

# Comparing State and Federal Health Law “Recommendations”

**PUBLIC HEALTH LAW RESEARCH:**  
Making the Case for Laws that Improve Health



Robert Wood Johnson Foundation

*Public Health Law Research is a national program of the Robert Wood Johnson Foundation*

# **Comparing Federal Health Law Recommendations with State Health Legislation**

Report of the  
National Program Office, Public Health Law Research (PHLR)  
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## Summary

This report explores the relationship between major health law recommendations from the federal government and the actual output of state legislative policy-makers. Providing evidence-informed policy recommendations to state, local and tribal policy-makers is part of the job description of federal health agencies. The Department of Health and Human Services publishes a compendium of recommendations, Healthy People 2020 (1), the latest in a decennial series that began in 1980. The United States Preventive Services Task Force maintains the Community Guide for Preventive Services, which commissions systematic reviews of well-studied interventions. The Centers for Disease Control and Prevention produces evidence-based recommendations across the full range of health topics the agency addresses, from active living (2) to vaccination (3). By definition, evidence-based recommendations require an evidence base, which in practical terms means that federal recommendations are biased towards policies that have already been deployed and studied. Recommendations are meant to speed the wide adoption of policies that seem to be working.(4) Federal recommendations miss their target when state and local policymakers are not aware of the recommendations, or do not regard them as credible and actionable.

State and local policymakers can also be understood as producers of health policy “recommendations.”(5) They may be enacting legal interventions that are well-supported by evidence, but have not been addressed in federal recommendations, or they may be addressing new problems for which policy responses have not yet been developed or evaluated.(6) In the tradition of states as laboratories for democracy, state and local policymaking can contribute to the store of evidence based intervention options – but only if state and local legal interventions are expeditiously evaluated and the results effectively diffused.

A healthy health-policy cycle requires a dialogue among federal experts and state and local policy-makers. It is plain that federal recommendations can only make a difference if they influence the policies adopted at the state and local level. It should be equally plain, however, that state and local innovation spreads by peer adoption, and requires a federal response to achieve its full value: federal agencies like NIH and CDC take the lead in conducting and funding the research that bridges the gap between innovation and evidence-based policy; federal recommendations (and all the technical and funding assistance associated with them) are a primary means of disseminating and translating evidence into widely adopted policy.

Using a database of proposed and enacted health legislation created by the Association of State and Territorial Health Officers (ASTHO), and classified by Public Health Law Research (PHLR) staff, we identified 799 bills from the most recent two-year state legislative cycle (2012-14) containing 1,227 specific legal interventions. We compare these “state policymaker recommendations” with 104 specific recommendations for legislative or regulatory action identified in a 2014 scan of four major federal policy resources: Winnable Battles, Prevention Status Reports, the Community Guide for Preventive Services, and Healthy People 2020.(7)

Emphasizing that causal explanations are beyond the scope of this project, we find an intriguing pattern of coherence and variation between federal recommendations and the bills introduced or enacted in the states. In some topic areas, like tobacco control, limiting use of antimicrobials on

farms, and policy support for breast-feeding, there is substantial alignment: states are enacting the policies the federal government is recommending. In others, like opioid overdose, states are taking actions recommended by the federal government, and adding additional interventions of their own. There are also topics on which the federal recommendations have little to say, but states are vocal: state policy makers, for example, have been concerned with establishing safety standards or licensure programs for cottage or homemade foods, a topic not addressed in federal recommendations. Finally, there are topics, like alcohol policy, where numerous and specific federal recommendations are met with complete silence at the state level.

A substantial literature suggests the need for agencies in the “knowledge transfer” business to take a comprehensive, strategic approach in communicating evidence to policy-makers, and that one important element of that approach is supporting research that addresses questions that are important to policymakers.<sup>(8-13)</sup> An expert recommendation from a federal agency is one item in the evidence-translation tool kit. Given the effort and care that goes into crafting federal policy recommendations, and some evidence that such guidance can help spread evidence-based policies,<sup>(14)</sup> we conclude with two recommendations for further action: that federal health agencies undertake to better understand 1) whether their recommendations are being used by state and local policy makers, and 2) how federal efforts in policy evaluation and evidence translation can improve the pace and outcomes of state and local innovation.

## METHODS

During each two-year state legislative cycle, the ASTHO tracks state health legislation through a subscription to CQ StateTrack, a legislative tracking service. CQ StateTrack uses expert searchers who provide constantly updated lists of legislation on designated topics developed in consultation with a customer. ASTHO staff selected the following topic areas for inclusion in the CQ StateTrack monitoring:

- chronic disease prevention
- environmental health
- food safety
- health agency performance and structure
- healthy housing
- immunizations
- infectious disease
- licensure & certification
- maternal & child health
- preparedness
- prescription drug abuse, and
- privacy

PHLR staff downloaded the results of ASTHO's tracking from its public website in January 2015, after the 2013-15 state legislative sessions had concluded. There were 1,292 bills. We excluded 493 budget and finance bills; technical legislation; resolutions; bills requiring studies or creating task forces or committees; large omnibus bills in which the specific "health recommendation" could not be determined from the abstract or quick review of the bill text; and bills with identical or substantially similar content. The remaining 799 bills comprise the sample for this study.

Two PHLR staff reviewed each abstract. For each bill, the researchers summarized the individual legal intervention or action that constituted the "recommendation(s)" in the bill, such as "Require radon testing prior to residential sales." Through the iterative process of coding and discussion, a standard set of descriptions was devised. In the same way, the researchers developed a set of topical categories to group related or similar recommendations to capture topics cutting across ASTHO's domains, or to highlight trends. These categories included, for example, "electronic cigarettes" and "practitioners' scope of practice." When a bill's subject matter was not clear from the abstract, we reviewed the text of the bill on the state legislative website, Legiscan.com or Openstates.org and derived a description from there. Where the bill contained multiple specific legal interventions of equal importance on a single topic, a more general description combining the individual recommendations was devised (e.g., a bill to apply all of the current taxes, age restrictions, smoking prohibitions for tobacco products to electronic cigarettes would be described as "Increase scope of tobacco laws to include electronic cigarettes"). Each bill was coded as having been passed into law or not passed. We resolved discrepancies in the classification of the bills through discussion.

## LIMITATIONS

The data on legislative activity was compiled by a commercial bill-tracking service based on keywords developed with ASTHO. The sensitivity of these methods of observation is unknown. Bills that were not intended to be tracked by ASTHO could have an important health impact or effect, and may be related to federal recommendations. Federal agencies, including divisions and centers at CDC, provide considerable guidance on policies to adopt that is not captured in the high-level policy recommendation sources that we scanned.

## RESULTS

In the discussion that follows, we describe the legal interventions contained in state legislation in key domains and compare them with the recommendations of the federal government pertinent to that ASTHO domain.\* See table 8 for a full comparison of the federal recommendations and all relevant state recommendations from the appendix. Complete results are set out in Table A-1. The 799 bills from the fifty states and Washington, D.C., contained 1,227 legal interventions across ASTHO's 12 topical domains. (Five bills were classified in two domains). Of the 799 bills, 239 (30%) were enacted into law (including three that were classified in two domains). Table 1 shows introduced and enacted bills by domain.

Table 1: State Legislation by ASTHO Topical Domain

ASTHO Domain	Number of bills passed	Bills considered	Pass percentage
Prescription drug abuse	95	228	42%
Maternal and child health	29	86	34%
Chronic disease prevention	28	131	21%
Privacy	27	55	49%
Food safety	21	102	21%
Healthy housing	15	67	22%
Immunizations	9	44	20%
Infectious diseases	6	39	15%
Preparedness	5	13	38%
Health agency performance & structure	4	17	24%
Health professional licensing and certification	2	8	25%
Environmental health	1	15	7%
<b>Totals</b>	<b>242</b>	<b>804</b>	<b>30%</b>

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\* The PHLR scan of federal guidance used the topic areas of Healthy People 2020, which differ from ASTHOs.

The domains contain many different specific interventions. We list specific interventions for the domains with high numbers of bills considered or passed, or significant differences between state activity and federal recommendations. These include prescription drug abuse, maternal and child health, immunizations, chronic disease prevention, and food safety. Individual tables below contain noteworthy interventions synthesized from multiple bills that have slight variations (e.g., “Allow pharmacists, pharmacy interns, or optometrists to administer immunizations independently or after completion of training” aggregates three closely related legal interventions on expanding pharmacists’, pharmacy interns’, and optometrists’ legal authority to administer immunizations). Other domains not covered below, like environmental health or privacy, contain significant issues and patterns as well and can be viewed in full in the appendix.

The policy “recommendations” embodied in the state bills may be compared to the federal health policy guidance. In 2014, PHLR compiled all instances where major federal health resources suggested that states pass certain laws. The four resources were Healthy People 2020, the Community Guide to Preventive Services, Winnable Battles, and CDC Prevention Status Reports. These particular resources were chosen because of their high profile in the health system and the breadth of topics they addressed. The PHLR scan identified 104 specific legal recommendations on a range of topics like tobacco, healthcare-acquired infections, and food safety.(6)

### *Prescription Drug Abuse*

A high percentage of bills that were passed into law related to prescription drug abuse. The most commonly addressed topic within this domain was prescription drug monitoring programs (PDMPs). State PDMP recommendations included requiring pharmacists to check PDMP databases prior to dispensing controlled substances; auto-enrolling prescribers into a state’s PDMP on licensure; allowing a state PDMP to exchange information with other states’ PDMPs; and exempting veterinarians from a state’s PDMP use requirements. Other recommendations provided access to opioid antagonists (“Narcan” or naloxone), authorizing lay people and/or emergency personnel to carry it and prescribers to prescribe and dispense it to lay people for third-party administration, and established legal immunity for people seeking or helping others seek medical help for a drug overdose (also known as Good Samaritan overdose laws). Fewer states considered and passed laws placing new drugs on the controlled substance schedules or establishing special licensing and regulatory schemes for pain management clinics, but the pain management clinic recommendations were quite granular, addressing issues like licensure, dispensing, and ownership.



Table 2: Major Recommendations on Prescription Drug Abuse

Legal Intervention	Number of States	
	Considered only	Passed
Add certain substances to the controlled substances schedules	5	6
Allow first responders to carry and use naloxone	17	11
Allow health practitioners to prescribe opioid antagonists*	7	9
Allow the exchange of information with PDMPs in other states	8	3
Establish Good Samaritan drug overdose law	16	9
Exempt veterinarians from PDMP use requirements	2	2
Licensing schemes for or other requirements and restrictions on pain management clinics†	2	5
PDMP use required before certain drugs may be dispensed or prescriptions filled	8	0
PDMP use required by practitioners and pharmacists	4	9
Require PDMP to auto-enroll all prescribers on licensure/registration	2	0

Federal policy resources were not silent on prescription drug overdose, but had little specific advice to offer. The recommendations related to PDMPs merely urged that they be required to “follow best practices.” The federal guidance on pain clinic laws was similarly general. Federal guidance resources were silent on naloxone and Good Samaritan overdose laws.

### *Chronic Disease Prevention*

Recommendations classified as chronic disease prevention by ASTHO included laws on tobacco, e-cigarettes, alcohol, diabetes, and nutrition. Tobacco and e-cigarette recommendations prohibited possession or use of tobacco or e-cigarettes in public, schools, and places of employment; prohibited the sale or advertisement of tobacco or e-cigarettes to minors; and enacted or increased taxes on tobacco and e-cigarette products. Some recommendations focused on e-cigarettes as a distinct product requiring new approaches; some policy-makers simply applied all current prohibitions, taxes, and sales restrictions on tobacco products to e-cigarettes. Over twice as many tobacco bills became law than e-cigarette specific bills. Diabetes recommendations included laws requiring the central planning and coordination of statewide diabetes treatment and prevention. We also found bills enacting taxes on sugar-sweetened beverages sold commercially and in schools.

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\* Health practitioners may include physicians, nurse practitioners, pharmacists, dentists, or physician assistants.

† This includes interventions like restrictions on who can operate a pain management clinic, restrictions on drug dispensation, and licensure requirements.

Table 3: Major Recommendations on Chronic Disease Prevention

Legal Intervention	Number of States	
	Considered only	Passed
Enact tax on sugar-sweetened beverages, soft drinks, syrup, or powder	5	0
Enact tax or increase taxes on tobacco, nicotine, electronic cigarette, or vapor products	12	0
Increase scope of tobacco laws to include electronic cigarettes, vapor products, alternative nicotine products, or tobacco-derived products	17	9
Increase taxes on cases of distilled spirits	1	0
Prohibit advertising of alcohol to minors	1	1
Prohibit advertising of tobacco products to minors	2	2
Prohibit sale, distribution, use, or possession of tobacco products to or by minors	7	4
Prohibit smoking or tobacco use in certain locations*	13	0
Prohibit sale, distribution, use, or possession of electronic cigarettes, vapor products, alternative nicotine products, or other electronic devices to or by minors	35	14
Prohibit use of electronic cigarettes in schools, public, private, or other locations	12	0
Require formal planning or coordination of diabetes prevention efforts and programs statewide	4	2

The federal recommendations on tobacco control were numerous and specific, including abolishing states' preemption of local tobacco regulation, and banning smoking indoors in places like casinos, cars with children, prisons, or other areas. Federal recommendations were silent on e-cigarettes. The federal recommendations also omitted advice on sugar-sweetened beverage and soft drink taxes and coordinated diabetes prevention plans. On the other hand, numerous and detailed federal recommendations on alcohol (ignition interlocks, sobriety checkpoints, taxes) and active living zoning (physical activity standards for childcare facilities and schools) found no counterparts in state recommendations.

### *Immunization*

State legislative activity on immunization includes allowing certain health professionals to administer immunizations (expanded scope of practice); allowing exemptions from mandatory immunizations; and several different types of laws on immunization registries. Only one out of the 17 bills creating exemptions from mandatory immunizations passed. Eleven of 19 bills that allowed more health professionals to provide or administer immunizations passed.

Recommendations on immunization registries were to allow people to request removal from registries, require submitting immunization records, or require health professionals to consult

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\* Locations include schools, parks, beaches, outdoor areas frequented by the public, hospitals, workplaces, universities, and other public locations.

registries before administering an immunization. A few states considered mandatory immunizations for health care workers or students for certain diseases, but these were limited.

Table 4: Major Recommendations on Immunization

Legal Intervention	Number of States	
	Considered only	Passed
Allow personal belief or health exemptions from required immunizations for school children, military personnel/veterans in college, or health care workers	16	1
Allow immunization providers or other authorized users to access government immunization registries	4	4
Allow requests for removal from government immunization registries	4	0
Allow pharmacists to delegate the administration of adult immunizations to pharmacy interns	0	1
Allow pharmacists, pharmacy interns, or nurses to administer immunizations under a protocol agreement with a physician or with a physician's prescription	4	4
Allow pharmacists, pharmacy interns, or optometrists to administer immunizations independently or after completion of training	7	4
Require all health care workers to receive influenza immunizations	2	0
Require all students attending public institutions of higher education to be immunized against meningococcal disease	1	0
Require health care professionals to be provided immunization records	2	2
Require health care employers to make employee influenza immunization data available to state commissioner of health	2	0
Require immunization providers to consult government immunization registries prior to administration	1	2
Require submission of immunization records to government immunization registries	8	2
Require submission of proof of immunization to schools or child care facilities by children or workers	4	0

The only federal recommendations we observed were a broad recommendation that immunizations be required for child care, school, and college attendance and to allow standing-order prescriptions for immunizations. These are closely aligned with state recommendations on mandatory immunizations for health care workers and students and allowing more health professionals to administer immunizations through standing orders or after training. Similarities end here, however, as federal policy guidance is silent on the numerous other types of laws considered and passed at the state level (immunization registries, exemptions from mandatory immunizations, submitting proof of immunization).

### *Food Safety*

State legal recommendations on food safety tended to focus on a narrow range of food categories: “Cottage foods” (home-produced foods that can then be sold in certain venues), raw milk products, and products with genetically modified ingredients. Recommendations for cottage foods and raw milk ranged from authorizing their sale to licensure of production, safety

regulations, and labeling. Foods containing genetically modified ingredients were subject to misbranding and labeling recommendations. States were very active as well on the issue of antibiotic use in livestock and poultry production.\*

Table 5: Major Recommendations on Food Safety

Legal Intervention	Number of States	
	Considered only	Passed
Allow homemade or community produced food to be sold directly to the public and restaurants	1	1
Allow sale of raw milk and raw milk products	16	0
Establish food safety regulations and standards for cottage food operations or farmers' markets	8	6
Establish food safety regulations and standards for raw or pasteurized milk or milk products	9	4
Exempt cottage food, homemade food, or farmers' market products from licensure, inspection, or other regulations	13	5
Exempt raw milk producers or products from licensure, inspection, or other regulations	7	1
Prohibit misbranding or mislabeling for genetically modified food	6	0
Prohibit use of antimicrobials on livestock/farms or the sale of livestock administered antimicrobials	6	0
Require labeling for cottage or homemade foods	6	5
Require labeling for genetically modified food	21	1
Require labeling for raw milk and raw milk products	18	1
Require licensure or permits for cottage food production	3	1
Require licensure or permitting for sale, production, or handling of milk or raw milk	9	1

Federal recommenders were aligned with state policymakers on the need to reduce use of antimicrobials on farms. Other specific federal recommendations on food safety included commercial and retail food safety and inspections and national surveillance of foodborne illnesses (require kitchen managers to receive food safety certifications; require private food suppliers to conduct surveillance of deadly microbes), which the state recommenders did not address. The federal recommendations included requiring labeling of raw foods, but there were no specific federal recommendations on cottage/homemade foods, labeling genetically modified foods, or raw milk regulation.

### *Maternal and Child Health*

The strongest state legislative recommendation (fifteen enacted bills) was to expand newborn screening for heart defects and other conditions. Expansion of Medicaid coverage and various breastfeeding policies were also recommended, though much less frequently. Among the recommendations made by less than the majority needed for passage were bills exempting

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\* ASTHO originally included antimicrobial use in livestock and poultry production under the domain of “infectious diseases.” We include them with other recommendations on “food safety” for the sake of comparison with relevant federal recommendations.

breastfeeding mothers from jury, expanding private health care insurance eligibility for children and families, and setting scope of practice standards for nurse midwives.

Legal Intervention	Number of States	
	Considered only	Passed
Establish a children's health insurance plan for low income families	3	0
Establish and require best practices or programs for perinatal and postpartum care	3	0
Exempt breastfeeding mothers from jury duty	2	0
Expand and reorganize nurse midwife scope of practice	3	0
Expand private health insurance eligibility for unborn children or employees with children	3	0
Increase Medicaid coverage for all populations, pregnant women, or children	4	3
Require breaks for nursing mothers to breastfeed or express milk at work	1	1
Require education, outreach, or programs encouraging or adopting breastfeeding policies in workplaces, child care centers, and hospitals	5	2
Require licensing for lactation consultants	2	0
Require screening newborns for all other diseases and conditions*	14	2
Require screening newborns for congenital heart defects	13	12
Require screening newborns for Krabbe disease or other lysosomal storage disorders	4	1

The federal recommendations we compared did not contain recommendations on newborn screening, but those are covered elsewhere in federal health guidance.<sup>†</sup> Federal recommendations on breastfeeding called for allowing or supporting breastfeeding in workplaces, early care/education settings, and hospitals by providing extra breaks or special areas to express milk. These are all suggestions covered in state breastfeeding laws, but some state recommendations went further (exempting breastfeeding mothers from jury duty, creating licensing schemes for lactation consultants, requiring education and outreach on breastfeeding resources). Expansion of health care access has, of course, been a strong federal policy priority for many years, but there are no federal recommendations in the policy guidance documents that states enact legal interventions aimed at increasing health insurance coverage. The general Health People 2020 objectives on increasing health insurance coverage could be achieved through outreach or other non-legal programs.

These are only subsets of the differences between state and federal recommendations that are too numerous to list individually. Other areas of significant state activity contain no comparable

\* Other conditions screened for include adrenoleukodystrophy, biotinidase deficiency, congenital adrenal hyperplasia, congenital hearing disorders, HIV, cytomegalovirus, and more too numerous to list here.

<sup>†</sup> CDC invests significant resources in newborn health and screening on a range of diseases and conditions (See CDC's Newborn Screening information page (available at: <http://www.cdc.gov/newbornscreening/>)).

federal recommendations, like mold, radon, and lead testing requirements in schools or restrictions on access to and disclosure of medical records. There are further examples of federal recommendations that closely align with state advice, as with requiring reporting of hospital-acquired infections. See Table 8.

## DISCUSSION

Recommendations are one tool that federal agencies can use in a strategic approach to supporting the translation of evidence and expert knowledge into effective policy.(8-13) At least in theory, compendia of recommendations can be a one-stop shop for good ideas for policymakers, and a way to distill a complex body of information into a simple piece of advice. Because the determinants of state policymaking are complicated,(15-17) it would have been surprising indeed to find a close and consistent relationship between federal recommendations and state legislation. Nonetheless, we can observe four distinct patterns in our findings that suggest directions for future inquiry and action.

There is evidence in our findings of a robust “agreement” pattern, in which the legal actions recommended by federal experts are enacted by state policymakers. Agreement is seen across the range of tobacco control laws and in policy support for breastfeeding, for example. Although not every single recommendation from the federal side was adopted (state policy-makers did not embrace the idea of eliminating state preemption of local tobacco control laws, for example), the extent of legislative activity ought to be gratifying to those who labor at the federal level to craft advice. Of course, we have no basis to conclude that state policy makers are acting *because* of the federal advice. Strong advocacy efforts are probably influencing both federal and state recommenders; both have access to the same strong evidence base and an awareness of broad public support. This kind of agreement, however, is such a good thing from the point of view of advice-giving that it would be useful to investigate further whether federal guidance matters and how. Mercer et al., a case study of the diffusion of lower blood alcohol limits, offers an example of this kind of inquiry.(14)

There is an apparent “innovation gap” pattern, which arises when state policymakers are crafting responses to newly observed or defined problems, and therefore innovating in advance of direct evidence. Federal guidance may allude to the importance of the topic, and even offer some recommendations, but still be silent on the specific legislative issues confronting the states. We observed this in the instance of prescription opioids abuse and overdose, on the question of what to do about e-cigarettes, and obesity policies like taxes on sugar-sweetened beverages. Perhaps an even more extreme example was the rapid adoption of a legal approach to the secondary prevention of youth sport concussions,(18) which spread in the space of a few years from a single state to all fifty without youth sport concussion being discussed in any specific way at all in the federal guidance documents we reviewed. The important “gap” in this pattern is defined not by the absence of federal recommendations themselves, but by the lack of evaluation evidence it surely reflects. If we understand that state laws constitute treatments being applied to thousands or millions of people in response to serious health concerns, the urgency of assessing their effectiveness should be obvious. Health policy-makers always have to innovate in the dark; we probably can be more expeditious in turning on the light of research

evidence. If CDC, NIH, foundations and other sources of extramural research funding act more quickly to support evaluation of state and local legal interventions, federal agency recommendations can offer more timely guidance. Given evidence that states often do, over time, conform their interventional health laws with the findings of legal epidemiology,(19) the benefits of shortening the time it takes to generate evidence and craft recommendations could be measured in prevented injuries and deaths.

We detected a “fill in the blanks” pattern, where federal recommendations address an area of interest to state policy makers but do not provide specific guidance on the topics state legislators seem to care most about. Healthy People 2020 has numerous food safety objectives that could be advanced by laws, but unlike the tobacco recommendations, the policy action to be taken, and who should take it, are left implicit. Winnable Battles speaks generally about adopting and enforcing proven food safety policies, but nowhere do the federal recommendations speak explicitly to regulating cottage foods or other specific steps that are on the minds of state recommenders. Determining whether this reflects the state of the evidence or political concerns or a general attitude towards policy is beyond the scope of this report. If, however, we find (or believe) that explicit federal recommendations of the clear and explicit kind seen in the tobacco realm are useful, then some consideration as to why other areas do not achieve that specificity is in order. To the extent that the lack of specificity reflects concerns about the evidence base, innovations in assessing early evidence may offer some scope for providing guidance.(20, 21) To the extent that this merely reflects a lack of attention from federal agencies to the current concerns of state legislators, policy surveillance and a greater emphasis on responsiveness would be plausible remedies.

Finally, there is a “lost message” pattern, exemplified by alcohol. The federal government has a long list of evidence-based, successful policies to recommend on reducing alcohol-related morbidity and mortality. These are being ignored in the state legislatures. In some cases, this seems to reflect earlier legislative success: federal sources recommend a 0.8% BAC limit, which all states now have. Similarly, there is a general recommendation on car seats, but all states have at least some kind of restraint rule that applies to children as old as eight. This kind of gap might best be seen as raising an editing issue: federal recommenders may consider the utility of declaring victory and moving on when recommendation has been almost universally followed. The same cannot be said about recommendations like limiting hours of alcohol sales, using/increasing local authority to regulate alcohol outlet density, or raising alcohol tax rates to redress the effects of inflation, a highly effective step that appears almost not at all in state recommendations (22). This gap between solid evidence and state action could easily be explained by a combination of general anti-tax, anti-regulatory sentiment and industry opposition. But that is the point: if federal recommendations are not helping to overcome these barriers, then we should ask what they are good for or, at least, what else should be done. This is even truer in areas where the barriers to action may be lower. There is strong evidence behind the federal recommendation that states adopt laws allowing enforcement of seat belt laws as a primary offense. According to the Governors’ Highway Safety Association, however, fifteen states still have only secondary enforcement of seat belt laws for adult drivers. Highlighting *which* states still need to act, and what the trends are, could be a way to get attention and a spur to state action.(16) One source of federal recommendations, the Prevention



Status Reports, provides an excellent model on how to do this, but only for some laws. Greater attention to policy activity or lack thereof could also potentially guide decisions about the need for renewed emphasis and effort: alcohol taxes and related policies constitute a case example.

Based on this scan, we make two recommendations. **Federal health agencies should take steps to better understand**

- 1) whether their recommendations are useful to state and local policy makers, and what changes in development and presentation might make them more effective; and**
- 2) how federal efforts in policy evaluation and the development of recommendations can improve the pace and outcomes of state and local innovation.**

Tangible steps towards these goals could include:

- Retrospectively evaluating and prospectively tracking the uptake of policy recommendations.
- “Consumer” research among state and local policy-makers, and test marketing of recommendation products.
- Internal review of the process by which recommendations are made, to understand why legal recommendations are so uneven in specificity and frequency, to ensure that evidence-based measures are identified across the full range of topics, and to pay greater attention to intervention on the state and local legislative agenda.
- Internal review of the federal support for evaluation of state and local health policies, focusing on whether and to what extent federal agencies conduct or fund research on state and local policy innovations, how long it takes for federal agencies to identify and prioritize topics, how long it typically takes to get sufficient evidence to assess the policy, and whether and how research evidence from these studies is incorporated into general guidance

## Conclusion

Many factors drive the rise of issues on the policy agenda (17), and the use of evidence by policymakers (23). As a recent critical review suggests, we know far less than we should about how policymakers get and use evidence (23). It is plausible to think that well-presented recommendations, supported by accessible evidence and other relevant information, and available 24/7 on the website of a reputable government health agency, would be a cost-effective and efficient way of providing evidence to policy-stakeholders – but at the moment, we lack evidence to support this belief.

One fairly consistent suggestion in the literature on evidence-based policy is that the flow of information between research and policy-making needs to go both ways (13), so that researchers are answering the questions policy-makers think are most important. Our findings on state recommendations implicate a neglected yet stark aspect of this communications gap. Recommendations that have been enacted into legislation and are now proceeding as a more or less grand natural experiment would seem to belong at the top of any list of research priorities for public agencies and foundations that fund research; a good way to maintain two-



way communications would be for the world of health research and expertise to be paying close attention to what state legislators and local policymakers are doing and responding with (funding for) evaluation research.

PHLR recommends that that federal health agencies undertake to better understand 1) whether their recommendations are being used by state and local policy makers, and 2) how federal efforts in policy evaluation and evidence translation can improve the pace and outcomes of state and local innovation.

Table 8: Comparison of Federal and State Recommendations

Federal Recommendation from Previous Study	State Laws Proposed (Regular Typeface) or Passed (Bold)
<b>Food Safety</b>	
Adopt and enforce proven food safety laws and regulations	None
Require that kitchen managers receive food safety certifications	None
Require private food suppliers to conduct surveillance of deadly microbes	None
Require more selective use of antimicrobials on farms based on evidence gathered by the CDC	Prohibit the sale of livestock or poultry that was administered a medically important antimicrobial except under certain conditions
	Prohibit the administration of medically important antimicrobial drugs to livestock except by veterinarians in certain circumstances
	Prohibit use of medically important antimicrobial drugs in animal water
	Prohibit use of medically important antimicrobial drugs in animal feed
	Prohibit the non-therapeutic administration of antimicrobial drugs to animals
Require the labeling of raw foods to alert consumers of potential contamination or infection	Require labeling for raw foods
	<b>Require labeling for raw milk and raw milk products</b>
Require meat inspection guidelines that include regular testing and monitoring for deadly microbes	None
Include non-typhoidal Salmonella as a reportable disease for restaurant managers	None
<b>Injury and Violence Prevention</b>	
Require use of child safety restraints	None
Increase the number of States and the District of Columbia that link data on violent deaths from death certificates, law enforcement, and coroner and medical examiner reports to inform prevention efforts at the State and local levels	None

Federal Recommendation from Previous Study	State Laws Proposed (Regular Typeface) or Passed ( <b>Bold</b> )
Violence prevention: eliminate policies facilitating the transfer of juveniles to adult justice systems	None
Enact comprehensive graduated driver licensing (GDL) systems and parental monitoring	None
Increase the number of States with mandatory ignition interlock laws for first and repeat impaired driving offenders in the United States	None
Deploy sobriety checkpoints	None
Increase state beer excise tax	None
Increase state distilled spirits excise tax	Increase taxes on cases of distilled spirits
Increase state wine excise tax	None
Adopt seat belt laws that apply to everyone in the car	None
Adopt zero tolerance laws for drinking and driving	None
Require the primary enforcement of seatbelt laws	None
Ensure that fines for not wearing a seat belt are high enough to be effective	None
Increase the number of States and the District of Columbia with laws requiring bicycle helmets for bicycle riders	None
Maintaining limits on hours of sale (alcohol)	Allow local governing bodies to vote to allow the retail sale of liquor during late night hours
Require 0.08% blood alcohol concentration (BAC) laws	None
Local authority to regulate alcohol outlet density	None
Preventing excessive alcohol consumption: enhanced enforcement of laws prohibiting sales to minors	Require photographic identification for the purchase of tobacco products and alcohol <b>Prohibit advertising of prohibited products (e.g., alcohol, tobacco) to minors</b>
Reducing alcohol-impaired driving: lower BAC laws for young or inexperienced drivers	None
Reducing alcohol-impaired driving: maintaining current minimum legal drinking age	None
Maintaining limits on days of sale (alcohol)	None
No privatization of retail alcohol sales	None

Federal Recommendation from Previous Study	State Laws Proposed (Regular Typeface) or Passed (Bold)
Enact and enforce state pain clinic law	<b>Physicians not required to submit to background checks under certain conditions for pain management authorization</b>
	<b>Require the licensure of pain management clinics</b>
	Pain management clinics are governed by state board of medical examiners
	Require pain management clinics to be owned and operated by certain individuals
	<b>Prevent pain management clinics from dispensing controlled substances except as samples</b>
	<b>Require heightened oversight and restrictions on pain management clinics</b>
	<b>Require heightened oversight and restrictions on dispensing opioids and related drugs</b>
Prescription drug management programs following best practices	Limit prescribing ability based on prescription drug history
	Prohibit the prescription of long-lasting opioid pain killers in certain circumstances
	<b>Adopt opioid prescription guidelines</b>
	Limit prescription authority of certain medical professions
	<b>Require limitations on certain medical prescriptions for controlled substances</b>
	Verify the validity of prescriptions from other states prior to filling
	Requiring tamper-resistant opioid drug prescriptions
	<b>Prescribers must obtain parental/guardian consent to issue controlled substances to minors</b>
	<b>Physicians must ensure patients are receiving proper treatment before prescribing drugs for opioid addiction</b>
	<b>Limit prescribers from dispensing opioids and benzodiazepines</b>

Federal Recommendation from Previous Study	State Laws Proposed (Regular Typeface) or Passed (Bold)
Prescription drug management programs following best practices (continued)	<b>Require a patient to show identification when receiving a prescription medication</b>
	<b>Adopt controlled substance prescription guidelines</b>
	Place restrictions on the prescription of oxycontin and fentanyl
<b>Tobacco</b>	
Increase the proportion of persons covered by indoor worksite policies that prohibit smoking	<b>Prohibit indoor smoking in enclosed public places or places of employment<sup>8</sup></b>
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in private worksites	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in public worksites	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in restaurants	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in bars	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in gaming halls	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in commercial daycare centers	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in home-based daycare centers	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in public transportation	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in hotels and motels	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in multiunit housing	

<sup>8</sup> We include few specific venues in the state legal recommendations on this chart as most states pass laws on too many to reproduce here or apply a blanket definition of where smoking is banned. In general, there is high overlap between these federal recommendations and where states ban smoking.

Federal Recommendation from Previous Study	State Laws Proposed (Regular Typeface) or Passed (Bold)
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in vehicles with children	<b>Prohibit indoor smoking in enclosed public places or places of employment<sup>8</sup> (continued)</b>
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in prisons and correctional facilities	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in substance abuse treatment facilities	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in mental health treatment facilities	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking in entrances and exits of all public places	
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking on hospital campuses	Prohibit tobacco product use on Hawaii Health Systems Corporation campuses [hospitals]
Establish laws in States and the District of Columbia on smoke-free indoor air that prohibit smoking on college and university campuses	Prohibit tobacco product use on public and private university campuses
	Prohibit tobacco product use on University of Hawaii campus [universities]
Eliminate State laws that preempt stronger local tobacco control laws on smoke-free indoor	None
Eliminate State laws that preempt stronger local tobacco control laws on advertising	
Eliminate State laws that preempt stronger local tobacco control laws on youth access	
Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors in States, Territories, and the District of Columbia	Enact criminal penalties for retail theft, especially for minors stealing tobacco products
	<b>Require completion of tobacco prevention education program for anyone who sells cigarettes or tobacco products to a minor</b>
	Require retailers to post signs prohibiting sales of nicotine products to minors
Increase the unit price of tobacco products through tax increases	Enact tax on cigarillos
Increase the unit price of tobacco products through tax increases (continued)	Enact wholesale tax and use tax on tobacco products

Federal Recommendation from Previous Study	State Laws Proposed (Regular Typeface) or Passed (Bold)
Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in States and the District of Columbia	Require comprehensive tobacco cessation information to be provided to pregnant women
Require insurance companies to cover the cost of tobacco-use treatment in health insurance plans	None
Enact and enforce laws to limit minors' access to tobacco products	<b>Prohibit sale of tobacco and nicotine products to minors through a vending machine</b>
	<b>Prohibit sale or use of tobacco products or alternative nicotine products to or by minors</b>
Enact laws requiring CDC-recommended levels of funding for anti-smoking programs	None
Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans	None
Adopt nutrition standards for food and beverages sold in schools	None
Enact standards reducing sodium in government facilities and educational institutions	None
State nutrition standards policy for foods and beverages sold or provided by state government agencies	None
Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care	None
Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold	None
<b>Oral Health</b>	
Requiring community water fluoridation	None
<b>Maternal and Child Health</b>	
Set statewide maternity care quality standards for hospitals to support breastfeeding	<b>Require hospitals to adopt breastfeeding policies</b>
	Require hospitals to provide maternity patients with education and supplies to breastfeed or use formula
Include breastfeeding in early care and education (ECE) licensing regulations	Require education and outreach to establish day care centers that allow breastfeeding and the expression of breast milk for new mothers

Federal Recommendation from Previous Study	State Laws Proposed (Regular Typeface) or Passed (Bold)
Enact policies supporting breastfeeding in worksites	<b>Require breaks for nursing mothers to breastfeed or express milk at work</b>
	Require posting in the workplace that breastfeeding mothers may express milk or breastfeed
	Require education and outreach to establish workplaces that allow breastfeeding and the expression of breast milk for new mothers
<b>Physical Activity</b>	
Adopt policies that promote bicycling and increased use of public transportation	None
Inclusion of nutrition and physical activity standards in state regulations of licensed childcare facilities	None
Increase the number of States with licensing regulations for physical activity in child care that require activity programs providing large muscle or gross motor activity, development, and/or equipment	None
Increase the number of States with licensing regulations for physical activity in child care that require children to engage in vigorous or moderate physical activity	None
Increase the number of States with licensing regulations for physical activity in child care that require a number of minutes of physical activity per day or by length of time in care	None
Requiring community-scale urban design and land use policies that increase physical activity	Allow municipalities the capacity to control the use of land within their borders to the extent not preempted by state law
Creating enhanced access to places for physical activity combined with informational outreach activities	None
Requiring street-scale urban design and land use policies that increase physical activity	Enact complete streets legislation, requiring pedestrian-friendly policies in new street construction projects
Requiring point-of-decision prompts to encourage use of stairs	None
Worksite obesity prevention programs like requiring employers to cover health club memberships or enhanced health insurance benefits that prevent obesity	None
Improve physical education laws in schools	None
<b>Access to Healthcare</b>	
Expansion of state Medicaid family planning eligibility	None



**Federal Recommendation from Previous Study**

**State Laws Proposed (Regular Typeface) or Passed (Bold)**

HIV/AIDS	
State Medicaid reimbursement for routine HIV screening	None
Enact or amend state HIV testing laws [consistent with CDC 2006 recommendations]	None
Reporting of CD4 and HIV viral load data to state HIV surveillance program	None
Mental Health	
Enact mental health benefits legislation	<b>Increase public medical insurance coverage for opioid addiction treatment</b>
Environmental Health	
Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act	Require the best available control technology for the treatment of hydraulic fracturing wastewater
Immunization and Infectious Diseases	
Permitting vaccinations to be received through standing order prescriptions	<b>Allow pharmacists to administer immunizations under a protocol agreement with a physician</b> <b>Allow pharmacists to administer immunizations pursuant to a physician's prescription order</b>
Requiring vaccinations for child care, school, and college attendance	Require all students attending public institutions of higher education to be immunized against meningococcal disease
Healthcare Associated Infections	
Enact laws requiring states to publicly report some healthcare-associated infections	<b>Require reporting of hospital-acquired infections</b>
	Require managed care organizations to disclose data on hospital-acquired infections
	Require reporting of hospital-acquired infections associated with Caesarean sections and vaginal births
	Disseminate public reports based on reported hospital-acquired infections
	<b>Require reporting of ambulatory surgical center-acquired infections</b>

Federal Recommendation from Previous Study	State Laws Proposed (Regular Typeface) or Passed (Bold)
Enact laws requiring states to publicly report some healthcare-associated infections (continued)	Require reporting of nursing home-acquired Methicillin-resistant Staphylococcus aureus (MRSA) infections
Enact laws requiring states to publicly report some healthcare-associated infections (continued)	<b>Require hospitals to submit summary data on hospital-acquired infections for public-facing websites</b>
Enact law tying healthcare-associated infections prevention to Medicare/Medicaid payments	<b>Require state Medicaid program to disclose data on hospital-acquired infections on publicly-facing website</b>
<b>Medicare/Medicaid payments</b>	
Including in the Affordable Care Act incentive payments to hospital that meet healthcare-associated infections performance standards	None
<b>Adolescent Health</b>	
Statewide guidelines for sex education that include information on contraception and abstinence	None
Laws requiring sex education programs to be effective, medically accurate, and proven effective	None
Require health education courses in order to graduate from high-school	None

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**Appendix:**



Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## CHRONIC DISEASE PREVENTION

AK1	No	Prohibit smoking in certain public locations	Tobacco/smoking
AL1	No	Prohibit smoking in places of employment, certain public places, and certain outdoor areas	Tobacco/smoking
		Exempt private clubs and private residences not used for child or adult care or health care from indoor smoking bans	Tobacco/smoking
AZ1	No	Create food nutrition standards	Nutrition
		Create standards for food labels and menu items to inform consumers of nutritional information	Nutrition
CA2	No	Expand eligibility for funding for tobacco use prevention program to charter schools	Tobacco/smoking
		Require institutions receiving tobacco use prevention in charter schools grant funding to adopt and enforce tobacco-free campus policies	Tobacco/smoking
CA3	No	Prohibit sale of electronic cigarettes to persons under 18 years of age	Electronic cigarettes
CA5	Yes	Require counties refer veterans to veteran job training services when they apply for food assistance benefits and may be normally required to simultaneously apply for work training	Nutrition
CA6	Yes	Prohibit internet companies from advertising, among other things, alcohol to minors	Alcohol
		Prohibit internet companies from advertising, among other things, tobacco to minors	Tobacco/smoking
CA7	No	Enact tax on sugar-sweetened beverages	Nutrition
CA8	No	Prohibit sale of electronic cigarettes through a vending machine	Electronic cigarettes
CO1	Yes	Increase scope of tobacco laws to include nicotine products	Tobacco/smoking
CT1	No	Require labeling on electronic cigarettes and similar devices	Electronic cigarettes
CT2	Yes	Require completion of tobacco prevention education program for anyone who sells cigarettes or tobacco products to a minor	Tobacco/smoking
DC1	No	Increase scope of smoking prohibition laws to include electronic cigarettes	Electronic cigarettes
		Prohibit sale of electronic cigarettes to minors	Electronic cigarettes
DE1	Yes	Prohibit sale or distribution of tobacco substitutes to minors	Tobacco/smoking
FL1	No	Prohibit sale or distribution of nicotine products to minors	Tobacco/smoking
		Preempt the local regulation of nicotine product sales	Tobacco/smoking
		Require retailers to post signs prohibiting sales of nicotine products to minors	Tobacco/smoking
FL2	Yes	Prohibit sale or distribution of tobacco or nicotine products to minors	Tobacco/smoking
		Prohibit use of machines to sell tobacco and nicotine products	Tobacco/smoking
		Prohibit sale of tobacco and nicotine products to minors through a vending machine	Tobacco/smoking
GA1	Yes	Prohibit sale, distribution, or possession of alternative nicotine products or components to or by minors	Tobacco/smoking

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Increase scope of tobacco laws to include electronic cigarettes and alternative nicotine products	Electronic cigarettes
GA2	No	Prohibit sale of electronic cigarettes or tobacco vapor products to minors	Electronic cigarettes
		Increase scope of tobacco laws to include electronic cigarettes and liquid nicotine or e-liquid products	Electronic cigarettes
HI1	No	Prohibit sale of sweetened beverages at elementary, middle, or intermediate schools	Nutrition
HI2	Yes	Prohibit sale of electronic cigarettes to minors	Electronic cigarettes
		Require tobacco products to be only within reach of store employees	Tobacco/smoking
		Restrict tobacco advertisements to at least 25 feet from children's products	Tobacco/smoking
HI3	No	Enact tax on sugar-sweetened beverages	Nutrition
HI4	No	Prohibit sale of electronic cigarettes to minors	Electronic cigarettes
HI5	No	Require state department of health to develop diabetes action plans and report on their effectiveness annually	Nutrition
HI6	No	Permit use of electronic cigarettes in residences without children and certain businesses	Electronic cigarettes
		Increase scope of tobacco laws to include electronic cigarettes	Electronic cigarettes
HI7	No	Prohibit tobacco product use on University of Hawaii campus	Electronic cigarettes
		Prohibit electronic cigarette use on University of Hawaii campus	Tobacco/smoking
HI8	No	Require wholesalers and retailers of electronic cigarettes to be licensed by the department of health	Electronic cigarettes
		Prohibit use of electronic cigarettes in public	Electronic cigarettes
HI9	No	Prohibit electronic cigarette use on Hawaii Health Systems Corporation campuses	Electronic cigarettes
		Prohibit tobacco product use on Hawaii Health Systems Corporation campuses	Tobacco/smoking
HI1	No	Prohibit sale of tobacco products to anyone	Tobacco/smoking
HI11	No	Prohibit sale or distribution of electronic cigarettes to persons under 21 years of age	Electronic cigarettes
		Prohibit sale or distribution of tobacco to persons under 21 years of age	Tobacco/smoking
HI13	No	Increase scope of tobacco laws to include electronic cigarettes	Electronic cigarettes
		Require "no smoking" signs where smoking is prohibited by law	Tobacco/smoking
HI14	No	Enact tax on sugar-sweetened beverages, syrup, and powder	Nutrition
HI16	No	Prohibit sale of sweetened beverages at elementary, middle, or intermediate schools	Nutrition
HI18	No	Prohibit sale or distribution of tobacco products to persons under 18 years of age	Tobacco/smoking
		Prohibit sale or distribution of vapor products to persons under 18 years of age	Electronic cigarettes
		Require signage restricting vapor product sales to minors	Tobacco/smoking
HI19	No	Prohibit sale or distribution of electronic cigarettes to persons under 21 years of age	Electronic cigarettes

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Prohibit sale or distribution of tobacco to persons under 21 years of age	Tobacco/smoking
HI2	No	Prohibit use of electronic cigarettes in enclosed public areas and other specified locations	Electronic cigarettes
HI24	No	Increase scope of tobacco laws to include electronic cigarettes	Electronic cigarettes
IA1	No	Increase scope of tobacco laws to include electronic cigarettes	Electronic cigarettes
IA2	Yes	Prohibit sale or distribution of alternative nicotine products or vapor products to minors	Tobacco/smoking
IA3	No	Adopt U.S. Department of Health and Human Services' sustainability guidelines for federal concessions and vending operations for cafeterias in public buildings	Nutrition
		Require the periodic updating of nutrition guidelines	Nutrition
		Include purchasing preferences for local producers of food	Nutrition
IA5	No	Require public cafeterias to conform to the most current dietary guidelines of either the American Heart Association or the United States Department of Agriculture	Nutrition
		Include purchasing preferences for local producers of food	Nutrition
IL1	No	Increase scope of tobacco laws to include electronic cigarettes and alternative nicotine products	Electronic cigarettes
		Prohibit sale or distribution of electronic cigarettes to minors	Electronic cigarettes
IL2	Yes	Require special packaging for electronic cigarette cartridges and liquid	Electronic cigarettes
IL3	Yes	Require alternative tobacco products to be only within reach of store employees	Tobacco/smoking
IL4	Yes	Increase scope of tobacco laws to include alternative nicotine products	Tobacco/smoking
		Prohibit sale of alternative nicotine products to minors	Tobacco/smoking
IN1	No	Enact tax on electronic cigarettes	Electronic cigarettes
IN2	No	Enact criminal penalties for retail theft, especially for minors stealing tobacco products	Tobacco/smoking
IN3	No	Enact tax on cigarillos	Tobacco/smoking
		Include web sites for tobacco cessation on anti-smoking signage	Tobacco/smoking
		Prohibit retail establishments selling tobacco from advertising tobacco products	Tobacco/smoking
KY1	No	Prohibit smoking in enclosed public places or places of employment	Tobacco/smoking
		Require posting of "no smoking" signs in public places and places of employment	Tobacco/smoking
		Exempt private residences, unless used for child care or adult day care, from prohibitions on smoking	Tobacco/smoking
		Permit local governments to adopt stricter anti-smoking regulations	Tobacco/smoking
		Prohibit smoking with 5 feet of doors, windows, or ventilation intakes	Tobacco/smoking
KY2	No	Increase taxes on tobacco products	Tobacco/smoking
		Enact tax on electronic cigarettes	Electronic cigarettes
		Increase taxes on cases of distilled spirits	Alcohol



Ref. #	Pass?	Legal Intervention Description	Sub-topic
KY3	No	Prohibit sale or distribution of electronic cigarettes to persons under 18 years of age	Electronic cigarettes
		Require reporting on electronic cigarettes supplied to retail establishments	Electronic cigarettes
KY4	No	Prohibit sale or distribution of vapor products to persons under 18 years of age	Tobacco/smoking
KY5	No	Increase scope of tobacco laws to include electronic cigarettes	Electronic cigarettes
		Impose a floor stock tax on electronic cigarettes for inventory	Electronic cigarettes
		Prohibit sale or distribution of electronic cigarettes to persons under 18 years of age	Electronic cigarettes
KY6	Yes	Prohibit sale or distribution of vapor products to persons under 18 years of age	Tobacco/smoking
		Prohibit sale or distribution of tobacco products or alternative nicotine products to persons under 18 years of age	Tobacco/smoking
KY7	No	Prohibit sale or distribution of electronic cigarettes to persons under 18 years of age	Electronic cigarettes
LA1	No	Increase scope of tobacco laws to include alternative nicotine products	Tobacco/smoking
LA3	Yes	Prohibit sale or distribution of electronic cigarettes and vapor pens to persons under 18 years of age	Electronic cigarettes
MA1	No	Establish a statewide Type 2 diabetes prevention program	Diabetes
MA2	No	Establish regulations for the sale or shipment of nicotine delivery products or tobacco products	Tobacco/smoking
		Prohibit sale or distribution of nicotine delivery products to persons under 18 years of age	Tobacco/smoking
MD1	No	Prohibit use of electronic cigarettes indoors	Electronic cigarettes
MD2	No	Prohibit smoking tobacco products on property under the Maryland's-National Capital Park and Planning Commission's jurisdiction	Tobacco/smoking
MI1	No	Prohibit sale of electronic cigarettes or any oral device that provides vapor nicotine to minors	Electronic cigarettes
MI2	No	Prohibit sale of electronic cigarettes to minors	Electronic cigarettes
MI3	No	Require electronic cigarettes to be sold in child-proof containers	Electronic cigarettes
		Prohibit sale or distribution of electronic cigarettes or any oral vapor nicotine device to persons under age 18	Electronic cigarettes
MI4	No	Prohibit sale of tobacco and nicotine products to minors through a vending machine	Tobacco/smoking
MN1	No	Implement a coordinated plan to reduce health disparities in tobacco-related illnesses	Tobacco/smoking
MN2	No	Prohibit sale or distribution of electronic cigarettes to persons under 18 years of age	Electronic cigarettes
		Prohibit electronic cigarettes in public schools	Electronic cigarettes
		Establish regulations for electronic cigarettes and lobelia/nicotine delivery devices	Electronic cigarettes
MN3	No	Increase scope of tobacco laws to include electronic cigarettes	Electronic cigarettes
MN4	Yes	Prohibit exposure of second hand smoke to children in foster care	Tobacco/smoking
MN6	No	Prohibit electronic cigarettes in public schools	Electronic cigarettes
		Require licensure to sell electronic cigarettes or nicotine/lobelia delivery products	Electronic cigarettes

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Require licensure to sell tobacco or tobacco-related devices	Tobacco/smoking
		Prohibit sale or distribution of electronic cigarettes or nicotine/lobelia delivery devices to persons under 18 years of age	Electronic cigarettes
MO1	No	Prohibit sale of alternative nicotine products and vapor products to minors	Tobacco/smoking
MO3	No	Prohibit sale of alternative nicotine products and vapor products to minors	Tobacco/smoking
		Increase scope of tobacco laws to include alternative nicotine products and vapor products	Tobacco/smoking
MS2	No	Prohibit smoking in certain public and private locations	Tobacco/smoking
NC1	Yes	Require the state health department to coordinate chronic disease care by identifying goals and benchmarks, developing wellness plans, and submitting annual reports	General chronic disease
NC2	No	Prohibit sale of electronic cigarettes to minors	Electronic cigarettes
NC3	Yes	This includes legal interventions like hiring a statewide coordinator for diabetes prevention, or creating and reporting on statewide diabetes prevention and treatment programs.	Diabetes
		Require state department of health to develop diabetes action plans and report on their effectiveness annually	Diabetes
NC4	Yes	Prohibit distribution of tobacco-derived products and vapor products to minors	Tobacco/smoking
NE2	No	Enact tax on soft drinks	Nutrition
NE3	No	Increase scope of tobacco laws to include vapor products	Tobacco/smoking
		Require vapor products and other products derived from tobacco to be only within reach of store employees	Tobacco/smoking
NE4	Yes	Increase scope of tobacco laws to include vapor products and alternative nicotine products	Tobacco/smoking
		Prohibit sale of vapor products or alternative nicotine products to minors	Tobacco/smoking
		Require vapor products and alternative nicotine products to be only within reach of store employees	Tobacco/smoking
		Allow local governing bodies to vote to allow the retail sale of liquor during late night hours	Alcohol
NJ1	No	Prohibit tobacco product use on public and private university campuses	Tobacco/smoking
NJ4	No	Prohibit sale of electronic cigarettes to persons under 21 years of age	Electronic cigarettes
		Prohibit sale of tobacco products to persons under 21 years of age	Tobacco/smoking
NJ5	No	Prohibit smoking in public by persons under 19 years of age	Tobacco/smoking
		Prohibit sale of tobacco products to persons under 19 years of age	Tobacco/smoking
NJ6	No	Prohibit smoking in outdoor public places frequented by the public	Tobacco/smoking
NJ7	No	Prohibit smoking in public parks and beaches	Tobacco/smoking
NJ8	No	Enact wholesale tax and use tax on tobacco products	Tobacco/smoking
		Enact wholesale tax and use tax on electronic cigarettes or similar nicotine delivery devices	Electronic cigarettes

Ref. #	Pass?	Legal Intervention Description	Sub-topic
NM1	No	Prohibit sale of electronic cigarettes to minors	Electronic cigarettes
		Prohibit sale of electronic cigarettes to minors over the internet	Electronic cigarettes
NM2	No	Prohibit sale or use of tobacco products or alternative nicotine products to or by minors	Tobacco/smoking
		Prohibit sale or use of vapor products to or by minors	Electronic cigarettes
NY2	No	Establish a state diabetes coordinator within the department of health	Diabetes
NY4	No	Increase scope of smoking prohibition laws to include electronic cigarettes	Electronic cigarettes
NY5	No	Increase scope of smoking prohibition laws to include electronic cigarettes	Electronic cigarettes
NY7	No	Prohibit advertising of alcohol to minors	Alcohol
		Prohibit advertising of tobacco to minors	Tobacco/smoking
NY8	No	Enact tax on electronic cigarette cartridges	Electronic cigarettes
NY1	No	Prohibit sale of tobacco and nicotine products through a vending machine	Tobacco/smoking
NY11	No	Require photographic identification for the purchase of tobacco products and alcohol	Tobacco/smoking
NY12	Yes	Increase scope of tobacco laws to include electronic cigarettes	Electronic cigarettes
NY13	No	Increase scope of smoking prohibition laws to include electronic cigarettes	Electronic cigarettes
NY15	No	Prohibit electronic cigarettes in public schools	Electronic cigarettes
OH1	Yes	Prohibit sale or distribution of alternative nicotine products to minors	Tobacco/smoking
OK1	No	Prohibit sale or possession of electronic cigarettes to or by persons under 18 years of age	Electronic cigarettes
OK2	No	Enact tax on electronic cigarettes and vapor products	Electronic cigarettes
OK3	No	Prohibit sale or distribution of alternative nicotine products, electronic cigarettes, or vapor products to persons under 18 years of age	Electronic cigarettes
		Increase scope of tobacco laws to include electronic cigarettes, vapor products, and alternative nicotine products	Electronic cigarettes
OK4	No	Prohibit sale or distribution of electronic cigarettes and liquid nicotine to persons under 18 years of age	Electronic cigarettes
OK5	No	Increase scope of tobacco laws to include tobacco-derived products and vapor products	Tobacco/smoking
OK6	Yes	Prohibit sale or distribution of vapor products to minors	Tobacco/smoking
		Increase scope of tobacco laws to include vapor products	Tobacco/smoking
OK7	No	Prohibit sale, distribution, or possession of electronic cigarettes and vapor products to or by minors	Electronic cigarettes
OK8	No	Enact tax on tobacco products	Tobacco/smoking
PA1	No	Prohibit persons under 18 years of age from entering cigar bars and lounges	Tobacco/smoking
		Prohibit smoking in certain public locations	Tobacco/smoking
		Increase scope of smoking prohibition laws to include electronic cigarettes	Electronic cigarettes

Ref. #	Pass?	Legal Intervention Description	Sub-topic
PA4	No	Increase scope of tobacco laws to include alternative nicotine products	Tobacco/smoking
RI1	No	Enact tax on sugar-sweetened beverages	Nutrition
RI2	No	Prohibit sale or possession of vapor products to or by persons under 18 years age	Tobacco/smoking
RI3	Yes	Prohibit sale of electronic cigarettes to minors	Electronic cigarettes
		Require retailers of electronic cigarettes to be licensed	Electronic cigarettes
		Increase scope of tobacco laws to include electronic cigarettes	Electronic cigarettes
RI6	No	Prohibit sale or possession of vapor products to or by minors	Tobacco/smoking
RI7	Yes	Prohibit sale of electronic cigarettes to persons under 18 years of age	Electronic cigarettes
		Require retailers of electronic cigarettes to be licensed by the department of health	Electronic cigarettes
SC1	Yes	Prohibit sale of alternative nicotine products to minors	Tobacco/smoking
SC2	No	Enact tax on alternative nicotine products	Tobacco/smoking
SC3	No	Increase scope of smoking prohibition laws to include electronic cigarettes	Electronic cigarettes
SD1	Yes	Increase scope of tobacco laws to include vapor products	Tobacco/smoking
TN1	No	Enact tax on alternative nicotine products	Tobacco/smoking
TN2	No	Exempt vapor products from laws on nicotine products	Tobacco/smoking
UT1	No	Require licensure to sell electronic cigarettes	Electronic cigarettes
		Prohibit sale or possession of electronic cigarettes to or by persons under 18 years of age	Electronic cigarettes
UT2	No	Prohibit persons under 18 years of age from entering tobacco specialty shops	Tobacco/smoking
UT3	No	Prohibit possession or distribution of tobacco or related paraphernalia by or to persons under 21 years of age	Electronic cigarettes
		Prohibit possession or distribution of electronic cigarettes or related paraphernalia by or to persons under 21 years of age	Tobacco/smoking
		Prohibit persons under 21 years of age from entering certain establishments that sell tobacco, electronic cigarettes, or related paraphernalia	Electronic cigarettes
VA1	No	Prohibit sale or possession of electronic cigarettes to or by minors	Electronic cigarettes
VA2	Yes	Prohibit sale or possession of vapor products to or by minors	Tobacco/smoking
WA1	No	Require government agencies to conform to the most current dietary guidelines of the General Services Administration	Nutrition
WA2	No	Require state department of health to develop diabetes action plans and report on their effectiveness annually	Diabetes
WA3	No	Increase scope of tobacco laws to include electronic cigarettes	Electronic cigarettes
WA5	No	Increase scope of tobacco laws to include electronic cigarettes	Electronic cigarettes
WV1	No	Prohibit sale, distribution, use or possession of electronic cigarettes, vapor products, or alternative nicotine products to or by persons under 18 years of age	Electronic cigarettes

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Allow unannounced inspections to ensure compliance with sale restrictions of vapor products	Tobacco/smoking
		Prohibit sale of vapor products through a vending machine	Tobacco/smoking
		Increase scope of tobacco laws to include electronic cigarettes, vapor products, and alternative nicotine products	Electronic cigarettes
WV2	Yes	Prohibit sale, distribution, use or possession of electronic cigarettes, vapor products, or alternative nicotine products to or by persons under 18 years of age	Electronic cigarettes
		Allow unannounced inspections to ensure compliance with sale restrictions of alternative nicotine products	Tobacco/smoking
		Increase scope of tobacco laws to include electronic cigarettes, vapor products, and alternative nicotine products	Electronic cigarettes
		Prohibit sale of vapor products through a vending machine	Tobacco/smoking
WV3	No	Prohibit sale of alternative nicotine products through a vending machine	Tobacco/smoking
		Increase scope of tobacco laws to include electronic cigarettes and alternative nicotine products	Electronic cigarettes

Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## ENVIRONMENTAL HEALTH

MA6	No	Allow municipalities the capacity to control the use of land within their borders to the extent not preempted by state law	Land use
MA7	No	Require public health impact assessments of certain projects	Health impact assessments
		Require the department of public health to gather data on and periodically publish a community health index	Health impact assessments
MN2	No	Prohibit the use of medicinal marijuana where vapors or smoke may be inhaled by others	Chemical exposure
NM1	No	Require public health impact assessments of certain development and construction projects	Health impact assessments
NY1	Yes	Facilitate the creation of community gardens	Land use
NY2	No	Suspend the permitting of natural gas wells in certain areas	Chemical exposure
NY3	No	Prohibit the use of chemical flame retardants on residential upholstered furniture	Chemical exposure
NY4	No	Establish an environmental health tracking system to gather and analyze data on possible environmental sources of chronic diseases	Health impact assessments
NY5	No	Suspend the permitting of natural gas wells and hydraulic fracturing pending a health impact assessment of those activities	Health impact assessments
NY6	No	Require the best available control technology for the treatment of hydraulic fracturing wastewater	Chemical exposure
NY7	No	Encourage health care providers to distribute information to pregnant women on the impacts of first and secondhand smoke	Chemical exposure
		Make comprehensive tobacco cessation programs available for pregnant women who smoke	Chemical exposure
NY9	No	Require furniture to meet smolder resistance standards	Chemical exposure
WA1	No	Require public health to be considered in state transportation infrastructure decisions	Health impact assessments
WA2	No	Identify and incorporate minority and heavily impacted communities' concerns into projects that impact the environment	Health impact assessments
WV1	No	Enact complete streets legislation, requiring pedestrian-friendly policies in new street construction projects	Land use

Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## FOOD SAFETY

AK1	No	Require labeling for genetically modified food	Genetically modified foods
AL2	Yes	Exempt certain cottage food operations from licensure	Cottage/homemade foods
		Require labeling for cottage foods	Cottage/homemade foods
CA1	Yes	Require permits for cottage food production and sales	Cottage/homemade foods
		Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
CA2	Yes	Allow community food producers to provide food directly to the public and restaurants with certain limitations	Cottage/homemade foods
		Require community food producers to provide information to the local health department	Cottage/homemade foods
		Require local health departments to regulate and inspect community food producers	Cottage/homemade foods
		Exempt community food producers from egg handler laws	Cottage/homemade foods
CA3	No	Establish food safety regulations and standards for raw milk production and sharing	Milk
		Require labeling for raw milk	Milk
CA4	Yes	Establish food safety regulations and standards for farmers' markets	Cottage/homemade foods
		Require local health departments to enforce food safety standards at farmers' markets	Cottage/homemade foods
CA5	Yes	Allow renters to engage in personal agriculture	Cottage/homemade foods
CA6	No	Exempt grain produced at historic water-driven grist mills from certain food safety regulations	General/commercial food safety
CA7	Yes	Exempt beer tasting facilities at beer manufacturers from certain food safety regulations	General/commercial food safety
CA9	No	Establish food safety regulations and standards for medical marijuana edibles	Marijuana edibles
DC1	Yes	Exempt certain cottage food operations from licensure	Cottage/homemade foods
		Require labeling for cottage foods	Cottage/homemade foods
		Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods

Ref. #	Pass?	Legal Intervention Description	Sub-topic
DE1	No	Require permit for sale of raw milk and raw milk products	Milk
DE2	No	Allow sale of raw milk when the buyer owns shares in the cow providing the milk	Milk
FL1	Yes	Require permits for food establishments	General/commercial food safety
		Establish food safety regulations and standards for food establishments	General/commercial food safety
GA1	Yes	Exempt certain nonprofit organization events from food safety regulations	General/commercial food safety
GA2	No	Allow sale of raw milk and raw milk products	Milk
HI1	No	Allow sale of raw milk and raw milk products	Milk
		Require labeling for raw milk and raw milk products	Milk
HI2	No	Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
		Exempt certain cottage food operations from licensure	Cottage/homemade foods
HI3	No	Require labeling for genetically modified food	Genetically modified foods
		Restrict importation of genetically modified food	Genetically modified foods
		Allow labeling for non-genetically modified food	Genetically modified foods
HI4	No	Allow sale of raw milk when the buyer owns shares in the cow providing the milk	Milk
HI5	No	Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
		Require labeling for cottage foods	Cottage/homemade foods
HI6	No	Exempt certain cottage food products from state department of health regulations	Cottage/homemade foods
HI8	No	Creates food safety workshops for temporary food establishments	Cottage/homemade foods
		Require labeling for raw milk and raw milk products	Milk
HI12	No	Allow home baking businesses to sell food items directly to consumers	Cottage/homemade foods
		Require home baking businesses to label all food items sold	Cottage/homemade foods
HI14	No	Require labeling for genetically modified food	Genetically modified foods



Ref. #	Pass?	Legal Intervention Description	Sub-topic
HI15	No	Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
HI16	No	Allow sale of raw milk and raw milk products	Milk
		Require licensure for sale of raw milk and raw milk products	Milk
HI17	No	Require labeling for genetically modified food	Genetically modified foods
HI18	No	Require commercial agricultural entities to disclose use of pesticides	Pesticides
		Require commercial agricultural entities to disclose use of genetically modified organisms	Genetically modified foods
		Restrict geographical area where commercial agricultural entities can use pesticides	Pesticides
HI19	No	Require labeling for genetically modified food	Genetically modified foods
IA1	No	Require labeling for genetically modified food	Genetically modified foods
		Exempt small businesses from genetically modified food labeling requirements	Genetically modified foods
IA2	No	Place moratorium on regulations affecting sale of unprocessed food	General/commercial food safety
IA3	No	Allow sale of raw milk and raw milk products	Milk
		Require labeling for raw milk and raw milk products	Milk
		Establish food safety regulations and standards for pasteurized milk and pasteurized milk products	Milk
IL1	No	Require labeling for genetically modified food	Genetically modified foods
IL4	Yes	Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
IL5	No	Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
		Require labeling for cottage foods	Cottage/homemade foods
IL6	Yes	Establish food safety regulations and standards for farmers' markets	Cottage/homemade foods
		Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
		Require labeling for cottage foods	Cottage/homemade foods
IL8	Yes	Establish food safety regulations and standards for pasteurized milk and pasteurized milk products	Milk
IN1	Yes	Establish food safety regulations and standards for pasteurized milk and pasteurized milk products	Milk

Ref. #	Pass?	Legal Intervention Description	Sub-topic
KS2	No	Require labeling for raw milk and raw milk products	Milk
LA2	No	Exempt home preparation and sale of certain foods from sanitation regulations	Cottage/homemade foods
LA3	No	Allow sale of raw milk and raw milk products	Milk
		Require labeling for raw milk and raw milk products	Milk
LA4	Yes	Exempt home preparation and sale of certain foods from sanitation regulations	Cottage/homemade foods
LA5	No	Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
LA6	No	Require labeling for genetically modified food	Genetically modified foods
		Require records of sale for genetically modified food	Genetically modified foods
LA7	No	Allow sale of raw milk	Milk
		Require labeling for raw milk	Milk
		Establish food safety regulations and standards for raw milk	Milk
MA1	No	Allow sale of raw milk	Milk
MA2	No	Exempt from certain regulations personal use of milk and raw milk products by owners of cows and goats	Milk
MD1	No	Exempt from certain regulations the distribution of raw milk and raw milk products	Milk
MD2	No	Require disclosure for sale of poultry products processed in China	General/commercial food safety
MD3	No	Require limitation on food processing plant license fee amount for certain nonprofit and civil organizations	General/commercial food safety
MD4	No	Allow sale of raw milk and raw milk products	Milk
		Require labeling for raw milk and raw milk products	Milk
		Establish food safety regulations and standards for raw milk and raw milk products	Milk
ME1	No	Allow sale of raw milk and raw milk products	Milk
		Require labeling for raw milk and raw milk products	Milk
		Exempt certain sales of raw milk and raw milk products from licensure	Milk
		Exempt certain sales of raw milk and raw milk products from inspection	Milk
		Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
		Exempt certain cottage food operations from licensure	Cottage/homemade foods

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Exempt certain cottage food operations from inspection	Cottage/homemade foods
		Require labeling for cottage foods	Cottage/homemade foods
ME2	No	Exempt certain farmers' market food products from licensure	Cottage/homemade foods
		Exempt certain cottage food products from licensure	Cottage/homemade foods
		Exempt certain farmers' market food products from inspection	Cottage/homemade foods
		Exempt certain cottage food products from inspection	Cottage/homemade foods
MI1	No	Prohibit federal government from regulating food that is produced and remains intrastate	General/commercial food safety
MN1	No	Require labeling for genetically modified food	Genetically modified foods
		Prohibit misbranding or mislabeling for genetically modified food	Genetically modified foods
MO1	No	Exempt certain nonprofit organization events from food safety regulations	General/commercial food safety
		Require labeling for cottage foods	Cottage/homemade foods
		Exempt cottage food operations from certain regulations	Cottage/homemade foods
MO2	No	Require labeling for genetically modified food	Genetically modified foods
		Exempt cottage food operations from certain regulations	Cottage/homemade foods
MO3	No	Require labeling for cottage foods	Cottage/homemade foods
		Exempt cottage food operations from certain regulations	Cottage/homemade foods
		Exempt cottage food operations from certain regulations	Cottage/homemade foods
MO5	Yes	Exempt certain nonprofit organization events from food safety regulations	General/commercial food safety
		Require labeling for cottage foods	Cottage/homemade foods

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Exempt cottage food operations from certain regulations	Cottage/homemade foods
MO6	No	Require labeling for genetically modified food	Genetically modified foods
MO7	No	Require labeling for genetically modified food	Genetically modified foods
NC1	No	Allow sale of raw milk and raw milk products	Milk
		Require labeling for raw milk and raw milk products	Milk
NE1	Yes	Establish food safety regulations and standards for pasteurized milk and pasteurized milk products	Milk
NH1	Yes	Require labeling for cottage foods	Cottage/homemade foods
NH2	No	Require regulations to prevent the damage by genetically modified plants to nearby lands	Genetically modified foods
NH3	No	Require labeling for genetically modified food	Genetically modified foods
		Prohibit misbranding or mislabeling for genetically modified food	Genetically modified foods
NJ1	No	Allow sale of raw milk and raw milk products	Milk
		Require labeling for raw milk and raw milk products	Milk
		Require permit for sale of raw milk and raw milk products	Milk
NJ2	No	Require labeling for genetically modified food	Genetically modified foods
		Prohibit misbranding or mislabeling for genetically modified food	Genetically modified foods
NJ3	No	Require labeling for genetically modified food	Genetically modified foods
		Prohibit misbranding or mislabeling for genetically modified food	Genetically modified foods
		Require labeling for raw milk and raw milk products	Milk
		Require permit for sale of raw milk and raw milk products	Milk
NY1	No	Place moratorium on the growth of genetically modified crops within the state	Genetically modified foods
NY2	No	Require labeling for genetically modified food	Genetically modified foods
NY4	No	Allow sale of raw milk	Milk
		Require permit for sale of raw milk	Milk
NY5	No	Establish criminal penalties for tampering with milk supplies	Milk

Ref. #	Pass?	Legal Intervention Description	Sub-topic
NY8	No	Require labeling for genetically modified food	Genetically modified foods
NY9	No	Allow shared animal ownership agreement for milk-producing animals to share in raw milk production	Milk
NY10	No	Require labeling for genetically modified food	Genetically modified foods
		Prohibit misbranding or mislabeling for genetically modified food	Genetically modified foods
		Require labeling for raw foods	Raw foods
NY11	No	Require labeling for genetically modified food	Genetically modified foods
		Prohibit misbranding or mislabeling for genetically modified food	Genetically modified foods
OH1	No	Allow service dogs to be present at certain food service operations	General/commercial food safety
OK1	No	Exempt incidental sales of raw milk from certain laws regulating milk	Milk
OK2	No	Require permits for cottage food production and sales	Cottage/homemade foods
		Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
OK3	No	Allow advertising for the incidental sales of raw milk	Milk
		Allow sale of raw milk at outside road stands	Milk
OK4	No	Require licensure for home food establishments	Cottage/homemade foods
		Require inspections for home food establishments	Cottage/homemade foods
OK5	No	Require permits for cottage food production and sales	Cottage/homemade foods
		Establish food safety regulations and standards for cottage food operations	Cottage/homemade foods
RI1	No	Require labeling for genetically modified food	Genetically modified foods
RI2	No	Establish food safety regulations and standards for raw milk	Milk
		Require permit for sale of raw milk	Milk
RI3	No	Require labeling for genetically modified food	Genetically modified foods
		Require labeling for genetically modified animal feed	Genetically modified foods

Ref. #	Pass?	Legal Intervention Description	Sub-topic
RI5	No	Establish food safety regulations and standards for raw milk	Milk
		Require permit for sale of raw milk	Milk
		Require labeling for raw milk	Milk
		Require permit for sale of raw milk	Milk
		Require labeling for raw milk	Milk
		Require labeling for genetically modified animal feed	Genetically modified foods
SD2	No	Require raw milk producers to test milk for compliance with certain standards	Milk
		Require labeling for raw milk	Milk
TX1	No	Require labeling for raw milk and raw milk products	Milk
		Allow public availability of raw milk testing records upon request	Milk
		Establish food safety regulations and standards for raw milk	Milk
UT2	No	Create multistate committee of elected officials to develop multistate genetically modified food labeling agreement	Genetically modified foods
VT1	Yes	Require labeling for genetically modified food	Genetically modified foods
		Exempt certain foods from genetically modified food labeling requirements	Genetically modified foods
VT2	Yes	Require milk handlers to submit business report to state department of agriculture	Milk
		Require licensure for milk handlers	Milk
		Exempt certain raw milk producers from milk handlers' licensure requirements	Milk
		Require dairy processing or milk storage equipment companies to register with state department of agriculture	Milk
VT3	Yes	Establish food safety regulations and standards for raw milk	Milk
		Require labeling for raw milk	Milk
VT4	No	Allow cause of action for trespass against genetically modified seed manufacturer if genetically modified seed enters the property of another farmer and causes damage	Genetically modified foods
WA1	No	Allow sale of cottage food products without limits on annual income	Cottage/homemade foods
		Require pasteurized milk producers to conduct product testing	Milk
		Allow revocation of milk producer license if repeatedly fails product testing	Milk
WA3	No	Expand definition of cottage food products	Cottage/homemade foods
WA4	Yes	Require raw milk producers to conduct product testing	Milk

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Require pasteurized milk producers to conduct product testing	Milk
		Allow revocation of milk producer license if repeatedly fails product testing	Milk
WA5	No	Limit the maximum gross annual sale of cottage food products	Cottage/homemade foods
WI1	No	Require licensure for milk handlers	Milk
		Require labeling for raw milk and raw milk products	Milk
		Establish food safety regulations and standards for raw milk	Milk
		Exempt certain raw milk producers from licensure requirements	Milk
		Require labeling for raw milk and raw milk products	Milk
		Establish food safety regulations and standards for raw milk	Milk
WV1	No	Allow the receipt of raw milk when the recipient owns or owns shares in the cow providing the milk	Milk
WV2	No	Allow sale of raw milk	Milk

Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## HEALTH AGENCY PERFORMANCE AND SYSTEMS

CA1	No	Require state health planning agency to create standards for hospitals to address community health needs	State health departments
CA2	No	Require local health care agencies to assess community health needs	Local public health departments
		Require public comment on local health care agencies' assessments of community health needs	Local public health departments
CA3	No	Require state health planning agency to create standards for hospitals to address community health needs	State health departments
CA7	Yes	Require the registration of third-party shippers of controlled substances	Health systems supplies and services
CA11	No	Require camps to register with the local public health officer	Local public health departments
CT1	Yes	Require local health department to enforce health laws and regulations	Local public health departments
		Require local health department to provide community health education	Local public health departments
		Require local health department to develop community health plans	Local public health departments
CT3	No	Require state public health department to review effectiveness of regulations governing hospitals	State health departments
FL1	No	Allow nurse registries to refer privately contracting nurses to individuals for in-home health care	Health systems supplies and services
IA2	No	Allow collaboration between state and local public and private entities to reduce health care costs and disparities based on geographical zones	Health systems supplies and services
IL1	Yes	Require state health and aging departments to create a committee that analyzes and implements a centralized hotline for adult abuse	State health departments
IL2	No	Require state health department to investigate causes of infectious diseases	State health departments
		Require state health department to address infectious disease epidemics that local health authorities fail to address	State health departments
		Allow state health department to quarantine a person or groups of persons to prevent spread of infectious diseases	State health departments
		Allow state health department to destroy property or animals that are the sources of infectious disease to prevent spread of infectious diseases	State health departments
IL3	Yes	Require state health and aging departments to create a committee that analyzes and implements a centralized hotline for adult abuse	State health departments
KS1	No	Prohibit local public health departments from seeking accreditation and defining their own roles and powers	Local public health departments



Ref. #	Pass?	Legal Intervention Description	Sub-topic
NC2	No	Establish regional public health authorities to provide public health services instead of a statewide public health department	Local public health departments
OH2	No	Require health insurance company to reimburse local board of health for services provided to insurance company's subscriber	Health systems supplies and services
OK3	No	Require state public health department to assess community health needs	State health departments
PA1	No	Establish a community-based health care clinic program	Health systems supplies and services

Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## HEALTHY HOUSING

CA4	No	Prohibit the use of lead ammunition	Lead
CA5	No	Allow local health, housing, law enforcement, and other agencies to determine whether a house poses an environmental hazard to residents	Nuisance
CA1	No	Impose fees on recordings of real estate investment that are used to provide healthy housing for low-income people	Affordable housing
		Require the state to monitor and enforce prevailing wage standards on certain government construction contracts	Affordable housing
CA11	No	Allow code enforcement officers to determine whether a house is infested with vermin or has inadequate garbage removal facilities	Housing standards
CT2	Yes	Require local health directors to provide information on lead toxicity to families with children who have measurable blood lead levels over five micrograms per deciliter	Lead
DC1	No	Establish protocols for responding to air quality complaints	Nuisance
		Establish criteria for whether an air pollution emission interferes with reasonable enjoyment of life and property	Nuisance
DC2	No	Establish certification standards for radon mitigation workers	Radon
DC4	No	Require students to submit a certificate of health in order to attend school	Lead
IA1	No	Establish radon control standards for buildings	Radon
IA2	No	Establish radon testing and mitigation in public school buildings	Radon
IA3	No	Establish a school radon testing and mitigation grant program	Radon
IA5	No	Establish a school radon testing program	Radon
IA6	Yes	Establish radon prevention standards for new residential construction	Radon
IL2	No	Allow the emergency management agency to subpoena information and witnesses related to radon mitigation investigation	Radon
IL3	Yes	Expand the types of buildings monitored for lead accumulation	Lead
		Require health providers to report children and pregnant women with positive blood lead test results	Lead
IL4	No	Require lead abatement activities where inspections show lead hazards at residential construction/demolition sites	Lead
IL6	Yes	Require the listing and disclosure of material defects in windows and doors for houses under sale	Housing standards
KS1	No	Require radon testing prior to residential sales	Radon
KY1	No	Require radon testing in childcare centers	Radon
LA2	No	Require landlords to certify that their rental properties are mold free	Mold
		Require the remediation of mold in rental properties	Mold
MA1	No	Require radon testing in childcare centers	Lead
MD1	Yes	Establish an affordable, healthy housing program	Housing standards
ME1	Yes	Require radon testing and disclosure in rental properties	Radon
MN1	No	Require radon testing and disclosure prior to residential sales	Radon

Ref. #	Pass?	Legal Intervention Description	Sub-topic
MN2	No	Require radon testing prior to residential sales	Radon
MN3	No	Establish a lead poisoning prevention grant program	Lead
MN4	No	Establish a healthy housing program	Housing standards
		Allow people receiving home-based care to live in housing arrangements exempt from normal housing standards	Housing standards
MN6	Yes	Require radon testing and disclosure prior to residential sales	Radon
		Require supervised living and live-in care facilities to establish and maintain a tuberculosis infection control program	Housing standards
MN7	No	Establish an affordable, healthy housing program	Housing standards
MO1	No	Establish lead abatement standards and procedures for housing	Lead
MS1	No	Require radon control standards for housing	Radon
NC1	Yes	Establish a pilot program for cost-sharing arrangements for transportation improvements related to private driveways	Affordable housing
NE1	No	Require radon control standards for housing	Radon
		Create a radon control standards task force to further revise radon control standards for residential buildings	Radon
NE2	No	Require child care center licensees to provide affidavits on the amount of radon in a child care center when it is above certain thresholds	Radon
NH1	No	Require arsenic disclosure prior to residential sales	Arsenic
NH2	No	Establish certification for mold assessment and remediation services	Mold
NH3	Yes	Increase fines for violations of lead remediation rules	Lead
NH4	Yes	Require radon mitigation systems to be certified	Radon
NJ1	No	Require homeowners' associations to remediate mold contamination in common areas not under the control of individual homeowners	Mold
NJ2	No	Require the distribution of information on lead hazards to homes participating in the state's weatherization assistance program	Lead
NJ3	Yes	Exempt employees of an organization in certain types of buildings from heating, ventilation, air condition, or refrigeration systems licensing	Housing standards
NJ4	No	Require school nurses to maintain lists of children with detectable levels of lead in their blood	Lead
		Require school districts to adopt policies educating school officials on lead exposure in children	Lead
		Require school districts to adopt policies educating parents on lead exposure in children	Lead
		Require school districts to adopt policies to screen children for services to address their lead exposure	Lead
		Establish services and interventions for children who have been exposed to lead	Lead
NJ5	No	Require radon testing and mitigation in childcare centers	Radon
NJ7	No	Require notice to tenants when a rental home's mold contamination is deemed to have caused the renter to have been evicted	Mold
NY1	No	Establish certification standards for radon mitigation workers	Radon

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Require mold control standards	Mold
NY2	No	Require mold control standards	Mold
		Establish certification standards for mold remediation workers	Mold
		Require lessors to inspect residential rental properties for mold	Mold
NY3	No	Establish standards to ensure healthy air quality in child care centers	Air quality
		Require the identification of environmental health hazards in or near child care centers	General toxic substances
NY4	No	Require lessors to inspect residential rental properties for mold	Mold
		Require mold contamination disclosure prior to residential sales	Radon
NY5	No	Require testing sold gases for radon contamination	Radon
		Prohibit the sale and distribution of gas with radon above certain levels	Radon
NY6	No	Require radon testing in schools	Radon
NY7	No	Require mold control standards	Mold
		Establish certification standards for mold remediation workers	Mold
NY8	No	Require monitoring and reporting on radon sold in natural gas	Radon
NY9	No	Require mold remediation in rental properties	Mold
NY11	No	Require new homes to be built with radon resistant features	Radon
NY12	No	Require the inspection of government subsidized housing for lead contamination	Lead
NY13	No	Establish lead mitigation, prevention, and remediation standards for housing	Lead
		Require the state to maintain a list of children with detectable levels of lead in their blood	Lead
		Establish services and interventions for children who have been exposed to lead	Lead
		Require screening of populations with high risk of exposure to lead	Lead
NY14	No	Establish mold mitigation, prevention, and remediation standards for public housing	Mold
		Require mold contamination disclosure prior to residential sales	Mold
		Require mold contamination disclosure prior to residential lessees	Mold
OR1	No	Establish certification standards for radon remediation workers	Radon
		Require radon testing in child care centers	Radon
		Require radon testing in schools	Radon
PA1	No	Require radon testing in schools	Radon
PA2	Yes	Provide early childhood intervention services for homeless children	Children's housing
RI4	Yes	Establish certification for lead assessment and remediation services	Lead
UT1	Yes	Establish a state education campaign on radon	Radon
VA1	Yes	Prohibit landlords from accruing interest income on renters' security deposits	Affordable housing
VA2	No	Require radon testing in child day care centers	Radon
WI1	No	Increase fines for violations of lead remediation rules	Lead
WI2	No	Establish certification standards for radon measurement and mitigation workers	Radon
		Allow reciprocity for workers authorized to measure and remediate radon in other states	Radon

Ref. #	Pass?	Legal Intervention Description	Sub-topic
WV1	No	Require landlords to remediate mold in rental properties	Mold

Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## INFECTIOUS DISEASES

CA1	Yes	Enact laws regulating medical waste transportation	Medical waste
		Require registration for generators of medical waste	Medical waste
CA2	Yes	Restrict locations where body art can be performed	Body art
		Allow only licensed body artists to perform body art	Body art
		Require safety standards and registration of temporary body art demonstration booths	Body art
CA3	No	Prohibit the sale of livestock or poultry that was administered a medically important antimicrobial except under certain conditions	Antimicrobials
CA4	No	Require surgical technologists to receive training and certification	Hospital-acquired infections
CA5	No	Require it to be a rebuttable presumption that methicillin-resistant Staphylococcus aureus (MRSA) infection be considered a work-related condition for certain healthcare employees	Hospital-acquired infections
CA6	No	Prohibit the administration of medically important antimicrobial drugs to livestock except by veterinarians in certain circumstances	Antimicrobials
CA7	Yes	Require hospitals to adopt antimicrobial stewardship policies	Antimicrobials
CA9	No	Prohibit use of medically important antimicrobial drugs in animal water	Antimicrobials
CT3	No	Define the use of microbial agents as pesticides	Antimicrobials
CT5	No	Restrict the use of pesticides near children	Pesticides near children
DC1	No	Require reporting of hospital-acquired infections	Hospital-acquired infections
		Develop and implement hospital-acquired infection control policies	Hospital-acquired infections
		Evaluate hospital-acquired infection control policies	Hospital-acquired infections
ID1	No	Require hospitals to submit summary data on hospital-acquired infections for public-facing websites	Hospital-acquired infections
IL3	No	Develop and implement hospital-acquired infection control policies	Hospital-acquired infections
		Require reporting of hospital-acquired infections	Hospital-acquired infections
LA1	No	Require raw milk for sale to only come from healthy animals regularly tested for infectious diseases	General infectious diseases
MA1	No	Require the reporting of information related to severity of patient illness and effectiveness of care	General infectious diseases
MA2	No	Require methicillin-resistant Staphylococcus aureus (MRSA) infection screening of high risk patients	Hospital-acquired infections
MA4	No	Require insurance carriers to exclude infectious diseases from descriptions in summary payment forms	General infectious diseases

Ref. #	Pass?	Legal Intervention Description	Sub-topic
ME1	Yes	Require creation of publicly-facing website for public education on Lyme disease and other tick-borne illnesses	General infectious diseases
MI1	No	Restrict the use of pesticides near children	Pesticides near children
MN6	No	Prohibit use of medically important antimicrobial drugs in animal feed	Antimicrobials
		Prohibit disposal of antimicrobial drugs into a wastewater disposal system	Antimicrobials
		Require labeling of antimicrobial drugs explaining wastewater disposal prohibitions	Antimicrobials
MO1	No	Require managed care organizations to disclose data on hospital-acquired infections	Hospital-acquired infections
MO2	No	Require managed care organizations to disclose data on hospital-acquired infections	Hospital-acquired infections
MO3	No	Require managed care organizations to disclose data on hospital-acquired infections	Hospital-acquired infections
		Require state Medicaid program to disclose data on hospital-acquired infections on publicly-facing website	Hospital-acquired infections
MO4	No	Require reporting of hospital-acquired infections associated with Caesarean sections and vaginal births	Hospital-acquired infections
MO5	No	Require reporting of hospital-acquired infections	Hospital-acquired infections
		Evaluate hospital-acquired infection control policies	Hospital-acquired infections
		Develop and implement hospital-acquired infection control policies	Hospital-acquired infections
		Disseminate public reports based on reported hospital-acquired infections	Hospital-acquired infections
		Require hospitals to adopt antimicrobial stewardship policies	Antimicrobials
		Require reporting of hospital-acquired infections associated with Caesarean sections and vaginal births	Hospital-acquired infections
NH1	Yes	Require reporting of hospital-acquired infections	Hospital-acquired infections
		Require reporting of ambulatory surgical center-acquired infections	Hospital-acquired infections
NJ1	No	Require it to be a rebuttable presumption that exposure to or symptoms of communicable disease be considered a work-related condition for certain public-safety employees	General infectious diseases
NJ6	No	Require reporting of hospital-acquired Methicillin-resistant Staphylococcus aureus (MRSA) infections	Hospital-acquired infections
		Develop and implement hospital-acquired Methicillin-resistant Staphylococcus aureus (MRSA) infection control policies	Hospital-acquired infections
		Require methicillin-resistant Staphylococcus aureus (MRSA) infection screening of patients	Hospital-acquired infections

Ref. #	Pass?	Legal Intervention Description	Sub-topic
NY1	No	Develop and implement hospital-acquired infection control policies	Hospital-acquired infections
		Require hospital employees to receive training and certification on hospital-acquired infections	Hospital-acquired infections
NY2	No	Allow private right of action for patients contracting hospital-acquired infection during course of treatment	Hospital-acquired infections
NY3	No	Develop and implement student wrestling-acquired Methicillin-resistant Staphylococcus aureus (MRSA) and infectious disease control policies	General infectious diseases
		Require publicly-facing website to include information on student wrestling-acquired Methicillin-resistant Staphylococcus aureus (MRSA) and infectious disease prevention and control	General infectious diseases
		Require school employees to receive training and certification on Methicillin-resistant Staphylococcus aureus (MRSA) and infectious disease prevention and control	General infectious diseases
		Require student wrestlers to receive training and certification on Methicillin-resistant Staphylococcus aureus (MRSA) and infectious disease prevention and control	General infectious diseases
NY4	No	Require disclosure to patients of hospital-acquired infection data	Hospital-acquired infections
NY5	No	Require reporting of hospital-acquired Methicillin-resistant Staphylococcus aureus (MRSA) infections	Hospital-acquired infections
		Require reporting of nursing home-acquired Methicillin-resistant Staphylococcus aureus (MRSA) infections	Hospital-acquired infections
		Require reporting of health care facility-acquired Methicillin-resistant Staphylococcus aureus (MRSA) infections	Hospital-acquired infections
NY6	No	Require reporting of hospital-acquired carbapenem-resistant enterobacteriaceae (CRE)	Hospital-acquired infections
		Require publicly-facing website to include information on student wrestling-acquired Methicillin-resistant Staphylococcus aureus (MRSA) and infectious disease prevention and control	General infectious diseases
		Require school employees to receive training and certification on Methicillin-resistant Staphylococcus aureus (MRSA) and infectious disease prevention and control	General infectious diseases
		Require student wrestlers to receive training and certification on Methicillin-resistant Staphylococcus aureus (MRSA) and infectious disease prevention and control	General infectious diseases
NY9	No	Require reporting of hospital-acquired carbapenem-resistant enterobacteriaceae (CRE)	Hospital-acquired infections
PA1	No	Prohibit the non-therapeutic administration of antimicrobial drugs to animals	Antimicrobials
PA4	No	Prohibit the non-therapeutic administration of antimicrobial drugs to animals	Antimicrobials
SC1	No	Require disinfecting of pharmacies' sterile compounding area	General infectious diseases
WA1	Yes	Require reporting of hospital-acquired infections	Hospital-acquired infections



Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Require hospitals to submit summary data on hospital-acquired infections for public-facing websites	Hospital-acquired infections

Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## IMMUNIZATIONS

CA1	No	Allow optometrists to administer immunizations	Practitioners' scope of practice
CA2	Yes	Allow pharmacists to independently initiate and administer routine immunizations	Practitioners' scope of practice
CO1	Yes	Require a parent, guardian, emancipated student, or student eighteen or older that has beliefs opposing immunizations to submit an exemption statement to the school	Exemptions
CT1	Yes	Require school nurses that review immunization statuses for students to be provided with sufficient information about the students to determine immunizations that are overdue	Tracking and data
FL1	No	Require county health departments to develop a school-located influenza immunization program	Tracking and data
GA1	No	Allow pharmacists to administer immunizations under a protocol agreement with a physician	Practitioners' scope of practice
		Allow nurses to administer immunizations under a protocol agreement with a physician	Practitioners' scope of practice
		Restrict the number of immunization protocol agreements into which a physician may enter	Practitioners' scope of practice
HI3	No	Exempt veterans and active duty personnel enrolled in higher education institutions from immunization requirements	Exemptions
IA1	No	Allow pharmacists to administer immunizations after completion of training	Practitioners' scope of practice
		Require state board of pharmacy to adopt rules concerning pharmacists' training for and administration of immunizations	Practitioners' scope of practice
IA2	No	Allow pharmacists to administer immunizations after completion of training	Practitioners' scope of practice
		Allow state board of pharmacy to adopt rules requiring reporting of immunization administration to patient's primary health care provider	Tracking and data
		Require state board of pharmacy to adopt rules concerning pharmacists' training for and administration of immunizations	Practitioners' scope of practice
IA3	No	Require immunization providers to submit immunization records to state immunization registry	Tracking and data
		Require pharmacists to consult and review state immunization registry prior to the administration of an immunization	Tracking and data
		Require state department of health to adopt rules implementing immunization administration reporting requirements	Tracking and data
IA4	Yes	Allow pharmacists to administer immunizations after completion of training	Practitioners' scope of practice
		Require state board of pharmacy to adopt rules concerning pharmacists' training for and administration of immunizations	Practitioners' scope of practice

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Require pharmacists to consult and review state immunization registry prior to the administration of an immunization	Tracking and data
IA5	No	Require state board of pharmacy to adopt rules requiring pharmacists report administration of immunizations to the state immunization registry	Tracking and data
		Allow state board of pharmacy to adopt rules requiring reporting of immunization administration to patient's primary health care provider	Tracking and data
		Require state board of pharmacy to adopt rules concerning pharmacists' training for and administration of immunizations	Practitioners' scope of practice
IL1	No	Allow pharmacists to administer meningococcal immunization to patients ages ten through thirteen	Practitioners' scope of practice
IN1	No	Require state department of health to publish a calendar of immunization requirements and recommendations for schools	Tracking and data
		Allow students to receive required immunizations from health care providers whose scope of practice includes the administration of immunizations	Practitioners' scope of practice
		Require health care providers to enter each immunization administered to a student into the state immunization registry	Tracking and data
		Require parents of students to provide proof of the student's immunization status as a written document or from the state immunization registry	Tracking and data
IN3	No	Require state department of health to publish a calendar of immunization requirements and recommendations for schools	Tracking and data
		Allow students to receive required immunizations from health care providers whose scope of practice includes the administration of immunizations	Practitioners' scope of practice
		Require health care providers to enter each immunization administered to a student into the state immunization registry	Tracking and data
		Require parents of students to provide proof of the student's immunization status as a written document or from the state immunization registry	Tracking and data
		Eliminate requirement that school immunization records must be kept uniformly throughout the state	Tracking and data
		Eliminate requirement that schools must submit a report pertaining to immunizations to state department of health	Tracking and data
		Require state department of health to obtain information regarding the status of student immunizations from the state immunization registry	Tracking and data
KS1	No	Require parents or guardians with beliefs opposing immunizations to submit an exemption statement to their children's preschools or daycare programs operated by schools	Exemptions
ME1	No	Allow pharmacists to administer immunizations outside the CDC guidelines to adults in certain instances if a physician's prescription states the immunization is medically necessary	Practitioners' scope of practice
ME2	Yes	Allow pharmacists to delegate the administration of adult immunizations to pharmacy interns	Practitioners' scope of practice

Ref. #	Pass?	Legal Intervention Description	Sub-topic
ME3	No	Require school health care provider to provide information about the benefits and risks of immunizations to parents of children that have not been immunized	Tracking and data
MN1	No	Require a parent, guardian, emancipated student, or student eighteen or older that has beliefs opposing immunizations to submit an exemption statement to the school	Exemptions
MN2	No	Require health care employers to notify health care workers of immunization requirements	Tracking and data
		Create exemption allowing health care workers to decline influenza immunization because of personal beliefs, contradicting medical conditions, or insufficient supply of the immunization	Exemptions
		Require all health care workers to receive influenza immunization	Immunization requirements
		Require health care workers who have not been immunized against influenza to wear a surgical mask during flu season	Exemptions
		Require state commissioner of health to distribute certificates of influenza immunization to health care employers to track status of employees' influenza immunizations	Tracking and data
		Require health care employers to make employee influenza immunization data available to state commissioner of health	Tracking and data
MN3	No	Require all health care workers to receive influenza immunization	Immunization requirements
		Create exemption allowing health care workers to decline influenza immunization because of personal beliefs, contradicting medical conditions, or insufficient supply of the immunization	Exemptions
		Require health care workers who have not been immunized against influenza to wear a surgical mask during flu season	Exemptions
		Require state commissioner of health to distribute certificates of influenza immunization to health care employers to track status of employees' influenza immunizations	Tracking and data
		Require health care employers to make employee influenza immunization data available to state commissioner of health	Tracking and data
MN4	No	Require a parent, guardian, emancipated student, or student eighteen or older that has beliefs opposing immunizations to submit an exemption statement to the school	Exemptions
MO1	No	Require immunization providers to submit immunization records to state immunization registry	Tracking and data
		Allow immunization providers to access state immunization registry	Tracking and data
		Allow authorized users to access state immunization registry	Tracking and data
		Allow adults or children to exclude their immunization records from the state immunization registry	Tracking and data
MO2	No	Require all students attending public institutions of higher education to be immunized against meningococcal disease	Immunization requirements
		Exempt students from the meningococcal immunization requirement with evidence from a physician demonstrating health risk or immunity	Exemptions
		Exempt students from the meningococcal immunization requirement based on personal beliefs	Exemptions
MO3	No	Require immunization providers to submit immunization records to state immunization registry	Tracking and data
		Allow immunization providers and authorized persons to access state immunization registry	Tracking and data

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Allow adults or children to exclude their immunization records from the state immunization registry	Tracking and data
NC1	Yes	Allow pharmacists to administer immunizations under a protocol agreement with a physician	Practitioners' scope of practice
		Allow pharmacists to administer immunizations pursuant to a physician's prescription order	Practitioners' scope of practice
		Require pharmacists that administer immunizations to maintain a record of immunization administration in the patient's profile	Tracking and data
		Require pharmacists to consult and review state immunization registry prior to the administration of an immunization	Tracking and data
		Require pharmacists to record administration of immunizations in state immunization registry	Tracking and data
		Require pharmacists to report administration of immunizations to patients' primary health care providers	Tracking and data
NC3	No	Allow pharmacists to administer immunizations under a protocol agreement with a physician	Practitioners' scope of practice
		Allow pharmacists to administer immunizations pursuant to a physician's prescription order	Practitioners' scope of practice
NJ1	No	Require parents or guardians of children to submit a statement to school declining required immunizations based on personal beliefs	Exemptions
		Allow state commissioner of health to prohibit school attendance of students who do not have required immunizations during a specified timeframe to prevent the spread of communicable diseases	Exemptions
NJ2	No	Require parents or guardians of children to submit a statement to school declining required immunizations based on personal beliefs	Exemptions
		Allow state commissioner of health to prohibit school attendance of students who do not have required immunizations during a specified timeframe to prevent the spread of communicable diseases	Exemptions
NJ3	No	Require parents or guardians of children to submit a statement to school declining required immunizations based on personal beliefs	Exemptions
		Allow state commissioner of health to prohibit school attendance of students who do not have required immunizations during a specified timeframe to prevent the spread of communicable diseases	Exemptions
NY1	No	Require parents or guardians of children to submit a statement to school declining required immunizations based on personal beliefs	Exemptions
NY2	No	Allow exemption for mandatory student immunizations if a physician, nurse practitioner, or physician's assistant writes an opinion that the immunization would be detrimental to the student's health	Exemptions
NY3	No	Require parents or guardians of children to submit a statement to school declining required immunizations based on personal beliefs	Exemptions

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Allow schools to deny admission to students whose parents refuse the administration of required immunizations except in the case of objection based on personal beliefs	Exemptions
NY4	No	Allow authorized users to access state immunization registry	Tracking and data
		Allow authorized users to access city immunization registry	Tracking and data
NY6	No	Require parents or guardians of children to submit a statement to school declining required immunizations based on personal beliefs	Exemptions
		Allow schools to deny admission to students whose parents refuse the administration of required immunizations except in the case of objection based on personal beliefs	Exemptions
NY7	Yes	Allow authorized users to access state immunization registry	Tracking and data
		Allow authorized users to access city immunization registry	Tracking and data
NY8	Yes	Allow immunization providers to access state immunization registry	Tracking and data
		Require immunization providers to submit immunization records to city immunization registry	Tracking and data
OH1	Yes	Allow pharmacists to administer immunizations after completion of training	Practitioners' scope of practice
		Allow pharmacy interns to administer immunizations after completion of training	Practitioners' scope of practice
		Allow pharmacists to administer immunizations pursuant to a physician's prescription	Practitioners' scope of practice
		Allow pharmacy interns to administer immunizations pursuant to a physician's prescription	Practitioners' scope of practice
OK1	No	Require health care employers to provide employee exemption from immunizations based on personal beliefs	Exemptions
		Require health care employers to maintain a list of employees objecting to immunizations based on personal beliefs	Tracking and data
TX1	No	Allow an individual or an individual's personal representative to request removal from state immunization registry	Tracking and data
		Require immunization provider to notify patient that patient's information will be sent to state immunization registry	Tracking and data
		Allow state health department to release patient information in the state immunization registry for external research if individual or individual's representative consents	Tracking and data
TX3	No	Allow an individual or an individual's personal representative to request removal from state immunization registry	Tracking and data
VT1	No	Require children enrolled in child care facilities or students enrolled in public schools to provide proof of pertussis immunization	Tracking and data
		Require adults working or volunteering in a child care facility or public school to provide proof that pertussis immunization status is current	Tracking and data

Ref. #	Pass?	Legal Intervention Description	Sub-topic
VT3	No	Require state commissioner of health to suspend personal belief exemptions for required immunizations if immunization rate for a required immunization at a single public school falls below ninety percent	Exemptions
		Require adults working or volunteering in a public school where personal belief exemptions for required immunizations have been suspended to provide proof that their required immunizations are current	Exemptions

Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## LICENSING AND CERTIFICATION OF HEALTH PROFESSIONALS

FL1	No	Establish the scope of practice and certifications for community health workers	Community health workers
IL1	Yes	Establish the scope of practice and certifications for community health workers	Community health workers
MD2	No	Establish the scope of practice and certifications for community health workers	Community health workers
MS1	No	Prohibit community health workers from engaging in any activity within another health professional's licensed scope of practice	Community health workers
MS2	No	Prohibit health professionals from supervising community health workers funded by state money	Community health workers
		Prohibit the state from establishing certification standards for community health workers	Community health workers
NM1	Yes	Establish the scope of practice and certifications for community health workers	Community health workers
OK1	No	Establish the scope of practice and certifications for community health workers	Community health workers
UT1	No	Establish the scope of practice and certifications for community health workers	Community health workers



Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## MATERNAL AND CHILD HEALTH

AK1	No	Require screening newborns for congenital heart defects	Newborn screening
AK2	No	Require breaks for nursing mothers to breastfeed or express milk at work	Breastfeeding
AK4	Yes	Require screening newborns for congenital heart defects	Newborn screening
AZ1	Yes	Require screening newborns for congenital hearing disorders	Newborn screening
CA2	Yes	Require screening newborns for adrenoleukodystrophy	Newborn screening
CA3	No	Require screening newborns for Krabbe disease	Newborn screening
CA4	Yes	Require hospitals to adopt breastfeeding policies	Breastfeeding
CA5	No	Prohibit discrimination against people based on familial status in employment	Discrimination of families
CT1	No	Require screening newborns for cytomegalovirus	Newborn screening
		Establish a public education program for cytomegalovirus	Preventive measures and education
CT2	No	Expand health insurance coverage for specialized formula for eosinophilic gastrointestinal disorders	Insurance coverage
CT3	No	Complete and report newborn health screening results within 24 hours	Newborn screening
CT4	No	Require screening newborns for Krabbe disease	Newborn screening
CT5	No	Expand health insurance eligibility requirements for workers with children at small businesses	Insurance coverage
FL2	No	Prohibit abortion except in certain circumstances	Abortion
		Maintain a list of attorneys who can be consulted for adoption	Adoption
FL3	No	Prohibit abortion except in certain circumstances	Abortion
HI3	Yes	Establish maternal and child health quality improvement program	Preventive measures and education
HI7	Yes	Require breaks for nursing mothers to breastfeed or express milk at work	Breastfeeding
HI8	No	Exempt breastfeeding mothers from jury duty	Breastfeeding
HI9	No	Require screening newborns for congenital heart defects	Newborn screening
HI11	No	Establish maternal and child health quality improvement collaborative	Preventive measures and education
IA3	No	Require screening newborns for congenital heart defects	Newborn screening
IA4	No	Require screening newborns for congenital heart defects	Newborn screening

Ref. #	Pass?	Legal Intervention Description	Sub-topic
IL1	No	Require screening newborns for congenital heart defects	Newborn screening
IL2	No	Increase Medicaid coverage for dental services for adults and children	Insurance coverage
IL3	No	Increase Medicaid coverage for dental services for adults	Insurance coverage
IL5	No	Requires physician to remain on premises on days abortions are performed	Abortion
		Requires physician in a facility that performs abortions to have admitting privileges to a nearby hospital	Abortion
IL8	Yes	Increase Medicaid coverage for pregnant women	Insurance coverage
IL10	No	Increase Medicaid coverage for dental services for pregnant women	Insurance coverage
IL11	Yes	Create a public education campaign for breast cancer awareness	Breastfeeding
IL12	Yes	Increase Medicaid coverage	Insurance coverage
LA3	No	Require screening newborns for congenital heart defects	Newborn screening
MA1	No	Require screening newborns for congenital heart defects	Newborn screening
MA2	No	Require screening newborns for congenital heart defects	Newborn screening
MA7	No	Require hospitals to provide maternity patients with education and supplies to breastfeed or use formula	Breastfeeding
MA15	Yes	Require screening newborns for congenital heart defects	Newborn screening
MD1	No	Require screening newborns for Krabbe disease	Newborn screening
MD2	No	Establish rights and obligations for gamete/embryo donors and receivers	Gestation and birth
MD3	No	Establish licensing requirements and regulations for midwives	Gestation and birth
ME1	Yes	Require screening newborns for congenital heart defects	Newborn screening
MI5	No	Expand and reorganize nurse midwife scope of practice	Gestation and birth
MN5	No	Require screening newborns for congenital heart defects	Newborn screening
MO1	No	Require department of health to establish standards and best practices for perinatal care	Gestation and birth
MO2	No	Expand health insurance eligibility for unborn children	Insurance coverage
MO3	No	Establish a children's health insurance plan for low income families	Insurance coverage
MO4	No	Establish a children's health insurance plan for low income families	Insurance coverage
		Expand health insurance eligibility for unborn children	Insurance coverage
MO5	Yes	Establish a program donating umbilical cord blood to underserved areas	Gestation and birth
MO6	Yes	Establish a program donating umbilical cord blood to underserved areas	Gestation and birth
		Establish a children's health insurance plan for low income families	Insurance coverage

Ref. #	Pass?	Legal Intervention Description	Sub-topic
MO8	No	Exempt early/elective deliveries not done for medical necessity from public health insurance coverage	Insurance coverage
MS1	Yes	Prohibit abortion except in certain circumstances	Abortion
NC1	No	Require screening newborns for congenital heart defects	Newborn screening
NC2	No	Expand and reorganize nurse midwife scope of practice	Gestation and birth
NC3	No	Require screening newborns for congenital heart defects	Newborn screening
NC4	Yes	Include preterm birth instructions in school health education programs	Preventive measures and education
NE1	Yes	Require screening newborns for congenital heart defects	Newborn screening
NH1	Yes	Prohibit whole-genome DNA sequencing of newborns	Newborn screening
NJ1	No	Require screening newborns for cystic fibrosis	Newborn screening
		Require screening newborns for congenital adrenal hyperplasia	Newborn screening
		Require screening newborns for maple syrup urine disease	Newborn screening
		Require screening newborns for homocystinuria	Newborn screening
		Require screening newborns for biotinidase deficiency	Newborn screening
		Require screening newborns for medium chain acy coa dehydrogenase deficiency	Newborn screening
		Require screening newborns for HIV	Newborn screening
		Require screening newborns for sickle cell disease	Newborn screening
NJ2	No	Exempt breastfeeding mothers from jury duty	Breastfeeding
NJ3	No	Require licensing for lactation consultants	Breastfeeding
NM1	Yes	Require screening newborns for congenital heart defects	Newborn screening
NM3	No	Establish a statewide perinatal care program	Gestation and birth
NY2	No	Require comprehensive tobacco cessation information to be provided to pregnant women	Gestation and birth
NY3	No	Require licensing for lactation consultants	Breastfeeding
NY5	No	Require posting in the workplace that breastfeeding mothers may express milk or breastfeed	Breastfeeding
		Require education and counseling on children's' nutrition for new mothers	Preventive measures and education
NY6	Yes	Increase Medicaid coverage for prenatal services	Insurance coverage
NY7	Yes	Require screening newborns for congenital heart defects	Newborn screening

Ref. #	Pass?	Legal Intervention Description	Sub-topic
NY9	No	Require education and outreach to establish day care centers that allow breastfeeding and the expression of breast milk for new mothers	Breastfeeding
		Require education and outreach to establish workplaces that allow breastfeeding and the expression of breast milk for new mothers	Breastfeeding
OH1	No	Require screening newborns for severe combined immunodeficiency	Newborn screening
		Require screening newborns for genetic, endocrine, and metabolic disorders	Newborn screening
OH2	No	Require screening newborns for genetic, endocrine, and metabolic disorders	Newborn screening
OH5	Yes	Require screening newborns for congenital heart defects	Newborn screening
OK1	Yes	Require screening newborns for congenital heart defects	Newborn screening
PA2	No	Require screening newborns for congenital heart defects	Newborn screening
PA3	Yes	Require screening newborns for congenital heart defects	Newborn screening
PA5	Yes	Require screening newborns for Krabbe disease	Newborn screening
PA6	No	Require breaks for nursing mothers to breastfeed or express milk at work	Breastfeeding
PA8	No	Require comprehensive follow-up and treatment for children diagnosed with certain birth defects	Newborn screening
SC2	Yes	Require screening newborns for congenital heart defects	Newborn screening
TN1	No	Require screening newborns for Krabbe disease or other lysosomal storage disorders	Newborn screening
UT1	Yes	Establish licensing and standards for naturopathic medicine, including naturopathic childbirth	Gestation and birth
VA1	Yes	Require screening newborns for congenital heart defects	Newborn screening
VA3	Yes	Require screening newborns for congenital heart defects	Newborn screening
		Require follow-up and treatment for children diagnosed with a congenital heart defect	Newborn screening
VT1	No	Require data gathering on the performance of state programs including those related to children's health	Healthcare systems performance
WA1	No	Establish a voluntary program to encourage breastfeeding	Breastfeeding
WA2	Yes	Require the collection of blood specimens from newborn children for testing for birth defects	Newborn screening
WI1	No	Require screening newborns for congenital heart defects	Newborn screening
WI2	No	Require best practices in hospitals for postpartum patients and newborns	Gestation and birth
		Expand and reorganize nurse midwife scope of practice	Gestation and birth
		Require home visitation programs for persons at risk of poor birth outcomes or child abuse/neglect	Preventive measures and education

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Require informed consent for certain elective procedures prior to full-term birth	Gestation and birth
		Require state department of health to request a waiver from the federal government allowing it to expand Medicaid coverage for women at risk of having negative birth outcomes	Insurance coverage

Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## PREPAREDNESS

MA1	No	Exempt health care providers from liability for errors during emergencies or disasters	Medical care during disasters
MA2	No	Establish a registry for the reporting and tracking of biological agents and toxins	Disaster response
		Establish safety standards for the storage and use of biological agents and toxins	Disaster response
MA3	No	Establish a volunteer registry for people who are able to provide services in health-related facilities during emergencies	Medical care during disasters
MN2	No	Re-organize and expand the powers and duties of community health boards, including preparing for and responding to emergencies	Disaster response
NE1	No	Establish requirements for volunteer emergency responders	Disaster response
NY1	No	Establish a task force to prepare pandemic response plans	Disaster response
OH1	Yes	Establish protocols allowing certain health professionals to administer, deliver, or distribute drugs in public health emergencies	Medical care during disasters
		Establish protocols authorizing pharmacists and pharmacy interns to dispense dangerous drugs in public health emergencies	Medical care during disasters
		Exempt individuals who provide drugs in accordance with protocols from prosecution	Medical care during disasters
OK2	Yes	Establish standards for emergency health care services and volunteer health practitioners in emergency situations	Medical care during disasters
OK3	Yes	Exclude volunteer health practitioners from the definition of emergency management worker under the governor's emergency powers laws	Medical care during disasters
PA1	No	Establish standards for emergency health care services and volunteer health practitioners in emergency situations	Medical care during disasters
PA2	No	Establish standards for emergency health care services and volunteer health practitioners in emergency situations	Medical care during disasters
VA1	Yes	Provide worker's compensation for authorized emergency and emergency volunteer first responders	Disaster response
WV1	Yes	Establish protocols for emergency preparedness in the event of anticipated large-scale disasters	Disaster response

Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## PRESCRIPTION DRUG ABUSE

AL1	Yes	Physicians not required to submit to background checks under certain conditions for pain management authorization	Pain management clinics
AL2	No	Allow physicians and dentists to prescribe opioid antagonists	Opioid antagonists/naloxone
AZ1	Yes	Allow designee of practitioner/pharmacist to access PDMP	PDMP
AZ2	No	Arizona Health Care Cost Containment contractors must monitor the PDMP database and report excessive controlled substance use	PDMP
		Require healthcare providers with authorization to prescribe medication to check the PDMP database	PDMP
		Require pharmacists to check the PDMP database prior to filling a prescription	PDMP
		Arizona Health Care Cost Containment contractors must monitor the PDMP database and report excessive controlled substance use	PDMP
CA1	Yes	Limit liability for drug overdose treatment with an opioid antagonist	Opioid antagonists/naloxone
CA3	Yes	Allow pharmacists to dispense naloxone	Opioid antagonists/naloxone
CA4	Yes	PDMP use required by practitioners and pharmacists	PDMP
CA5	No	PDMP use required by practitioners and pharmacists	PDMP
		Limit prescribing ability based on prescription drug history	Prescriptions and prescribing authority
CA6	Yes	Require training in the administration of naloxone for certain healthcare workers	Opioid antagonists/naloxone
CO1	Yes	Allow controlled substance abuse treatment centers to access state's PDMP	PDMP
CO2	Yes	PDMP use required by practitioners and pharmacists	PDMP
		Increase access to state PDMP	PDMP
CO3	Yes	Restrict state and local governments from accessing personal medical information, including PDMP data	PDMP
CT1	No	Exempt veterinarians from PDMP use requirements	PDMP
CT2	Yes	Limit liability for drug overdose treatment with an opioid antagonist	Opioid antagonists/naloxone
DC1	Yes	Establish state PDMP	PDMP
		PDMP use required by practitioners and pharmacists	PDMP
DE1	Yes	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone

Ref. #	Pass?	Legal Intervention Description	Sub-topic
DE2	Yes	Increase access to state PDMP	PDMP
		Increase disciplinary actions for physicians not following PDMP law	PDMP
DE3	Yes	Require safe disposal of prescription drugs	Drug disposal
DE4	Yes	Establish a community-based naloxone access and training program	Opioid antagonists/naloxone
FL2	No	Increase disciplinary actions for doctors not following PDMP law	PDMP
		PDMP use required before certain drugs may be dispensed	PDMP
FL3	No	Increase scope of practice of advanced practice registered nurses, including prescribing authority	Prescriptions and prescribing authority
FL4	No	PDMP use required before certain drugs may be dispensed	PDMP
		Establish procedures for when information must be supplied to law enforcement from a PDMP	PDMP
		Increase scope of practice and independence of physician assistants, including prescribing authority	Prescriptions and prescribing authority
FL6	Yes	Revise types of information exempt from reporting to a PDMP	PDMP
FL7	No	Establish procedures for when information must be supplied to law enforcement from a PDMP	PDMP
		Allow state health agency to report on patterns of drug prescribing without using personally identifying information	Reporting on drug impacts
FL8	No	PDMP information accessible by law enforcement only during active investigations	PDMP
FL12	No	Increase scope of practice of advanced practice registered nurses, including prescribing authority	Prescriptions and prescribing authority
FL14	No	Law enforcement must submit subpoena to access PDMP information	PDMP
GA1	Yes	Require the licensure of pain management clinics	Pain management clinics
GA2	Yes	Establish Good Samaritan drug overdose law	Good Samaritan overdose
GA3	Yes	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Allow health practitioners to prescribe opioid antagonists	Opioid antagonists/naloxone
HI1	No	Prohibit the prescription of long-lasting opioid pain killers in certain circumstances	Prescriptions and prescribing authority
IA1	Yes	Adopt opioid prescription guidelines	Prescriptions and prescribing authority
IA2	No	Increase penalties for violating PDMP laws	PDMP
IA3	No	Establish Good Samaritan drug overdose law	Good Samaritan overdose



Ref. #	Pass?	Legal Intervention Description	Sub-topic
IA5	No	PDMP use required by practitioners and pharmacists	PDMP
IA6	Yes	Allow the exchange of information with PDMPs in other states	PDMP
IA8	No	Increase number of substances reportable to a PDMP	PDMP
		Add certain substances to the controlled substances schedules	Controlled substance schedules
ID1	Yes	Allow recipient of a dispensed controlled substance to have access to PDMP data	PDMP
IL5	No	Create drug repository programs	Drug disposal
IL7	No	Limit prescription authority of certain medical professions	Prescriptions and prescribing authority
IN1	No	Limit supply of opioid addiction treatment medication in a treatment program	Substance abuse treatment
IN3	Yes	Establish Good Samaritan drug overdose law	Good Samaritan overdose
IN4	Yes	Establish neonatal abstinence syndrome reporting pilot programs	Reporting on drug impacts
KS1	No	Set PDMP advisory committee membership requirements	PDMP
KS2	No	Set PDMP user fees	PDMP
KY1	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
KY2	No	Allow the exchange of information with PDMPs in other states	PDMP
KY3	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Mandatory reporting on drug related deaths	Reporting on drug impacts
		Controlled substance treatment offered under Medicaid	Substance abuse treatment
KY4	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
KY5	Yes	Report statistics on controlled substance or alcohol addicted newborns	Reporting on drug impacts
KY6	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Establish Good Samaritan drug overdose law	Good Samaritan overdose
		Controlled substance abuse treatment offered under Medicaid	Substance abuse treatment

Ref. #	Pass?	Legal Intervention Description	Sub-topic
KY7	No	Mandatory law enforcement training on heroin	Law enforcement
		Mandatory reporting on drug related deaths	Reporting on drug impacts
KY8	No	Mandatory reporting on drug related deaths	Reporting on drug impacts
		Controlled substance treatment offered under Medicaid	Substance abuse treatment
		Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Establish Good Samaritan drug overdose law	Good Samaritan overdose
KY9	No	Mandatory reporting on drug related deaths	Reporting on drug impacts
KY1	No	Mandatory reporting on drug related deaths	Reporting on drug impacts
		Controlled substance treatment offered under Medicaid	Substance abuse treatment
KY11	No	Mandatory law enforcement training on heroin	Law enforcement
		Mandatory reporting on drug related deaths	Reporting on drug impacts
		Controlled substance treatment offered under Medicaid	Substance abuse treatment
KY12	No	Allow pharmacists to prescribe and dispense opioid antagonists	Opioid antagonists/naloxone
		Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
KY13	No	Mandatory reporting on drug related deaths	Reporting on drug impacts
LA1	No	Law enforcement must submit subpoena to access PDMP information	PDMP
LA2	Yes	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
LA3	No	Third parties may administer naloxone	Opioid antagonists/naloxone
LA5	Yes	Require limitations on certain medical prescriptions for controlled substances	Prescriptions and prescribing authority
LA7	Yes	Require the licensure of pain management clinics	Pain management clinics
LA8	Yes	Change the frequency of PDMP reporting	PDMP

Ref. #	Pass?	Legal Intervention Description	Sub-topic
LA9	No	Pain management clinics are governed by state board of medical examiners	Pain management clinics
MA7	No	Enact regulations on opioid dependence treatment using buprenorphine	Substance abuse treatment
MA8	No	Verify the validity of prescriptions from other states prior to filling	Prescriptions and prescribing authority
		Must comply with other states' PDMP laws when mailing prescriptions	PDMP
MA9	No	Require reporting of prescription drug adverse event	Reporting on drug impacts
MA1	No	Allow marijuana to be prescribed for medicinal purposes	Marijuana
MA11	No	Mandatory reporting on drug related deaths	Reporting on drug impacts
		PDMP must be checked when a person dies of a drug overdose	PDMP
MA12	No	Requiring tamper-resistant opioid drug prescriptions	Prescriptions and prescribing authority
MA14	Yes	Enact standards for substance use disorder treatment providers	Substance abuse treatment
		PDMP use required by practitioners and pharmacists	PDMP
MA16	No	Medical insurance must cover deterrent opioid products	Substance abuse treatment
		Medical insurance must cover substance abuse disorders treatment	Substance abuse treatment
MD1	Yes	Require PDMP to be evaluated	PDMP
MD2	Yes	Require PDMP administrators to obtain clinical guidance and interpretation before reporting possible misuse or abuse	PDMP
ME1	Yes	Require PDMP to auto-enroll all prescribers on licensure/registration	PDMP
ME2	No	Decrease public medical insurance coverage for opioid addiction treatment	Substance abuse treatment
ME3	No	Increase public medical insurance coverage for opioid addiction treatment	Substance abuse treatment
ME4	No	Increase public medical insurance coverage for opioid addiction treatment	Substance abuse treatment
ME5	No	PDMP information accessible by law enforcement only during active investigations	PDMP
ME6	No	Allow health practitioners to prescribe opioid antagonists	Opioid antagonists/naloxone
ME7	Yes	Establish Good Samaritan drug overdose law	Good Samaritan overdose

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Public medical insurance must cover opioid overdose medication	Substance abuse treatment
		Make opioid antagonists available through standing order prescriptions	Opioid antagonists/naloxone
		Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Allow physicians to prescribe opioid antagonists	Opioid antagonists/naloxone
MI2	Yes	Allow physicians to prescribe opioid antagonists	Opioid antagonists/naloxone
MI3	No	Allow the exchange of information with PDMPs in other states	PDMP
MI4	No	Establish Good Samaritan drug overdose law	Good Samaritan overdose
MI5	No	Establish Good Samaritan drug overdose law	Good Samaritan overdose
		Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
MI7	Yes	Establish Good Samaritan drug overdose law	Good Samaritan overdose
		Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
MN1	Yes	Establish standards for methadone treatment program	Substance abuse treatment
MN2	No	Increase access to state PDMP	PDMP
		Establish stricter pharmacist licensure requirements	Pharmacy regulation
		Establish heightened drug compounding requirements	Drug safety
MN5	No	Limit collection and retention of personally identifying information in the state's PDMP	PDMP
		Establish Good Samaritan drug overdose law	Good Samaritan overdose
MN6	Yes	Allow physicians, nurse practitioners, and physician assistants to prescribe opioid antagonists	Opioid antagonists/naloxone
		Establish Good Samaritan drug overdose law	Good Samaritan overdose
		Allow the exchange of information with PDMPs in other states	PDMP
MN8	No	Establish procedures for the retention of PDMP data	PDMP
		Allow the exchange of information with PDMPs in other states	PDMP

Ref. #	Pass?	Legal Intervention Description	Sub-topic
MN1	No	Establish procedures for the retention of PDMP data	PDMP
MN11	No	Require licensure for mental health services	Substance abuse treatment
		Establish standards for methadone treatment program	Substance abuse treatment
		Allow controlled substance abuse treatment centers to access state's PDMP	PDMP
MN12	No	Increase scope of practice of pharmacists	Pharmacy regulation
		Establish pharmacy business licensing requirements	Pharmacy regulation
		Allow the exchange of information with PDMPs in other states	PDMP
		Increase access to state PDMP	PDMP
MN13	No	Expand grounds for disciplinary actions against pharmacists, especially when illegally dispensing controlled substances	Medical professional oversight
MN15	Yes	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Establish Good Samaritan drug overdose law	Good Samaritan overdose
MN17	No	Establish procedures for the sharing of PDMP data	PDMP
		Allow the exchange of information with PDMPs in other states	PDMP
MO1	No	Establish state PDMP	PDMP
MO2	Yes	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
MO3	No	Increase public medical insurance coverage for opioid addiction treatment	Substance abuse treatment
MS1	No	Establish Good Samaritan drug overdose law	Good Samaritan overdose
MS2	No	Exempt veterinarians from PDMP use requirements	PDMP
MS3	No	Exempt PDMP data from disclosure in civil court	PDMP
MS4	No	Veterinarians required to participate in PDMP	PDMP
MS6	No	PDMP use required before certain drugs may be dispensed	PDMP
MS8	Yes	Exempt veterinarians from PDMP use requirements	PDMP
NC1	No	Increase access to state PDMP	PDMP
NC2	Yes	Establish Good Samaritan drug overdose law	Good Samaritan overdose
NE1	Yes	Add certain substances to the controlled substances schedules	Controlled substance schedules

Ref. #	Pass?	Legal Intervention Description	Sub-topic
NE2	No	Establish state PDMP	PDMP
NJ1	No	Allow state health agency to report on patterns of drug prescribing	Reporting on drug impacts
		Establish procedures for access to PDMP information	PDMP
NJ2	No	PDMP use required before certain drugs may be dispensed	PDMP
NJ3	No	Allow terminally ill to self-administer medication to end life	Euthanasia
NJ4	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
NJ5	No	Increase access to state PDMP	PDMP
		PDMP use required before certain drugs may be dispensed	PDMP
NJ6	No	Establish procedures for access to PDMP information by law enforcement	PDMP
NJ7	No	Change the frequency of reporting prescribing information to PDMP	PDMP
NJ8	No	Allow state health agency to report on patterns of drug prescribing	Reporting on drug impacts
		Require PDMP to auto-enroll all prescribers on licensure/registration	PDMP
		Establish procedures for access to PDMP information by law enforcement	PDMP
NJ9	No	Allow state health agency to report on patterns of drug prescribing	Reporting on drug impacts
		PDMP use required by practitioners and pharmacists	PDMP
NJ11	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Establish Good Samaritan drug overdose law	Good Samaritan overdose
NJ16	No	Medical insurance must cover naloxone/buprenorphine admixture	Opioid antagonists/naloxone
		Medical insurance must cover buprenorphine	Substance abuse treatment
NJ19	No	PDMP use required before certain drugs may be dispensed	PDMP
NJ21	No	Establish procedures for when information must be supplied to law enforcement from a PDMP	PDMP
NJ23	No	PDMP use required by practitioners and pharmacists	PDMP
NJ24	Yes	Allow state health agency to report on patterns of drug prescribing	Reporting on drug impacts
		Increase access to state PDMP	PDMP
NJ27	No	Needle exchanges may obtain standing orders to dispense naloxone	Opioid antagonists/naloxone

Ref. #	Pass?	Legal Intervention Description	Sub-topic
		Establish Good Samaritan drug overdose law	Good Samaritan overdose
NY1	No	Establish disposal program for prescription drugs	Drug disposal
NY2	No	Establish prescription drug abuse public awareness campaign	Drug education
NY3	No	Provide rehabilitation to parents of newborns testing positive for alcohol or controlled substances	Substance abuse treatment
NY4	No	Establish opioid overdose prevention pilot program using naloxone	Opioid antagonists/naloxone
NY5	No	Regulate and partially legalize the use of marijuana	Marijuana
NY9	Yes	Allow pharmacists and other health care professionals to prescribe opioid antagonists	Opioid antagonists/naloxone
NY1	No	Opioid prescriptions required to be accompanied by naloxone prescription	Opioid antagonists/naloxone
NY11	No	Establish Good Samaritan drug overdose law	Good Samaritan overdose
NY16	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Rehabilitation facilities may carry and dispense naloxone	Opioid antagonists/naloxone
NY17	No	Allow marijuana to be prescribed for medicinal purposes	Marijuana
NY18	Yes	Allow marijuana to be prescribed for medicinal purposes	Marijuana
OH2	Yes	Allow pharmacists and other health care professionals to prescribe opioid antagonists	Opioid antagonists/naloxone
OH4	No	Medical insurance must cover deterrent opioid products	Substance abuse treatment
OH6	Yes	Permit schools to obtain and use epinephrine autoinjectors	Epinephrine
OH7	Yes	Prescribers must obtain parental/guardian consent to issue controlled substances to minors	Prescriptions and prescribing authority
OH8	Yes	Hospitals must report controlled substance or alcohol dependent newborns	Reporting on drug impacts
OH9	Yes	PDMP use required by practitioners and pharmacists	PDMP
OH1	Yes	Health curricula of school districts must include prescription opioid abuse prevention	Drug education
OH11	No	Public medical insurance must cover opioid addiction treatment	Substance abuse treatment
OH12	Yes	Physicians must ensure patients are receiving proper treatment before prescribing drugs for opioid addiction	Prescriptions and prescribing authority

Ref. #	Pass?	Legal Intervention Description	Sub-topic
OH14	No	Prohibit physician assistants from delegating the administration of controlled substances	Medical professional oversight
OH2	No	Add certain substances to the controlled substances schedules	Controlled substance schedules
OH21	No	Allow the Board of Nursing to revoke prescribing privileges	Medical professional oversight
OH22	No	Fine medical professionals for failing to comply with continuing education requirements	Medical professional oversight
OH24	No	Allow the state attorney general to place certain controlled substances on the Schedule I list	Controlled substance schedules
OH26	Yes	Establish pilot program to allow first responders to carry and use naloxone	Opioid antagonists/naloxone
OH27	No	Establish a program giving access to and training on how to use naloxone	Opioid antagonists/naloxone
		Allow pharmacists and other health care professionals to prescribe and dispense opioid antagonists	Opioid antagonists/naloxone
OH29	No	Allow pharmacists to enter into agreements that authorize them to prescribe and administer drugs	Prescriptions and prescribing authority
OH3	Yes	Make forcing pregnant women to take drugs a criminal offense	Drug crimes
		PDMP use required by practitioners and pharmacists	PDMP
OH33	No	Allow the state attorney general to place certain controlled substances on the Schedule I list	Controlled substance schedules
OK1	Yes	Increase access to state PDMP	PDMP
OK2	Yes	Third parties may administer naloxone	Opioid antagonists/naloxone
		Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
OK3	No	PDMP use required before certain drugs may be dispensed	PDMP
OK4	Yes	Allow the exchange of information with PDMPs in other states	PDMP
OK5	Yes	Add certain substances to the controlled substances schedules	Controlled substance schedules
OK6	No	Require pain management clinics to be owned and operated by certain individuals	Pain management clinics
OK8	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Establish Good Samaritan drug overdose law	Good Samaritan overdose



Ref. #	Pass?	Legal Intervention Description	Sub-topic
OK9	Yes	Mandatory reporting on drug related deaths	Reporting on drug impacts
OK1	No	Require the licensure of pain management clinics	Pain management clinics
PA1	No	Establish state PDMP	PDMP
PA3	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Make opioid antagonists available through standing order prescriptions	Opioid antagonists/naloxone
		Third parties may administer naloxone	Opioid antagonists/naloxone
PA5	No	Enact standards for substance use disorder treatment providers	Substance abuse treatment
PA7	Yes	Establish Good Samaritan drug overdose law	Good Samaritan overdose
PA8	Yes	Establish procedures for the retention of PDMP data	PDMP
PA9	No	Allow marijuana to be prescribed for medicinal purposes	Marijuana
PA1	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Allow health practitioners to prescribe opioid antagonists	Opioid antagonists/naloxone
		Third parties may administer naloxone	Opioid antagonists/naloxone
PA11	No	Establish an opioid overdose education program	Drug education
		Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Allow health practitioners to prescribe opioid antagonists	Opioid antagonists/naloxone
		Third parties may administer naloxone	Opioid antagonists/naloxone
		Establish Good Samaritan drug overdose law	Good Samaritan overdose
RI2	Yes	Add certain substances to the controlled substances schedules	Controlled substance schedules
RI3	Yes	Establish procedures for the retention of PDMP data	PDMP
		Establish procedures for the sharing of PDMP data	PDMP

Ref. #	Pass?	Legal Intervention Description	Sub-topic
RI5	Yes	Add certain substances to the controlled substances schedules	Controlled substance schedules
		PDMP use required by practitioners and pharmacists	PDMP
		Require special discharge plans for patients treated for substance abuse	Substance abuse treatment
RI8	Yes	Medical insurance must cover opioid addiction treatment drugs	Substance abuse treatment
		Require special discharge plans for patients treated for substance abuse	Controlled substance schedules
RI9	Yes	Add certain substances to the controlled substances schedules	Controlled substance schedules
RI1	Yes	Establish procedures for the transmission of electronic prescriptions	Prescriptions and prescribing authority
RI11	Yes	Allow designee of practitioner/pharmacist to access PDMP	PDMP
		PDMP use required by practitioners and pharmacists	PDMP
RI12	Yes	Add certain substances to the controlled substances schedules	Controlled substance schedules
SC1	Yes	Require parents to be drug tested before returning children taken away because of substance abuse issues	Substance abuse treatment
SC2	No	Add certain substances to the controlled substances schedules	Controlled substance schedules
SC5	No	Establish Good Samaritan drug overdose law	Good Samaritan overdose
		Add certain substances to the controlled substances schedules	Controlled substance schedules
SC6	Yes	Allow designee of practitioner/pharmacist to access PDMP	PDMP
		Require daily submission of PDMP information	PDMP
SC7	No	Exempt certain entities from the PDMP	PDMP
		Allow pharmacies in certain countries to export drugs to the state without a pharmacy license	Pharmacy regulation
SC8	Yes	Allow health practitioners to prescribe opioid antagonists	Opioid antagonists/naloxone
		Third parties may administer naloxone	Opioid antagonists/naloxone
		Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
		Allow pharmacies in certain countries to export drugs to the state without a pharmacy license	Pharmacy regulation

Ref. #	Pass?	Legal Intervention Description	Sub-topic
TN1	Yes	Provide immunity for pregnant women seeking substance abuse treatment	Substance abuse treatment
TN2	Yes	Prevent pain management clinics from dispensing controlled substances except as samples	Pain management clinics
TN3	Yes	Establish a drug offender registry	Law enforcement
TN4	Yes	Require heightened oversight and restrictions on pain management clinics	Pain management clinics
TN5	Yes	Allow health practitioners to prescribe opioid antagonists	Opioid antagonists/naloxone
		Third parties may administer naloxone	Opioid antagonists/naloxone
TN6	Yes	Limit prescribers from dispensing opioids and benzodiazepines	Prescriptions and prescribing authority
TN7	Yes	Require heightened oversight and restrictions on pain management clinics	Pain management clinics
TN14	Yes	Require heightened oversight and restrictions on dispensing opioids and related drugs	Pain management clinics
TX1	No	Establish procedures for access to PDMP information by law enforcement	PDMP
UT1	Yes	Third parties may administer naloxone	Opioid antagonists/naloxone
		Allow health practitioners to prescribe opioid antagonists	Opioid antagonists/naloxone
UT3	Yes	Allow Medicaid managed care organizations to access state's PDMP in certain circumstances	PDMP
UT4	Yes	Allow designee of practitioner/pharmacist to access PDMP	PDMP
VA1	Yes	Allow dispensers authorized to access state PDMP to delegate this activity	PDMP
VA2	No	Establish Good Samaritan drug overdose law	Good Samaritan overdose
VA3	Yes	Board of Pharmacy allowed to identify "drugs of concern" for PDMP reporting	PDMP
VA4	Yes	PDMP must inform subject when prescription information is disclosed	PDMP
VA5	No	Change the frequency of PDMP reporting	PDMP
VA6	Yes	PDMP use required by practitioners/pharmacists for buprenorphine treatment	PDMP
VA7	No	Allow minors of any age to be admitted for inpatient mental health treatment without their consent	Substance abuse treatment
VA8	No	PDMP use required by practitioners/pharmacists for opioid replacement treatment	PDMP
VA9	Yes	PDMP use required by practitioners/pharmacists for benzodiazepine or opiate prescriptions	PDMP
VT1	No	Restrict access to state PDMP	PDMP

Ref. #	Pass?	Legal Intervention Description	Sub-topic
VT3	No	Allow replacement prescriptions for controlled substances	Prescriptions and prescribing authority
VT4	Yes	Require a patient to show identification when receiving a prescription medication	Prescriptions and prescribing authority
		Establish state PDMP	PDMP
		Allow the exchange of information with PDMPs in other states	PDMP
		Increase access to state PDMP	PDMP
		Require pharmacies to track sales of products that could be used in the production of methamphetamine	Pharmacy regulation
		Adopt controlled substance prescription guidelines	Prescriptions and prescribing authority
VT6	No	Establish Good Samaritan drug overdose law	Good Samaritan overdose
VT7	No	Require a patient to show identification when receiving a prescription medication	Prescriptions and prescribing authority
		Establish state PDMP	PDMP
		Allow the exchange of information with PDMPs in other states	PDMP
		Increase access to state PDMP	PDMP
VT8	Yes	Require people convicted of some drug-related offenses to be treated for substance abuse	Substance abuse treatment
WA2	No	Increase access to state PDMP	PDMP
WA4	No	Integrate the state's PDMP into the coordinated care information tracking system	PDMP
WI1	Yes	Exempt veterinarians from PDMP use requirements	PDMP
WI3	Yes	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
WI4	Yes	Establish Good Samaritan drug overdose law	Good Samaritan overdose
WI6	Yes	PDMP use required by practitioners and pharmacists	PDMP
		Allow the suspension of a pharmacist's license for failing to renew	Medical professional oversight
		Allow a pharmacist's licensure reciprocity when licensed in other states	Medical professional oversight
WI7	No	Establish Good Samaritan drug overdose law	Good Samaritan overdose
WV1	No	Place restrictions on the prescription of oxycontin and fentanyl	Prescriptions and prescribing authority

Ref. #	Pass?	Legal Intervention Description	Sub-topic
WV2	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
WV3	No	Allow health practitioners to prescribe opioid antagonists	Opioid antagonists/naloxone
		Third parties may administer naloxone	Opioid antagonists/naloxone
WV4	No	Add certain substances to the controlled substances schedules	Controlled substance schedules
WV5	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone
WV6	No	Allow first responders to carry and use naloxone	Opioid antagonists/naloxone

Ref. #	Pass?	Legal Intervention Description	Sub-topic
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## PRIVACY

CA2	No	Prohibit disclosure of student mental health program medical information	Medical information disclosure
CA4	Yes	Prohibit disclosure of patient's medical information	Medical information disclosure
		Require reporting of unauthorized disclosure of patient's medical information to health department	Medical information disclosure
		Require reporting of unauthorized disclosure of patient's medical information to patient or patient's representative	Medical information disclosure
CA5	Yes	Require state government agency disclosure of patient medical information upon request to in-state hospitals, local health departments or officers, or federal agencies	Medical information disclosure
		Prohibit disclosure of patient's medical information to a person or entity except if imposed by court order, subpoena, or other legal requirement	Medical information disclosure
		Prohibit disclosure of patient's medical information if it creates an unreasonable risk to patient privacy	Medical information disclosure
CA6	No	Require written disclosure of patient medical records upon written request by an attorney and a patient or their authorized representative	Medical information disclosure
CA7	Yes	Require state inmate medical information to be transferred from state department of corrections to local agency in accordance with applicable federal privacy laws	Medical information disclosure
CA8	Yes	Prohibit health care provider disclosure of patient medical information related to outpatient psychotherapist treatment unless certain requirements met	Medical information disclosure
		Prohibit health care plan disclosure of patient medical information related to outpatient psychotherapist treatment unless certain requirements met	Medical information disclosure
		Require health care plan disclosure of patient medical information to the subscriber or enrollee upon request	Medical information disclosure
		Prohibit businesses from submitting oral or written requests for medical information directly to an individual	Medical information disclosure
CA9	No	Prohibit disclosure of an individual's genetic information without the individual's written authorization unless requested under a court order or other legal requirement	Medical information disclosure
CA10	Yes	Require health insurers to provide deidentified data to large group purchasers upon request	Releasing healthcare statistics
CA12	No	Establish a database of information on health care that can be used to improve the delivered health services	Releasing healthcare statistics
CT2	Yes	Require pharmacies to disclose information on the use and protection of private medical information for pharmacy reward programs	Medical information disclosure
DE1	Yes	Require companies to make personally identifying information unreadable when seeking to permanently destroy such information	Medical information disclosure
HI1	Yes	Prohibit pharmacies from advertising to patients using medical health information without the patient's consent	Advertising

Ref. #	Pass?	Legal Intervention Description	Sub-topic
HI2	No	Establish a privacy officer position to comply with federal health information privacy and security laws	Medical information disclosure
		Establish a security officer position to comply with federal health information privacy and security laws	Medical information disclosure
HI4	No	Establish formal procedures for the use and release of medical information	Medical information disclosure
HI8	Yes	Require federal standards (HIPAA) for the privacy of health information related to mental health and developmental disabilities	Medical information disclosure
IA1	No	Allow access to health information under federal law (HIPAA) rather than more restrictive state laws when using the information for certain purposes	Medical information disclosure
IL1	No	Prohibit unauthorized disclosure of patient's medical information when receiving a transplant	Medical information disclosure
IL8	Yes	Define "adult grandchild" in adoption statutes, allowing them access to information on their adopted grandparent's birth and medical information	Adoption records
		Establish procedures for petitioning personally identifying medical information from the state adoption registry	Adoption records
IL9	Yes	Allow the analysis of information on children's' health care under Medicaid to improve service delivery	Releasing healthcare statistics
		Require the integration of online data sources to simplify applying for long-term care	Releasing healthcare statistics
IL11	No	Prohibit unauthorized disclosure of patient's medical information, including information on meningococcal vaccines to patients 10 to 13 years old	Medical information disclosure
KS1	Yes	Deem patients who expose care providers to bodily fluids as having consented to testing for communicable diseases	Medical information disclosure
		Deem care providers who expose patients to bodily fluids as having consented to testing for communicable diseases	Medical information disclosure
		Provide a person exposed to another person's bodily fluid with any communicable disease test results	Medical information disclosure
		Require hospitals to have notification and communicable disease testing protocols in the event of an exposure	Medical information disclosure
LA1	Yes	Prohibit unauthorized disclosure of patient's medical information	Medical information disclosure
		Establish protocols for the release of deidentified health data to be used for research	Releasing healthcare statistics
LA2	Yes	Establish standards for practicing telemedicine	Medical information disclosure
MA1	No	Prohibit unauthorized disclosure of patient's medical information	Medical information disclosure

Ref. #	Pass?	Legal Intervention Description	Sub-topic
MA6	No	Require adverse drug events to be reported in accordance with federal law	Medical information disclosure
MA10	No	Allow patients the option to restrict which healthcare providers may provide their information to a statewide electronic health records network	Medical information disclosure
		Allow patients to bring a civil suit for failure to maintain security and privacy of their electronic health records	Medical information disclosure
MA11	No	Require pharmacies to protect patient prescription data considered to be "protected health information"	Medical information disclosure
MA15	Yes	Require substance abuse disorder treatment providers to give the state information to determine compliance with voluntary certification standards	Medical profession oversight
MD1	Yes	Establish rules to govern access to medical information in a health information exchange	Medical information disclosure
ME1	No	Require pilot programs incentivizing wellness and prevention of illness/disease to safeguard private medical information	Medical information disclosure
ME2	Yes	Require services delivered under a collaborative practice agreement between pharmacists and practitioners to comply with federal law (HIPAA)	Medical information disclosure
ME3	Yes	Establish rules on the release of protected medical information that comply with federal law	Medical information disclosure
MN1	No	Allow use of court information to conduct background checks on people providing care to vulnerable adults	Medical profession oversight
		Establish systems to monitor data on home and community-based personal assistance services for patterns of abuse, neglect, or exploitation	Releasing healthcare statistics
		Establish procedures for the proper handling of private medical information and personally identifying information	Medical information disclosure
MO1	No	Require state health agency to provide healthcare cost data upon request	Releasing healthcare statistics
		Require Medicaid pilot programs to analyze data on at-risk populations	Releasing healthcare statistics
MO2	No	Require state health agency to provide healthcare cost data upon request	Releasing healthcare statistics
		Require Medicaid pilot programs to analyze data on at-risk populations	Releasing healthcare statistics
MS1	Yes	Establish a statewide health information network to store and transmit electronic health records	Medical information disclosure
		Require the statewide health information network to secure personal health information	Medical information disclosure
NC1	Yes	Prohibit charging the full amount for a surgical procedure on a patient who does not consent	Patient consent
NC2	No	Require the submission of cost data sufficient to track and analyze mental health expenditures under Medicaid	Releasing healthcare statistics



Ref. #	Pass?	Legal Intervention Description	Sub-topic
NH2	Yes	Restrict how much biometric data can be collected by state and local governments	Releasing healthcare statistics
NH3	No	Require certain health care data be made available upon request	Releasing healthcare statistics
NJ1	No	Allow penalty for failure to report unauthorized disclosure of patient's personally identifying information	Medical information disclosure
NJ2	No	Establish a statewide system for the sharing of electronic health information	Medical information disclosure
NJ3	No	Allow surrogate decision makers to receive medical information necessary to make decisions about a patient's health care	Medical information disclosure
NJ4	No	Establish a pilot program for smart cards with personal health information for Medicaid recipients	Medical information disclosure
NM1	No	Require the department of health to use the state's health information system to issue community health indexes for counties in the state	Releasing healthcare statistics
OR1	Yes	Prohibit unauthorized disclosure of patient's medical information gathered by mid-level practitioners	Medical information disclosure
PA2	No	Prohibit disclosure of patient's medical information by a pharmacy benefit management program to a person or entity except if imposed by court order, subpoena, or other legal requirement	Medical information disclosure
		Require state health care agencies to aggregate and study data on substance abuse	Releasing healthcare statistics
UT1	Yes	Enact comprehensive mail-order pharmacy legislation	Releasing healthcare statistics
UT2	Yes	Establish requirements and rules for dispensing medical practitioners, including medication delivery and labeling requirements	Medical information disclosure
UT3	Yes	Establish requirements and rules for pharmacy technician trainee licensure, including sharing information on unprofessional conduct	Medical profession oversight
VT1	No	Prohibit unauthorized disclosure of patient's mental health information except under certain circumstances	Medical information disclosure
WA1	Yes	Prohibit unauthorized disclosure of patient's medical information except under certain circumstances	Medical information disclosure
WA2	No	Require the gathering and reporting of data on instances of psychiatric boarding by mental health professionals and organizations contracting to place patients in mental health treatment	Releasing healthcare statistics
WA3	No	Require state health agency to provide health care cost data upon request	Releasing healthcare statistics
WI1	Yes	Exempt health insurers and providers from medical record confidentiality requirements if the records are released in compliance with federal law and the release is for the purposes of treatment or payment	Medical information disclosure