



## DECLARED STATES OF EMERGENCY – OPIOID CRISIS Fact Sheet

High rates of morbidity and mortality among Americans related to opioid use constitute a public health epidemic, leading multiple jurisdictions to declare formal states of emergency or public health emergency.<sup>1</sup>

As summarized below, 6 states (Alaska, Arizona, Florida, Maryland, Massachusetts, Virginia)<sup>2</sup> have declared emergencies due to the opioid crisis (see also the Network's brief [PowerPoint primer](#) on state-based opioid related declarations). Through these declarations, states have:

- extended access to naloxone to reduce overdose deaths;
- enhanced surveillance and reporting of overdose deaths from doctors and hospitals;
- mandated Prescription Drug Monitoring Programs (PDMPs) by physicians and pharmacists; and
- garnered federal grants for resources, programs and treatment services, and prevention.

Federal public health and law enforcement authorities have recommended better public education regarding the harms of prescription and illicit opioids, supported cutting-edge research on pain and addiction, and advocated for revised practices for improved pain management (including significantly lower amounts of prescribed drugs). In response to the opioid crisis, the federal Department of Health and Human Services (HHS) is focusing its efforts on 5 major priorities:<sup>3</sup>

- improving access to treatment and recovery services;
- promoting use of overdose-reversing drugs;
- strengthening public health surveillance;
- providing support for cutting-edge research on pain and addiction; and
- advancing better practices for pain management.

Across the U.S., PDMPs<sup>4</sup> help track controlled substance prescriptions dispensed by pharmacies and prescribers. Doctors, pharmacists, and, in some states, researchers, health insurers, and medical licensing boards may access the data to monitor patient use and prescribing practices. The National Alliance for Model State Drug Laws (NAMSDL) provides a list of mandated uses of state PDMPs.<sup>5</sup>

States have also [enacted laws](#) to encourage people who witness overdoses to summon emergency responders. Forty states and D.C. have enacted these Good Samaritan or 911 drug immunity laws to immunize medical professionals and pharmacists who prescribe or dispense naloxone, or persons who administer or receive it, from criminal, civil, or professional liability.<sup>6</sup> Laws in 44 states provide civil immunity to laypersons who administer naloxone. Such laws also provide immunity from some drug possession and use offenses when someone calls 911 for medical attention for him- or her-self or others experiencing a narcotic [overdose](#).



## Brief Summary of State Declarations (listed in reverse chronological order)

**Arizona:** On June 5, 2017, Governor Doug Ducey declared a state of public health emergency to address opioid overdoses.<sup>7</sup> It allows better coordination of public health efforts between state, local, and private-sector partners, including authorizing law enforcement and first responders to carry and administer naloxone throughout the community to help prevent drug overdose deaths. Enhanced surveillance activities provide for increased reporting of overdose deaths from health care entities. The Arizona Department of Health Services seeks ways to prevent prescription opioid drug abuse through appropriate prescribing practices, developing guidelines to educate healthcare providers on responsible prescribing practices, and expanding access to treatment.

**Florida:** On May 3, 2017, Governor Rick Scott declared a state-wide public health emergency.<sup>8</sup> It empowers the Governor to spend funds immediately without legislative approval and expedites public health responses. The Department of Children and Families, Department of Health, and Department of Law Enforcement have met with local communities to identify strategies to fight the opioid use. They can suspend the effect of any statute, rule, ordinance, or order to procure necessary supplies, commodities, services, and temporary premises.

**Maryland:** On March 1, 2017, Governor Larry Hogan announced a state of emergency to expand and coordinate resources to combat the opioid epidemic,<sup>9</sup> consistent with the previously-announced 2017 Heroin Prevention, Treatment, and Enforcement Initiative – a multi-pronged strategy to tackle the evolving threat of heroin and opioid addiction. Governor Hogan committed \$50 million in new spending over 5 years coordinated by Maryland’s emergency management authority with other state and local jurisdictions, as well as private sector and nonprofit entities to ensure whole-community involvement.

**Alaska:** On February 14, 2017, Governor Bill Walker declared a state public health emergency concerning the opioid crisis.<sup>10</sup> It directs the Commissioner and State Medical Officer of the Department of Health and Social Service to coordinate a statewide overdose Response Program (ORP) and issue a statewide medical standing order allowing healthcare officials, first responders, and the public to dispense and administer naloxone paid for, in part, via federal funds.

**Virginia:** On November 21, 2016, Governor Terry McAuliffe supported the Commissioner of Health’s declaration of a public health emergency to address the opioid crisis.<sup>11</sup> The declaration allows the public to obtain naloxone pursuant to the Commissioner’s order in the form of a prescription for the general public. Goals underlying the declaration are to raise public awareness of the opioid epidemic, equip individuals to recognize the signs of addiction, and help those struggling with addiction to seek care and lower the stigma towards addiction.

**Massachusetts:** On March 27, 2014, Governor Deval Patrick declared a public health emergency regarding the Commonwealth’s opioid-addiction epidemic.<sup>12</sup> It empowered Massachusetts’ public health commissioner to use emergency powers to expand access to naloxone, requires physicians and pharmacists to check the PDMP in some situations, and prohibits prescribing and dispensing of hydrocodone-only medication. Governor Patrick allocated \$20 million for addiction treatment services.

### SUPPORTERS

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The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

- <sup>1</sup> National Institute on Drug Abuse, *Opioid Crisis*, (Revised June 2017), <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis>.
- <sup>2</sup> Andy Baker-White, *Emergency Declarations and Opioid Overdose Prevention*, ASTHO (June 8, 2017, 3:49 PM), <http://www.astho.org/StatePublicHealth/Emergency-Declarations-and-Opioid-Overdose-Prevention/6-8-17/>.
- <sup>3</sup> National Institute on Drug Abuse, *Opioid Crisis*, (Revised June 2017), <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis>.
- <sup>4</sup> The PEW Charitable Trust, *Prescription Drug Monitoring Programs: Evidence-based practices to optimize prescriber use* (Dec. 2016), <http://namsdl.dynamicwebware.com/News%20Tab/Highlighted%20Issues/Pew%20PDMs%20Best%20Practices%20Prescriber%20Use%20December%202016.pdf>
- <sup>5</sup> National Alliance. for Model State Drug Laws, *Mandated use of State Prescription Drug Monitoring Programs (PMPs): highlights of Key State Requirements* (Dec. 21, 2016), [http://namsdl.dynamicwebware.com/News%20Tab/Highlighted%20Issues/Mandated%20Use%20of%20State%20Prescription%20Drug%20Monitoring%20Programs%20Highlights%20of%20Key%20State%20Requirements%2012\\_31\\_16.pdf](http://namsdl.dynamicwebware.com/News%20Tab/Highlighted%20Issues/Mandated%20Use%20of%20State%20Prescription%20Drug%20Monitoring%20Programs%20Highlights%20of%20Key%20State%20Requirements%2012_31_16.pdf).
- <sup>6</sup> National Conference of State Legislatures, *State Actions in Response to Increased Opioid Use*, (Dec. 8 2015), <http://www.ncsl.org/documents/capitolforum/2015/onlineresources/Drug-Overdose-handout.pdf>.
- <sup>7</sup> Gov. Douglas Ducey Ariz., *Declaration of Emergency and Notification of Enhanced Surveillance Advisory* (June 5, 2017), [https://azgovernor.gov/sites/default/files/related-docs/opioid\\_declaration.pdf](https://azgovernor.gov/sites/default/files/related-docs/opioid_declaration.pdf).
- <sup>8</sup> Gov. Rick Scott staff, *Gov. Scott Directs Statewide Public Health Emergency for Opioid Epidemic*, (May 3, 2017), <http://www.flgov.com/2017/05/03/78233>.
- <sup>9</sup> Office of the Governor of Maryland, Larry Hogan (March 1, 2017), <http://governor.maryland.gov/2017/03/01/hogan-rutherford-administration-declares-state-of-emergency-announces-major-funding-to-combat-heroin-and-opioid-crisis-in-maryland/>.
- <sup>10</sup> Office of the Governor of Alaska, Bill Walker, (Feb. 15, 2017), <https://gov.alaska.gov/newsroom/2017/02/governor-walker-issues-disaster-declaration-on-opioid-epidemic/>.
- <sup>11</sup> Office of the Governor of Virginia, Terry McAuliffe, *Opioid Addiction Crisis Declared a Public Health Emergency in Virginia* (November 21, 2016), <https://governor.virginia.gov/newsroom/newsarticle?articleId=18348>; Marissa J. Levine, MD, MPH, FAAFP, Virginia Department of Health: *Declaration of Public Health Emergency* (Nov. 21, 2016), <http://www.vdh.virginia.gov/commissioner/opioid-addiction-in-virginia/declaration-of-public-health-emergency/>.
- <sup>12</sup> Massachusetts Executive Office of Health and Human Services Department of Public Health, *A comprehensive Strategy to End Opioid Abuse in Massachusetts*, <http://www.mass.gov/eohhs/feature-story/end-opioid-abuse-in-mass.html>.