THE POLICY SURVEILLANCE PROGRAM

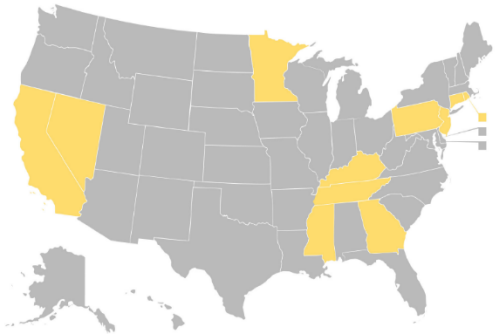
A LawAtlas Project

2018 POLICY SURVEILLANCE CONFERENCE

Temple University: Center City

Philadelphia, PA

January 18-19, 2018



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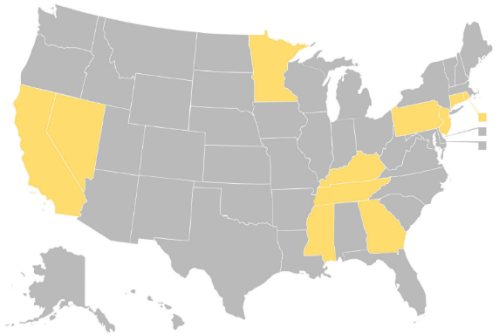
SESSION 1

PURPOSES OF POLICY SURVEILLANCE: PRODUCERS MEET USERS



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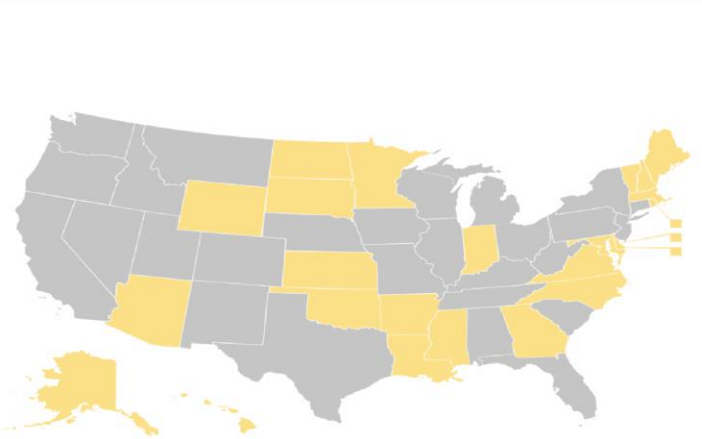
Policy Surveillance as A Public Health Service

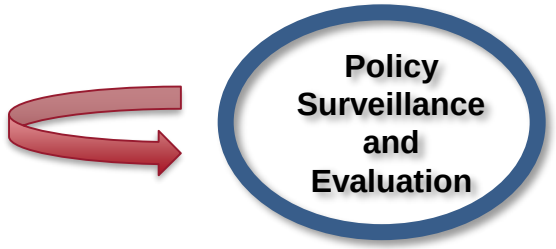
Scott Burris



The 5 Essential Public Health Law Services

Burris, S., Ashe, M., Blanke, D., Ibrahim, J., Levin, D. E., Matthews, G., . . . Katz, M. (2016). Better Health Faster: The 5 Essential Public Health Law Services. *Public Health Reports, 131(6), 747-753*

Date for Evaluation



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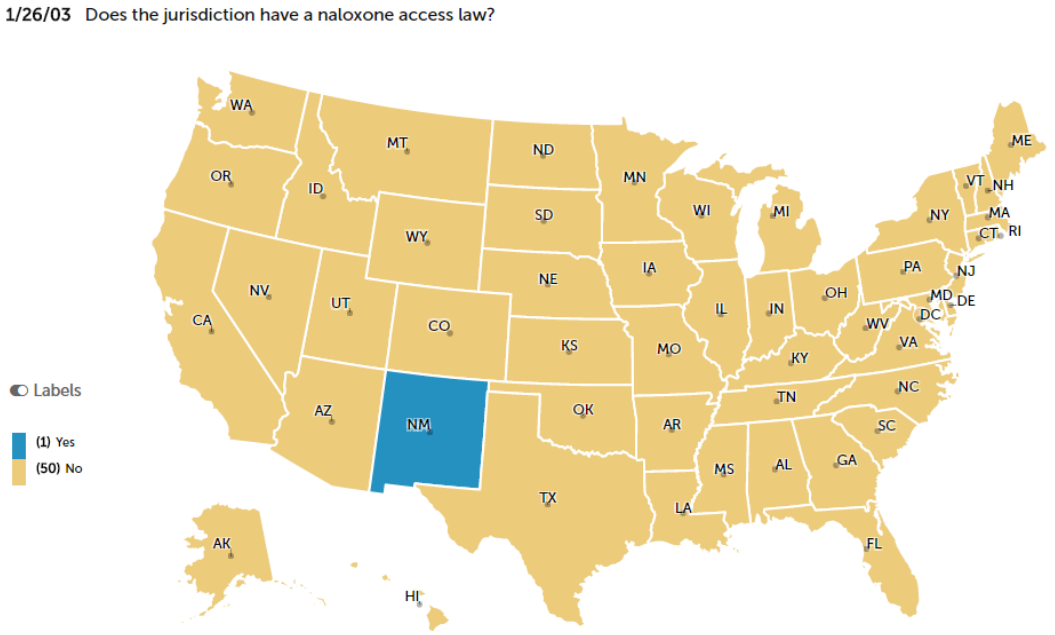
Access to Innovative Ideas

Access to Evidence and Expertise ← **Policy Surveillance and Evaluation**



Access to Legal Models and Text

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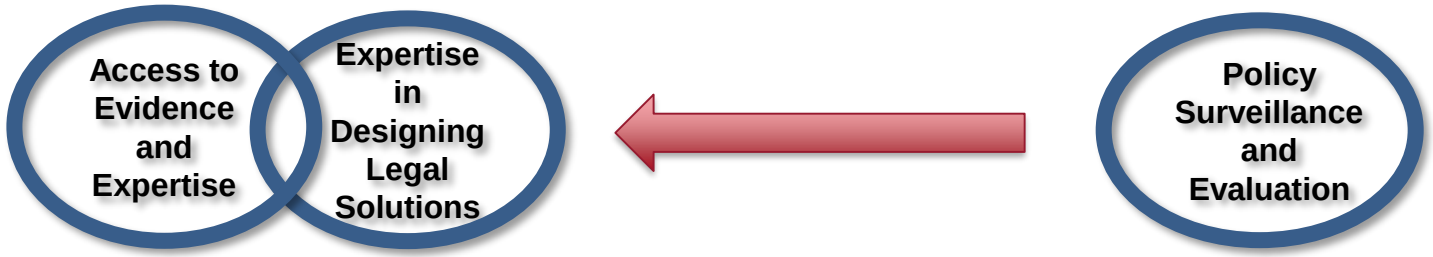

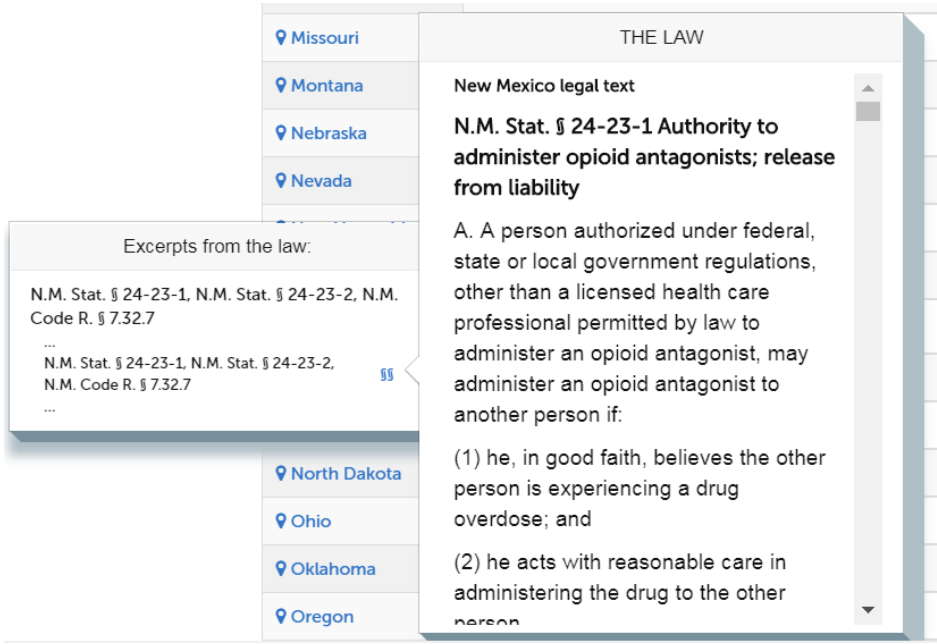

Information for Action, Accountability, Impetus, Shame

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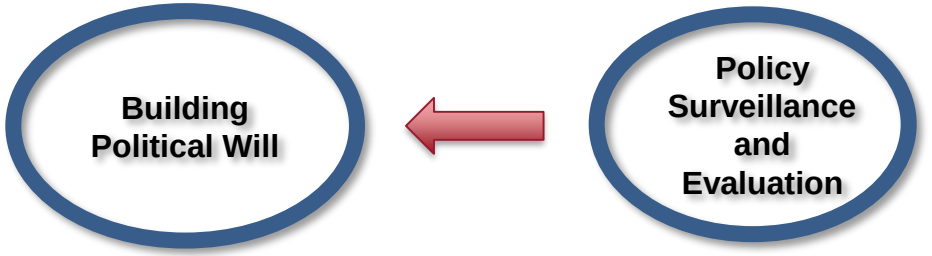

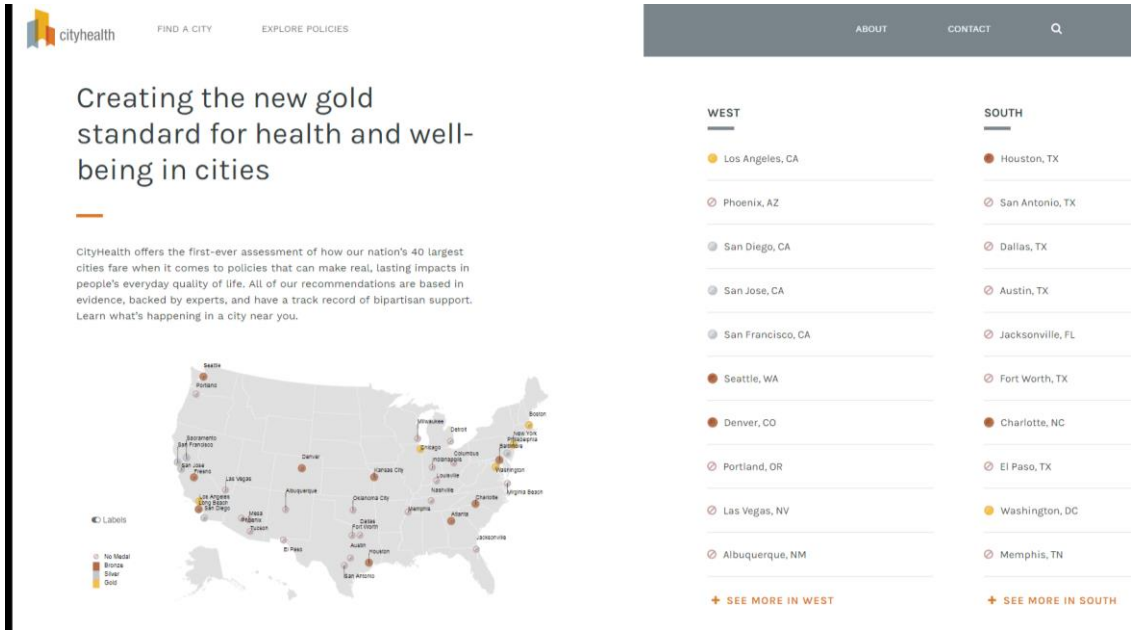

Tracking negative trends, targeting implementation research

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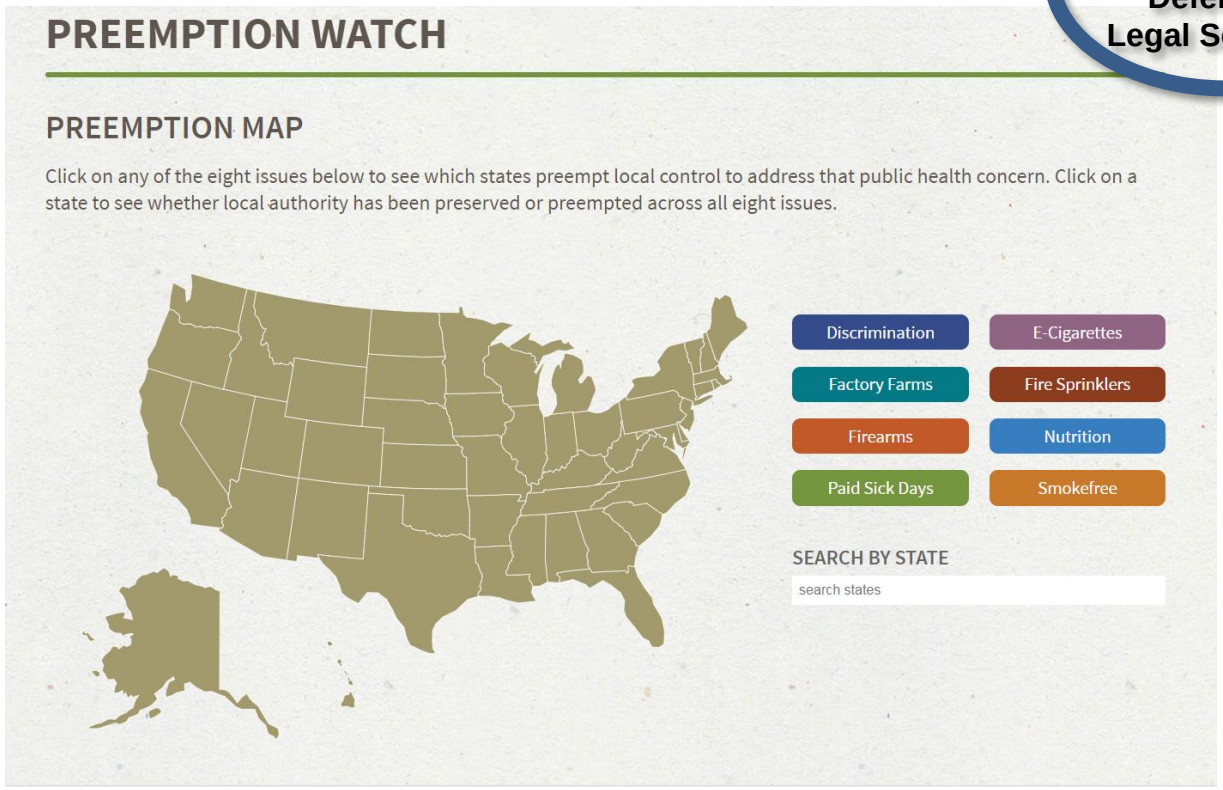

Policy surveillance…

- Highlights legal innovations for rapid formative research on implementation
- Documents trends and provides data for first line multi-jurisdictional studies of early adopters
- Creates data for large-scale longitudinal quasi-experimental evaluations of widely adopted measures
- Accelerates identification of effective interventions and necessary refinements

You Should Know

Dr. Heidi Grunwald and Scott Burris are named inventors on intellectual property (software code and trade secrets) that cover the technology platform (The MonQcle) that was built specifically to build, store and display scientific policy data. They are co-founders and board members of Legal Science, LLC, which has licensed the software technology from Temple University for commercial development.

PURPOSES OF POLICY SURVEILLANCE: PRODUCERS MEET USERS

REFLECTIONS FROM A FUNDER—NIDA

MARSHA LOPEZ

BETHANY DEEDS

RESEARCH PORTFOLIO DEVELOPMENT & POLICY SURVEILLANCE: INTERSECTIONS

- Drive scientific innovation
- Reduce costs (example: automation)
- Culture of sharing and reproducibility
- Increase reliability and validity of data
- We need a baseline; proactive instead of reactive
- Context/attention shifted to different types of drugs and how they are treated legally.

QUESTIONS WE WANTED TO ASK THE GROUP?

- How do we make researchers aware of available tools and resources so they can conduct more and better legal policy research?
- How do we connect legal and policy research to more individual outcome data?
- How do influence research using these tools to get ahead of the curve instead of being behind it?
- How do we form connections between fields that could benefit from law and policy research with experts in your legal policy research?
- WE NEED TO BUILD A RESEARCH PIPELINE FOR PUBLIC HEALTH. Policy Surveillance is an essential component.

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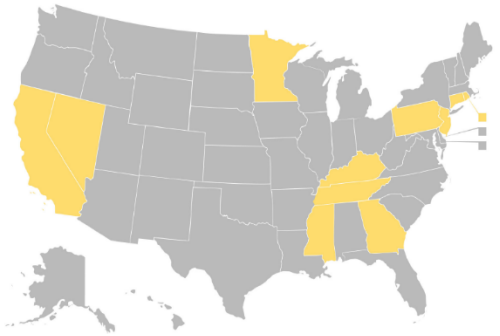
SESSION 2

RESEARCH METHODS



Desiderata for Policy Data used by Researchers

Michael Klitzner, Ph.D.

Senior Research Scientist, The CDM Group, Inc.

Series Should be as Long as Feasible, Given Constraints

- Most APIS Alcohol Policies date back to 1998; a smaller number date back to 2003
- Cannabis Policies go back to 2012 (when legalization of recreational use began)

Constraints

- Data may not exist (e.g. in electronic form, or in earlier years)
- Historical research is expensive (trade-off against number of policies)

Temporal Resolution as Fine as Possible

- APIS provides a temporal resolution of 1 day

Comparability of Data – “apples to apples”

- Policy variables must be comparable across all or nearly all jurisdictions to be meaningful
- Policy variables must be defined as accurately as possible to permit valid conclusions

Caveats and Limitations are Clearly Spelled Out

Explanatory Notes and Limitations Applicable to All APIS Policy Topics

1. State law may permit local jurisdictions to impose requirements in addition to those mandated by State law. Alternatively, State law may prohibit local legislation on this topic, thereby preempting local powers. For more information on the preemption doctrine, see the About Alcohol Policy page. APIS does not document policies established by local governments.
2. In addition to statutes and regulations, judicial decisions (case law) also may affect alcohol-related policies. APIS does not review case law except to determine whether judicial decisions have invalidated statutes or regulations that would otherwise affect the data presented in the comparison tables.

Caveats and Limitations are Clearly Spelled Out *(continued)*

3. APIS reviews published administrative regulations. However, administrative decisions or directives that are not included in a State's published regulatory codes may have an impact on implementation. This possibility has not been addressed by the APIS research.
4. Statutes and regulations cited in tables on this policy topic may have been amended or repealed after the specific date or time period specified by the site user's search criteria.
5. Policy changes in APIS are presented as of the date these changes take effect as law. Users should be aware that in some situations there may be a delay between the effective date of a law and the time a corresponding policy change occurs in practice. Because APIS research is based entirely on primary legal source materials (codified statutes and regulations and, on rare occasions, published court opinions), APIS is unable to accurately determine when policy changes may appear in practice.

Caveats and Limitations are Clearly Spelled Out *(continued)*

6. If a conflict exists between a statute and a regulation addressing the same legal issue, APIS coding relies on the statute.
7. A comprehensive understanding of the data presented in the comparison tables for this policy topic requires examination of the applicable Row Notes and Jurisdiction Notes, which can be accessed from the body of the table via links in the Jurisdiction column.

Extremely Effective QA

- Researchers need assurance that APIS data are reliable and valid

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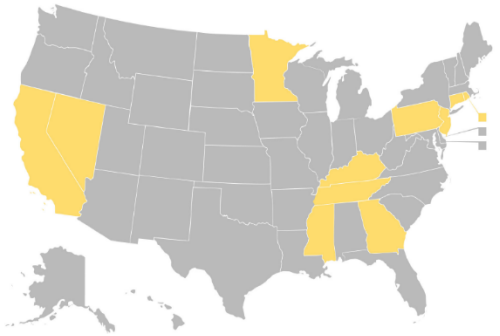
Policy Surveillance Research Methods

2018 Policy Surveillance Conference

January 18-19



Presented by: Lindsay K. Cloud, JD

An Overview

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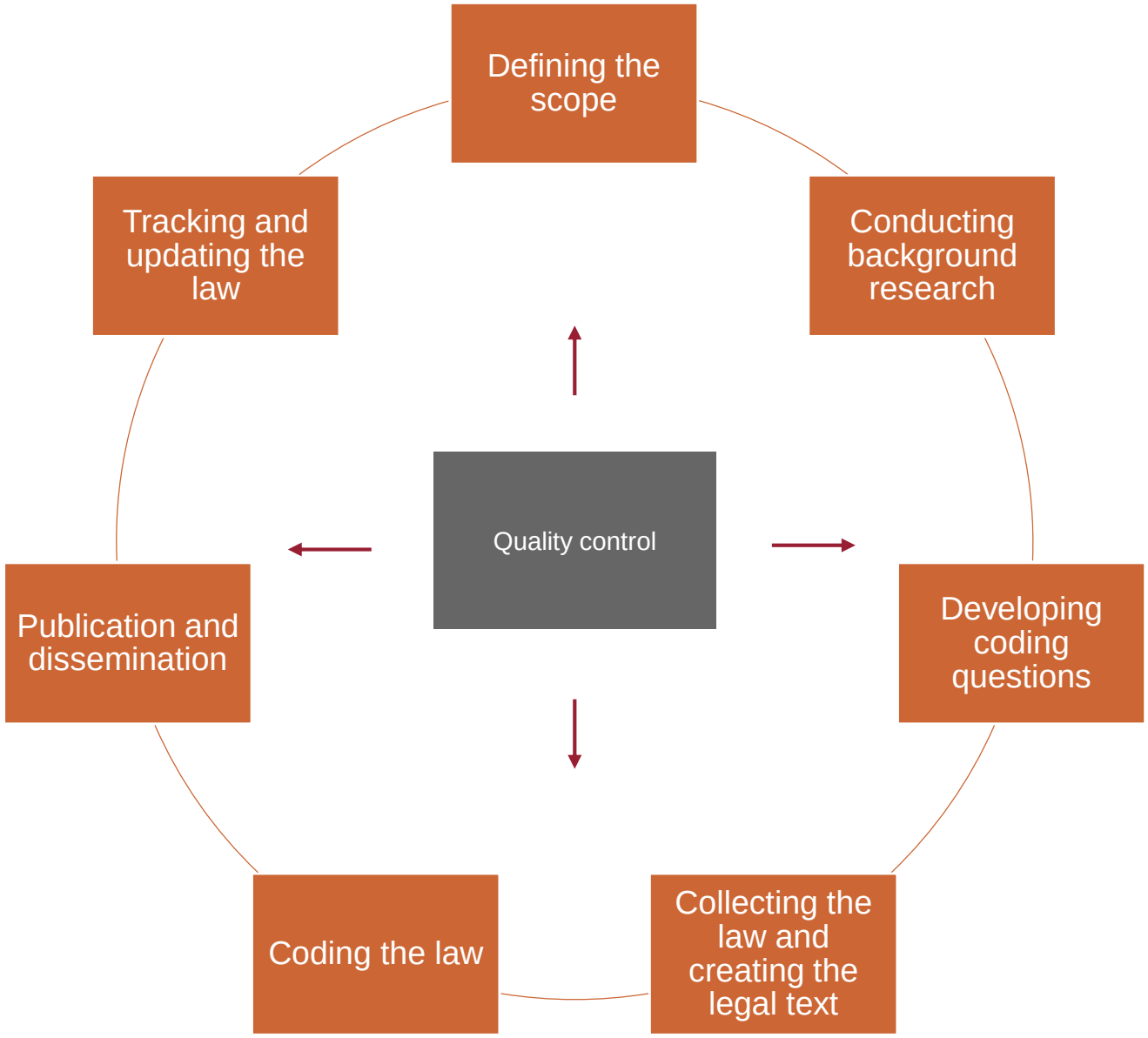

Why it works?

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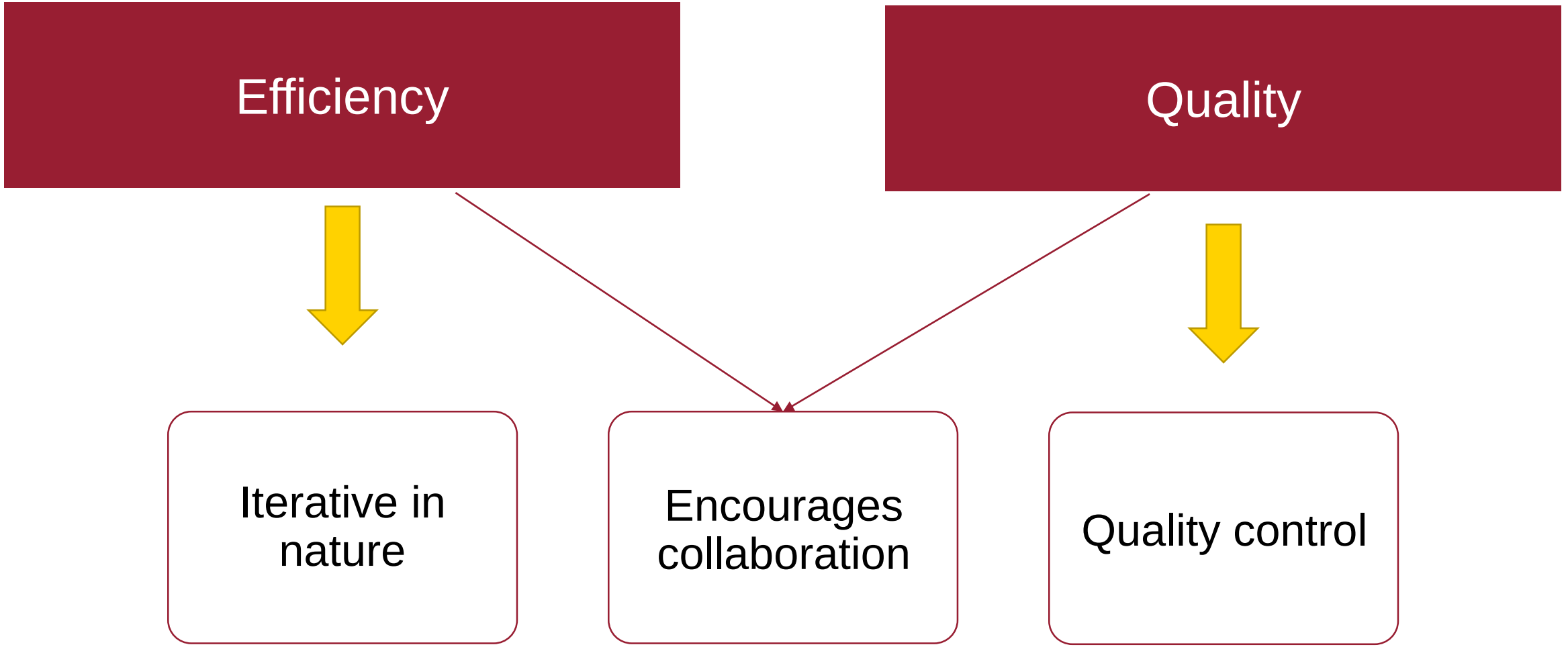

Room for improvement?

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Resource intensive

The unknown

NATIONAL HEALTH LAW PROGRAM

Research Methods: Overdose Reporting and Opioid Prescribing Limits

Héctor Hernández-Delgado
hernandez-delgado@healthlaw.org

January 18, 2018

Non-Fatal Overdose Reporting Requirements

Project Objectives: Review the status of state laws mandating timely reporting of non-fatal overdoses

Research Methods:

- Researched state laws and regulations on disease reporting requirements
- Researched separate state laws and regulations on overdose reporting requirements through Westlaw (using words like “overdose,” “poisoning,” and “report!”)
- Conducted specific searches on state health departments’ websites
- Conducted word-specific searches on legislatures’ websites to verify pending legislation
- Conducted google news searches for new requirements

Opioid Prescribing Limits

Project Objectives: Review the status of state laws limiting the initial dose of opioid prescriptions

Research Methods:

- Researched state laws and regulations on general prescribing limits and more specifically on opioid prescribing limits through Westlaw
- Researched health departments', medical boards', and hospital and medical facilities' websites
- Conducted word-specific searches on legislatures' websites to verify pending legislation
- Conducted google news searches for new limits, including setting up a google news alert for "prescribing limits"

NATIONAL HEALTH LAW PROGRAM

THANK YOU

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www.healthlaw.org

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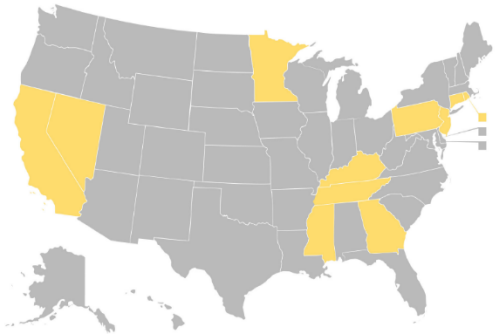
SESSION 3

QUALITY CONTROL



State Firearm Laws

building a database of 28+ years of state firearm-related statutes

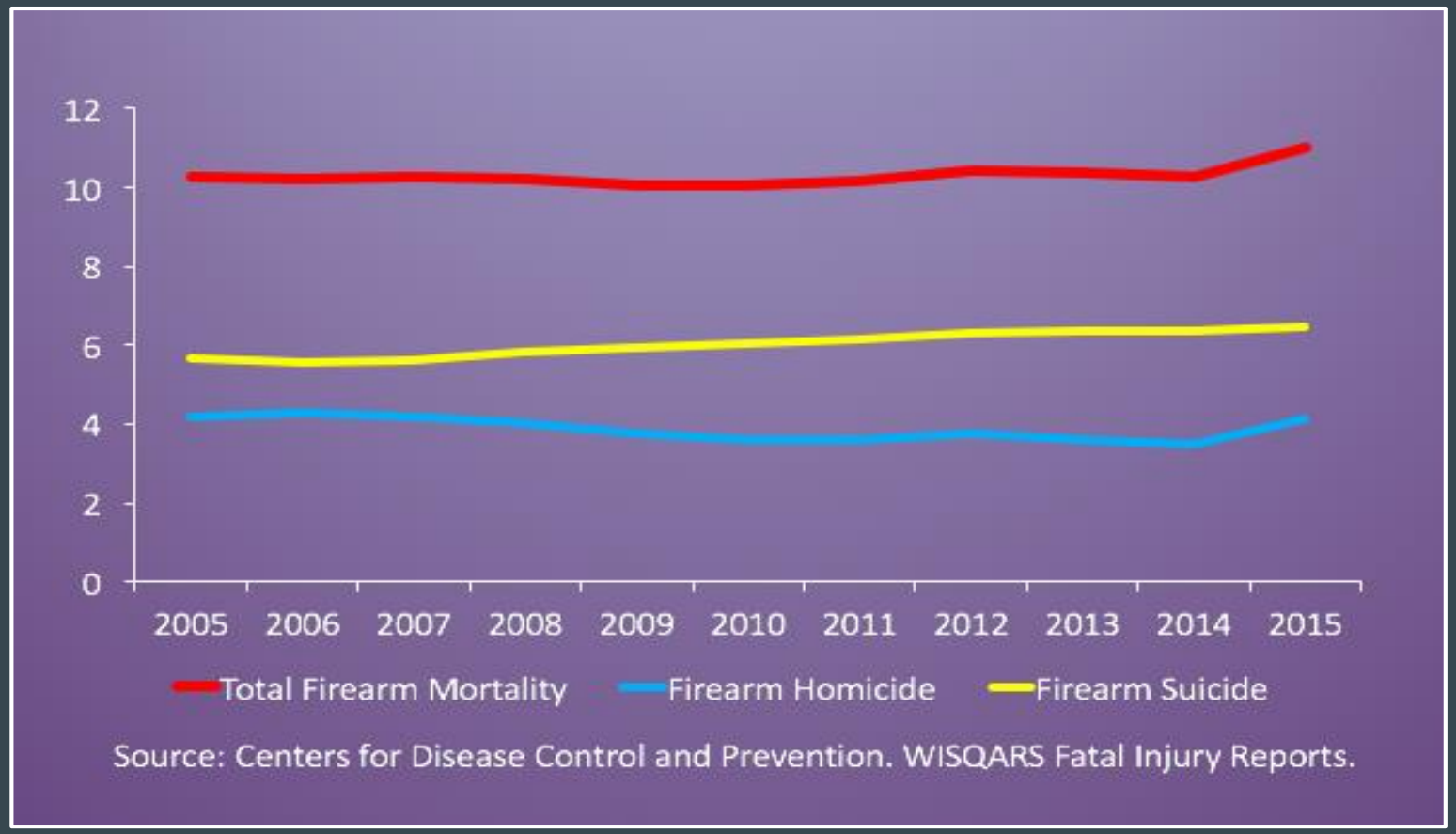
•••

Molly Pahn, MPH
Boston University School of Public Health

Principal investigator: Michael Siegel, MD, MPH

Support for this project was provided by the Robert Wood Johnson Foundation, Evidence for Action Program. The views expressed here do not necessarily reflect those of the foundation.

The Problem: trends in firearm mortality across the U.S.



List of laws passed by Congress to reduce firearm violence, last ten years

-
-
-

Research question: which state laws are effective in reducing firearm violence?

- Previous existing databases and limitations:
  - Brady Scorecard
  - Law Center to Prevent Gun Violence
  - NRA/ILA

Brady Scorecard:

- Starts in 2007
- Inconsistency in following provisions
- Inconsistent coding
- Limited scope

Law Center to Prevent Gun Violence

- Only current status of laws

NRA

- Only current status of laws
- Limited scope

The Brady Campaign Scorecard

Four Stars indicate that a state has the strongest gun laws to combat gun trafficking, prevent the sale of guns without background checks, and reduce risks to children. California is the only state that qualified in 2011.

Three Stars states have strong gun laws that help combat the illegal gun market, prevent the sale of guns without background checks, and reduce risks to children, but there is still more than can be done to prevent gun deaths.

Two Star states have some common sense gun laws, but the state lacks many policies that would stop guns from being trafficked and protect children

One Star states have weak gun laws that help feed the illegal gun market and allows the sale of guns without background checks and put children at risk.

Zero Stars means that a state has few or no gun laws and the state helps feed the illegal gun market, allows the sale of guns without background checks, and put children at risk.

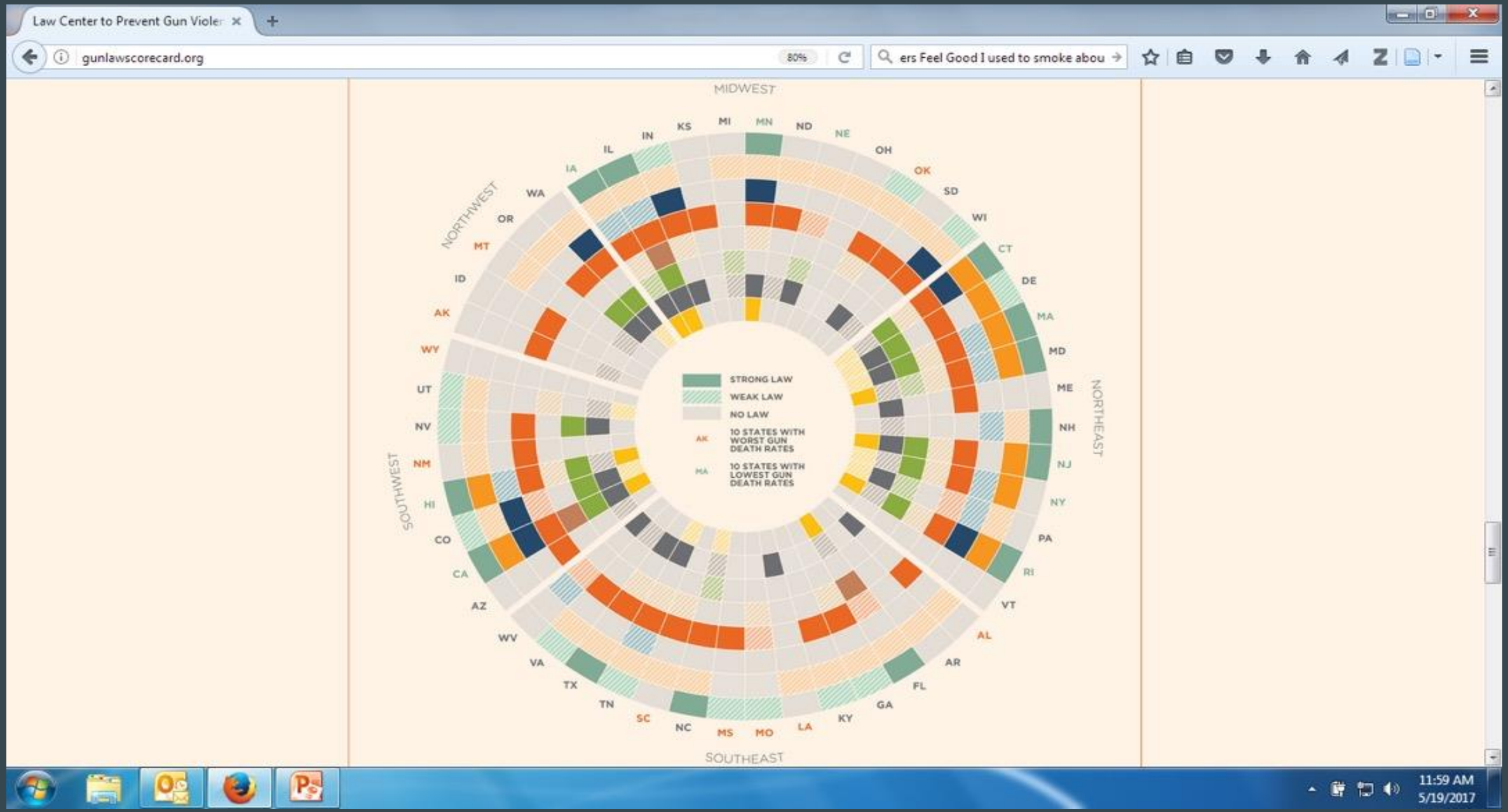
BRADY STATE SCORECARD

STAR RATINGS

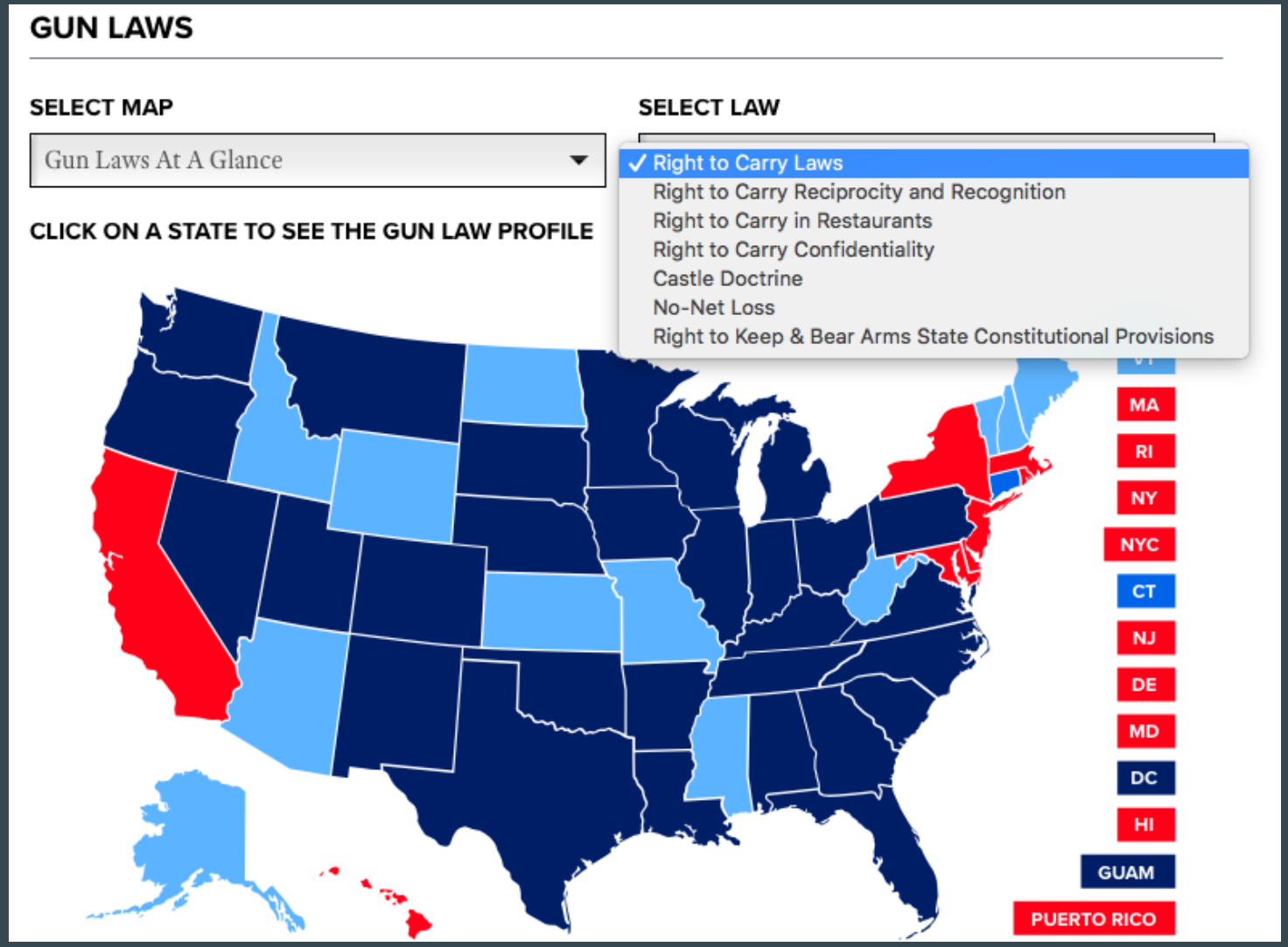
STARS	SCORE
★★★★	75-100
★★★☆	50-74
★★☆☆	25-49
★☆☆☆	11-24
☆☆☆☆	0-10

http://www.bradycampaign.org/sites/default/files/Scorecard_descriptions.pdf

Law Center to Prevent Gun Violence 2016 Scorecard



NRA-ILA Gun Law Map



Tennessee Gun Laws

WEDNESDAY, NOVEMBER 12, 2014

STATE CONSTITUTIONAL PROVISION - Article 1, Section 26.

"That the citizens of this State have a right to keep and to bear arms for their common defense; but the Legislature shall have power, by law, to regulate the wearing of arms with a view to prevent crime."

Gun Laws Overview

	RIFLES & SHOTGUNS	HANDGUNS
Permit to Purchase	No	No
Registration of Firearms	No	No
Licensing of Owners	No	No
Permit to Carry	No	Yes

	STATE STATUS
Castle Doctrine	Enacted
No-Net Loss	Enacted
Right to Carry Confidentiality	Provisions Enacted
Right to Carry in Restaurants	Partial Ban
Right To Carry Laws	Shall Issue
Right To Carry Reciprocity and Recognition	Outright Recognition
Right to Keep & Bear Arms State Constitutional Provisions	With Provisions

Limitations

All existing databases:

- Provisions not always explicitly defined
- Exemptions
- Scope
- Nuances
- Enforcement
- **Inconsistent coding**

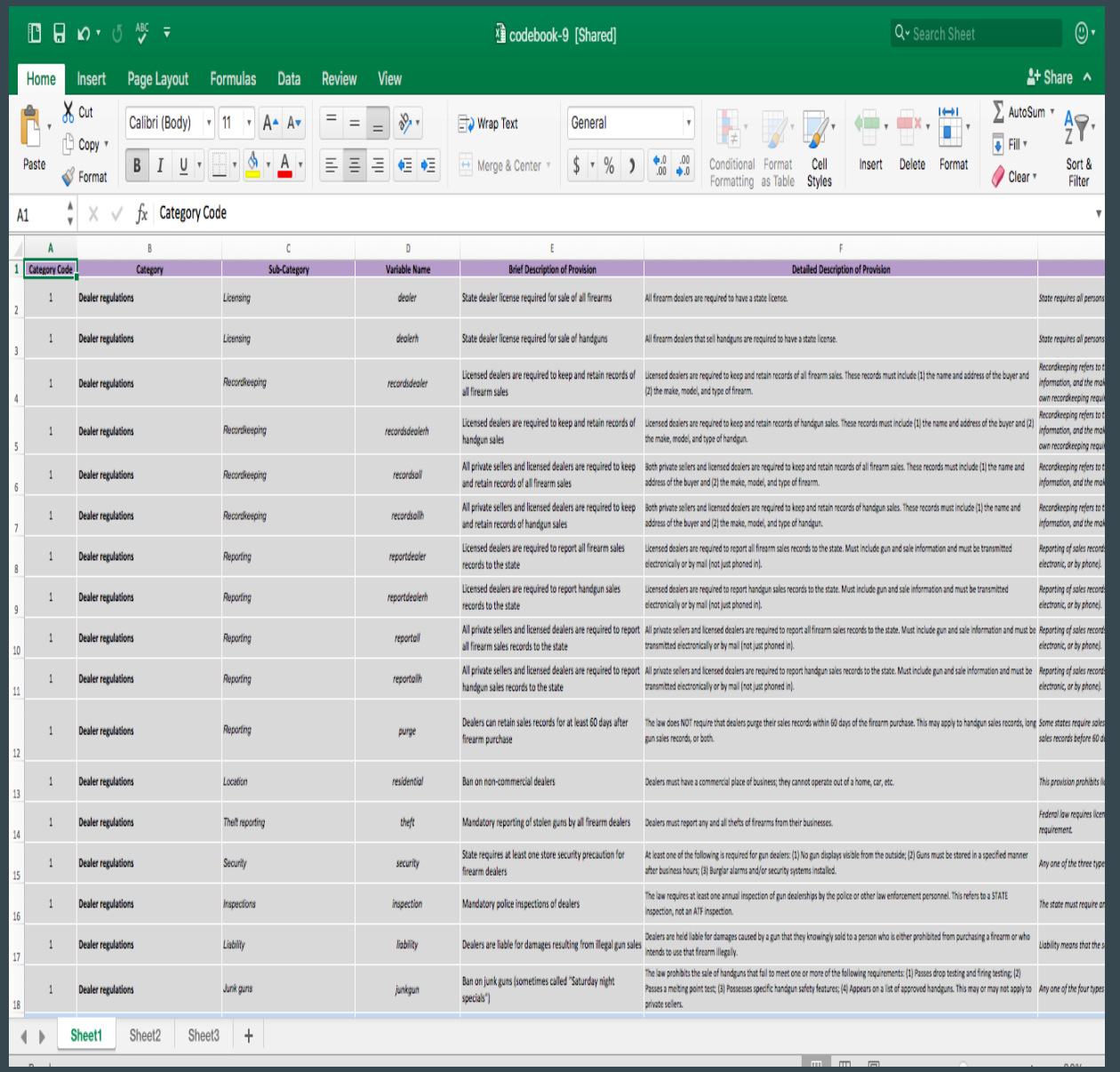
Examples

- Exemptions
  - No firearm possession under age 18
    - Parental consent
    - Hunting, recreation, training
    - Supervised/unsupervised
  - Universal background checks
    - Gun show loophole
  - One per month
    - Concealed carry permittees
- Scope:
  - Background check for ammunition -- dealers v. private sellers
  - Ban for restraining order subjects -- permanent/temporary, dating partners
  - Application of law

- Nuances
  - Record-keeping
    - Name/identifying info
    - Make/model
  - Permit requirements
    - Handgun safety certificate
    - Training
- Enforcement of Provisions
  - No possession if subject to restraining order
    - surrender/relinquishment
    - Confiscation required v. allowed

www.statefirearmlaws.org

- Funding from the Robert Wood Johnson Foundation
- Database of state firearm law provisions
  - 133 law provisions
  - 14 categories of law
  - All 50 states
  - Every year from 1991
  - Up to date



Category Code	Category	Sub-Category	Variable Name	Brief Description of Provision	Detailed Description of Provision	
1	Dealer regulations	Licensing	dealer	State dealer license required for sale of all firearms	All firearm dealers are required to have a state license.	State requires all persons
1	Dealer regulations	Licensing	dealerh	State dealer license required for sale of handguns	All firearm dealers that sell handguns are required to have a state license.	State requires all persons
1	Dealer regulations	Recordkeeping	recordsdealer	Licensed dealers are required to keep and retain records of all firearm sales	Licensed dealers are required to keep and retain records of all firearm sales. These records must include (1) the name and address of the buyer and (2) the make, model, and type of firearm.	Recordkeeping refers to t information, and the mak own recordkeeping requi
1	Dealer regulations	Recordkeeping	recordsdealerh	Licensed dealers are required to keep and retain records of handgun sales	Licensed dealers are required to keep and retain records of handgun sales. These records must include (1) the name and address of the buyer and (2) the make, model, and type of handgun.	Recordkeeping refers to t information, and the mak own recordkeeping requi
1	Dealer regulations	Recordkeeping	recordsall	All private sellers and licensed dealers are required to keep and retain records of all firearm sales	Both private sellers and licensed dealers are required to keep and retain records of all firearm sales. These records must include (1) the name and address of the buyer and (2) the make, model, and type of firearm.	Recordkeeping refers to t information, and the mak
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1	Dealer regulations	Reporting	reportdealer	Licensed dealers are required to report all firearm sales records to the state	Licensed dealers are required to report all firearm sales records to the state. Must include gun and sale information and must be transmitted electronically or by mail (not just phoned in).	Reporting of sales record electronic, or by phone).
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1	Dealer regulations	Reporting	purge	Dealers can retain sales records for at least 60 days after firearm purchase	The law does NOT require that dealers purge their sales records within 60 days of the firearm purchase. This may apply to handgun sales records, long gun sales records, or both.	Some states require sales sales records before 60 d
1	Dealer regulations	Location	residential	Ban on non-commercial dealers	Dealers must have a commercial place of business; they cannot operate out of a home, car, etc.	This provision prohibits li
1	Dealer regulations	Theft reporting	theft	Mandatory reporting of stolen guns by all firearm dealers	Dealers must report any and all thefts of firearms from their businesses.	Federal law requires licen requirement.
1	Dealer regulations	Security	security	State requires at least one store security precaution for firearm dealers	At least one of the following is required for gun dealers: (1) No gun displays visible from the outside; (2) Guns must be stored in a specified manner after business hours; (3) Burglar alarms and/or security systems installed.	Any one of the three type
1	Dealer regulations	Inspections	inspection	Mandatory police inspections of dealers	The law requires at least one annual inspection of gun dealerships by the police or other law enforcement personnel. This refers to a STATE inspection, not an ATF inspection.	The state must require an
1	Dealer regulations	Liability	liability	Dealers are liable for damages resulting from illegal gun sales	Dealers are held liable for damages caused by a gun that they knowingly sold to a person who is either prohibited from purchasing a firearm or who intends to use that firearm illegally.	Liability means that the s
1	Dealer regulations	Junk guns	junkgun	Ban on junk guns (sometimes called "Saturday night specials")	The law prohibits the sale of handguns that fail to meet one or more of the following requirements: (1) Passes drop testing and firing testing; (2) Passes a melting point test; (3) Possesses specific handgun safety features; (4) Appears on a list of approved handguns. This may or may not apply to private sellers.	Any one of the four types

Methods

- To code 100 provisions, we searched each law individually by reading state statutes using *Thomson Reuters Westlaw &* state legislative websites
- Cross-checked our coding with all previously published data.
- Coded an additional 33 provisions from data provided by *Everytown for Gun Safety.*

Coding

- Developed detailed definitions for each provision
- Iterative process
- Trained graduate public health students (two 2.5 hour sessions) on *Westlaw* & historical legislative research
- Each state separately coded by 3 people, cross-checked
- All discrepancies resolved collectively AND further cross-referenced with other research
- Dichotomous coding -- IN PLACE or NOT IN PLACE:
  - 1 = **state has passed this provision**
  - **0 = there is no legislation in this state for this provision**

	A	B	C
355			
356			
357	Massachusetts	1991	1
358	Massachusetts	1992	1
359	Massachusetts	1993	1
360	Massachusetts	1994	1
361	Massachusetts	1995	1
362	Massachusetts	1996	1
363	Massachusetts	1997	1
364	Massachusetts	1998	1
365	Massachusetts	1999	1
366	Massachusetts	2000	1
367	Massachusetts	2001	1
368	Massachusetts	2002	1
369	Massachusetts	2003	1
370	Massachusetts	2004	1
371	Massachusetts	2005	1
372	Massachusetts	2006	1
373	Massachusetts	2007	1
374	Massachusetts	2008	1
375	Massachusetts	2009	1
376	Massachusetts	2010	1
377	Massachusetts	2011	1
378	Massachusetts	2012	1
379	Massachusetts	2013	1
380			Ch 140 S 12

click on history and graphical statute

Credits

Amended by St.1957, c. 688, § 5; St.1959, c. 296, § 2; St.1996, c. 151, §§ 303 to 305; St.1996, c. 200, § 25; St.1998, c. 180, §§ 9 to 11; St.2003, c. 26, § 426, eff. July 1, 2003; St.2010, c. 256, § 84, eff. Nov. 4, 2010.

Dealing with Exemptions, Scope, Nuances, and Enforcement Provisions

- Explicit definitions:

Brief Description of Provision	Detailed Description of Provision	Coding Notes
State dealer license required for sale of all firearms	All firearm dealers are required to have a state license.	*State requires all persons engaged in the business of selling firearms to have a license, beyond the required federal license*
State dealer license required for sale of handguns	All firearm dealers that sell handguns are required to have a state license.	*State requires all persons engaged in the business of selling handguns to have a license, beyond the required federal license*
Licensed dealers are required to keep and retain records of all firearm sales	Licensed dealers are required to keep and retain records of all firearm sales. These records must include (1) the name and address of the buyer and (2) the make, model, and type of firearm.	*Recordkeeping refers to the recording of sales information that includes, at a minimum, the purchaser's name, contact information or identifying information, and the make and model of the gun. Federal law requires licensed dealers to keep sales records; to be coded as a 1, state must adopt its own recordkeeping requirements or codify the federal law.*
Licensed dealers are required to keep and retain records of handgun sales	Licensed dealers are required to keep and retain records of handgun sales. These records must include (1) the name and address of the buyer and (2) the make, model, and type of handgun.	*Recordkeeping refers to the recording of sales information that includes, at a minimum, the purchaser's name, contact information or identifying information, and the make and model of the gun. Federal law requires licensed dealers to keep sales records; to be coded as a 1, state must adopt its own recordkeeping requirements or codify the federal law.*
All private sellers and licensed dealers are required to keep and retain records of all firearm sales	Both private sellers and licensed dealers are required to keep and retain records of all firearm sales. These records must include (1) the name and address of the buyer and (2) the make, model, and type of firearm.	*Recordkeeping refers to the recording of sales information that includes, at a minimum, the purchaser's name, contact information or identifying information, and the make and model of the gun.*
All private sellers and licensed dealers are required to keep and retain records of handgun sales	Both private sellers and licensed dealers are required to keep and retain records of handgun sales. These records must include (1) the name and address of the buyer and (2) the make, model, and type of handgun.	*Recordkeeping refers to the recording of sales information that includes, at a minimum, the purchaser's name, contact information or identifying information, and the make and model of the gun.*
Licensed dealers are required to report all firearm sales records to the state	Licensed dealers are required to report all firearm sales records to the state. Must include gun and sale information and must be transmitted electronically or by mail (not just phoned in).	*Reporting of sales records to the state means that the seller must transmit the sales record to state officials in some format (hard copy by mail, electronic, or by phone).*
Licensed dealers are required to report handgun sales records to the state	Licensed dealers are required to report handgun sales records to the state. Must include gun and sale information and must be transmitted electronically or by mail (not just phoned in).	*Reporting of sales records to the state means that the seller must transmit the sales record to state officials in some format (hard copy by mail, electronic, or by phone).*
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- Dividing law into multiple provisions:
  - Background checks
    - Private v federally licensed sales
  - No possession for restraining order subjects
    - Permanent v. temporary - separate provisions

Coding Rules

- Every provision is either a 0 or 1
- 1 is always “preventative” - intended primarily to reduce firearm violence, as opposed to loosening of regulations:
  - Expand allowable use of guns
  - Protect industry
  - Prevent local regulation
- Reverse coding - absence of law for three categories:
  - Stand your ground laws
  - Immunity statutes
  - Preemption

Year

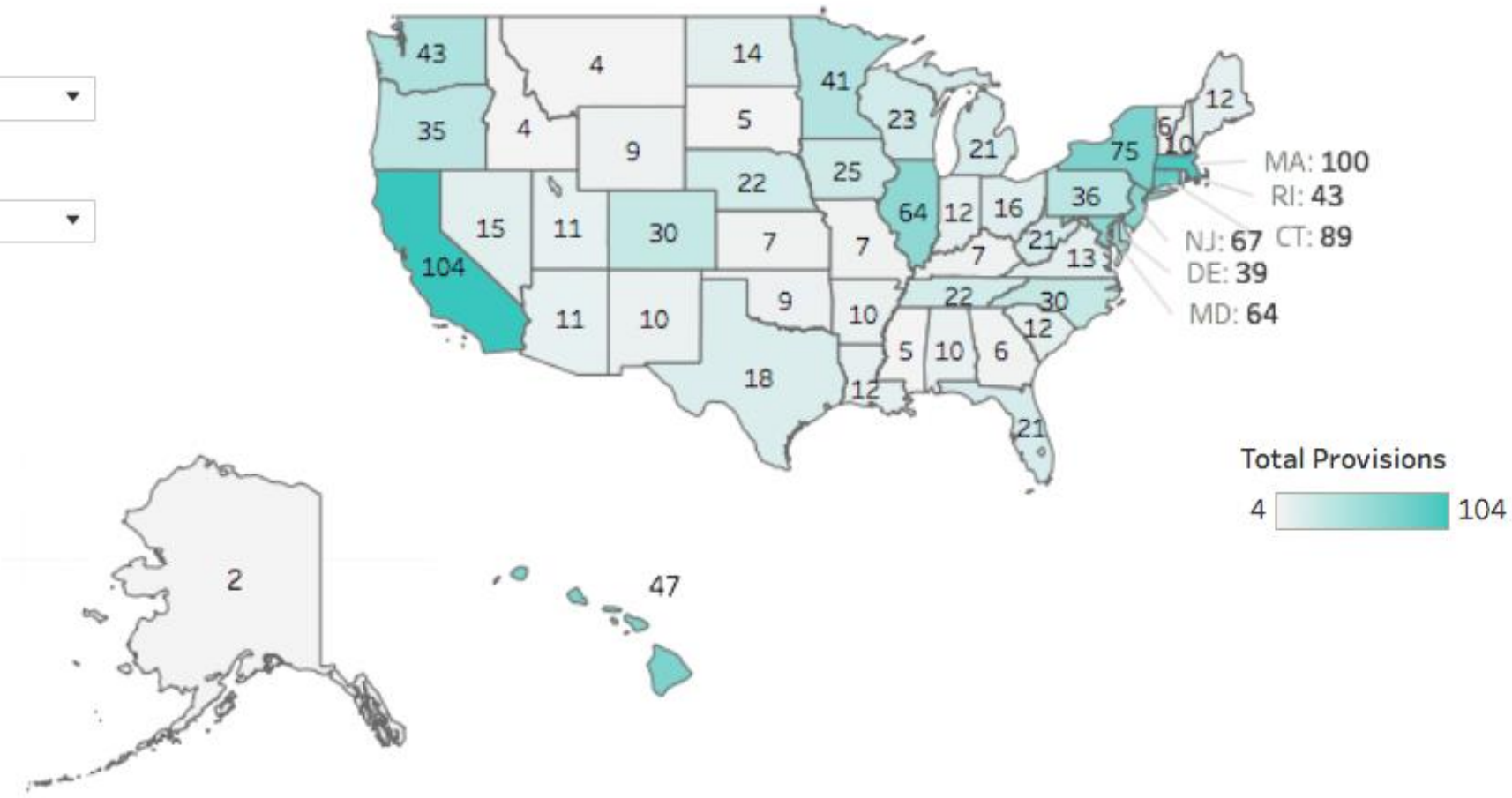
2016

Category

(All)

Subcategory

(All)



Total Provisions

4 104

State-by-State

State Select state Year Select year GO

YEAR: 1994

TEXAS

13

State Gun Laws

View Fact Sheet

8.00 Gun Related Suicides (per 100K)

9.37 Gun Related Homicides (per 100K)

THE POLICY SURVEILLANCE PROGRAM

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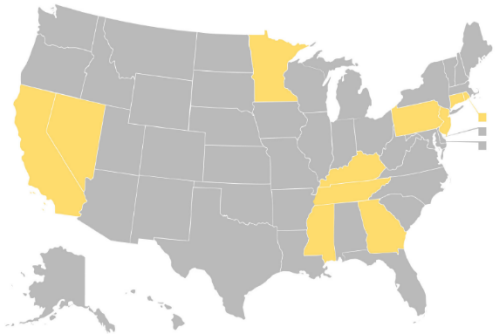
Cliff Notes on PSP's Statistical Quality Control (SQC)



January 2018

Heidi Grunwald, PhD

THE POLICY SURVEILLANCE PROGRAM

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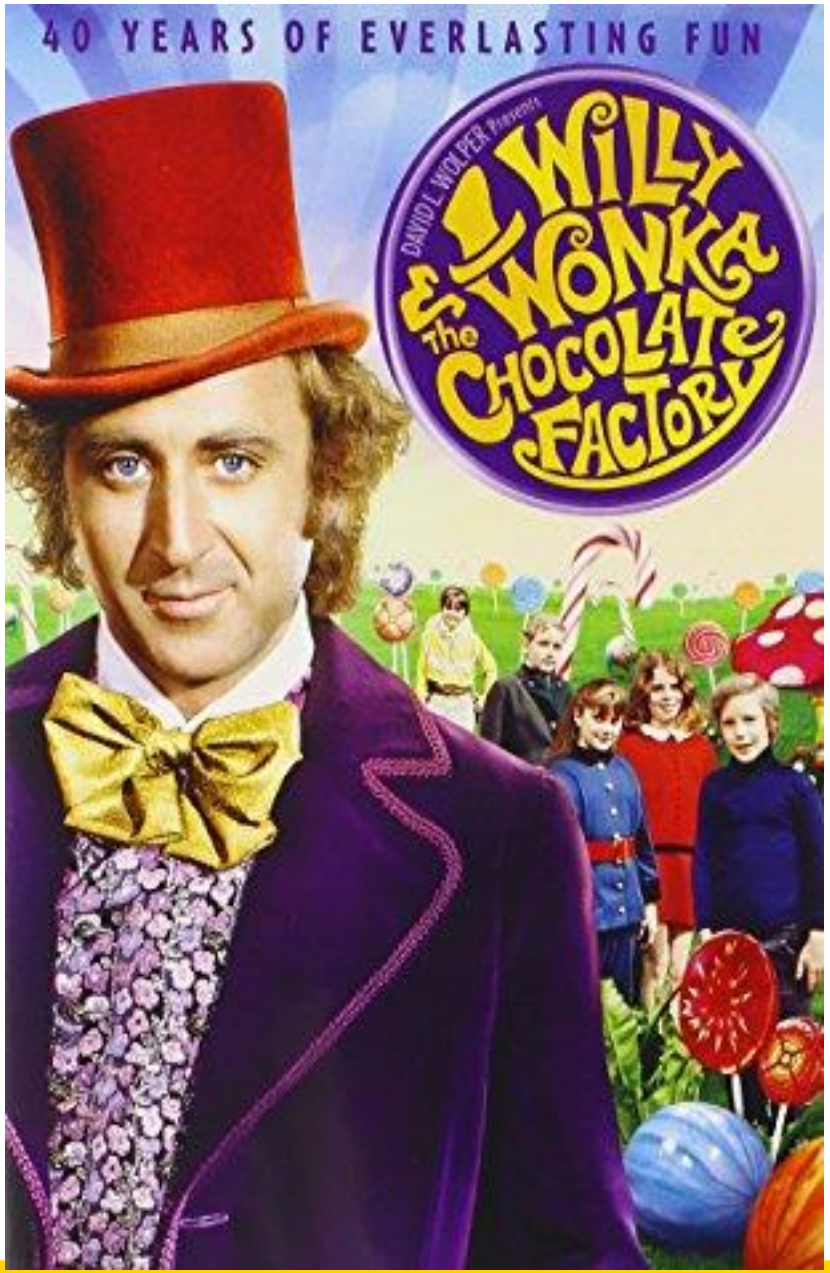

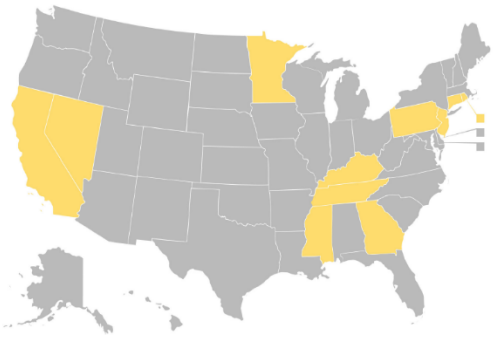

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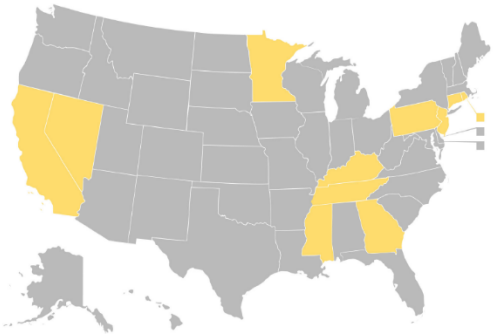
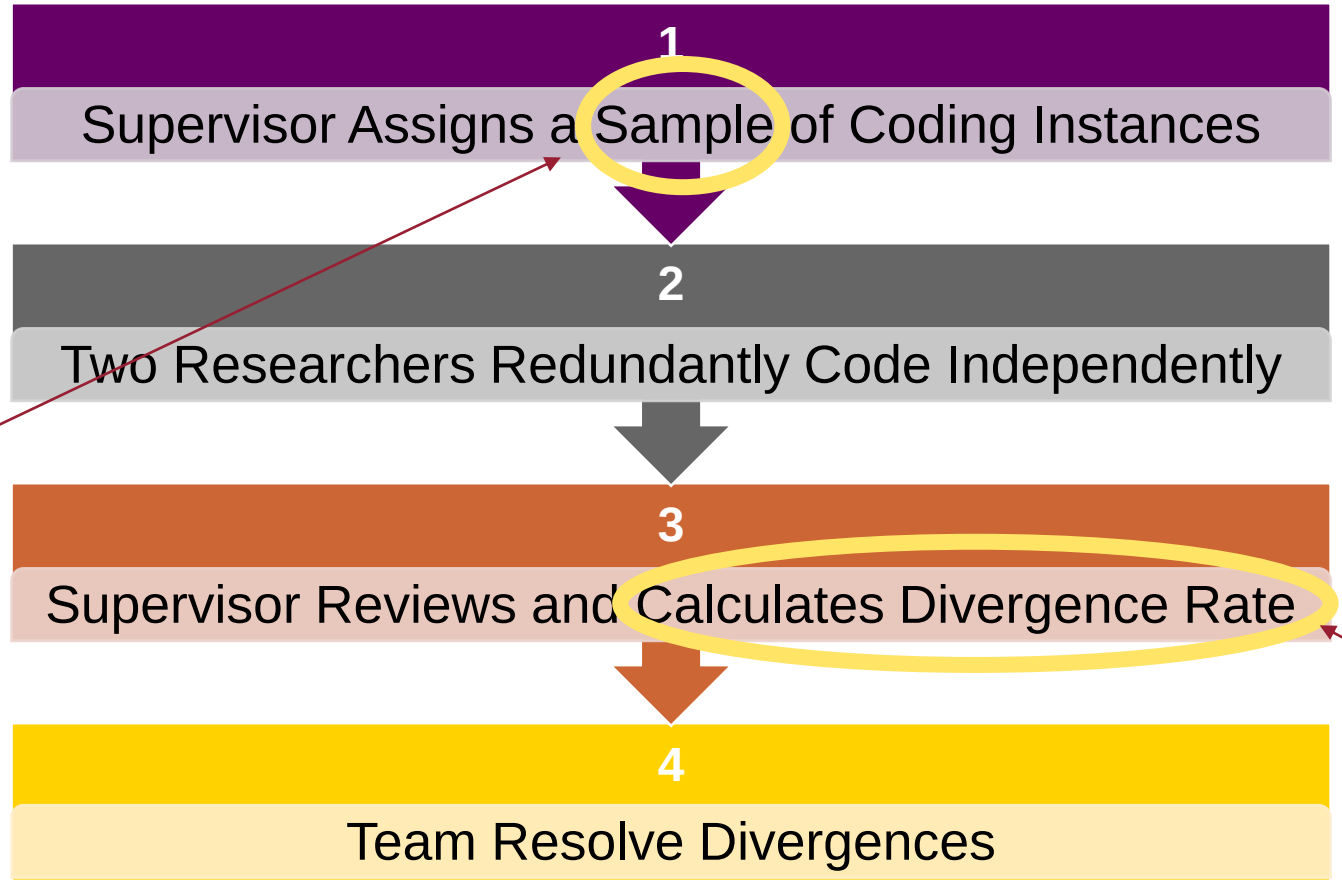


Recall the Initial Build Process



Currently a simple random sample of state/time instances?

divergent records / total records coded

THE POLICY SURVEILLANCE PROGRAM

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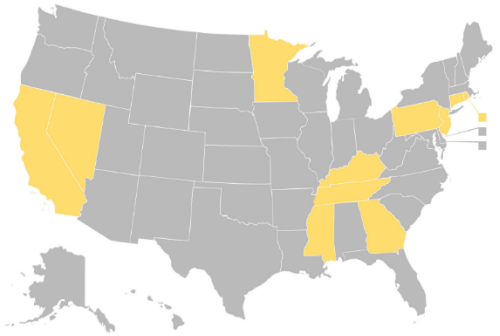

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Why SQC?

- Borrow theory from manufacturing and engineering
  - We randomly sampled a set of records from multiple datasets to calculate the probability that we encountered an error
  - Repeated samples showed that all of our datasets were hovering right around 5% error rate – THUS we use a slightly more conservative probability of error rate for sampling of 10% or .1

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How is the SQC process done?

- Once a dataset is completed, a simple random sample is selected from all state / time instances in a dataset. This can be a very large number, some of our longitudinal datasets have more than 11,000,000 records.

- We calculate the needed sample size

$$n = \frac{(Z^2\, p*(1-p))}{E^2}$$

Where:
Z = Z value (1.96 for 95% confidence level)
p = probability that we detect an error (.1 used)
E = Margin of Error (.05 = ±5)

How is SQC Process done?

- We then use a correction for finite population

$$\text{New n} = \frac{n}{1+\frac{n-1}{N}}$$

Where:
n = sample size calculation
N = total records in the dataset

Sample Sizes Using our Parameters

THE POLICY SURVEILLANCE PROGRAM
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Where:
Z = Z value (1.96 for 95% confidence level)
p = probability that we detect an error (.1 used)

	ME = +/= 5%	ME = +/= 3%
N=1000	n = 122	n = 278
N=2000	n = 130	n = 323
N=5000	n = 135	n = 122
N=10000	n = 137	n = 357
N=100000	n = 139	n = 383
N=1000000	n = 139	n = 384

Most Conservative Error Rate

Where:
Z = Z value (1.96 for 95% confidence level)
p = probability that we detect an error (.5 used)
E = Margin of Error (.05 = ±5)

N=1000	n = 278
N=2000	n = 323
N=5000	n = 357
N=10000	n = 370
N=100000	n = 383
N=1000000	n = 384

The Proverbial Question?

Why don’t we report Cohen’s kappa like other qualitative researchers?

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The Future of SQC

- We want to publish our methods
- We want to explore sample selections above and beyond the simple random sample which is the least efficient estimator
- For example we might start by always selecting parent Qs that have more than 3 child Qs (so proportionate to size)
- Or we might stratify the dataset into states we know have complicated law and those that don't.

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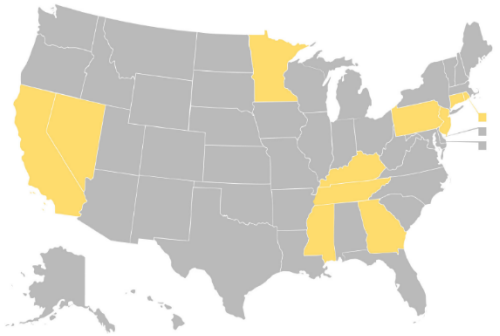
SESSION 4

DISSEMINATION



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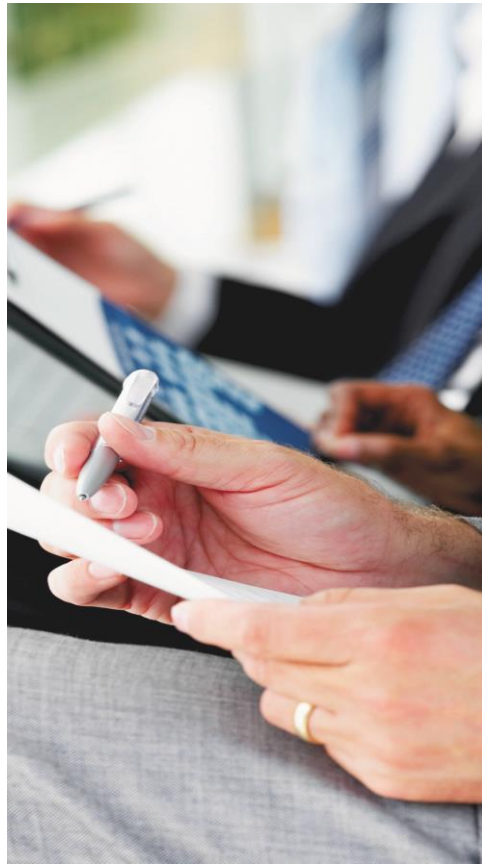
NOURISHING: a policy tool

A comprehensive approach to reduce diet-related NCDs

Policy Surveillance Conference
Philadelphia 18-19 January 2018

Bryony Sinclair, MPH

Senior Policy & Public Affairs Manager



World Cancer Research Fund International

Advancing the evidence for policy

Evidence for policy: The evidence of *effect* from *implemented* policies, for use in subsequent policy development and implementation

1. Where is action needed and what policy options exist?
   - NOURISHING policy framework
2. What policies are implemented?
   - NOURISHING policy database
3. What is the evidence that policies work?
   - Internal reviews of the evidence, publications

World Cancer Research Fund International

	POLICY AREA
N	Nutrition label standards and regulations on the use of claims and implied claims on food
O	Offer healthy food and set standards in public institutions and other specific settings
U	Use economic tools to address food affordability and purchase incentives
R	Restrict food advertising and other forms of commercial promotion
I	Improve nutritional quality of the whole food supply
S	Set incentives and rules to create a healthy retail and food service environment
H	Harness food supply chain and actions across sectors to ensure coherence with health
I	Inform people about food and nutrition through public awareness
N	Nutrition advice and counselling in health care settings
G	Give nutrition education and skills

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World Cancer Research Fund International

How NOURISHING can be used

- Policymakers
  - Where is action needed? What will work for us? Is our approach sufficiently comprehensive?

- Civil society organisations
  - What are governments doing around the world? What progress are they making? How can we hold them to account?

- Researchers
  - What evidence is available? What are the research gaps? How can we monitor and evaluate policies?

Filter by country or access the full database below

- Food environment
- Food system
- Behaviour change

Choose a country

- **N** Nutrition label standards and regulations on the use of claims and implied claims on foods
- **O** Offer healthy foods and set standards in public institutions and other specific settings
- **U** Use economic tools to address food affordability and purchase incentives
- **R** Restrict food advertising and other forms of commercial promotion
- **I** Improve nutritional quality of the whole food supply
- **S** Set incentives and rules to create a healthy retail and food service environment
- **H** Harness supply chain & actions across sectors to ensure coherence with health
- **I** Inform people about food & nutrition through public awareness
- **N** Nutrition advice and counselling in health care settings
- **G** Give nutrition education and skills

R Restrict food advertising and other forms of commercial promotion

There is clear evidence that the advertisements children see influence their food preferences and habits. There is also a lot of evidence that children and adolescents around the world are exposed to a whole host of other promotional techniques, whether on a billboard or through a phone or computer.

Emerging evidence shows that restrictions work to reduce children's exposure to marketing, but this depends on the criteria used in the restrictions. Given the role played by parents and caregivers in what children eat, consideration is needed of how they are also influenced by promotional activities.

Download the table

Examples of policy actions

- Mandatory regulation of broadcast food advertising to children
- Mandatory regulation of food advertising on non-broadcast communications channels
- Mandatory regulation of food advertising through any medium
- Mandatory regulation of specific marketing techniques
- Mandatory regulation of marketing of specific food items and beverages
- Mandatory regulation of food marketing in schools

What the action involves and where implemented

In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20.606). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193), which came into effect on 27 June 2016. The law restricts advertising directed to children under the age of 14 of food in the "high in" category, including TV programmes, internet, radio and magazines (see above). In addition, the regulatory norms ban the promotion, marketing or advertising of these products in pre-school, primary and secondary schools. (See "N – Nutrition label standards and regulations on the use of claims and implied claims on food" and "O – Offer healthy food and set standards in public institutions and other specific settings" for details of the law's labelling and school food regulations).

CHILE

www.wcrf.org/NOURISHING

World Cancer Research Fund International

Publications

New evidence-themed series

- Aim: to help policymakers implement evidence-informed nutrition policy
- Policy briefs will:
    - Focus on a specific nutrition policy area
    - Summarise evidence of policy effectiveness – what impact do implemented laws have on behaviours and public health outcomes?
    - Analyse barriers, challenges and enablers to introducing and implementing the specific nutrition policy

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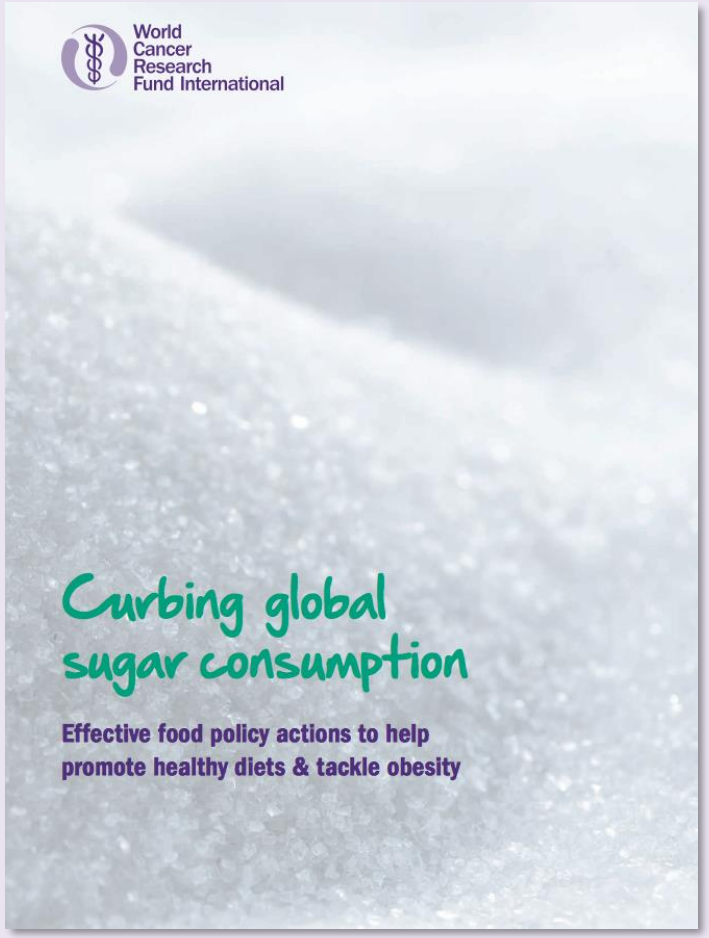
Publications

Sugar policy brief

- Assessed the effectiveness of implemented consumer-facing policies at influencing the four A's of sugar consumption:
  - Availability
  - Affordability
  - Acceptability
  - Awareness



World Cancer Research Fund International

Thank you!

For further information

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Senior Policy & Public Affairs Manager

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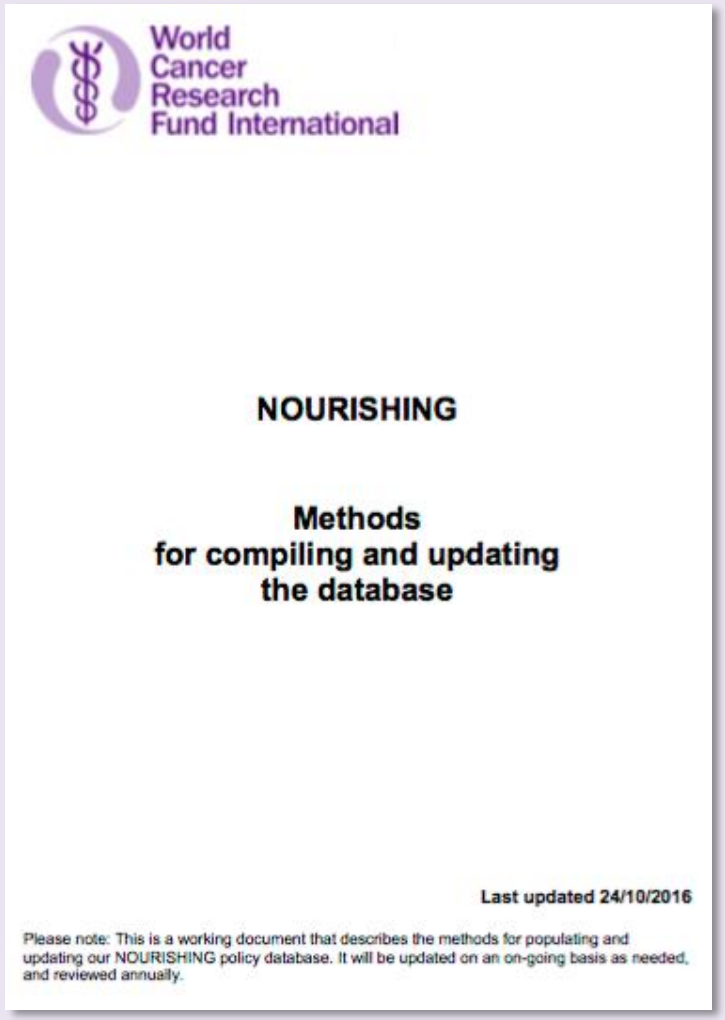
Updating the database

Two-step process:

1. Sourcing and reviewing policy actions

2. Verification process with in-country specialists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NOURISHING

Methods
for compiling and updating
the database

Last updated 24/10/2016

Please note: This is a working document that describes the methods for populating and updating our NOURISHING policy database. It will be updated on an on-going basis as needed, and reviewed annually.

World Cancer Research Fund International

Inclusion criteria for policies

1. Must have a public health goal: reduction of obesity and/or nutrition-related NCDs through promoting healthy diets
2. Must be a government policy action
3. Must be implemented
4. Must fit one of NOURISHING's 10 policy areas

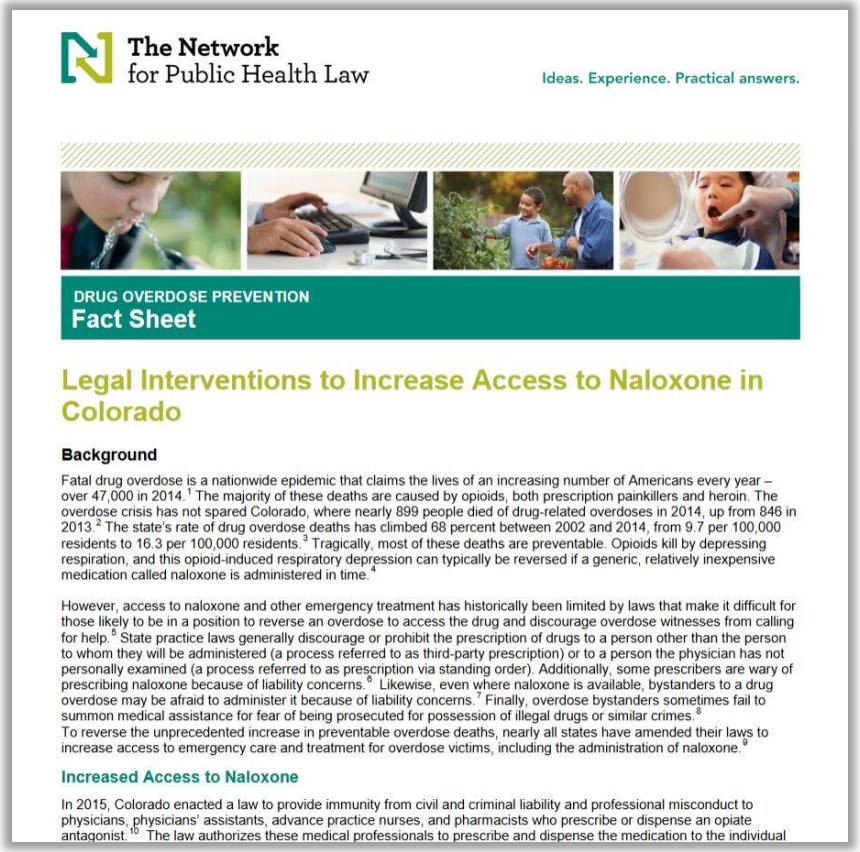
The Network for Public Health Law

Ideas. Experience. Practical answers.

Legal Mapping

- Gateway to technical assistance
- Technical assistance resource
- Menu of policy options – legal approaches
- Comparative analysis of impactful policy

Surveys of State Laws and Fact Sheets



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DRUG OVERDOSE PREVENTION
Fact Sheet

Legal Interventions to Increase Access to Naloxone in Colorado

Background

Fatal drug overdose is a nationwide epidemic that claims the lives of an increasing number of Americans every year – over 47,000 in 2014.[1] The majority of these deaths are caused by opioids, both prescription painkillers and heroin. The overdose crisis has not spared Colorado, where nearly 899 people died of drug-related overdoses in 2014, up from 846 in 2013.[2] The state's rate of drug overdose deaths has climbed 68 percent between 2002 and 2014, from 9.7 per 100,000 residents to 16.3 per 100,000 residents.[3] Tragically, most of these deaths are preventable. Opioids kill by depressing respiration, and this opioid-induced respiratory depression can typically be reversed if a generic, relatively inexpensive medication called naloxone is administered in time.[4]

However, access to naloxone and other emergency treatment has historically been limited by laws that make it difficult for those likely to be in a position to reverse an overdose to access the drug and discourage overdose witnesses from calling for help.[5] State practice laws generally discourage or prohibit the prescription of drugs to a person other than the person to whom they will be administered (a process referred to as third-party prescription) or to a person the physician has not personally examined (a process referred to as prescription via standing order). Additionally, some prescribers are wary of prescribing naloxone because of liability concerns.[6] Likewise, even where naloxone is available, bystanders to a drug overdose may be afraid to administer it because of liability concerns.[7] Finally, overdose bystanders sometimes fail to summon medical assistance for fear of being prosecuted for possession of illegal drugs or similar crimes.[8]
To reverse the unprecedented increase in preventable overdose deaths, nearly all states have amended their laws to increase access to emergency care and treatment for overdose victims, including the administration of naloxone.[9]

Increased Access to Naloxone

In 2015, Colorado enacted a law to provide immunity from civil and criminal liability and professional misconduct to physicians, physicians' assistants, advance practice nurses, and pharmacists who prescribe or dispense an opiate antagonist.[10] The law authorizes these medical professionals to prescribe and dispense the medication to the individual

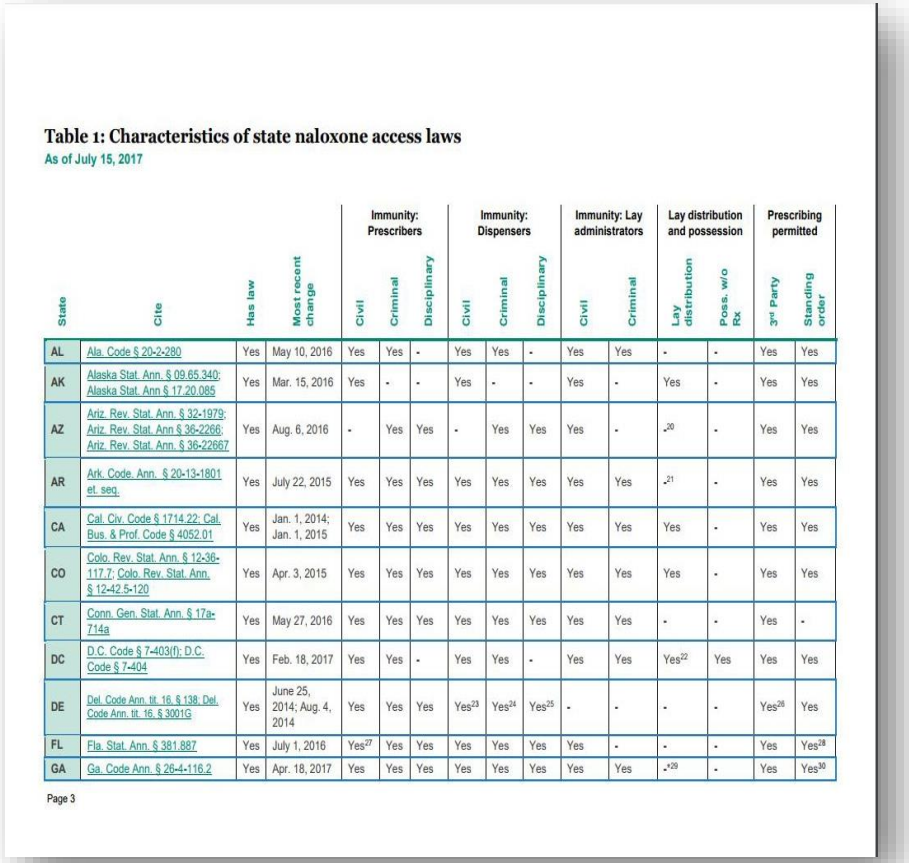


Table 1: Characteristics of state naloxone access laws
As of July 15, 2017

State	Cite	Has law	Most recent change	Immunity: Prescribers			Immunity: Dispensers			Immunity: Lay administrators		Lay distribution and possession		Prescribing permitted	
				Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3rd Party	Standing order
AL	Ala. Code § 20-2-280	Yes	May 10, 2016	Yes	Yes	-	Yes	Yes	-	Yes	Yes	-	-	Yes	Yes
AK	Alaska Stat. Ann. § 09.65.340; Alaska Stat. Ann § 17.20.085	Yes	Mar. 15, 2016	Yes	-	-	Yes	-	-	Yes	-	Yes	-	Yes	Yes
AZ	Ariz. Rev. Stat. Ann. § 32-1979; Ariz. Rev. Stat. Ann § 36-2266; Ariz. Rev. Stat. Ann. § 36-22667	Yes	Aug. 6, 2016	-	Yes	Yes	-	Yes	Yes	Yes	-	-[20]	-	Yes	Yes
AR	Ark. Code. Ann. § 20-13-1801 et. seq.	Yes	July 22, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-[21]	-	Yes	Yes
CA	Cal. Civ. Code § 1714.22; Cal. Bus. & Prof. Code § 4052.01	Yes	Jan. 1, 2014; Jan. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
CO	Colo. Rev. Stat. Ann. § 12-36-117.7; Colo. Rev. Stat. Ann. § 12-42.5-120	Yes	Apr. 3, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
CT	Conn. Gen. Stat. Ann. § 17a-714a	Yes	May 27, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	-
DC	D.C. Code § 7-403(f); D.C. Code § 7-404	Yes	Feb. 18, 2017	Yes	Yes	-	Yes	Yes	-	Yes	Yes	Yes[22]	Yes	Yes	Yes
DE	Del. Code Ann. tit. 16, § 138; Del. Code Ann. tit. 16, § 3001G	Yes	June 25, 2014; Aug. 4, 2014	Yes	Yes	Yes	Yes[23]	Yes[24]	Yes[25]	-	-	-	-	Yes[26]	Yes
FL	Fla. Stat. Ann. § 381.887	Yes	July 1, 2016	Yes[27]	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	Yes	Yes[28]
GA	Ga. Code Ann. § 26-4-116.2	Yes	Apr. 18, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-[29]	-	Yes	Yes[30]

Page 3

Network Report E-newsletter

The Network for Public Health Law

Network Report
Thursday, December 7, 2017

SHOWCASE YOUR WORK.
Present at the 2018 Public Health Law Conference
Health Justice: Empowering Public Health and Advancing Health Equity
#PHLC2018

Abstract Submission Deadline Extended to December 31!

Don't miss this opportunity to showcase your work and connect with practitioners, policymakers, lawyers, advocates and researchers working on the critical issues that impact the health of our communities.

Scott Hall, J.D., Senior Vice President for Civic and Community Initiatives at the Greater Kansas City Chamber of Commerce newest member of the Network's Advisory Board

In his role at the Kansas City Chamber of Commerce, Scott Hall oversees the work on the Chamber's "Healthy KC" project, an initiative to make Greater Kansas City a destination for healthy living. With his extensive experience in tobacco policy, trauma-informed care and other critical areas, Mr. Hall will help guide the Network's cross-sector and community health initiatives.

New HIPAA Guidance Promotes Information-Sharing to Support Recovery from Opioid Addiction

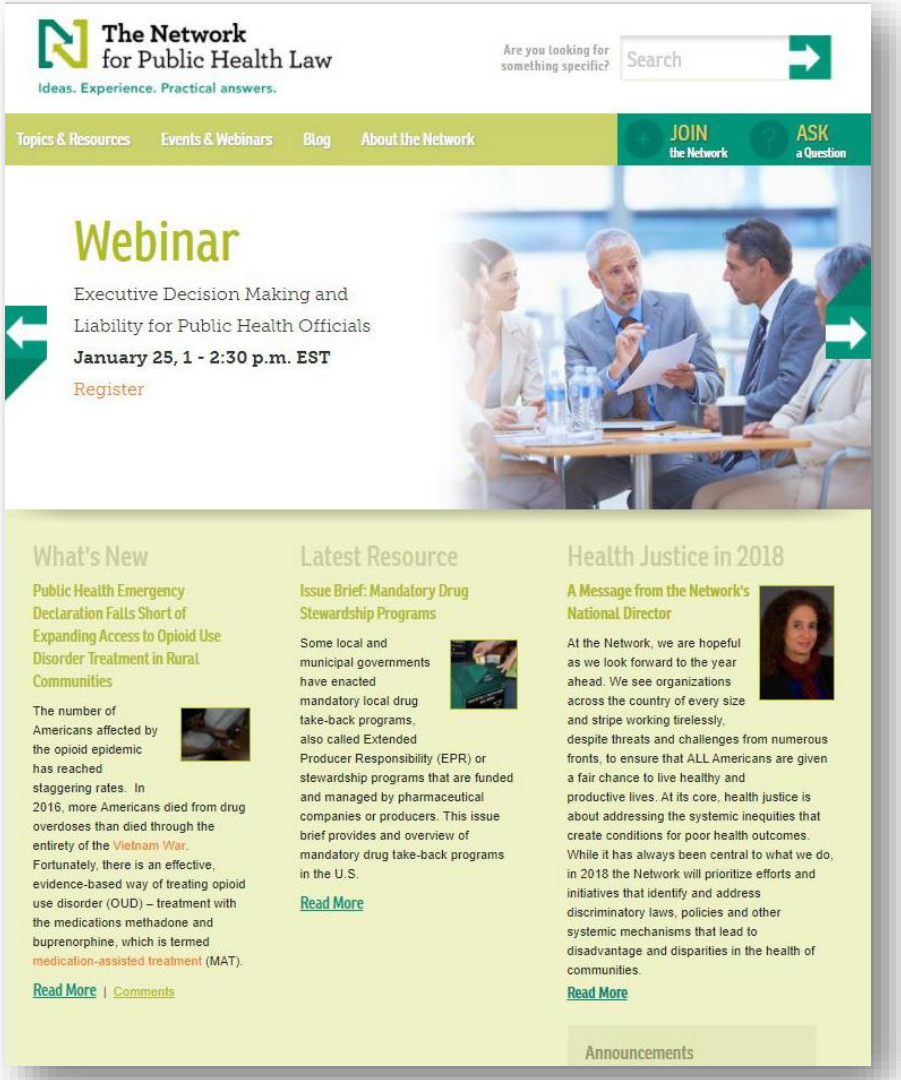
The Department of Health and Human Services has released new guidelines that clarify when and how healthcare providers can share information with family members, friends and legal representatives of those who are suffering from opioid addiction.

Overdose Reporting Requirements

As powerful synthetic opioids become more available, it is imperative that health departments and other relevant actors are provided with accurate, timely and actionable information on both fatal and non-fatal overdose.

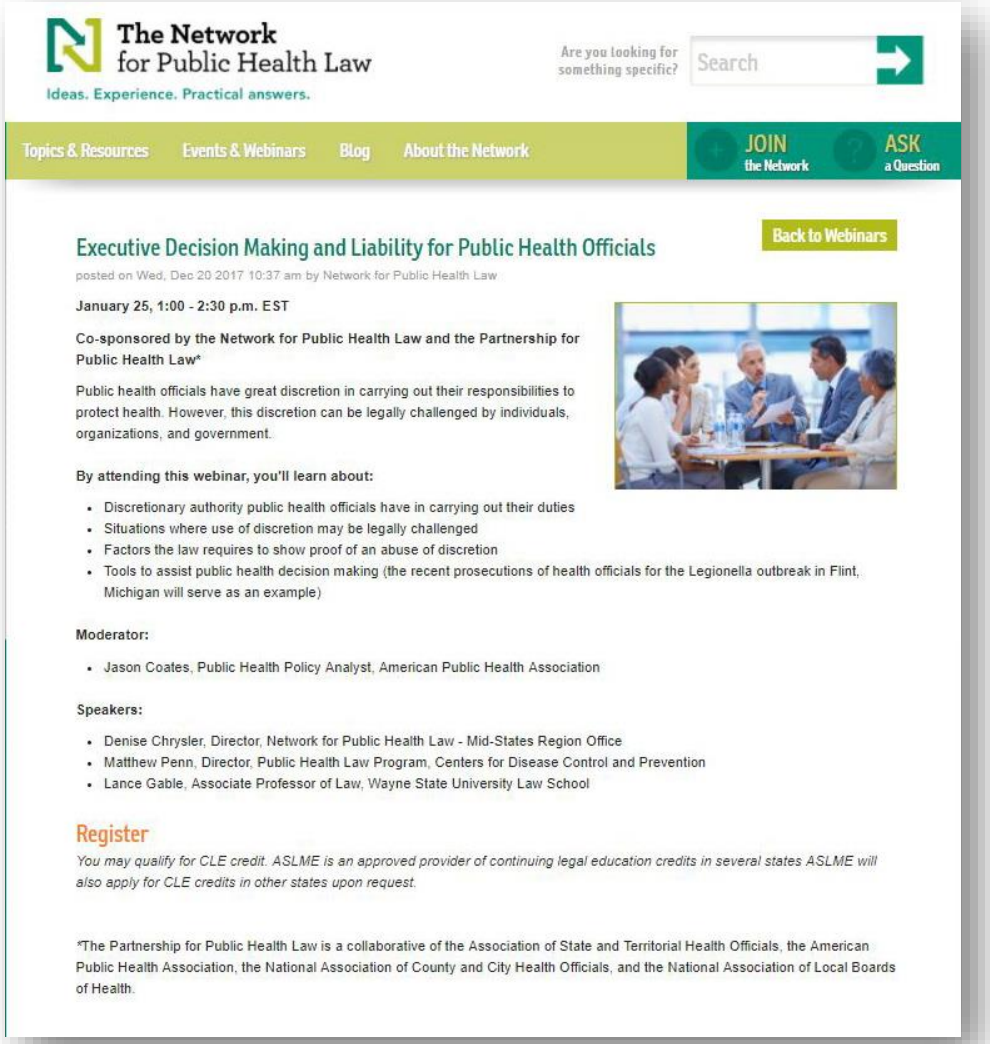
- Bi-weekly
- Current subscribers: 6,349
- Includes:
  - Legal resources and tools
  - Analysis of current issues in law and policy
  - Legal technical assistance highlight
  - Recently published research
  - Network news and events
  - Other news and information of interest

Network Website



- Average 1K active users per week
- Analysis of current issues in law, policy (blog)
- Legal resources and tools
- Events and webinars
- Legal technical assistance information and request form
- Legal technical assistance database
- Lawyer directory
- Newsletter archive

Network Webinars



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Back to Webinars

Executive Decision Making and Liability for Public Health Officials

posted on Wed, Dec 20 2017 10:37 am by Network for Public Health Law

January 25, 1:00 - 2:30 p.m. EST

Co-sponsored by the Network for Public Health Law and the Partnership for Public Health Law*

Public health officials have great discretion in carrying out their responsibilities to protect health. However, this discretion can be legally challenged by individuals, organizations, and government.

By attending this webinar, you'll learn about:

- Discretionary authority public health officials have in carrying out their duties
- Situations where use of discretion may be legally challenged
- Factors the law requires to show proof of an abuse of discretion
- Tools to assist public health decision making (the recent prosecutions of health officials for the Legionella outbreak in Flint, Michigan will serve as an example)

Moderator:

- Jason Coates, Public Health Policy Analyst, American Public Health Association

Speakers:

- Denise Chrysler, Director, Network for Public Health Law - Mid-States Region Office
- Matthew Penn, Director, Public Health Law Program, Centers for Disease Control and Prevention
- Lance Gable, Associate Professor of Law, Wayne State University Law School

Register

You may qualify for CLE credit. ASLME is an approved provider of continuing legal education credits in several states ASLME will also apply for CLE credits in other states upon request.

*The Partnership for Public Health Law is a collaborative of the Association of State and Territorial Health Officials, the American Public Health Association, the National Association of County and City Health Officials, and the National Association of Local Boards of Health.

- Monthly & special series
- Average monthly attendance: 378
- CLE credits available
- Playback available on website and YouTube
- Archived on website

Presentations and Media

- In 2017 Network attorneys:
  - delivered 48 presentations on public health law topics
  - published 27 papers and articles in research and other publications
  - conducted 7 workshops/trainings for a total of 415 participants
- Legal mapping sourced by news media, including:
  - New York Times
  - Washington Post
  - CBS News – 60 Minutes
- Resources disseminated on Network's social media to:
  - 3,599 Twitter followers
  - 9,834 Facebook followers
  - 2,582 LinkedIn members

Advancing Knowledge to Practice through the Application of a Policy Research Continuum

Michael Schooley, MPH

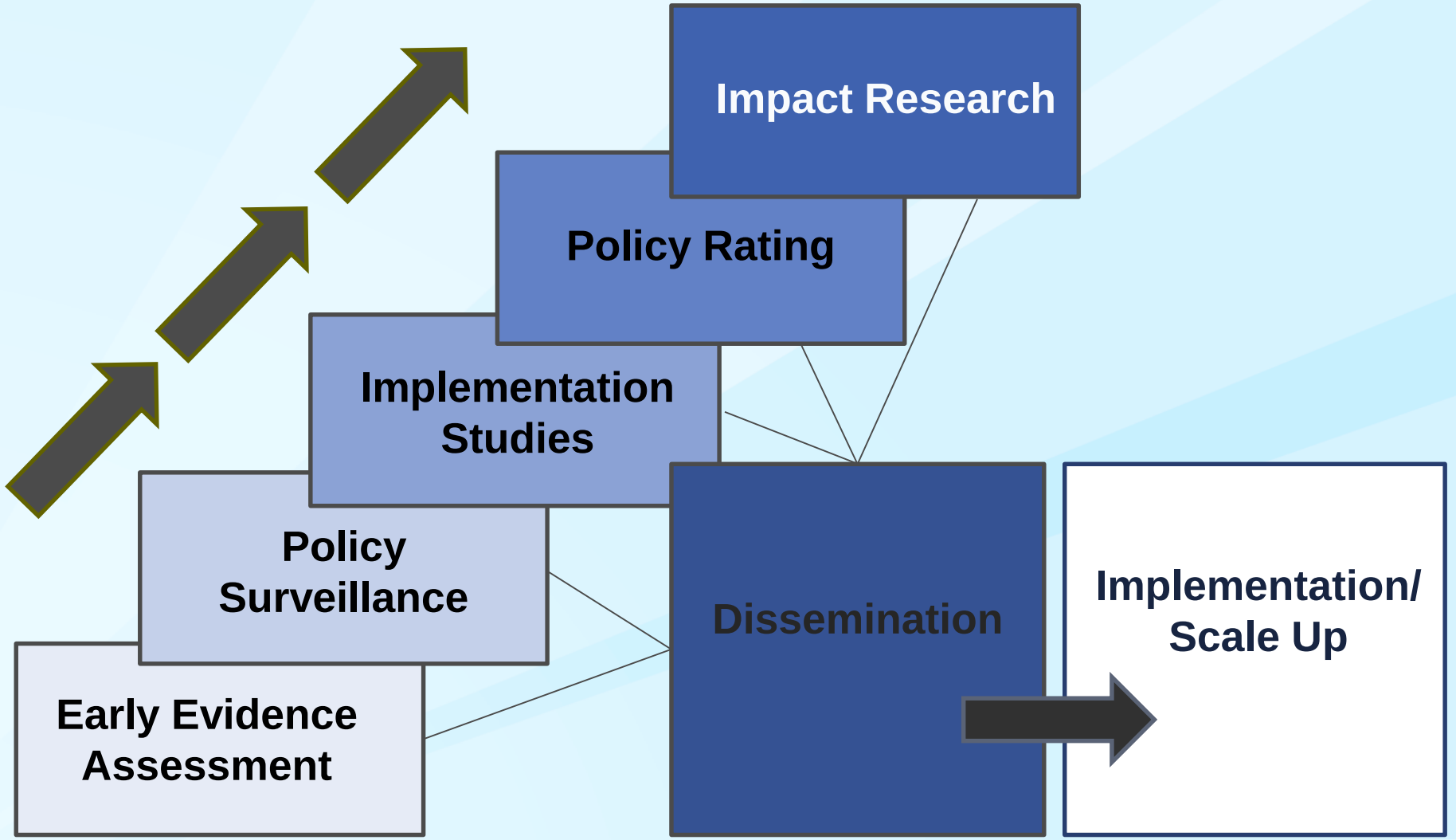
Chief, Applied Research and Evaluation Branch

Division for Heart Disease and Stroke Prevention

Centers for Disease Control and Prevention

January 18, 2018

Policy Research Continuum



Policy Research Continuum

Early Evidence Assessments	Policy Surveillance	Policy Implementation Studies	Policy Rating	Policy Impact Research	Dissemination	Implementation/ Scale Up
Implement emerging evidence assessment tools to guide deployment of new and innovative policy interventions	Identify where important policies have and have not been adopted as an important facilitator of scale-up	Identify barriers and facilitators of wide-scale implementation	Clarify policies and policy levers that are effective and those that are not. Assess evidence on the comparative effectiveness of the policy alternatives.	Assess evidence on the impact of policies. Apply system science and modeling to estimate the impact of emerging policies	Create products to aid implementation and scale up of effective policies Focus on areas where diffusion and sustainability have not occurred	Scale up of specific policies and practices shown to be promising or effective Use available frameworks and methods to show stakeholders how policy can accelerate scale up and adoption
Cross-Cutting: Identify collaborators who can help sharpen research questions, implement interventions and take evidence into the policy-making stage						

Policy Research Agenda

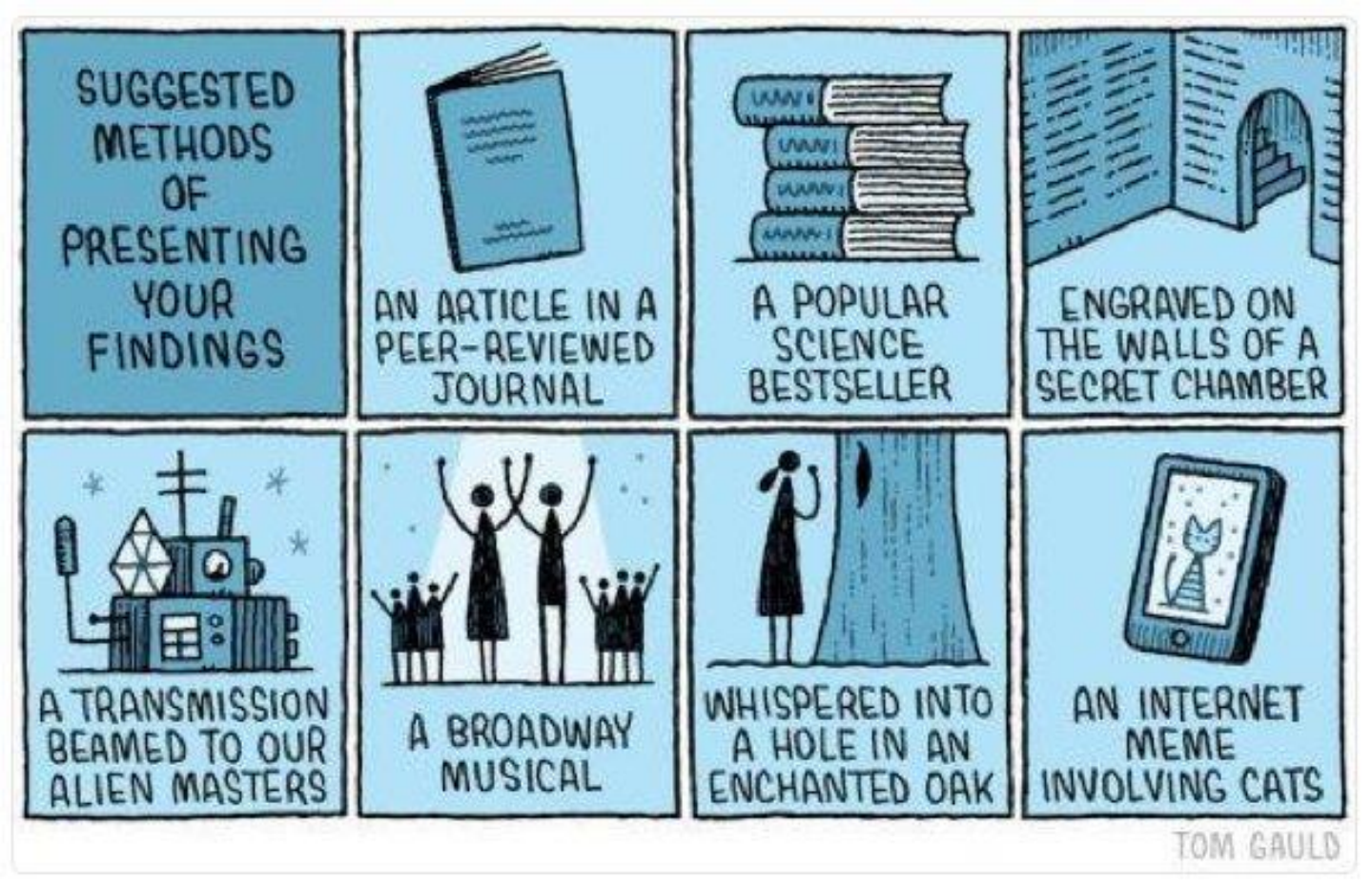
Early planning phase

Complete

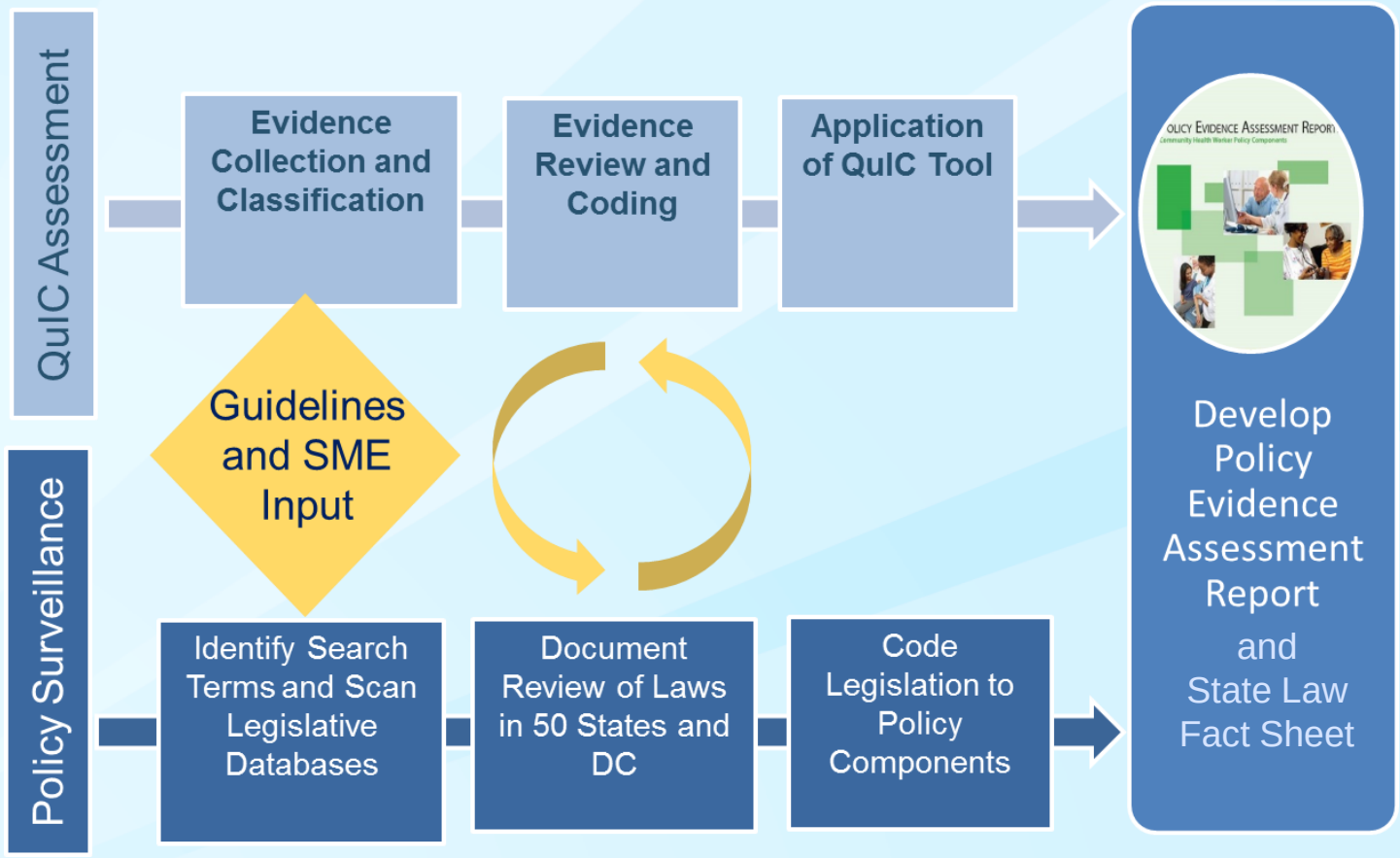
N/A- Externally available evidence assessment already exists

	Early Evidence Assessments	Policy Surveillance	Policy Implementation Studies	Policy Rating	Policy Impact Research	Dissemination	Implementation/ Scale Up
Workplace Health Promotion	●	●	◒	◒	○	●	◒
Sodium Reduction	○	●	●	◒	○	●	●
Community Health Worker	●	●	●	◒	◒	●	●
Patient-Centered Medical Home	◒	●	○	◒	○	◒	○
Nurse Practitioner Scope of Practice	N/A	●	●	●	◒	◒	◒
Prescription Drug Cost Sharing		●				●	
Collaborative Drug Therapy Management		●	●	○	○	●	◒
Stroke	●	◒	●	○	○	●	◒
Public Access Defibrillation	●	●	◒	●	◒	●	◒

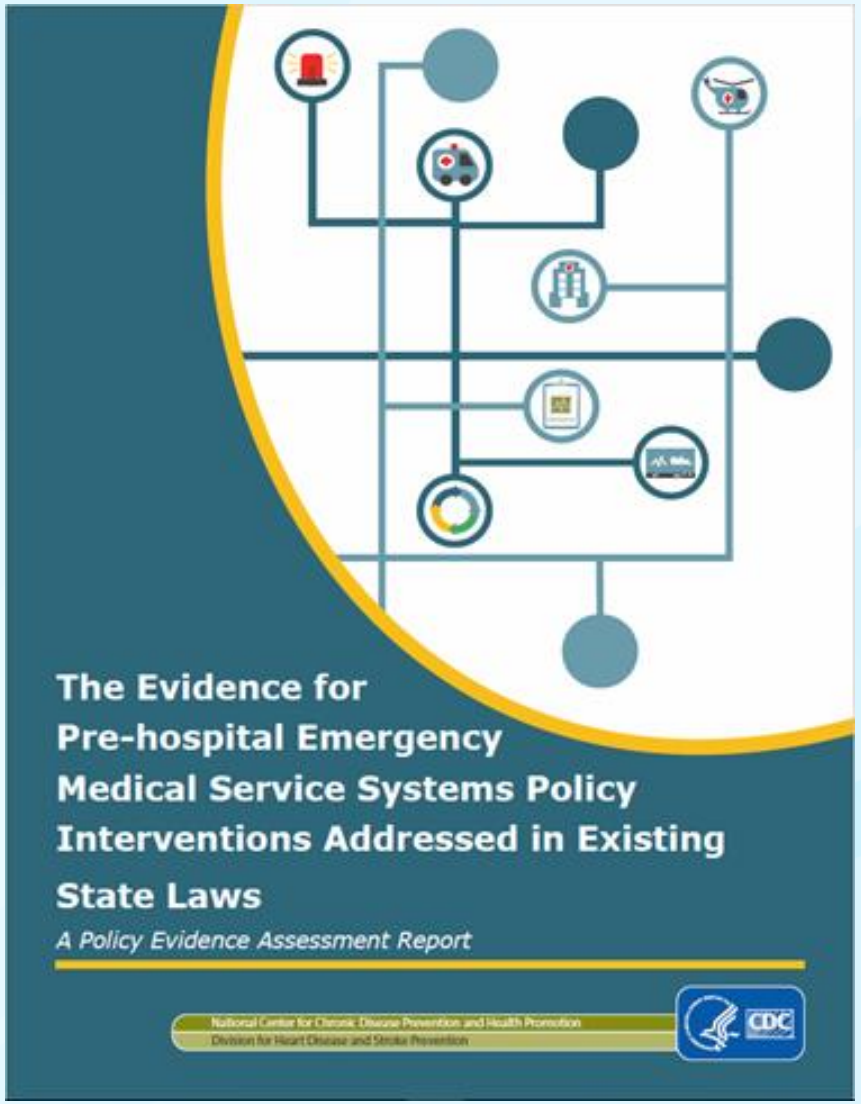
Dissemination

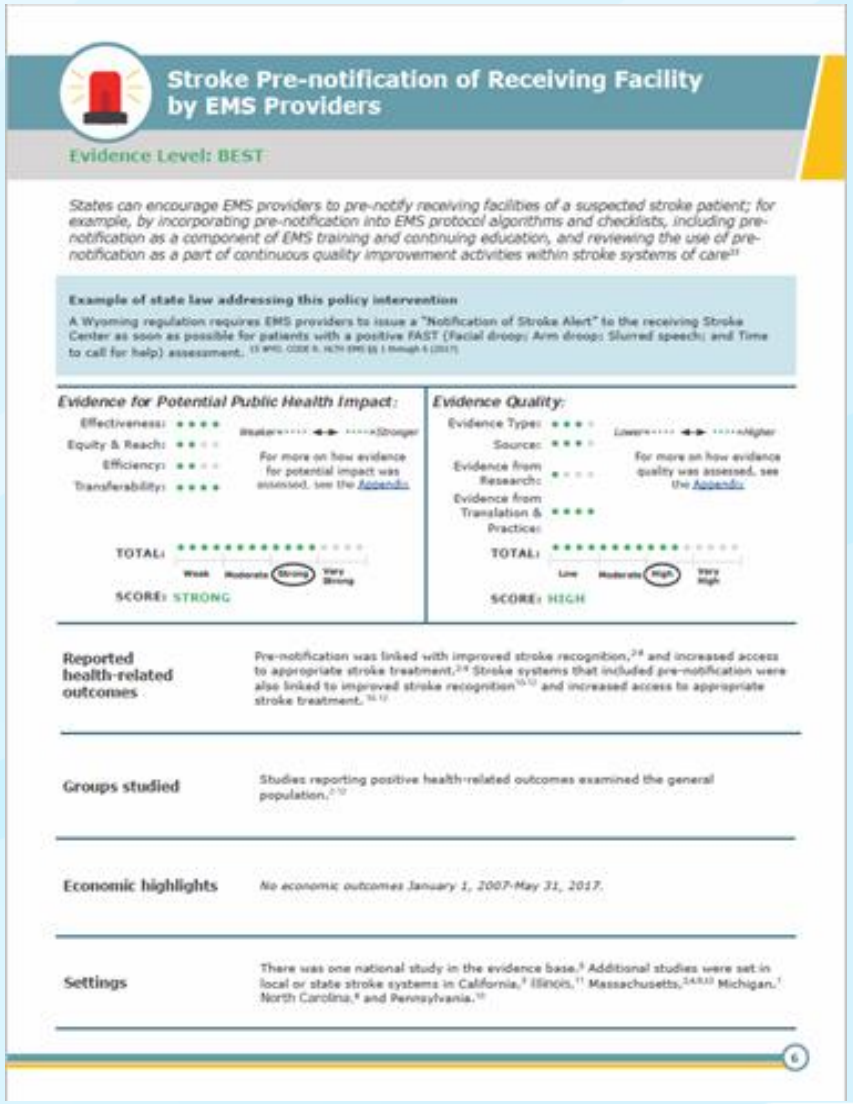


Policy Evidence Assessment & Surveillance



Early Evidence Assessments





Stroke Pre-notification of Receiving Facility by EMS Providers

Evidence Level: BEST

States can encourage EMS providers to pre-notify receiving facilities of a suspected stroke patient; for example, by incorporating pre-notification into EMS protocol algorithms and checklists, including pre-notification as a component of EMS training and continuing education, and reviewing the use of pre-notification as a part of continuous quality improvement activities within stroke systems of care[11]

Example of state law addressing this policy intervention

A Wyoming regulation requires EMS providers to issue a "Notification of Stroke Alert" to the receiving Stroke Center as soon as possible for patients with a positive FAST (Facial droop; Arm droop; Slurred speech; and Time to call for help) assessment.

Evidence for Potential Public Health Impact:

Effectiveness: ★★★★
Equity & Reach: ★★☆☆
Efficiency: ★★☆☆
Transferability: ★★★★

Weaker ◄► Stronger

For more on how evidence for potential impact was assessed, see the Appendix

TOTAL: ★★★★★★★★★★★★☆☆☆☆

Weak | Moderate | Strong | Very Strong

SCORE: STRONG

Evidence Quality:

Evidence Type: ★★★☆
Source: ★★★☆
Evidence from Research: ★☆☆☆
Evidence from Translation & Practice: ★★★★

Lower ◄► Higher

For more on how evidence quality was assessed, see the Appendix

TOTAL: ★★★★★★★★★★☆☆☆☆

Low | Moderate | High | Very High

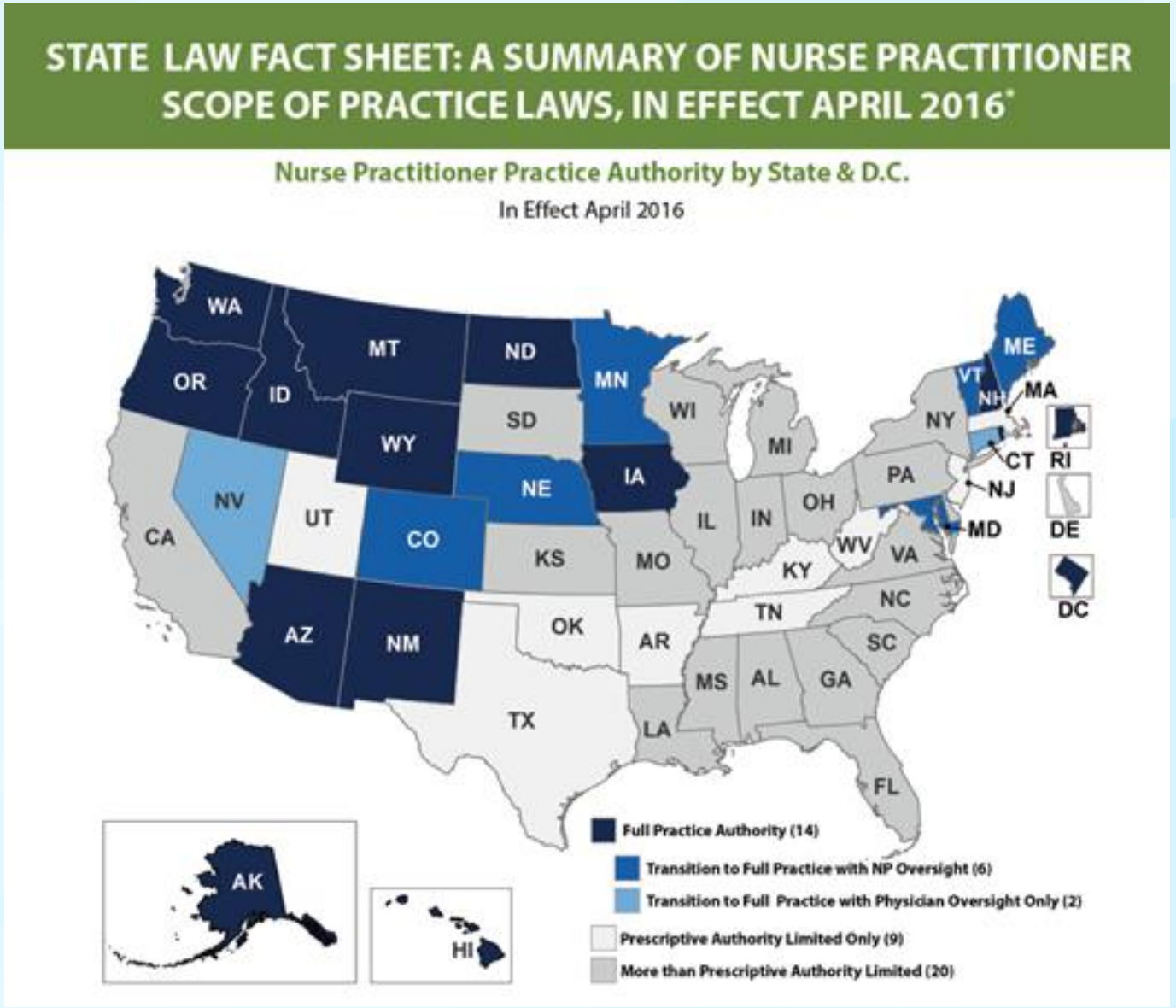
SCORE: HIGH

Reported health-related outcomes	Pre-notification was linked with improved stroke recognition,[7,8] and increased access to appropriate stroke treatment.[7,9] Stroke systems that included pre-notification were also linked to improved stroke recognition[10-12] and increased access to appropriate stroke treatment.[10-12]
Groups studied	Studies reporting positive health-related outcomes examined the general population.[7-12]
Economic highlights	*No economic outcomes January 1, 2007-May 31, 2017.*
Settings	There was one national study in the evidence base.[9] Additional studies were set in local or state stroke systems in California,[7] Illinois,[11] Massachusetts,[3,8,12] Michigan,[7] North Carolina,[8] and Pennsylvania.[10]

6

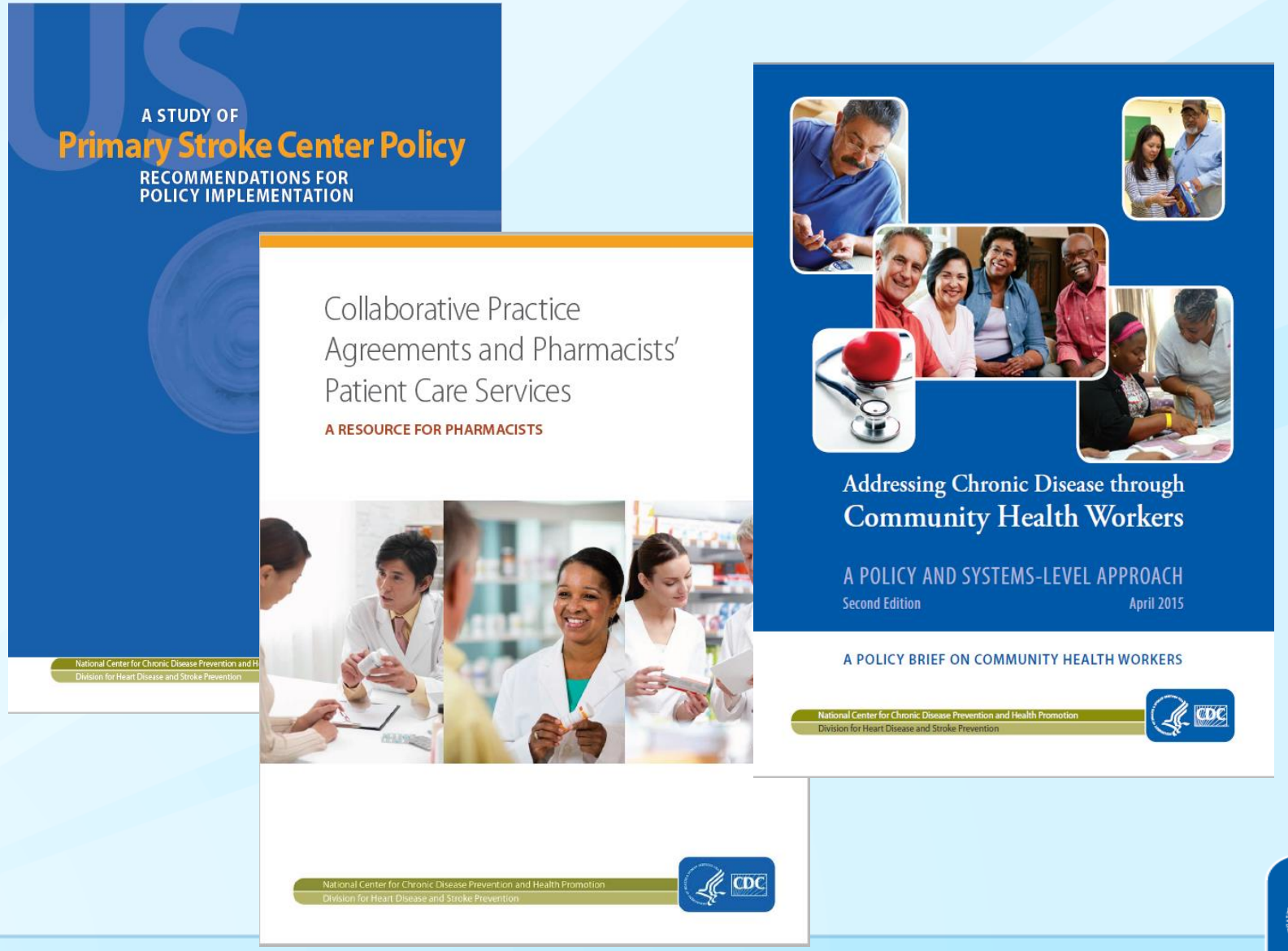
https://www.cdc.gov/dhdsp/pubs/docs/Stroke-PEAR.pdf

Policy Surveillance: State Law Fact Sheets

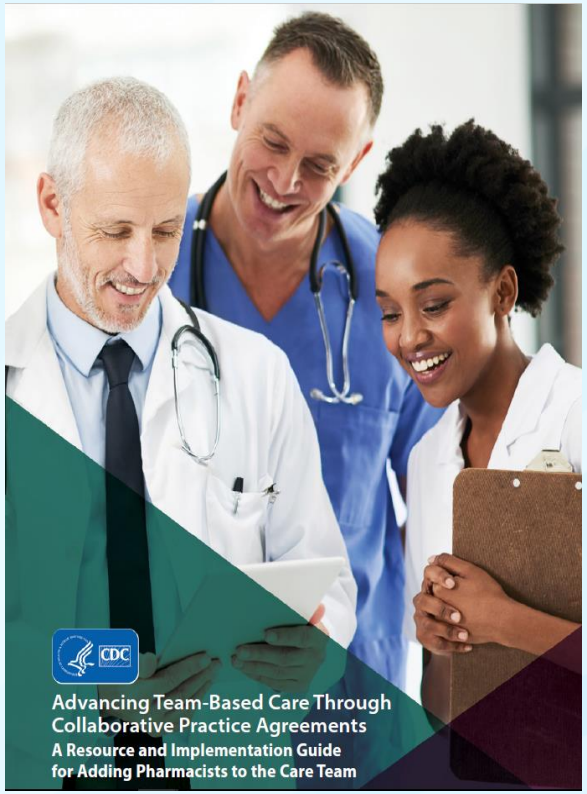


https://www.cdc.gov/dhdsp/pubs/policy_resources.htm

Implementation Studies



Collaborative Practice Agreement (CPA) Toolkit: accelerating use under state laws authorizing pharmacist-provider collaborative practice



- Released June 1, 2017
- Posted on NASPA site with over 2,300 views
- Featured in partner monthly publications
- In-person training, presentations, webinars

- Engage stakeholders early and often
- Build demand and increase reach with partners
- Evaluate uptake and improve

https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf

Summary & Considerations

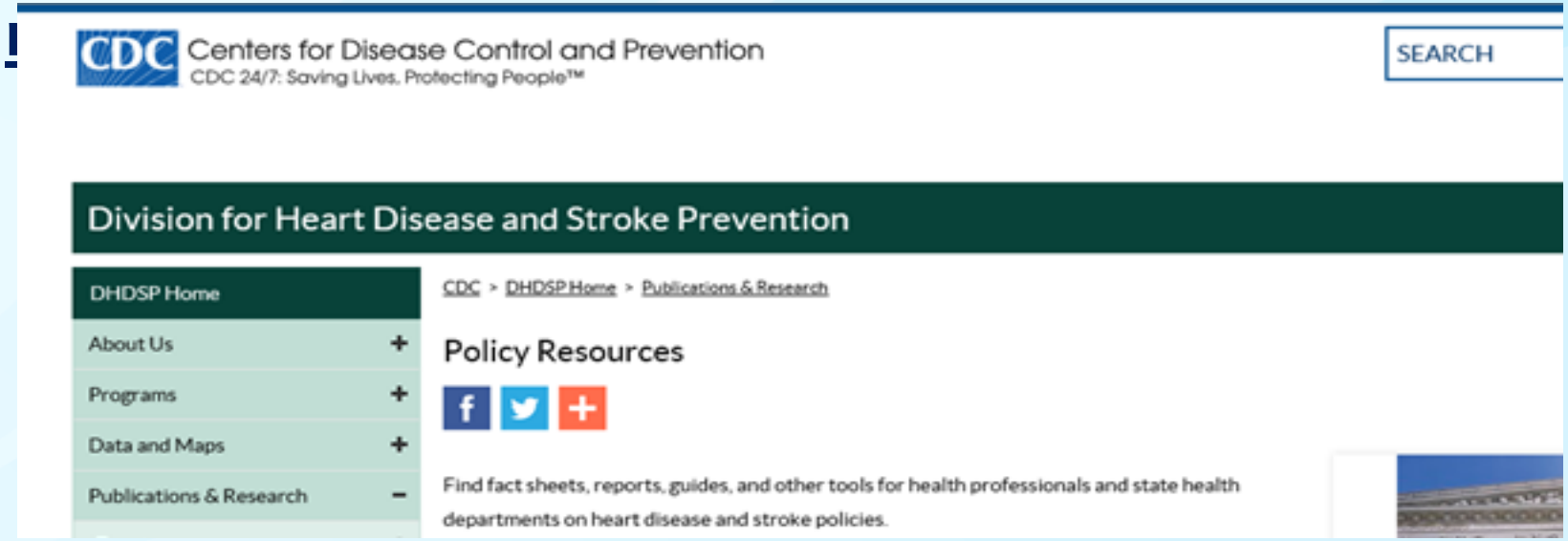
- Engagement of Subject Matter Experts and Stakeholders
- Dissemination Planning, Preparation and Perseverance
- Policy Surveillance: Ad-hoc vs. System
- Linking Policy and Population Surveillance Data
- What's in a law: observed vs. ideal
- Utility of Artificial Intelligence Technologies

For more information

- **Team Members involved in policy research:**

  Chris Jones (Lead), Colleen Barbero, Erika Fulmer, Siobhan Gilchrist, Andy Kunka, Sharada Shantharam

- **Policy Resources:**
  https://www.cdc.gov/dhdsp/pubs/policy_resources.ht
  !



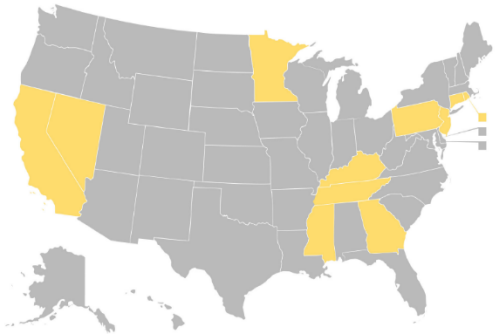
This presentation represents views and information from the presenter and does not necessarily represent the official position of the Centers for Disease Control and Prevention

THE POLICY SURVEILLANCE PROGRAM

A LawAtlas Project

SESSION 5

TECHNOLOGY FOR RESEARCH AND VISUALIZATION

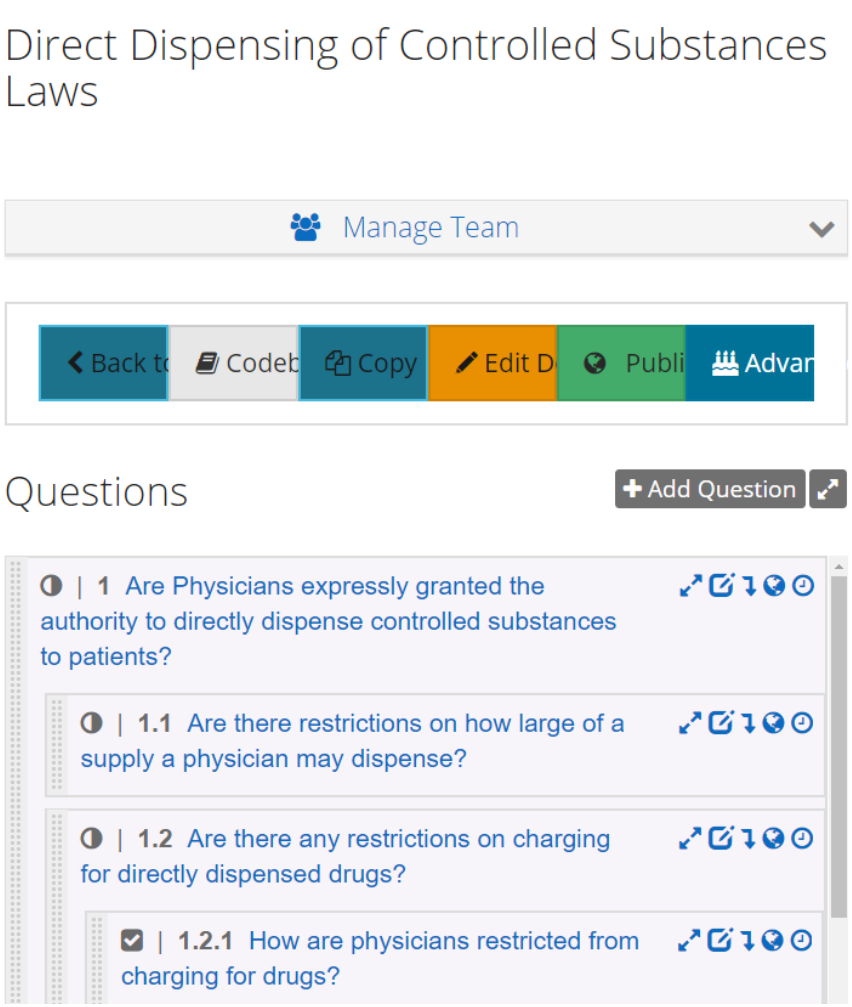


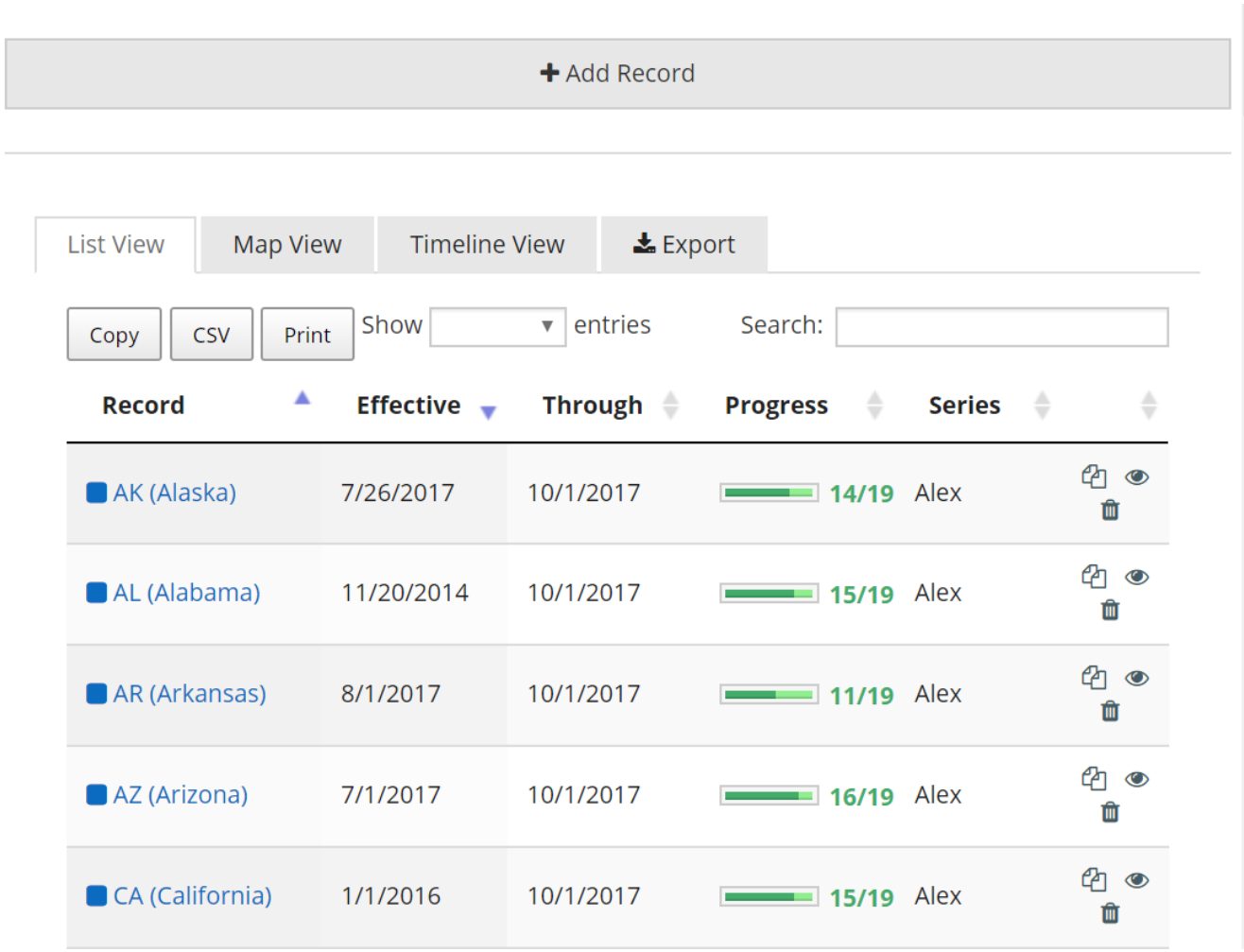
MONQCLE
BY LEGAL SCIENCE

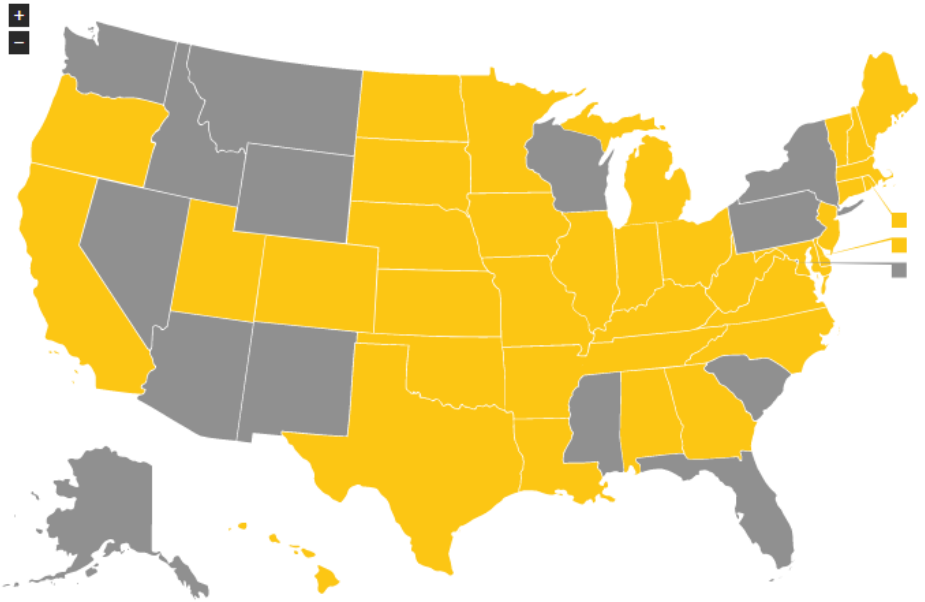
Using Technology to do Policy Surveillance

Elizabeth Platt, Esq.
Legal Science, LLC

An Introduction to MonQcle







Start here

Did you know?

Ten years ago, 44% of U.S. states had a law regulating cellphone-use while driving.

Read more

view table

share results

Download the Map

Map Legend: State

Pick a year

2015

Year:

Where At least one of these selections apply

Does the state have a law restricting cellphone use for drivers of a specific age?: Yes

Direct Dispensing of Controlled Substances Laws

Save

7/26/2017 → 10/1/2017

(states) **Alaska, United States of America**

Questions

Mark Unfinished

14/19

- 1 Are Physicians expressly granted the authority to directly dispense controlled substances to patients? 1
  - controlled substance, ...
  - 1.1 Are there restrictions on how large of a supply a physician may dispense? 1
    - prescribe, seven-day s...
    - controlled substance, ...
  - 1.2 Are there any restrictions on charging for directly dispensed drugs? 0

New Source | Search Source | Law Library

Alaska Stat. § 08.64.363. Maximum dosage for opioid prescriptions

7/26/2017 - 10/1/2017 | Version 1 | Managed by: AJFrazer

Saved

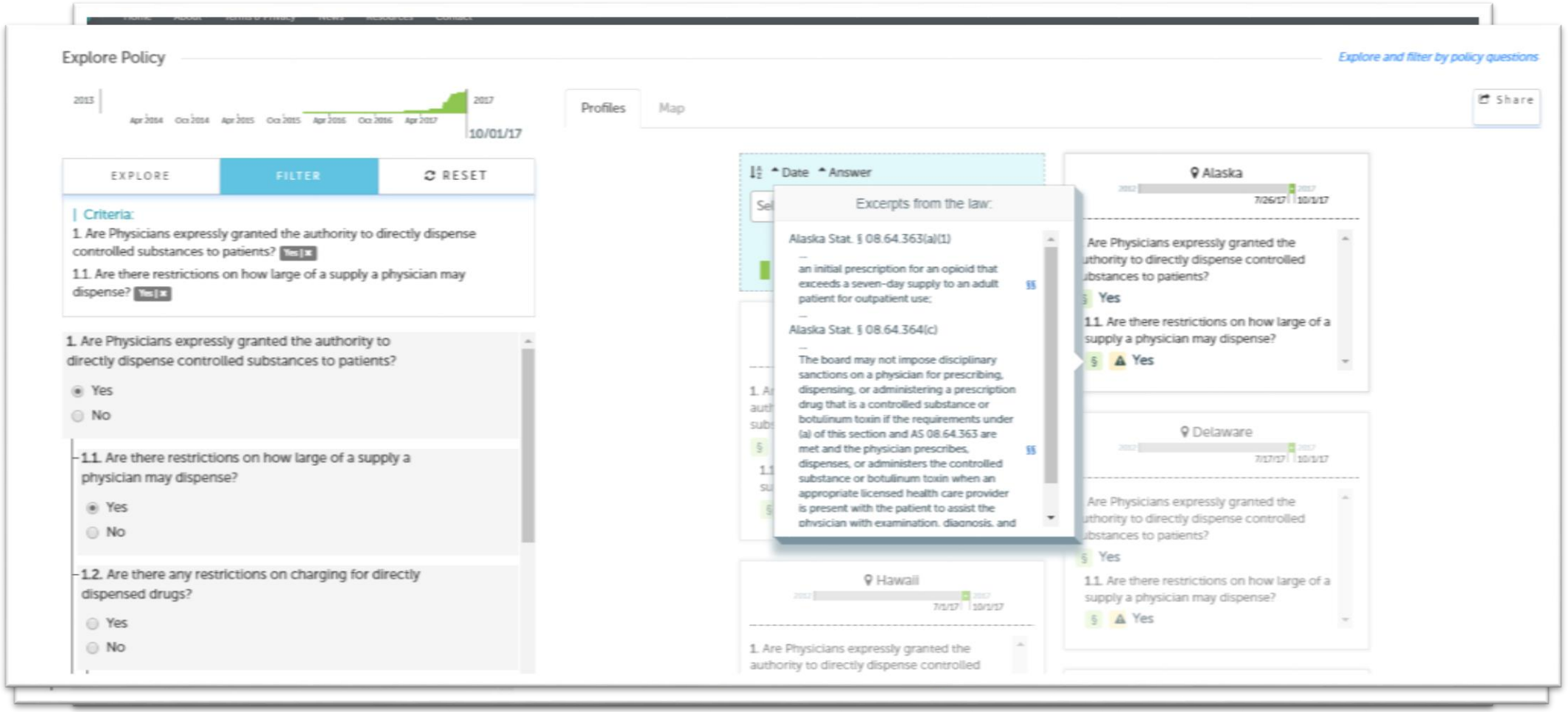
(a) A licensee may not issue

(1) AJFrazer an initial prescription for an opioid that exceeds a seven-day supply to an adult patient for outpatient use;

(2) a prescription for an opioid that exceeds a seven-day supply to a minor; at the time a licensee writes a prescription for an opioid for a minor, the licensee shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opioid use.

(b) Notwithstanding (a) of this section, a licensee may issue a prescription for an opioid that exceeds a seven-day supply to an adult or minor patient if, in the professional medical judgment of the licensee, more than a seven-day supply of an opioid is necessary for

The Prescription Drug Abuse Policy System (PDAPS)



Funded by NIDA (#HHSN271201500081C)

Upcoming Features

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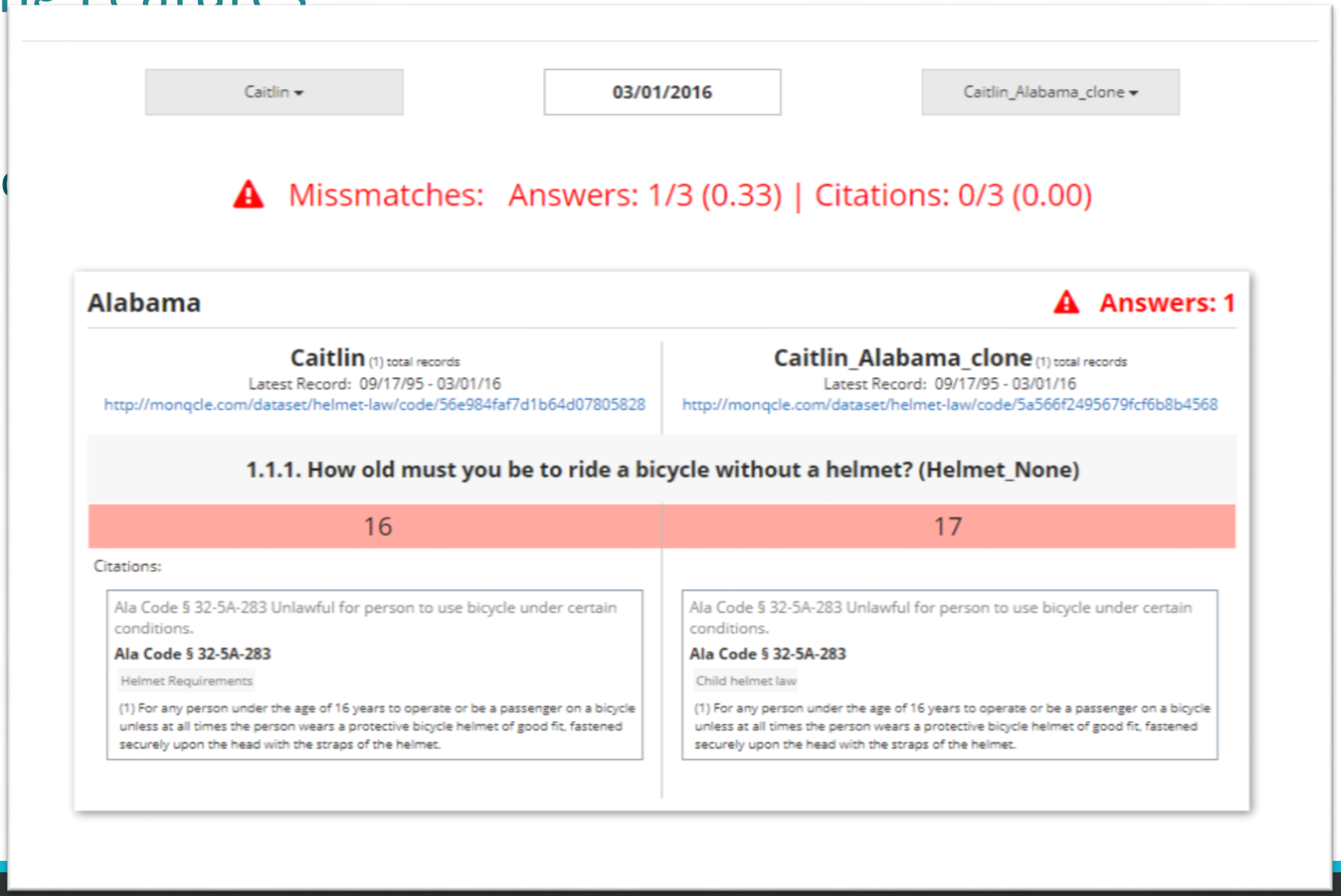

Upcoming F

- Redundant Co
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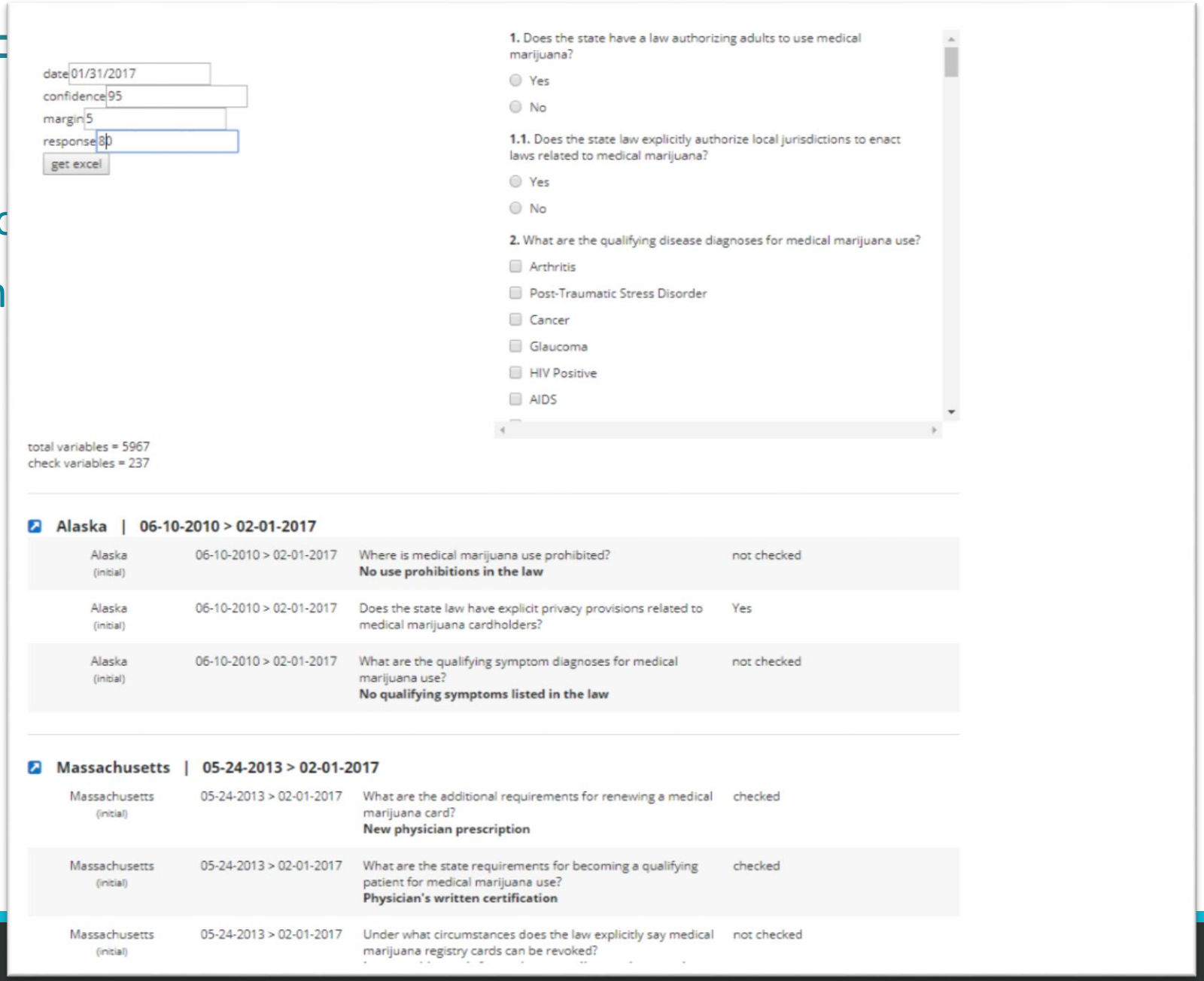

MONOCLE
BY LEGAL SCIENCE

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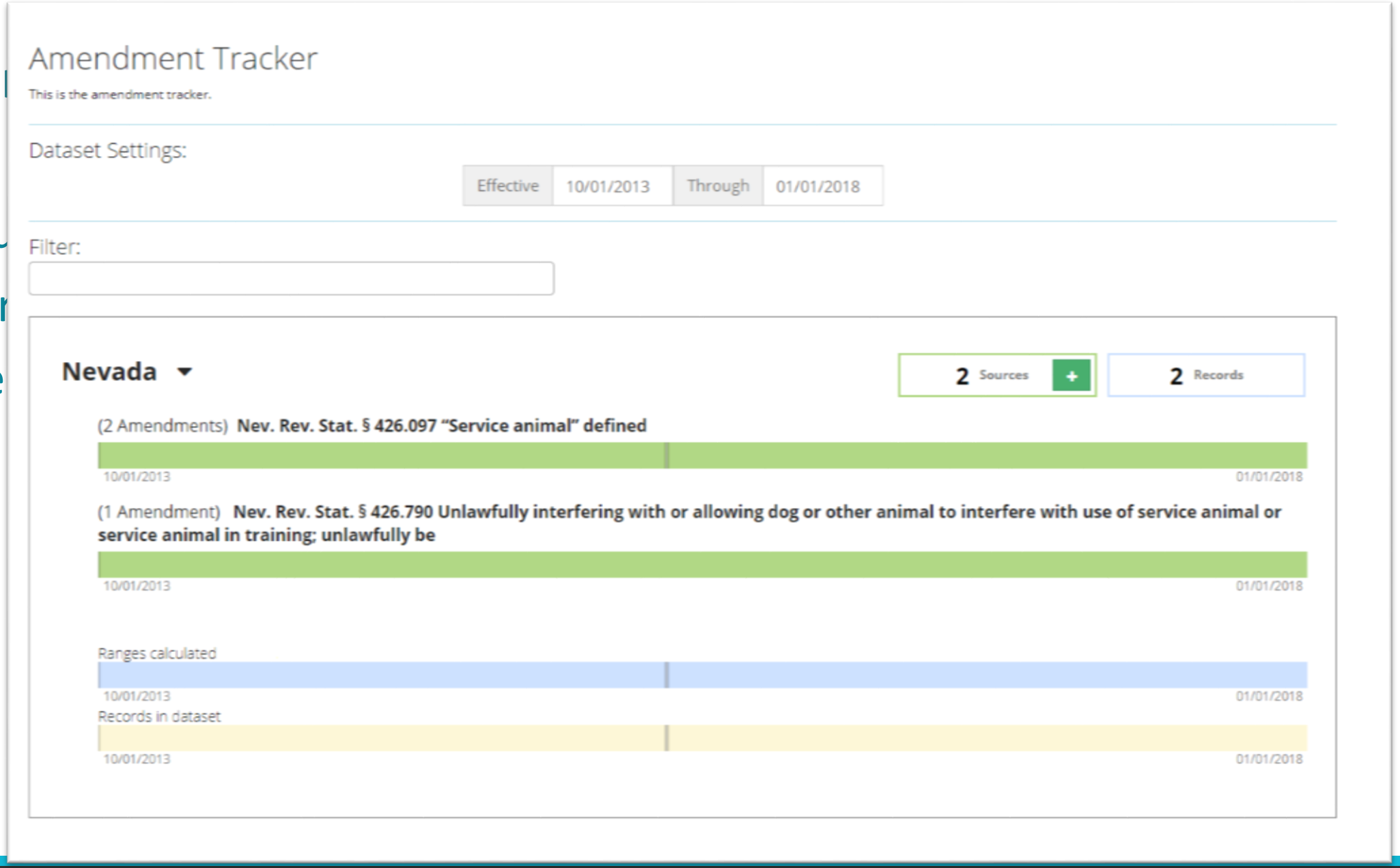


Current Projects

NSF Phase I

Machine Assisted Comparative Policy Analysis in Public Health

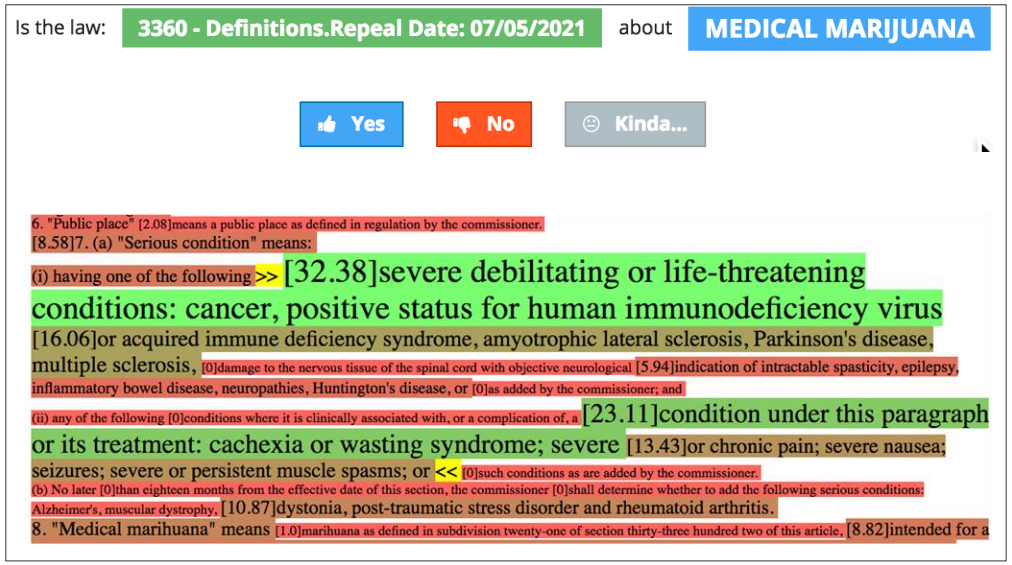
- Reduce time and effort costs of producing timely policy analysis across 50 states
- Locate relevant policy text using machine learning, natural language processing
- Use feedback to train more accurate topical legal text models

Funded by NSF: # 1746192

Identify **relevant laws** in context of research topics

title	distance
3362 - Lawful medical use.Repeal Date: 07/05/2021	4.25182224317
3363 - Registry identification cards.Repeal Date: 07/05/2021	2.87079242369
3364 - Registered organizations.Repeal Date: 07/05/2021	2.40979890028
3360 - Definitions.Repeal Date: 07/05/2021	**1.98900578686**
3361 - Certification of patients.Repeal Date: 07/05/2021	1.62711840737
2994-JJ - Caregiver; opportunity to identify.	1.18052802882
179.15 - Criminal retention of medical marihuana.Repeal Date: 07/05/2021	1.08676387997
3369 - Protections for the medical use of marihuana.Repeal Date: 07/05/2021	0.932733736881

In relevant statutes, **present candidates for citations** to questions



Future Development

NIDA Phase II SBIR

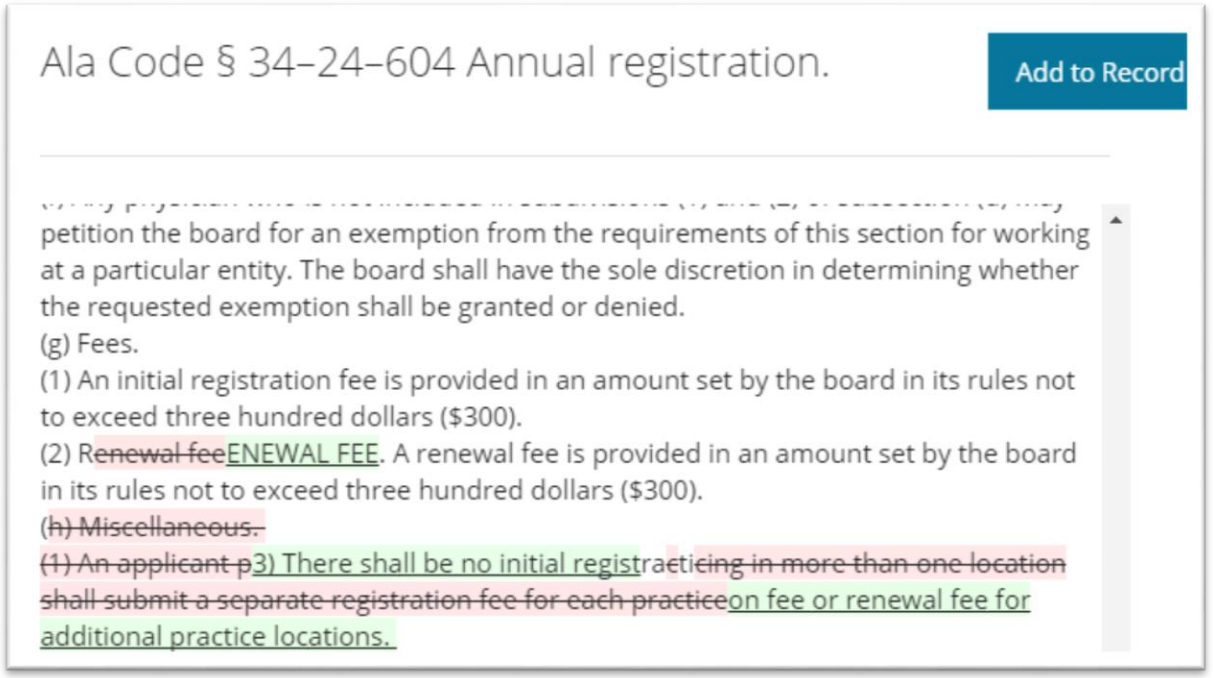
Health Outcome Policy Evaluation (HOPE) laboratory

- Expose relationships between drug policy and health outcomes to produce statistical models
- Enable analysts to tune policy variables and understand their effect on outcome projections

Funded by NIH/NIDA: #2R44DA040340-02

Technology with Policy Surveillance Changes the Game

- Legislation and regulation is finite
- Laws measured properly once do not need to be measured again
- Using technology improves policy surveillance
  - Creates efficiencies
  - Reduces costs
  - Improves quality



Interested in MonQcle?

Contact lizzy@legalscience.io or mark@legalscience.io