SESSION 1
PURPOSES OF POLICY SURVEILLANCE: PRODUCERS MEET USERS
Policy Surveillance as A Public Health Service

Scott Burris
The 5 Essential Public Health Law Services

Better Health for All Faster

Date for Evaluation
Access to Innovative Ideas
Expertise in Designing Legal Solutions

Access to Evidence and Expertise

Policy Surveillance and Evaluation

Access to Legal Models and Text

New Mexico legal text
N.M. Stat. § 24-23-1 Authority to administer opioid antagonists; release from liability

A. A person authorized under federal, state or local government regulations, other than a licensed health care professional permitted by law to administer an opioid antagonist, may administer an opioid antagonist to another person if:

1. he, in good faith, believes the other person is experiencing a drug overdose; and
2. he acts with reasonable care in administering the drug to the other person.

Excerpts from the law:
Building Political Will

Policy Surveillance and Evaluation

Information for Action, Accountability, Impetus, Shame
Tracking negative trends, targeting implementation research
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.
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
Policy Surveillance Research Methods

2018 Policy Surveillance Conference
January 18-19

Presented by: Lindsay K. Cloud, JD
An Overview

Defining the scope

Conducting background research

Developing coding questions

Collecting the law and creating the legal text

Coding the law

Publication and dissemination

Tracking and updating the law

Quality control
Why it works?

- Efficiency
  - Iterative in nature
- Quality
  - Encourages collaboration
  - Quality control
Room for improvement?

- Resource intensive
- The unknown
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”
THANK YOU

Washington DC Office
1444 I Street NW, Suite 1105
Washington, DC 20005
ph: (202) 289-7661
fx: (202) 289-7724
nhelpdc@healthlaw.org

Los Angeles Office
3701 Wilshire Blvd, Suite #750
Los Angeles, CA 90010
ph: (310) 204-6010
fx: (213) 368-0774
nhelp@healthlaw.org

North Carolina Office
200 N. Greensboro St., Suite D-13
Carrboro, NC 27510
ph: (919) 968-6308
fx: (919) 968-8855
nhelpnc@healthlaw.org

www.healthlaw.org
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.

Source: Centers for Disease Control and Prevention. WISQARS Fatal Injury Reports.
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.

http://www.bradycampaign.org/sites/default/files/Scorecard_descriptions.pdf
Law Center to Prevent Gun Violence 2016 Scorecard
Tennessee Gun Laws

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

<table>
<thead>
<tr>
<th>Right to Carry Police</th>
<th>Rifles &amp; Shotguns</th>
<th>Handguns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit to Purchase</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Registration of Firearms</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Licensing of Owners</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Permit to Carry</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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
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
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
click on history and graphical statute
Dealing with Exemptions, Scope, Nuances, and Enforcement Provisions

- Explicit definitions:
  - 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
Texas
13
State Gun Laws

8.00
Gun Related Suicides (per 100K)

9.37
Gun Related Homicides (per 100K)
Cliff Notes on PSP’s Statistical Quality Control (SQC)

January 2018
Heidi Grunwald, PhD
THE POLICY SURVEILLANCE PROGRAM

A LawAtlas Project
Recall the Initial Build Process

1. Supervisor Assigns a Sample of Coding Instances

2. Two Researchers Redundantly Code Independently

3. Supervisor Reviews and Calculates Divergence Rate

# divergent records / total records coded

Currently a simple random sample of state/time instances?

4. Team Resolve Divergences
THE POLICY SURVEILLANCE PROGRAM
A LawAtlas Project
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.
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

Where:
Z = Z value (1.96 for 95% confidence level)
p = probability that we detect an error (0.1 used)

<table>
<thead>
<tr>
<th>N</th>
<th>ME = +/- 5%</th>
<th>ME = +/- 3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>n = 122</td>
<td>n = 278</td>
</tr>
<tr>
<td>2000</td>
<td>n = 130</td>
<td>n = 323</td>
</tr>
<tr>
<td>5000</td>
<td>n = 135</td>
<td>n = 122</td>
</tr>
<tr>
<td>10000</td>
<td>n = 137</td>
<td>n = 357</td>
</tr>
<tr>
<td>100000</td>
<td>n = 139</td>
<td>n = 383</td>
</tr>
<tr>
<td>1000000</td>
<td>n = 139</td>
<td>n = 384</td>
</tr>
</tbody>
</table>
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?
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.
SESSION 4
DISSEMINATION
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
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
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition label standards and regulations on the use of claims and implied claims on food</td>
<td>Offer healthy food and set standards in public institutions and other specific settings</td>
</tr>
<tr>
<td>Use economic tools to address food affordability and purchase incentives</td>
<td>Restrict food advertising and other forms of commercial promotion</td>
</tr>
<tr>
<td>Improve nutritional quality of the whole food supply</td>
<td>Set incentives and rules to create a healthy retail and food service environment</td>
</tr>
<tr>
<td>Harness food supply chain and actions across sectors to ensure coherence with health</td>
<td>Inform people about food and nutrition through public awareness</td>
</tr>
<tr>
<td>Nutrition advice and counselling in health care settings</td>
<td>Give nutrition education and skills</td>
</tr>
</tbody>
</table>
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?
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 20,806). 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 2018. 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.)
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
Sugar policy brief

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

For further information

Bryony Sinclair, MPH
Senior Policy & Public Affairs Manager

b.sinclair@wcrf.org
@wcrfint
facebook.com/wcrfint

www.wcrf.org
Two-step process:

1. Sourcing and reviewing policy actions

2. Verification process with in-country specialists
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
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

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 42,000 in 2016. The majority of these deaths are caused by opioids, both prescription painkillers and heroin. The overdose crisis has not spared Colorado, where nearly 600 people died of drug-related overdoses in 2014, up from 486 in 2013. The state’s rate of drug overdose deaths has climbed 30 percent between 2002 and 2014, from 6.7 per 100,000 residents to 8.6 in 2014.

In Colorado, naloxone is available at retail pharmacies and valley distributors, and most of these deaths are preventable. Opioids kill by depressing respiration, and naloxone-induced respiratory depression can typically be reversed if given in a generic, relatively inexpensive formulation. 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.1 These practices have generally discouraged or prohibited 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.2 Likewise, even when naloxone is available, bystanders to a drug overdose may be afraid to administer it because of liability concerns. Finally, overdose bystanders sometimes fail to summon medical assistance for fear of being prosecuted for possession of illegal drugs in similar cases.3

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.4

Increased Access to Naloxone
In 2015, Colorado enacted a law to provide immunity from civil and criminal liability and professional misconduct to physicians, physician assistants, advance practice nurses, and pharmacists who prescribe or dispense an opioid antagonist.5 The law authorizes these medical practitioners to prescribe and dispense the medication to the individual

Table 1: Characteristics of state naloxone access laws
As of July 10, 2017

<table>
<thead>
<tr>
<th>State</th>
<th>law code</th>
<th>law text</th>
<th>immunity to prescribers</th>
<th>immunity to dispensers</th>
<th>immunity to lay administrators</th>
<th>lay distribution and possession</th>
<th>prescription permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>§ 10-9-138.5</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>AR</td>
<td>§ 16-17-102</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>AZ</td>
<td>§ 36-289.01</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CA</td>
<td>§ 19980</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CO</td>
<td>§ 12-187-102</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CT</td>
<td>§ 19a-24</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>DC</td>
<td>§ 1-563.102</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>FL</td>
<td>§ 458.3927</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>GA</td>
<td>§ 12-50-197</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Page 1
Network Report E-newsletter

- 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

- 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
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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement emerging evidence assessment tools to guide deployment of new and innovative policy interventions.</td>
<td>Identify where important policies have and have not been adopted as an important facilitator of scale-up.</td>
<td>Identify barriers and facilitators of wide-scale implementation.</td>
<td>Clarify policies and policy levers that are effective and those that are not. Assess evidence on the comparative effectiveness of the policy alternatives.</td>
<td>Assess evidence on the impact of policies. Apply system science and modeling to estimate the impact of emerging policies.</td>
<td>Create products to aid implementation and scale up of effective policies.</td>
<td>Focus on areas where diffusion and sustainability have not occurred.</td>
</tr>
</tbody>
</table>
## Policy Research Agenda

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Health Promotion</td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
</tr>
<tr>
<td>Sodium Reduction</td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
</tr>
<tr>
<td>Community Health Worker</td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
</tr>
<tr>
<td>Patient-Centered Medical Home</td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
</tr>
<tr>
<td>Nurse Practitioner Scope of Practice</td>
<td><img src="N/A" alt="N/A" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
</tr>
<tr>
<td>Prescription Drug Cost Sharing</td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
<td><img src="N/A" alt="Complete" /></td>
</tr>
<tr>
<td>Collaborative Drug Therapy Management</td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
</tr>
<tr>
<td>Stroke</td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
</tr>
<tr>
<td>Public Access Defibrillation</td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
<td><img src="N/A" alt="Early planning phase" /></td>
</tr>
</tbody>
</table>

N/A: Externally available evidence assessment already exists.
Dissemination

- Suggested methods of presenting your findings
  - An article in a peer-reviewed journal
  - A popular science bestseller
  - Engraved on the walls of a secret chamber
- A transmission beamed to our alien masters
- A Broadway musical
- Whispersed into a hole in an enchanted oak
- An internet meme involving cats
Policy Evidence Assessment & Surveillance

QuIC Assessment
- Evidence Collection and Classification
- Evidence Review and Coding
- Application of QuIC Tool

Guidelines and SME Input

Policy Surveillance
- Identify Search Terms and Scan Legislative Databases
- Document Review of Laws in 50 States and DC
- Code Legislation to Policy Components

Develop Policy Evidence Assessment Report and State Law Fact Sheet
Early Evidence Assessments

The Evidence for Pre-hospital Emergency Medical Service Systems Policy Interventions Addressed in Existing State Laws

A Policy Evidence Assessment Report

Policy Surveillance: State Law Fact Sheets

STATE LAW FACT SHEET: A SUMMARY OF NURSE PRACTITIONER SCOPE OF PRACTICE LAWS, IN EFFECT APRIL 2016

Nurse Practitioner Practice Authority by State & D.C.
In Effect April 2016

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

A Study of Primary Stroke Center Policy
Recommendations for Policy Implementation

Collaborative Practice Agreements and Pharmacists' Patient Care Services
A Resource for Pharmacists

Addressing Chronic Disease through Community Health Workers
A Policy and Systems-Level Approach
Second Edition
April 2015

National Center for Chronic Disease Prevention and Health Promotion
Division of Heart Disease and Stroke Prevention

CDC
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.html

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.
SESSION 5

TECHNOLOGY FOR RESEARCH AND VISUALIZATION
Using Technology to do Policy Surveillance

Elizabeth Platt, Esq.
Legal Science, LLC
An Introduction to MonQcle

Direct Dispensing of Controlled Substances Laws

Questions

1. Are Physicians expressly granted the authority to directly dispense controlled substances to patients?

1.1 Are there restrictions on how large a supply a physician may dispense?

1.2 Are there any restrictions on charging for directly dispensed drugs?

1.2.1 How are physicians restricted from charging for drugs?
Did you know?

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

Read more

Download the Map

Map Legend: [Icon]

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

7/26/2017 → 10/1/2017
(states) Alaska, United States of America

Questions

1. Are Physicians expressly granted the authority to directly dispense controlled substances to patients?

1.1 Are there restrictions on how large a supply a physician may dispense?

1.2 Are there any restrictions on charging for directly dispensed drugs?

(a) A licensee may not issue

   (1) 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

- Redundant Coding Review

**Missmatches: Answers: 1/3 (0.33) | Citations: 0/3 (0.00)**

**Alabama**

**Caitlin** (1) total records
Latest Record: 09/17/95 - 03/01/16
http://monqcle.com/dataset/helmet-law/code/56e984af7d1b64d07805828

**Caitlin_Alabama_clone** (1) total records
Latest Record: 09/17/95 - 03/01/16
http://monqcle.com/dataset/helmet-law/code/5a566f2495679fc6b8b4568

1.1.1. How old must you be to ride a bicycle without a helmet? (Helmet_None)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>17</td>
</tr>
</tbody>
</table>

Citations:

- Ala Code § 32-5A-283 Unlawful for person to use bicycle under certain conditions.
- Ala Code § 32-5A-283
  - Helmet Requirements
  1. For any person under the age of 16 years to operate or be a passenger on a bicycle unless at all times the person wears a protective bicycle helmet of good fit, fastened securely upon the head with the straps of the helmet.
Upcoming Features

- Redundant Coding Review
- Error Sampling
Upcoming Features

- Redundant Coding Review
- Error Sampling for Statistical Quality Control
- Amendment Tracker

Amendment Tracker

This is the amendment tracker.

Dataset Settings:

- Effective: 10/01/2013
- Through: 01/01/2018

Filter:

Nevada

(2 Amendments) Nev. Rev. Stat. § 426.097 "Service animal" defined

- Effective: 10/01/2013
- Through: 01/01/2018

(1 Amendment) Nev. Rev. Stat. § 426.790 Unlawfully interfering with or allowing dog or other animal to interfere with use of service animal or service animal in training; unlawfully be

- Effective: 10/01/2013
- Through: 01/01/2018

Ranges calculated

- Effective: 10/01/2013
- Through: 01/01/2018

Records in dataset

- Effective: 10/01/2013
- Through: 01/01/2018
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

<table>
<thead>
<tr>
<th>title</th>
<th>distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3362 - Lawful medical use. Repeal Date: 07/05/2021</td>
<td>4.25182224317</td>
</tr>
<tr>
<td>3363 - Registry identification cards. Repeal Date: 07/05/2021</td>
<td>2.87079242369</td>
</tr>
<tr>
<td>3364 - Registered organizations. Repeal Date: 07/05/2021</td>
<td>2.4097980028</td>
</tr>
<tr>
<td>3360 - Definitions. Repeal Date: 07/05/2021</td>
<td>1.9890576866</td>
</tr>
<tr>
<td>3361 - Certification of patients. Repeal Date: 07/05/2021</td>
<td>1.62711840737</td>
</tr>
<tr>
<td>2994-JJ - Caregiver; opportunity to identify.</td>
<td>1.18052802882</td>
</tr>
<tr>
<td>179.15 - Criminal retention of medical marihuana. Repeal Date: 07/05/2021</td>
<td>1.08676387997</td>
</tr>
<tr>
<td>3369 - Protections for the medical use of marihuana. Repeal Date: 07/05/2021</td>
<td>0.932733736881</td>
</tr>
</tbody>
</table>

Identify relevant laws in context of research topics

In relevant statutes, present candidates for citations to questions

-is the law: 3360 - Definitions. Repeal Date: 07/05/2021 about MEDICAL MARIJUANA
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