintains a webpage of current legislation relevant to prescription drug overdose and abuse.

- Prevention of Prescription Drug Overdose and Abuse (January 2014)

The National Governors Association's (NGA) Prescription Drug Abuse Project
www.nga.org/cms/Rx

The Prescription Drug Abuse Reduction Policy Academy is a year-long strategic planning project, hosted by the National Governors Association, aimed at reducing prescription drug abuse. Between September 2012 and April 2013, seven states—Alabama, Colorado, Arkansas, Kentucky, New Mexico, Oregon, and Virginia—worked to develop comprehensive and coordinated strategies to address this growing problem. This effort involved a range of stakeholders, including governors' health and criminal justice advisors, state health officials, attorneys general, state chief information officers, legislators, physicians, and allied health professional groups.

- Reducing Prescription Drug Abuse: Lessons Learned from an NGA Policy Academy (February 2014)
- Issue Brief: Six Strategies for Reducing Prescription Drug Abuse (September 2012)
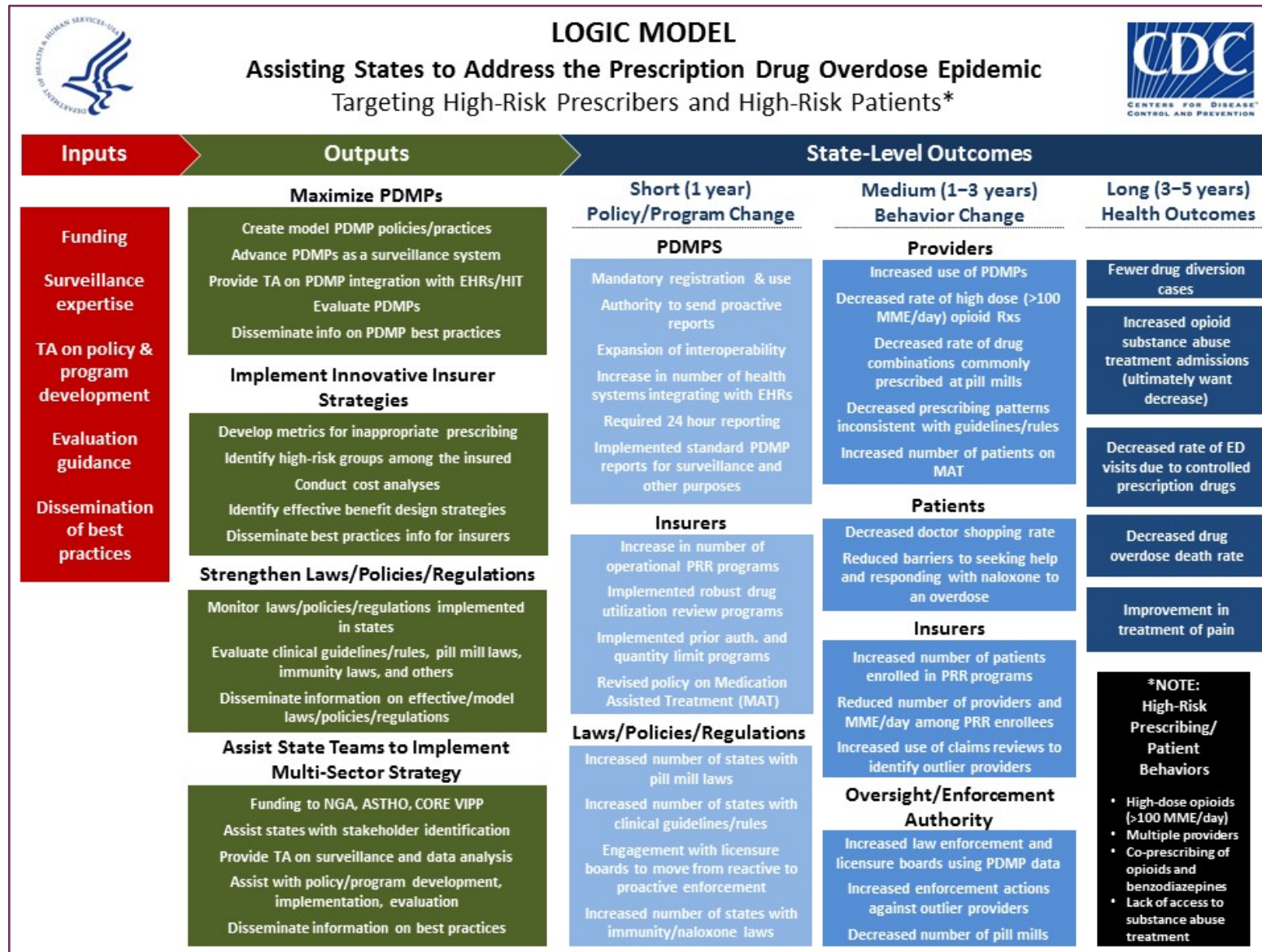
The Network for Public Health Law **www.networkforphl.org**	
A national organization with five regional centers, the Network for Public Health Law provides legal technical assistance, resources, and opportunities to build connections for local, tribal, state, and federal officials; public health practitioners; attorneys; and advocates.	• Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws (March 2014)
Office of National Drug Control Policy (ONDCP), Executive Office of the President **www.whitehouse.gov/ondcp**	
ONDCP advises the President on drug-control issues, with a renewed emphasis on community-based prevention programs, early intervention programs in healthcare settings, aligning criminal justice policies and public health systems to divert non-violent drug offenders into treatment instead of jail, funding scientific research on drug use, and expanding access to substance abuse treatment. Its 2011 report serves as a call to action in 4 major areas related to prescription drug abuse: education, monitoring, proper medication disposal, and enforcement.	• Epidemic: Responding to America's Prescription Drug Abuse crisis (2011 Prescription Drug Abuse Prevention Plan) • Fact Sheet: A Response to the Epidemic of Prescription Drug Abuse (April 2011)
PDMPConnect **The Office of the National Coordinator for Health Information Technology** **www.healthit.gov/pdmp/pdmpconnect**	
PDMPConnect seeks to inform and unite the community of physicians, providers, pharmacists, and health IT organizations and professionals in one forum to discuss and share ideas about enhancing access to patient prescription drug information stored in PDMPs using health IT technologies at the point of care. In collaboration with the Substance Abuse and Mental Health Services Administration and the MITRE Corporation, six pilot studies were conducted to identify possible ways to leverage health IT to	• Connecting Prescribers and Dispensers to PDMPs through Health IT: Six Pilot Studies and Their Impact (2012) • Linking an Opioid Treatment Program to a PDMP *(Washington Pilot Study)* (2012)

improve access to PDMPs.	

Prescribe to Prevent
www.prescribetoprevent.org

Prescribetoprevent.org houses a collection of resources and information, compiled by prescribers, pharmacists, public health workers, lawyers, and researchers. The information provided is intended to help health care providers educate their patients to reduce overdose risk and provide access to naloxone rescue kids to patients.

Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC) at Brandeis University
www.pdmpassist.org

PDMP TTAC provides support, resources, and strategies to PDMPs, federal partners, and many other stakeholders to further the efforts of PDMPs, with a focus on increasing PDMP efficiencies, measuring performance and effectiveness, and promoting best practices.	• State Profiles (Up-to-date information regarding each state's PDMP, including state pharmacy and practitioner data, drug schedules monitored, patient information data, and legislation dates and citations.) • Policy and Technical Resources *(A collection of model policies, guidelines, and agreements for coordinating interstate data sharing.)*

Prescription Drug Monitoring Program Center of Excellence at Brandeis University
www.pdmpexcellence.org

Funded by grants from the U.S. Department of Justice, Bureau of Justice Assistance, the Prescription Drug Monitoring Program (PDMP) Center of Excellence was founded in 2010 at the Schneider Institutes for Health Policy, Brandeis University. The Center partners with the PDMP Training and Technical Assistance center at Brandeis, and collaborates with a wide variety of PDMP stakeholders, including federal and state governments and agencies, universities, health departments, and medical boards, to combat the prescription drug abuse epidemic. The website contains a wealth of resources, studies, and other information related to the prescription drug	• PMP Management Tools (The Center has developed three tools to help PMP administrators: 1) estimate numbers and rates of prescriptions collected by PMPs; 2) calculate the level of prescriber enrollment in a prescription monitoring program; and 3) connect to the PMP Information Exchange to enable interstate PMP data sharing.) • Notes from the Field (A series of case study reports highlight PDMP operations, data analyses, and innovative PDMP applications.) • Prescription Drug Monitoring Programs:

abuse epidemic and the role of PDMPs.	An Assessment of the Evidence for Best Practices (September 2012) • Identifying probably doctor shopping and other questionable activity using prescription monitoring data: some preliminary findings (Study Analysis) • Prescription Monitoring Programs: An Effective Tool in Curbing the Prescription Drug Abuse Epidemic (Briefing on PMP Effectiveness) (February 2011)
Public Health Law Research (PHLR) **www.phlr.org**	
PHLR builds evidence for legal strategies to improve public health, conducts and funds empirical research, emphasizing studies that scientifically measure the effectiveness of public health laws. Its LawAtlas^{SM} database is a policy surveillance platform that collects and synthesizes key laws aimed at improving health and access to care. Through Interactive Law Maps, visitors can generate maps and tables highlighting selected features of the law as it exists today or has changed over time. Visitors can download prepared summaries of current law, as well as the underlying data, codebooks, and protocols.	• Naloxone OD Prevention Laws Map (February 2014) • Good Samaritan OD Prevention Laws Map (February 2014) • Prescription Monitoring Program Laws Map (2011)
Substance Abuse and Mental Health Services Administration, **US Department of Health and Human Services (SAMHSA)** **www.samhsa.gov**	
SAMHSA leads public health efforts to advance the behavioral health of the nation. Its mission is to reduce the impact of substance abuse and mental illness on America's communities.	• Opioid Overdose Toolkit (August 2013)

Trust for America's Health (TFAH) **www.healthyamericans.org**	
TFAH is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.	• Prescription Drug Abuse: Strategies to Stop the Epidemic (October 2013) • Rx Drug Abuse *(Accompanying interactive website)*

LOGIC MODEL
Assisting States to Address the Prescription Drug Overdose Epidemic
Targeting High-Risk Prescribers and High-Risk Patients*

Inputs	Outputs	State-Level Outcomes		

Inputs

- Funding
- Surveillance expertise
- TA on policy & program development
- Evaluation guidance
- Dissemination of best practices

Outputs

Maximize PDMPs
- Create model PDMP policies/practices
- Advance PDMPs as a surveillance system
- Provide TA on PDMP integration with EHRs/HIT
- Evaluate PDMPs
- Disseminate info on PDMP best practices

Implement Innovative Insurer Strategies
- Develop metrics for inappropriate prescribing
- Identify high-risk groups among the insured
- Conduct cost analyses
- Identify effective benefit design strategies
- Disseminate best practices info for insurers

Strengthen Laws/Policies/Regulations
- Monitor laws/policies/regulations implemented in states
- Evaluate clinical guidelines/rules, pill mill laws, immunity laws, and others
- Disseminate information on effective/model laws/policies/regulations

Assist State Teams to Implement Multi-Sector Strategy
- Funding to NGA, ASTHO, CORE VIPP
- Assist states with stakeholder identification
- Provide TA on surveillance and data analysis
- Assist with policy/program development, implementation, evaluation
- Disseminate information on best practices

State-Level Outcomes

Short (1 year) Policy/Program Change

PDMPS
- Mandatory registration & use
- Authority to send proactive reports
- Expansion of interoperability
- Increase in number of health systems integrating with EHRs
- Required 24 hour reporting
- Implemented standard PDMP reports for surveillance and other purposes

Insurers
- Increase in number of operational PRR programs
- Implemented robust drug utilization review programs
- Implemented prior auth. and quantity limit programs
- Revised policy on Medication Assisted Treatment (MAT)

Laws/Policies/Regulations
- Increased number of states with pill mill laws
- Increased number of states with clinical guidelines/rules
- Engagement with licensure boards to move from reactive to proactive enforcement
- Increased number of states with immunity/naloxone laws

Medium (1–3 years) Behavior Change

Providers
- Increased use of PDMPs
- Decreased rate of high dose (>100 MME/day) opioid Rxs
- Decreased rate of drug combinations commonly prescribed at pill mills
- Decreased prescribing patterns inconsistent with guidelines/rules
- Increased number of patients on MAT

Patients
- Decreased doctor shopping rate
- Reduced barriers to seeking help and responding with naloxone to an overdose

Insurers
- Increased number of patients enrolled in PRR programs
- Reduced number of providers and MME/day among PRR enrollees
- Increased use of claims reviews to identify outlier providers

Oversight/Enforcement Authority
- Increased law enforcement and licensure boards using PDMP data
- Increased enforcement actions against outlier providers
- Decreased number of pill mills

Long (3–5 years) Health Outcomes

- Fewer drug diversion cases
- Increased opioid substance abuse treatment admissions (ultimately want decrease)
- Decreased rate of ED visits due to controlled prescription drugs
- Decreased drug overdose death rate
- Improvement in treatment of pain

*NOTE: High-Risk Prescribing/Patient Behaviors
- High-dose opioids (>100 MME/day)
- Multiple providers
- Co-prescribing of opioids and benzodiazepines
- Lack of access to substance abuse treatment

Legal & Policy Approaches to Reducing Prescription Drug Overdose

PRE-TRAINING EXERCISE

[NOTE: SEND TO PARTICIPANTS PRIOR TO THE TRAINING, PERHAPS WITH THE ATTACHED PRE-TRAINING SURVEY]

In preparation for the upcoming training on "Legal and Policy Approaches to Reducing Prescription Drug Overdose," we ask that you review your state laws on:

1. Prescription Monitoring Programs (PMP),
2. Access to naloxone, and
3. Good Samaritan overdose prevention.

Information about each of these laws is available through LawAtlas (*www.LawAtlas.org*), a searchable database maintained by Public Health Law Research. Links to the specific databases are provided below.

PRESCRIPTION MONITORING LAWS

Look at the LawAtlas database to answer the questions below about you state's *PMP law*.

1. Does your state have an operational PMP?

2. What controlled substances does the PMP monitor (e.g., Schedules I-V)?

3. How often is data collected by the PMP, e.g., daily, weekly, monthly?

4. Does the law require prescribers to check the PMP?

5. Is the PMP permitted or required to proactively identify suspicious prescribing, dispensing, or purchasing?

6. Is researcher access to de-identified PMP data available?

7. What else is noteworthy about your state law?

NALOXONE ACCESS & OVERDOSE GOOD SAMARITAN LAWS

Look at the LawAtlas database to answer the questions below related to your state's *naloxone access* and overdose *Good Samaritan* laws.

1. Does your state have legislation that increases access to naloxone?

   ____Yes ___ No

2. Does that law limit legal liability for naloxone prescribers and administrators?

   ____Yes _____ No

3. Are third party prescriptions allowed?

   _____ Yes _____ No

4. Are prescriptions by standing order allowed?

   _____ Yes _____ No

5. Does your state have a law to encourage Good Samaritan reporting of overdoses?

   _____ Yes _____ No

6. What else is noteworthy about your state law?

   _____

   _____

You also may want to learn information about your state's prescribing and overdose rates from prescription painkillers. State-level information is available at: *www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html*.

Please bring this information with you to the training.

THANK YOU!

Legal & Policy Approaches to Reducing Prescription Drug Overdose

PRE-TRAINING EXERCISE

[INSERT DATE]

Thank you for completing the following survey!

Confidentiality Statement: Your responses are confidential and will be analyzed collectively to provide instructors and course designers with feedback regarding the quality of the session. [Insert organization collecting data] does not disclose individually identifiable responses.

Please mark only <u>one answer</u> for each question unless otherwise requested. At the end of the survey, please click **"Done"** to submit your responses.

DEMOGRAPHICS:

1. In what state do you work? _____

2. Which <u>one</u> of the following categories <u>best</u> describes your primary role?

   ☐ Administrator, Manager, or Director
   ☐ Advocate
   ☐ Emergency Management Professional
   ☐ Environmental Health professional
   ☐ Epidemiologist
   ☐ Faculty- Law School
   ☐ Faculty- School of Public Health
   ☐ Health Educator/Trainer
   ☐ Infection Control Practitioner
   ☐ Information Technology Specialist
   ☐ Laboratorian
   ☐ Legal Professional (attorney, judicial)
   ☐ Nurse (community or public health nurse)
   ☐ Nurse (other RN, LPN, BSN, etc.)
   ☐ Nurse, Advanced Degree (ARNP, CNM)
   ☐ Pharmacist

   ☐ Physician
   ☐ Policy Maker
   ☐ Public Health Emergency Preparedness Planner
   ☐ Public Information, Media Relations, or Communications Specialist
   ☐ Researcher
   ☐ Student- Law School
   ☐ Student- School of Public Health
   ☐ Other, please specify:

   _____

3. Which <u>one</u> of the following categories <u>best</u> describes your organizational role?
    ☐ Executive (senior management and/or leader of organization)
    ☐ Supervisory (program management and/or supervisory responsibility)
    ☐ Entry level (not in a management position and/or limited experience working in public health)

4. What type of organization or agency do you work for?
    ☐ College or university
    ☐ Community-based or nonprofit organization
    ☐ City or County legal department
    ☐ Federal legal department
    ☐ Federal health agency
    ☐ Health department - local
    ☐ Health department – state
    ☐ Hospital, medical center, clinic, or other health delivery center

    ☐ Police, fire, or EMS
    ☐ Private industry or business
    ☐ State legal department (including Attorney General's office)
    ☐ Tribe or tribal organization
    ☐ Other (please specify): _____

5. How long have you worked in the field of public health?
    ☐ Do not work in public health
    ☐ Less than 1 year
    ☐ 1 - 3 years

    ☐ 4 - 6 years
    ☐ 7 - 10 years
    ☐ More than 10 year

6. Please indicate your current confidence level for each of the following learning objectives:

I can:	Not Confident	Beginning Confidence	Somewhat Confident	Confident	Very Confident
Explain the scope and major causes of the opioid overdose epidemic.	☐	☐	☐	☐	☐
Describe how state Prescription Monitoring Programs (PMPs) work.	☐	☐	☐	☐	☐
Describe best practices for state PMPs.	☐	☐	☐	☐	☐
Identify the tools and data available for monitoring and evaluating PMPs.	☐	☐	☐	☐	☐
Describe how laws to increase naloxone access and overdose Good Samaritan reporting work.	☐	☐	☐	☐	☐

Describe best practices for laws to increase naloxone access and overdose Good Samaritan reporting.	☐	☐	☐	☐	☐
Identify the tools and data available for monitoring and evaluating laws to increase naloxone access and overdose Good Samaritan reporting.	☐	☐	☐	☐	☐

The following question relates to the new <u>*Minimum Legal Competencies for State, Territorial, Local, and Tribal Public Health Practitioners.*</u> *Think about the competency statements below in reference to public health laws and policies specific to prescription drug overdose.*

7. Rate your current level of agreement on the following statements regarding public health laws and policies related to prescription drug overdose:

I am able to:	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree
Define relevant constitutional concepts and principles framing the practice of public health across relevant state, tribal, local, and territorial jurisdictions.	☐	☐	☐	☐	☐
Describe laws and procedures governing the operational and administrative system within which governmental public health agencies or programs operate.	☐	☐	☐	☐	☐
Identify legal tools, processes, and enforcement procedures to advance community public health goals that are consistent with relevant state, tribal, local and/or territorial laws.	☐	☐	☐	☐	☐
Be knowledgeable about the protocol for contacting or engaging with legal, ethical, and cultural advisors and other key public health law resources.	☐	☐	☐	☐	☐
Recognize the legal authority of critical system partners, such as other public health agencies, private-sector health agencies, and government agencies.	☐	☐	☐	☐	☐

8. What questions do you have about public health laws and policies related to prescription drug overdose?

9. How do you anticipate using the knowledge and skills you gain from the pre-conference session, Legal and Policy Approaches to Reducing Prescription Drug Overdose?

Thank you for your valuable feedback!

Legal & Policy Approaches to Reducing Prescription Drug Overdose

POST-TRAINING EXERCISE

Thank you for completing the following survey!

Confidentiality Statement: Your responses are confidential and will be analyzed collectively to provide instructors and course designers with feedback regarding the quality of the session. [Insert organization collecting data] does not disclose individually identifiable responses.

1. Did you attend the session, Legal and Policy Approaches to Reducing Prescription Drug Overdose, on [insert date]?
   ☐ Yes
   ☐ No [If no, respondent is lead **to** a disqualification page that reads, "I'm sorry, this survey is only for those who attended the session, Legal and Policy Approaches to Reducing Prescription Drug Overdose."

2. Please rate the following aspects of the presentation by _____ [insert name of speaker] with _____ [insert speaker's organization].

	Excellent	Very Good	Good	Fair	Poor
Knowledge of the subject matter					
Presentation delivery					

3. Please rate the following aspects of the presentation by _____ [insert name of speaker] with _____ [insert speaker's organization].

	Excellent	Very Good	Good	Fair	Poor
Knowledge of the subject matter					
Presentation delivery					

4. Please rate the following aspects of the presentation by _____ [insert name of speaker] with _____ [insert speaker's organization].

	Excellent	Very Good	Good	Fair	Poor
Knowledge of the subject matter					
Presentation delivery					

5. Please rate the following aspects of the presentation by _____ [insert name of speaker] with _____ [insert speaker's organization].

	Excellent	Very Good	Good	Fair	Poor
Knowledge of the subject matter					
Presentation delivery					

6. As a result of attending the session, *Legal and Policy Approaches to Reducing Prescription Drug Overdose*, please indicate your current confidence level for each of the following course learning objectives:

I can:	Not Confident	Beginning Confidence	Somewhat Confident	Confident	Very Confident
Explain the scope and major causes of the opioid overdose epidemic.	☐	☐	☐	☐	☐
Describe how state Prescription Monitoring Programs (PMPs) work.	☐	☐	☐	☐	☐
Describe best practices for state PMPs.	☐	☐	☐	☐	☐
Identify the tools and data available for monitoring and evaluating PMPs.	☐	☐	☐	☐	☐
Describe how laws to increase naloxone access and overdose Good Samaritan reporting work.	☐	☐	☐	☐	☐
Describe best practices for laws to increase naloxone access and overdose Good Samaritan reporting.	☐	☐	☐	☐	☐

Identify the tools and data available for monitoring and evaluating laws to increase naloxone access and overdose Good Samaritan reporting.	☐	☐	☐	☐	☐

The following question relates to the new <u>Minimum Legal Competencies for State, Territorial, Local, and Tribal Public Health Practitioners.</u> Think about the competency statements below in reference to public health laws and policies specific to prescription drug overdose.

7. <u>As a result of attending the session</u>, *Legal and Policy Approaches to Reducing Prescription Drug Overdose*, please rate your current level of agreement on the following statements regarding public health laws and policies related to prescription drug overdose:

I am able to:	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree
Define relevant constitutional concepts and principles framing the practice of public health across relevant state, tribal, local, and territorial jurisdictions.	☐	☐	☐	☐	☐
Describe laws and procedures governing the operational and administrative system within which governmental public health agencies or programs operate.	☐	☐	☐	☐	☐
Identify legal tools, processes, and enforcement procedures to advance community public health goals that are consistent with relevant state, tribal, local and/or territorial laws.	☐	☐	☐	☐	☐
Be knowledgeable about the protocol for contacting or engaging with legal, ethical, and cultural advisors and other key public health law resources.	☐	☐	☐	☐	☐
Recognize the legal authority of critical system partners, such as other public health agencies, private-sector health agencies, and government agencies.	☐	☐	☐	☐	☐

8. Please rate your level of agreement with the following statements regarding the session, Legal and Policy Approaches to Reducing Prescription Drug Overdose:

Statements	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree
The session enhanced my knowledge on the topic.	☐	☐	☐	☐	☐
I would recommend this session to others.	☐	☐	☐	☐	☐
The content was well organized.	☐	☐	☐	☐	☐
The slides enhanced the presentation.	☐	☐	☐	☐	☐
The small group activities enhanced my learning.	☐	☐	☐	☐	☐
The content was relevant to my job.	☐	☐	☐	☐	☐

9. Do you plan to apply the content of this session to your job?
   ☐ No   ☐ Yes, please explain how:

10. The length of the session was:
   ☐ Too short   ☐ About right   ☐ Too long

11. The quantity of information presented in the session was:
   ☐ Not enough   ☐ About right   ☐ Too much

12. The level of complexity of the information presented was:
   ☐ Too easy   ☐ About right   ☐ Too difficult

ChangeLab Solutions

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for Public Health Law

13. Please rate the overall course.

    ☐ Excellent   ☐ Fair

    ☐ Very Good   ☐ Poor

    ☐ Good

14. What was the most valuable part of the session?

15. What topics would you like to see addressed in future trainings on <u>prescription drug overdose</u>?

16. What additional public health law topics would you like to see addressed at future training sessions?

17. Please provide any suggestions for how the session could be improved.

Thank you for your valuable feedback!