Criminal Justice: Medication-Assisted Treatment Enactments

December 2016

Deflection
Florida HB 5001 (2016) — Appropriates funds for naltrexone to treat alcohol or opioid related addiction for individuals who have a high likelihood of criminal justice involvement.

Pretrial Diversion & Treatment Courts
Florida HB 5001 (2016) Appropriates funds for naltrexone to treat alcohol or opioid related addiction for individuals who are in court-ordered community-based treatment or involved in the criminal justice system.

Illinois HB 5594 (2016) Specifies that a court may not prohibit a defendant from participating in and receiving medication assisted treatment. Prohibits a court from requiring a defendant to refrain from using medication assisted treatment as a condition of completion of a drug court program.

Indiana SB 464 (2015) Authorizes the use of medication assisted treatment as part of a pre-conviction forensic diversion program or problem solving court. Requires training for judges, prosecutors, public defenders and other staff involved in court and diversion programs regarding involuntary commitment and medication assisted treatment. See also IN HB 1304 (2015) & IN HB 1448 (2015).

Mississippi HB 5294 (2016) Requires the judiciary to create a medication-assisted treatment pilot program.

Missouri HB 2012 (2016) Appropriates funds for treatment programs focused on medication-assisted treatment and requires the Drug Courts Coordinating Commission to enter into agreements with the drug courts, DWI courts, veteran’s courts and other treatment courts in order to fund medication assisted treatment programs.


New York AB 6255 (2015) Prohibits removing a defendant from a judicial diversion program because of participation in prescribed drug treatment under the care of a licensed or certified physician.

Ohio HB 59 (2013) Requires the Department of Mental Health and Addiction Services to conduct a pilot program in coordination with drug court programs to provide addiction treatment to offenders who are dependent on opioids, alcohol or both. Allows the pilot program to use medication-assisted treatment. Requires the department to contract for performance measurement and program evaluation. Appropriates $5 million for the pilot program.

Tennessee SB 2653 (2016) Appropriates $750,000 to the Department of Mental Health and Substance Abuse Services for an opioid addiction treatment pilot program to provide opioid relapse and/or alcohol addiction dependence treatment, including non-narcotic medication-assisted treatment to adults who are participating in, or eligible for participation in a drug court treatment program.

Virginia HB 30 (2016) Appropriates funds to create drug court pilot programs in Norfolk and Henrico counties to test the effectiveness of non-narcotic, non-addictive, long-acting, injectable prescription treatment regimens.
Wisconsin AB 657 (2016) Increases funding by $2 million in FY2016-17 for the treatment alternatives and diversion grant program. Requires the increased funds be used for local diversion programs that allow participants to use a medication that is approved by the U.S. Food and Drug Administration for the treatment of a substance use disorder.

West Virginia HB 2880 (2015) Requires the secretary of the Department of Health and Human Resources to create an addiction treatment pilot program that includes medication assisted treatment. Permits the department to choose the Supreme Court of Appeals to participate in the program. If the Court is selected to participate, it shall select participants from the adult drug court program who have been clinically assessed and diagnosed with opioid addiction. Requires additional support services if medication assisted treatment is provided.

**Corrections & Supervision**

California SB 843 (2016) Requires the corrections department to establish a three-year pilot program to provide a medically-assisted substance use disorder treatment model for the treatment of inmates.

Florida HB 5001 (2016) Appropriates funds for naltrexone to treat alcohol or opioid related addiction for individuals in the custody of the corrections department.

Indiana SB 464 (2015) Authorizes the corrections department to administer medication-assisted treatment to inmates for the treatment of opioid or alcohol dependence. Authorizes medication-assisted treatment to be a requirement of a community transition program. Authorizes community corrections programs to coordinate or operate drug or alcohol abuse counseling, including medication-assisted treatment. Requires the corrections commissioner to prioritize community corrections and court supervised recidivism reduction program grants for programs that provide alternative sentencing projects for persons with mental illness, addictive disorders, intellectual disabilities, and developmental disabilities. Specifies that programs for addictive disorders may include medication-assisted treatment. Requires courts with probation jurisdiction who are seeking financial assistance to consult with the corrections department and the division of mental health and addiction to more effectively address the need for substance abuse treatment, including medication assisted treatment. Authorizes medication-assisted treatment as a condition of probation or parole. See also IN HB 1304 (2015).

Indiana HB 1448 (2015) Requires training for judges, prosecutors, and public defenders on the availability of probation programs for offenders with addictive disorders including information on medication-assisted treatment.

Kentucky SB 192 (2015) Modifies the funding formula for savings associated with HB 463 (2011). Specifies 50 percent of estimated savings will be directed to evidence-based and medically-assisted substance abuse treatment in local jails and mental health centers, and for the purchase of drugs for medication assisted treatment among other things. Encourages the Cabinet for Health and Family Services to study certain uses of medication assisted treatment.

Michigan HB 5294 (2016) Creates a medication-assisted treatment reentry pilot program that connects offenders with opioid and alcohol addiction to services pre- and post-release from prison.

Missouri HB 10 (2015) Appropriates funds to the mental health department to contract with a service provider for an evidence-based program designed to reduce recidivism among offenders with serious
substance abuse disorders returning to the community after prison. Requires the program to offer a continuum of services, including medication-assisted treatment that is initiated prior to release. Appropriates funds for a pilot project of up to 150 women and up to 45 male offenders to provide substance abuse treatment and medical services during reentry. Permits the use of medication-assisted treatment for alcohol or opioid dependence prior to release, and for up to six months after release.

Missouri HB 10 (2013) Appropriates $1 million to the Department of Mental Health for the purpose of reducing recidivism among offenders with serious substance use disorders who are returning from prison to the St. Louis area. Requires the department to select a qualified nonprofit service provider with experience serving offenders in correctional settings and in the community. Requires that the program be evidence-based and offer a continuum of services from prison to community, including medication-assisted treatment that is initiated prior to release. Requires the program serve at least 200 offenders in the first year of operation and conduct an evaluation on its effectiveness.

New Jersey SB 2381 (2015) Requires certain drug treatment programs operating in state correctional facilities or county jails to offer medication-assisted treatment.

Pennsylvania HB 1589 (2016) Directs the corrections department to establish a non-narcotic medication-assisted substance abuse treatment grant program. See also PA HB 1605 (2016).

Pennsylvania SB 524 (2015) Establishes the Non-Narcotic Medication-Assisted Substance Abuse Treatment Grant Pilot Program for eligible offenders upon release from county correctional institutions, imposes powers and duties on the Department of Corrections, provides for grant funding and counseling.

Tennessee HB 1374 (2015) Appropriates funds to the Department of Mental Health and Substance Abuse Services to provide opioid addiction treatment, including non-narcotic medication-assisted treatment, to state inmates determined to be high risk according to the Level of Service/Case Management Inventory assessment criteria.

West Virginia HB 2880 (2015) Requires the Secretary of the Department of Health and Human Resources to create an addiction treatment pilot program that includes medication-assisted treatment. Permits the department to choose the Division of Corrections to participate. Requires the division to select participants within the custody of the division who are determined to be at high risk using the LS/CMI assessment criteria. Requires additional support services if medication-assisted treatment is provided.

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