

# **Legal Epidemiology for Health Departments: A Tool for Evaluating Policy Impact on Population Health**

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# Legal Epidemiology: An Accessible Tool for Predicting, Planning, Promoting and Evaluating Policy Impact on Population Health

**Scott Burris, JD**

# Legal epidemiology

**The scientific study of law as a factor in the cause, distribution, and prevention of disease and injury in a population.**

# **But its most important form is a question:**

**What do we know, or can we learn, about whether and how a legal instrument  
or action influences health?**

# We can draw on legal epi tools across all the five essential public health law services...



Policy  
development

Choosing the  
legal form

Enactment

Implementing/  
enforcing/  
defending

Evaluation and  
diffusion

# And because the question is as important as the answers...

We can draw upon a wide range of sources based on what's available and accessible to us when we need it...

- Published science is great – still too rare
- Mechanism evidence – studies of how law works generally, or that study laws using the same mechanisms
- Experience of our peers ("social media research" -- i.e., your phone)
- Sociolegal theory and "causal modeling" (Realist approaches)
- Policy surveillance and legal research



The legal epi questions: How is law contributing to the problem; how might law make things better? **What are the non-legal options?**

- Scan the literature for directly applicable research
- Explicitly define the mechanism: what is the process through which this law will have an impact (IDEAL Method, e.g.)
- Ask what other jurisdictions are doing (policy surveillance; social media)



## Choosing the legal form

The legal epi questions: What form and text of law is optimal for producing the desired effects?

- Ask what other jurisdictions are doing (policy surveillance; social media)
- Look for research or peer knowledge on implementation issues to think about in drafting (enforcement powers, budgets...)
- Can an evaluation be included in the bill?



The legal epi questions: What evidence and theory support the bill as a plausible intervention for public health?

- Assemble and share, candidly, warts and all, the basis of your position on the costs, benefits and side effects.
- You are not an advocate, but a resource.



Implementing/  
enforcing/  
defending

The legal epi questions: What do we know about the implementation of this law? Is it producing the immediate outputs we expected?

- Conduct implementation monitoring and research.
- Watch for evidence from other jurisdictions
- Share findings with stakeholders.



The legal epi questions: What are the effects, side effects, costs and benefits of this law? Where have people been exposed to this law? How do versions of this law vary in important dimensions? How do those differences influence impact?

- Conduct and consume evaluation research.
- Conduct or consume policy surveillance
- Apply the results in your jurisdiction

**Definitive answers are rarely  
available when you really need them.**

**But the right questions can reliably help you  
make better decisions under uncertainty.**

# **Accessible Legal Epidemiology Methods: Do What You Can with What You Have**

**Katie Moran-McCabe, JD**

# What do we know, or can we learn, about whether and how a legal instrument or action influences health?



The legal epi questions: **How is law contributing to the problem; how might law make things better?** What are the non-legal options?

- Scan the literature for directly applicable research
- Explicitly define the mechanism: what is the process through which this law will have an impact (e.g., IDEAL Method)
- Ask what other jurisdictions are doing (policy surveillance; social media)

# Identifying the law or policy we want to know about

**Overall Question: How can law be used as an  
intervention to improve health outcomes related to HIV,  
viral hepatitis, STIs, or TB?**

Medicaid policies  
for hepatitis C  
treatment?

Syringe services  
program laws?

Drug  
paraphernalia  
laws?

Policies for  
PrEP?

Medicaid  
policies for  
justice-involved  
individuals?



# Legal Landscape Assessment: Mini-Delphi Process

- Subject matter experts completed a survey independently, rating 19 legal actions that may influence health outcomes or disparities related to HIV, hepatitis, STIs, or TB
- Topics selected based on:
  - Initial areas of interest, and
  - Causal inferences regarding how laws may affect health outcomes related to the infections of interest
- Engaged in discussion to add more context to survey results

# Legal Landscape Assessment: Survey Results

Table 1: Relative Ranking and Mean Rating for Each Criterion (listed in order by Relative Rank)  
Criteria Rating Scale: 1=lowest; 3=highest

Relative Rank	Legal Action	Likelihood of important effect on outcomes or disparities related to HIV, viral hepatitis, STIs and TB (Average 2.52 SD 0.33)	Legal/Political Feasibility (Average 2.09 SD 0.27)	Need for more evidence on the implementation /effects of the law (Average 2.19 SD .0.2)	Overall assessment of the importance for this project (Average 2.45 SD 0.29)
1	SSP laws	2.94	2.00	1.81	2.94
2	Drug paraphernalia laws	3.00	2.25	1.94	2.88
3	LGBTQ+ youth supports	2.53	1.87	2.33	2.47
4	Medicaid Rules for Justice-Involved Individuals	2.69	2.19	2.25	2.63
5	Medicaid Rules & PrEP	2.75	2.25	1.94	2.56
6	Opioid Treatment Programs	2.75	2.38	2.06	2.67
7	Medicaid Rules & HCV	2.87	2.47	1.87	2.73
7	LGBTQ+ Anti-discrimination	2.31	2.06	2.06	2.36
8	LGBTQ+ stigma – youth & adult	2.38	1.75	2.19	2.44
8	HIV criminalization	2.56	2.31	2.19	2.25
9	Telehealth	2.69	2.50	2.06	2.44
10	MOUD & Incarceration	2.81	2.25	2.25	2.69
10	Supports – drug use or assistance (e.g., Good Samaritan Laws)	2.53	1.93	2.40	2.60
10	Low-income protections	2.50	1.81	2.25	2.40
11	Sex worker protections	2.53	1.53	2.00	2.47
12	LGBTQ+ school protections	2.31	1.81	2.19	2.19
13	Voting restrictions protections	1.94	1.94	2.38	2.00
14	Court fees protections	1.81	2.06	2.38	1.94
15	Credit terms protections	2.00	2.31	2.50	1.93

# Legal Landscape Assessment: Rapid Literature Scans

## Purpose of scans:

- What research already exists on the health effects of the laws?
- What is the quality of that research?



## Questions we answered:

- What is the law in question?
- What is the burden of disease of the conditions that are suspected or known to be influenced by this law?
- How might these laws affect HIV, STIs, Hepatitis, or TB?
- What important legal and political elements should be considered in assessing these laws?
- What is the evidence supporting inferences about the laws' health effects?

# Evidence supporting inferences about the laws' health effects

BMJ Global Health

## Identifying data for the empirical assessment of law (IDEAL): a realist approach to research gaps on the health effects of abortion law

Scott Burris <sup>1</sup>, Adrienne R Ghorashi <sup>1</sup>, Lindsay Foster Cloud,<sup>1</sup> Rachel Rebouché,<sup>1</sup> Patty Skuster,<sup>2</sup> Antonella Lavelanet<sup>3</sup>

**To cite:** Burris S, Ghorashi AR, Cloud LF, et al. Identifying data for the empirical assessment of law (IDEAL): a realist approach to research gaps on the health effects of abortion law. *BMJ Global Health* 2021;6:e005120. doi:10.1136/bmjgh-2021-005120

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► Additional supplemental material is published online only. To view, please visit the journal online (<http://dx.doi.org/10.1136/bmjgh-2021-005120>).

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Accepted 13 May 2021



### ABSTRACT

Reproductive rights have been the focus of United Nations consensus documents, a priority for agencies like the WHO, and the subject of judgments issued by national and international courts. Human rights approaches have galvanised abortion law reform across numerous countries, but human rights analysis is not designed to empirically assess how legal provisions regulating abortion shape the actual delivery of abortion services and outcomes. Reliable empirical measurement of the health and social effects of abortion regulation is vital input for policymakers and public health guidance for abortion policy and practice, but research focused explicitly on assessing the health effects of abortion law and policy is limited at the global level. This paper describes a method for Identifying Data for the Empirical Assessment of Law (IDEAL), to assess potential health effects of abortion regulations. The approach was applied to six critical legal interventions: mandatory waiting periods, third-party authorisation, gestational limits, criminalisation, provider restrictions and conscientious objection. The IDEAL process allowed researchers to link legal interventions and processes that have not been investigated fully in empirical research to

### Summary box

- Law is an important influence on health, including via the accessibility of abortion services, but too often the health effects of laws and legal practices are not rigorously evaluated.
- Reliable empirical measurement of the effects of abortion regulation is vital input for policymakers and public health guidance for abortion policy and practice, but research assessing the health effects of abortion law and policy is limited at the global level.
- This paper reports on the use of a new method – Identifying Data for the Empirical Assessment of Law (IDEAL) – that deploys causal modeling to link abortion laws that have not been adequately evaluated in empirical research to abortion processes and outcomes that have been more thoroughly studied.
- IDEAL can help both researchers and policy stakeholders to make better-informed assessments and produce stronger guidance related to abortion and other important areas of law, while also identifying gaps in scientific research.

Syri

EXPL

Fernandes et al. *BMC Public Health* (2017) 17:309  
DOI 10.1186/s12889-017-4210-2

BMC Public Health

### RESEARCH ARTICLE

Open Access



## Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews

Ricardo M Fernandes<sup>1,3</sup>, Maria Cary<sup>2</sup>, Gonçalo Duarte<sup>1</sup>, Gonçalo Jesus<sup>1</sup>, Joana Alarcão<sup>1</sup>, Carla Torre<sup>2</sup>, Suzete Costa<sup>2</sup>, João Costa<sup>1,3</sup> and António Vaz Carneiro<sup>1,3\*</sup>

### Abstract

**Background:** Needle and syringe programmes (NSP) are a critical component of harm reduction interventions among people who inject drugs (PWID). Our primary objective was to summarize the evidence on the effectiveness of NSP for PWID in reducing blood-borne infection transmission and injecting risk behaviours (IRB).

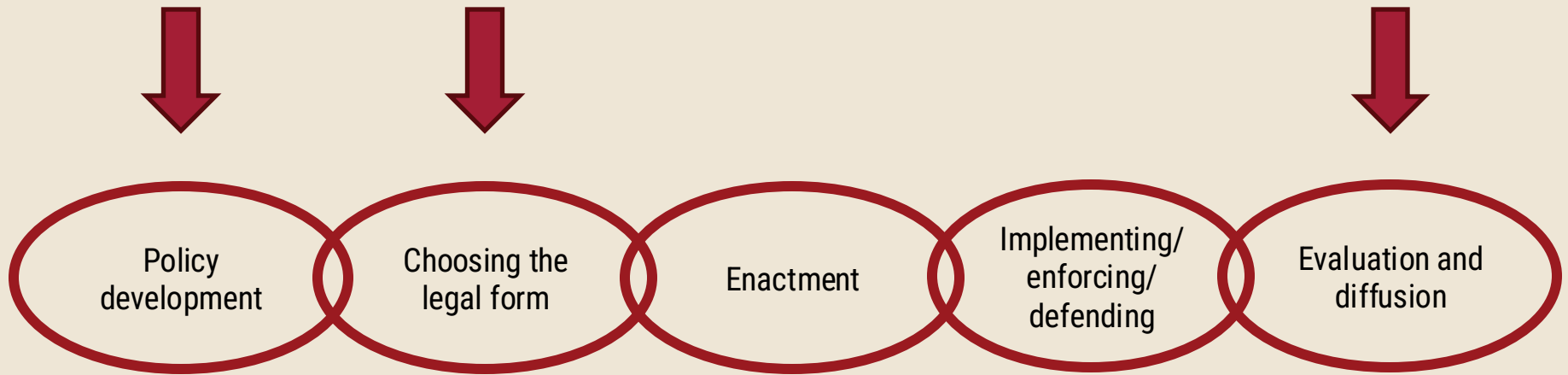
**Methods:** We conducted an overview of systematic reviews that included PWID (excluding prisons and consumption rooms), addressed community-based NSP, and provided estimates of the effect regarding incidence/prevalence of Human Immunodeficiency Virus (HIV), Hepatitis C virus (HCV), Hepatitis B virus (HBV) and bacteremia/sepsis, and/or measures of IRB. Systematic literature searches were undertaken on relevant databases, including EMBASE, MEDLINE, and PsychINFO (up to May 2015). For each review we identified relevant studies and extracted data on methods, and findings, including risk of bias and quality of evidence assessed by review authors. We evaluated the risk of bias of each systematic review using the ROBIS tool. We categorized reviews by reported outcomes and use of meta-analysis; no additional statistical analysis was performed.

**Results:** We included thirteen systematic reviews with 133 relevant unique studies published between 1989 and 2012. Reported outcomes related to HIV ( $n = 9$ ), HCV ( $n = 8$ ) and IRB ( $n = 6$ ). Methods used varied at all levels of design and conduct, with four reviews performing meta-analysis. Only two reviews were considered to have low risk of bias using the ROBIS tool, and most included studies were evaluated as having low methodological quality by review authors. We found that NSP was effective in reducing HIV transmission and IRB among PWID, while there were mixed results regarding a reduction of HCV infection. Full harm reduction interventions provided at structural level and in multi-component programmes, as well as high level of coverage, were more beneficial.

**Conclusions:** The heterogeneity and the overall low quality of evidence highlights the need for future community-level studies of adequate design to support these results.

**What policies do other  
jurisdictions have?**

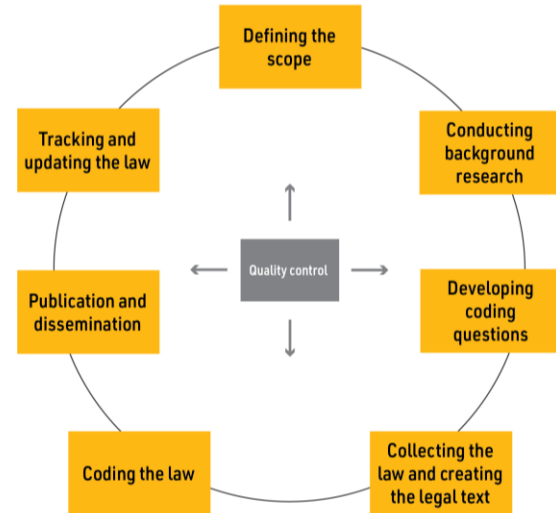
**What impact do they have?**



# Policy Surveillance...

The systematic collection, analysis,  
and dissemination of laws and  
policies across jurisdictions or  
institutions, and over time.

OR...



# Sentinel Surveillance of Emerging Laws and Policies

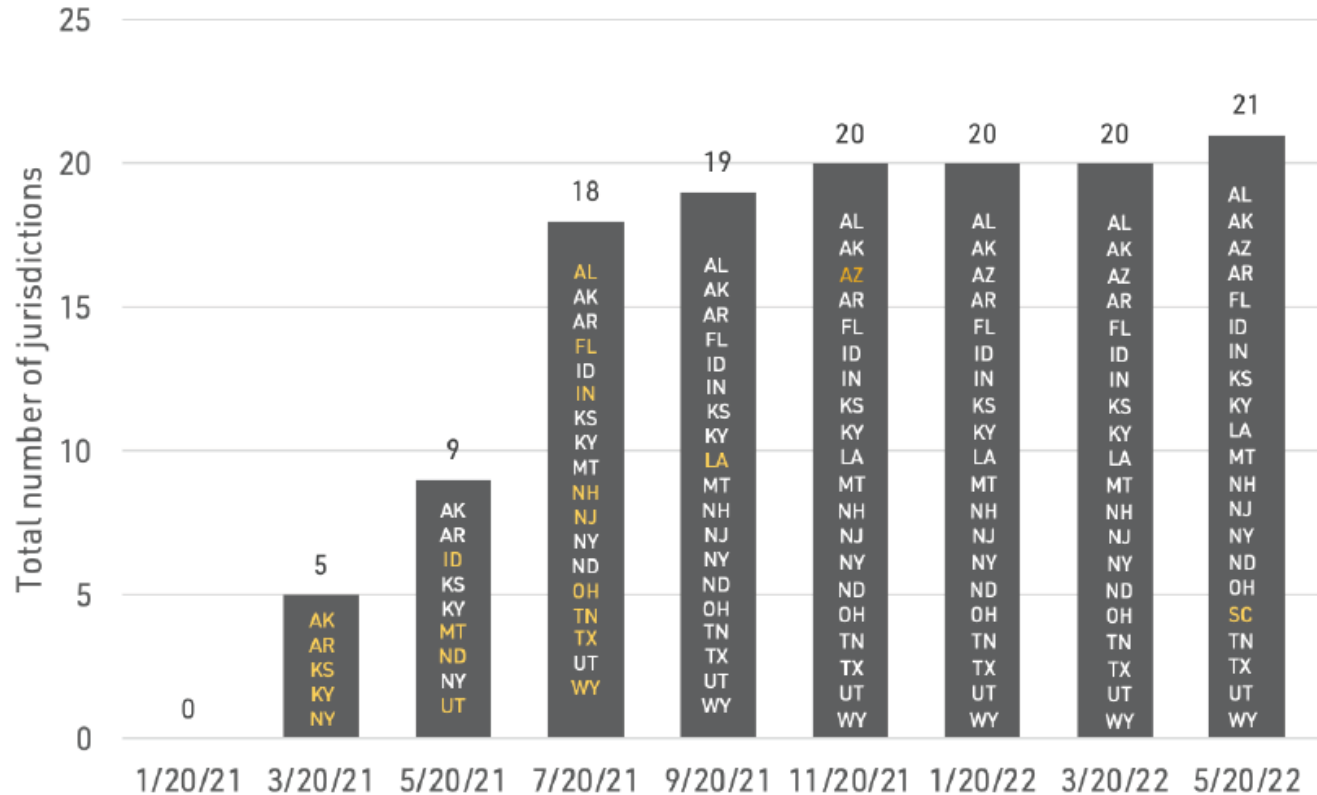
A new legal mapping method  
intended to quickly identify, capture, and track emerging  
laws and legal innovations impacting public health

# Sentinel Surveillance of Emerging Laws and Policies - Process

- Background research and scoping
- **Question Development**
  - **Most critical features**
- Research and coding
- **Quality control**
  - **Research and coding spot checks**
- **Regular tracking**



# Sentinel Surveillance Example: Progression of Laws Limiting Public Health Emergency Orders



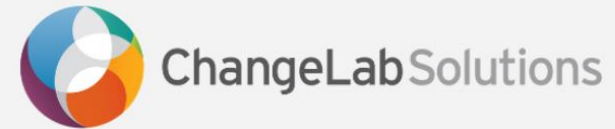
# Collaborative Approach



ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS



Center for  
Public Health  
Law Research



PUBLIC HEALTH  
LAW CENTER  
at Mitchell Hamline School of Law



Center for  
Public Health  
Law Research

## Tracking legislative changes to public health authority

- We support the effort **to define and educate** about public health authority that is needed for efficient and equitable public health work by government agencies.
- We allow stakeholders to readily see **how the legal landscape is changing** and to **find good examples/templates** for new policy.
- This specific awareness of status and trends is a basic tool to **promote and enable public participation** and advocacy for better policy decisions.

# Isolation & Quarantine Bills

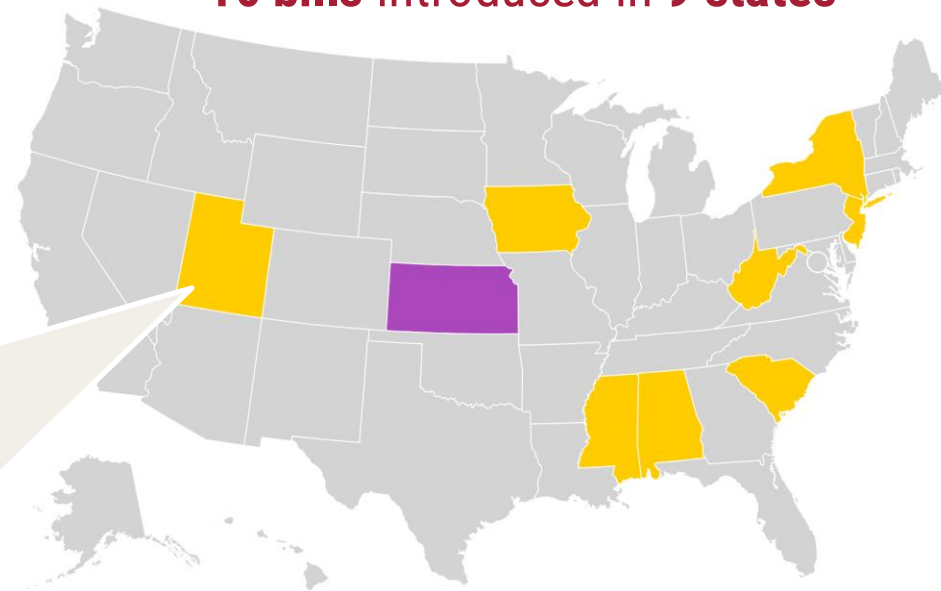
January 1, 2024 – July 9, 2024

## Utah House Bill 405 (enacted):

modifies when state & local HDs can invoke an order of restriction

- Now relies on a **“dangerous public health condition”** definition with an enumerated list of diseases and infections approved by the relevant legislative body as needing containment

**10 bills** introduced in **9 states**

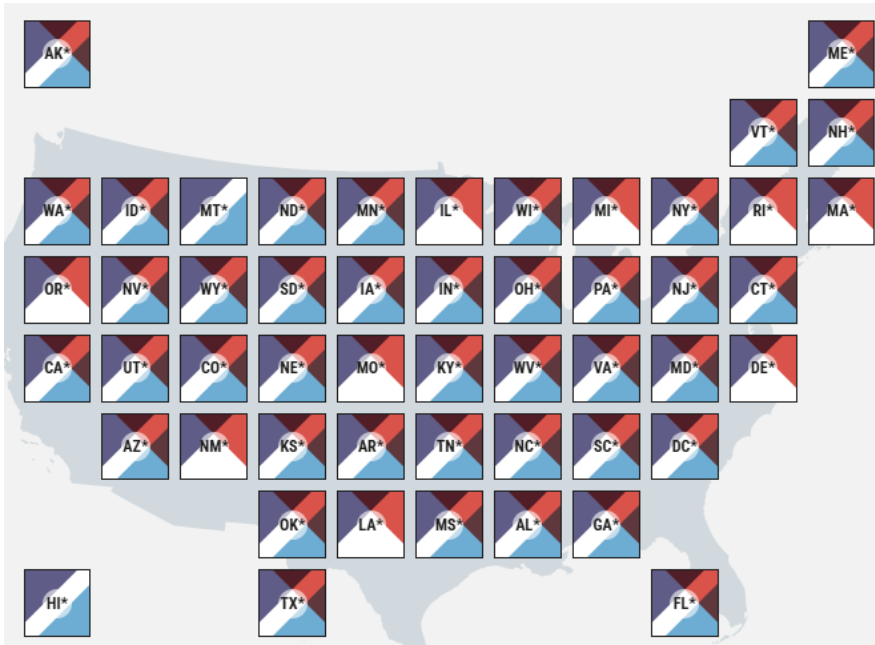


1 bill introduced



Multiple bills introduced

# Tracking Public Health Measures

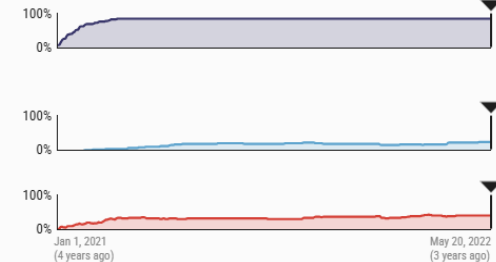


## AREAS MATCHING ANY VARIABLES

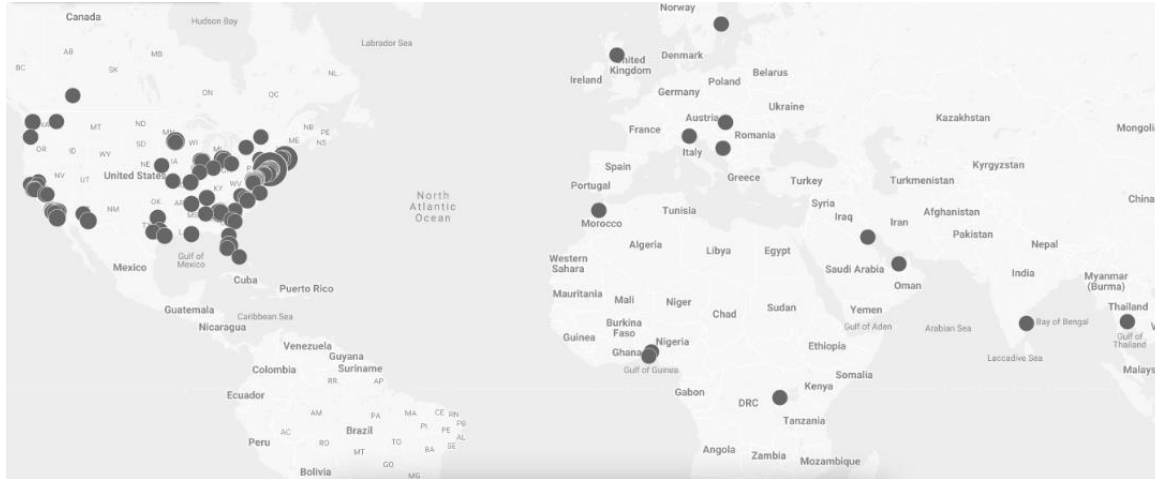
- ☒ 1. Is there a bill in the state on a pandemic-related public health measure?: Yes  
51 / 51
- ☒ 1.3. What is the bill's status?: Enacted  
15 / 51
- ☒ 2.1. What kind of public health measure?: Vaccine measures  
25 / 51

Showing laws as of May 20, 2022

## POLICY ADOPTION



# Crowdsourcing - BroadStreet & Volunteers



“It was **civically empowering for our volunteers** to learn how to read the policies that were impacting their lives during the pandemic. Reading policies gave us a view into what was happening around the country as the pandemic unfurled. We gained a deep appreciation for the role of local policymakers. We hope that this collection of policies will inform evidence-based policies in the future.”

**8,000+**  
records

**261**  
volunteer interns

**296**  
jurisdictions

# Key Takeaways

- Do what you can with the resources you have
- Make your research and data creation methods transparent
- Collaboration can go a long way
- CPHLR has tools and resources that can help!

# Using Legal Epidemiology to Tell Your Story

**Elizabeth Platt, JD, MA**



**THIS IS FINE**



# CityHealth

AN INITIATIVE OF:



CityHealth's tried and tested policy solutions help cities provide access to **healthy choices** — and the opportunity to **live healthy, full lives.**

# CityHealth



Policy  
development

Choosing the  
legal form

Enactment

Implementing/  
enforcing/  
defending

Evaluation and  
diffusion

# Our Policy Package

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Affordable  
Housing Trusts



Complete Streets



Earned Sick Leave



Eco-Friendly  
Purchasing



Flavored Tobacco  
Restrictions



Greenspace



Healthy Food  
Purchasing



Healthy Rental  
Housing



Legal Support for  
Renters



High-Quality,  
Accessible Pre-K



Safer Alcohol  
Sales



Smoke-Free Indoor  
Air

## How will we award earned sick leave medals?



City has an earned sick leave law



Employee can use earned sick leave to care for family members



Employee can use earned sick leave for domestic violence recovery



Minimum amount of earned sick leave time an employee can earn



≥40 hours



≥48 hours






Smallest business size covered under earned sick leave law




1 employee


## Cities with Earned Sick Leave Laws

### LEGEND

-  GOLD CITY
-  SILVER CITY
-  BRONZE CITY
-  NO MEDAL
-  COMING SOON


 Albuquerque, NM


 Anaheim, CA


 Anchorage, AK

 Arlington, TX

 Atlanta, GA

 Aurora, CO


 Austin, TX

 Bakersfield, CA

 Baltimore, MD

 Boston, MA

 Charlotte, NC

 Chicago, IL

 Cincinnati, OH

 Cleveland, OH

 Colorado Springs, CO

## Policy Criteria



City has an earned sick leave law



Employee can use earned sick leave to care for family members



Employee can use earned sick leave for domestic violence recovery



Minimum amount of earned sick leave time employee can earn



40 hours

Smallest business size covered under earned sick leave law



15 employees

### LEGEND



Criteria met to earn a medal



Criteria met but not enough to earn a medal



Criteria not met to earn a medal



Criteria required to earn Gold medal

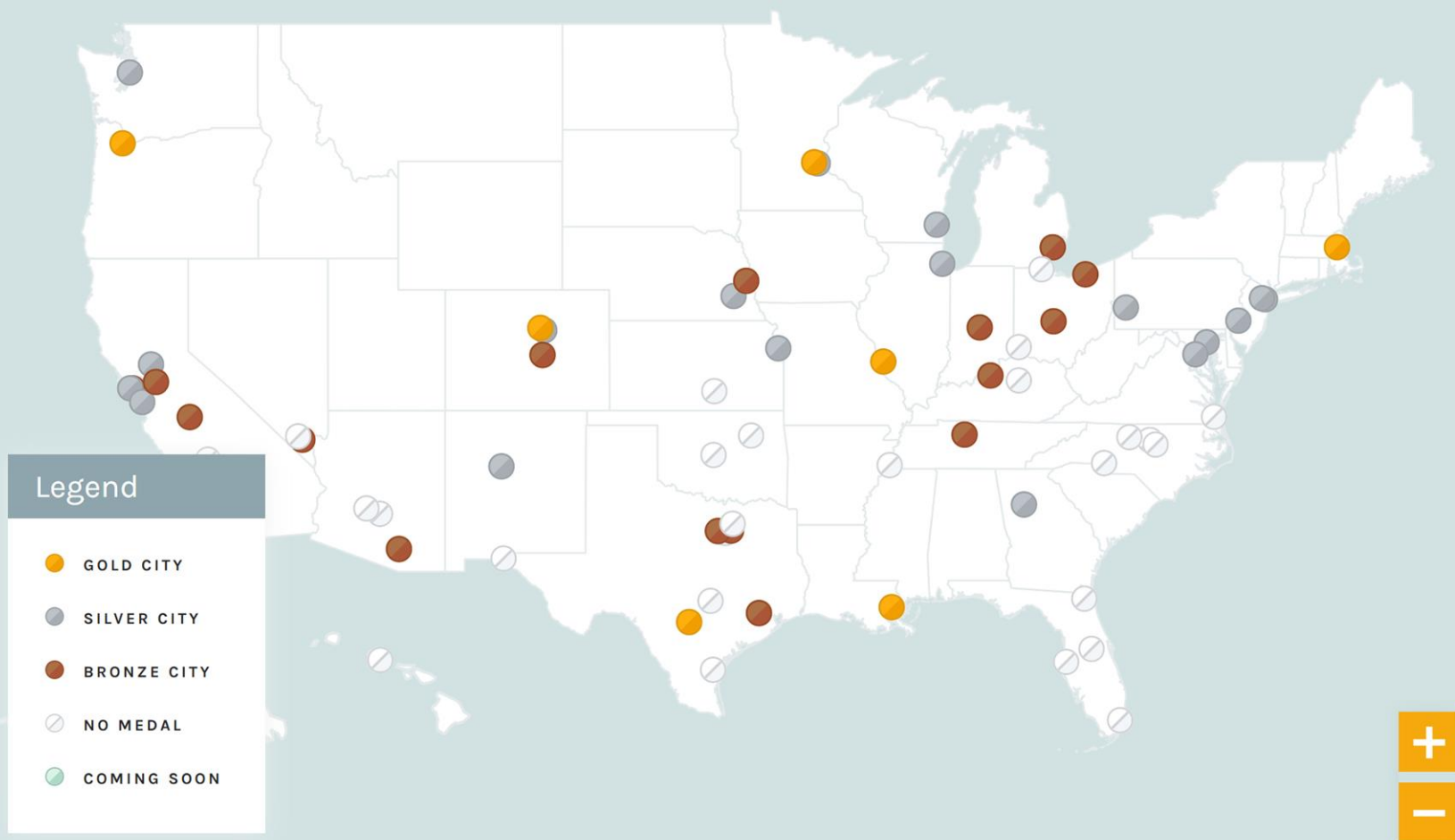


Criteria required to earn Silver medal



Criteria required to earn Bronze medal

## 2024 OVERALL CITY MEDALS





# CityHealth 2024 Results & Impact

- 7 cities with an overall GOLD medal
- 90+ policy improvements since 2022



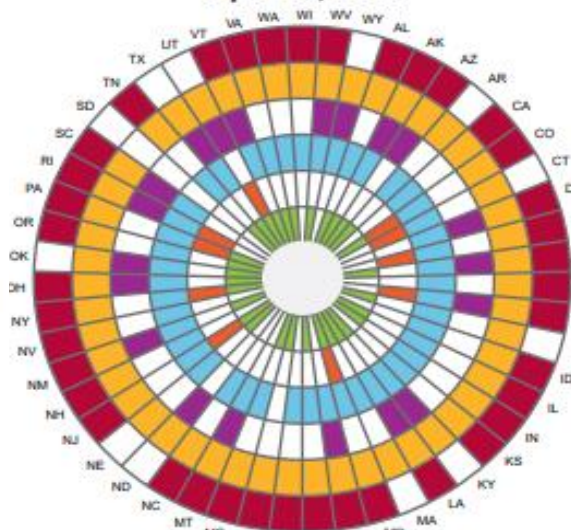


# Track change over time and measure progress: COVID-19

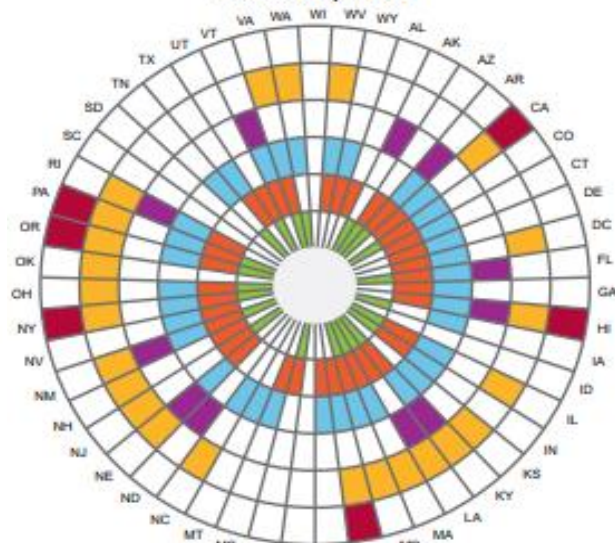
**March 15, 2020**







**April 23, 2020**





**June 23, 2020**



 Stay-at-home orders  
 Gathering bans

 Non-essential business closures  
 Face mask requirements

 Travel restrictions  
 Restrictions on elective medical procedures

- Estimating the mortality effect of state preemption on firearm mortality
  - PA prohibits localities from regulating ownership, possession, transfer or transportation of firearms, ammunition or ammunition components

**If Philadelphia had not been preempted from enforcing local gun laws over the past 20 years, how many deaths could have been prevented?**

# Hypothetical Philadelphia

1. Modeled the relationship between gun laws and mortality with existing state data
2. Created a hypothetical, un-preempted Philadelphia
3. Identified 26 Philadelphia ordinances between 2000-2021 that could not be enforced due to PA preemption law
4. Compared mortality in Philadelphia to hypothetical, un-preempted Philadelphia

The model estimated that in the absence of state preemption, **the lives of 541 Philadelphians** could have been saved between 2001 and 2020.

# **Tools for Accessible Legal Epidemiology**

**Elizabeth Platt, JD, MA**



# The paradigm shift:

1	jurisdictions	Effective Date	Valid Through	syringedis	syringedis	syringedis	syringedis	syringedis	syringedis	syringedis	syringedis	syringedis	syringedis	sd-iteratio	sederegys
2	Alabama	2012-07-01	2017-07-01	1	0	0	0	0	0	0	0	0	0	1	1
3	Alaska	2012-07-01	2017-07-01	1	0	0	0	0	0	0	0	0	0	1	0
4	Arizona	2012-07-01	2017-07-01	1	0	0	0	0	0	0	0	0	0	1	1
5	Arkansas	2011-07-01	2011-07-26	1	0	0	0	0	0	0	0	0	0	1	1
6	Arkansas	2011-07-27	2017-07-01	1	0	0	0	0	0	0	0	0	0	2	1
7	California	2012-01-01	2014-12-31	0	1	0	0	0	0	0	0	0	0	1	1
8	California	2015-01-01	2017-07-01	0	0	0	0	0	1	0	0	0	0	2	1
9	Colorado	2012-07-01	2013-05-09	0	1	0	0	0	0	0	0	0	0	1	1
10	Colorado	2013-05-10	2015-06-30	0	1	0	0	0	0	0	0	0	0	2	1
11	Colorado	2015-07-01	2017-05-29	0	0	0	0	0	1	0	0	0	0	3	1
12	Colorado	2017-05-30	2017-07-01	0	0	0	0	0	1	0	0	0	0	4	1
13	Connecticut	2012-07-01	2015-06-30	0	1	0	0	0	0	0	0	0	0	1	1
14	Connecticut	2015-07-01	2016-09-30	0	0	0	0	0	1	0	0	0	0	2	1
15	Connecticut	2016-10-01	2017-06-30	0	0	0	0	0	1	0	0	0	0	3	1
16	Connecticut	2017-07-01	2017-07-01	0	0	0	0	0	0	0	0	1	0	4	1
17	Delaware	2012-07-01	2013-06-29	0	1	0	0	0	0	0	0	0	0	1	1
18	Delaware	2013-06-30	2014-04-10	1	0	0	0	0	0	0	0	0	0	2	1
19	Delaware	2014-04-11	2015-12-17	0	0	0	0	0	1	0	0	0	0	3	1
20	Delaware	2015-12-18	2016-08-10	0	0	0	0	0	1	0	0	0	0	4	1
21	Delaware	2016-08-11	2017-07-01	0	0	0	0	0	1	0	0	0	0	5	1

# MonQcle

by the Center for Public Health Law Research

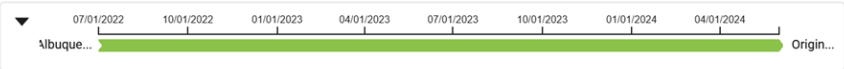
## MonQcle Coding Software

Designed to allow researchers to identify, code, and analyze legal policies and then visualize, share, and update legal research findings.

[app.monqcle.com](https://app.monqcle.com)

CityHealth: Earned Sick Leave (v. 2.0) | Albuquerque, Bernalillo County, New Mexico, United States

Series Title: Original Batch 1 | Effective: 07/01/2022 - Through:06/01/2024



All Questions (10) 10/10 Mark Finished

Q1 Does the city have an earned sick leave law? Earned sick lea... X

Yes

Q1.1 Can employees use earned sick leave to care for family members? family member X use X

Yes

Q1.1.1 What family members can an employee use earned sick leave for? family member X

Spouse, Child, Parent, Grandparent, Grandchild, Sibling, Domestic partner

Source (2) View All Citations

N.M. Stat. § 50-17-3. Earned sick leave; use and accrual.

§ Earned sick leave version 1 Effective: 07/01/2022 - Through:06/01/2024

B I [List Icons] Ω [Link Icon] Saved

§ use C. An employee may use earned sick leave:

(1) for the employee's:

(a) mental or physical illness, injury or health condition;

(b) medical diagnosis, care or treatment of a mental or physical illness, injury or health condition; or

(c) preventive medical care;

(2) for care of family members of the employee for:

(a) mental or physical illness, injury or health condition;

(b) medical diagnosis, care or treatment of a mental or physical illness, injury or health condition; or

(c) preventive medical care;

(3) for meetings at the employee's child's school or place of care related to the child's health or disability; or



Municipal Code of Chicago 6-105-045 Paid sick leave.

§ Paid sick leave law version 1 Effective: 06/25/2021 - Through: 07/01/2024

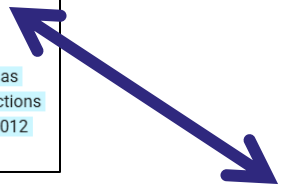
B I [List Icon] [List Icon] Ω [Pencil Icon] [Checkmark Icon] Saved 06/25/2021 → 07/01/2024

§ uses (2) A Covered Employee may use Paid Sick Leave when:

(A) the Covered Employee is ill or injured, or for the purpose of receiving professional care, including preventive care, diagnosis, or treatment, for medical, mental, or behavioral issues, including substance use disorders;

§ family care (B) a member of the Covered Employee's family is ill, injured, or ordered to quarantine, or to care for a family member receiving professional care, including preventive care, diagnosis, or treatment, for medical, mental, or behavioral issues, including substance use disorders;

§ domestic violence (C) the Covered Employee, or a member of the Covered Employee's family, is the victim of domestic violence, as defined in Section 103 of the Illinois Domestic Violence Act of 1986, or a sex offense, defined here as any conduct proscribed in Article 11 and Sections 12-7.3, 12-7.4, and 12-7.5 of the Illinois Criminal Code of 2012, or trafficking in persons as defined in Section 10-9 of the Illinois Criminal Code of 2012 (720 ILCS 5/10-9); or



Jurisdictions	Effective Date	Valid Through Date	ESL_Law	ESL_Family	ESL_Family	ESL_Family	ESL_Fa
Albuquerque, Bernalillo Count	7/1/2022	6/1/2024	1	1	1	1	
Anaheim, Orange County, Cal	1/1/2024	6/1/2024	1	1	1	1	
Anchorage, Municipality of An	7/1/2025	7/1/2025	1	1	1	1	
Anchorage, Municipality of An	7/1/2022	6/30/2025	0	.	.	.	.
Arlington, Tarrant County, Tex	7/1/2022	6/1/2024	0	.	.	.	.
Atlanta, Fulton County, Georg	5/1/2023	6/1/2024	0	.	.	.	.
Atlanta, Fulton County, Georg	7/1/2022	4/30/2023	0	.	.	.	.
Aurora, Adams County, Colora	8/7/2023	6/1/2024	1	1	1	1	
Aurora, Adams County, Colora	7/1/2022	8/6/2023	1	1	1	1	
Austin, Travis County, Texas, U	7/1/2022	6/1/2024	0	.	.	.	.
Bakersfield, Kern County, Cali	1/1/2024	6/1/2024	1	1	1	1	
Bakersfield, Kern County, Cali	1/1/2023	12/31/2023	1	1	1	1	
Bakersfield, Kern County, Cali	7/1/2022	12/31/2022	1	1	1	1	
Baltimore, Maryland, United S	5/1/2024	6/1/2024	1	1	1	1	

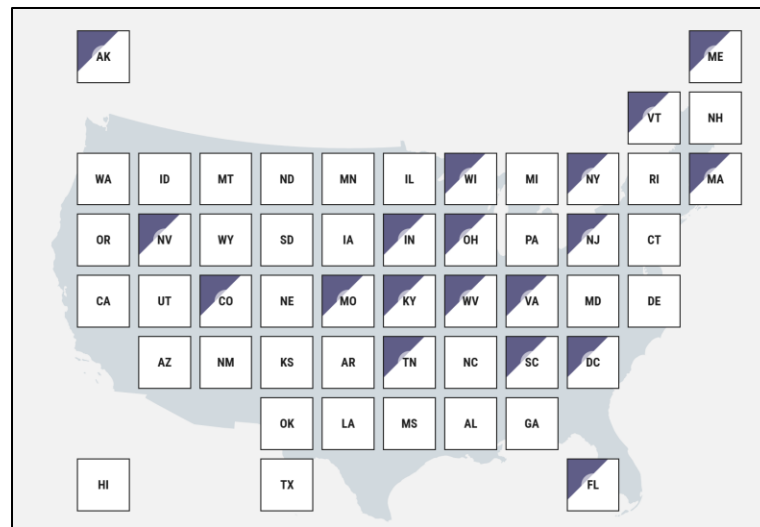
Q1 Does the state decriminalize buprenorphine possession?

No

Q2 Does the state explicitly regulate buprenorphine prescribing for opioid use disorder (OUD)?

prescription le... × telehealth ×

Yes



Alaska Stat. § 08.64.363. Maximum dosage for opioid prescriptions

version 1 Effective: 07/26/2017 - Through: 09/01/2024

B I [List Icons] Ω [Checkmark] Saved 07/26/2017 → 09/01/2024

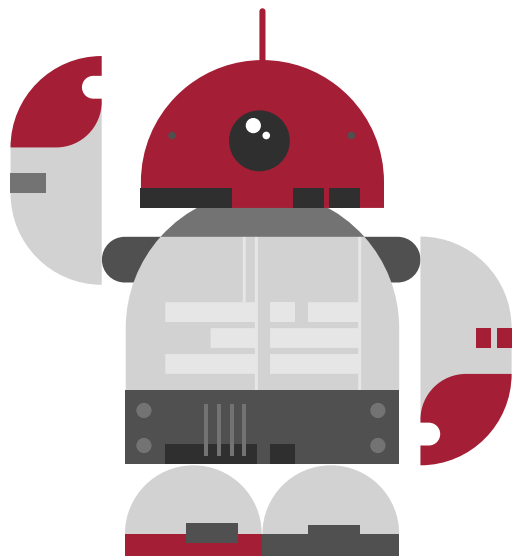
an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition; in this paragraph, "practitioner" has the meaning given in AS 11.71.900; or

§ prescription length (3) the treatment of a patient's substance abuse or opioid dependence; the licensee may write a prescription for an opioid approved for the treatment of substance abuse or opioid dependence for the quantity needed to treat the patient's substance abuse or opioid dependence; the licensee shall document in the patient's medical record the reason for the prescription of an opioid approved for the treatment of substance abuse or opioid dependence in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate for the treatment of substance abuse or opioid dependence.

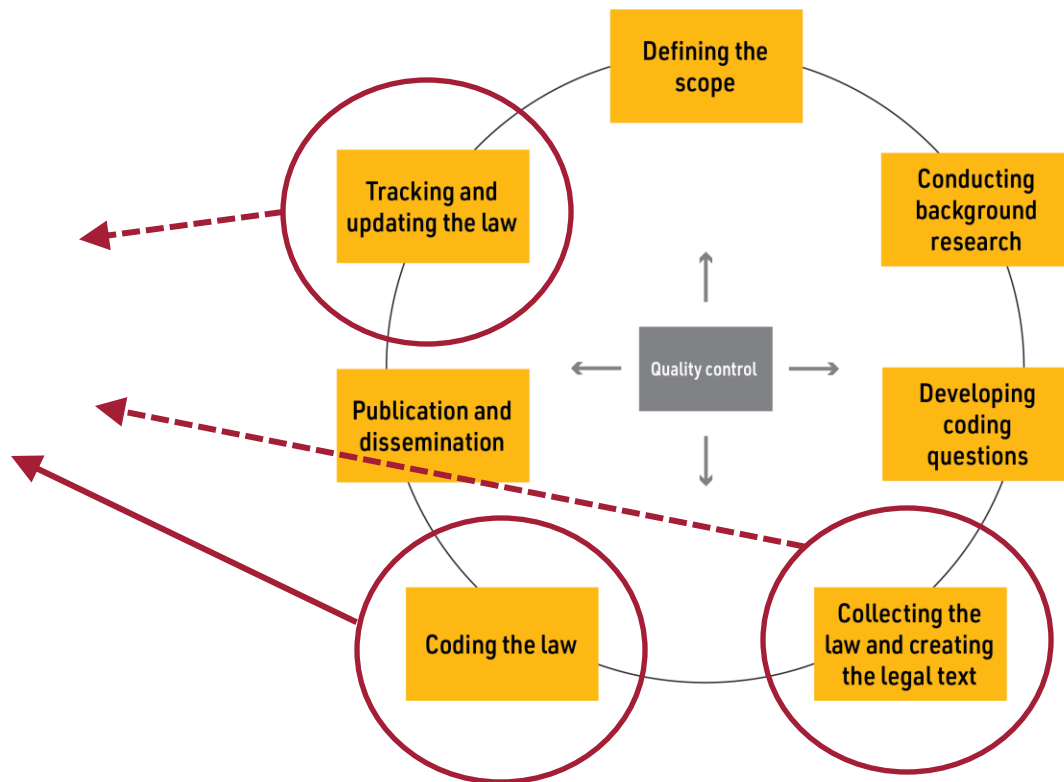
2. Does the state explicitly regulate buprenorphine prescribing for opioid use disorder (OUD)? : Yes

19/ 51

# AI Assistant



**R2LAW2**



Coding Review for Earned Sick Leave Demo

Mismatched Answers   Mismatched Citations   Caution Notes  
1/10 (0.10)   1/6 (0.17)   0/0 (0.00)

Select Mismatched Jurisdiction   Show Filters

Massachusetts

Answers: 1   Citations: 1

original batch 2

Record: 07/03/2015 - 06/01/2023

Total Records  
1

redundant batch 2

Record: 07/03/2015 - 06/01/2023

Total Records  
1

Q2.1 What family members can employee use earned sick leave for?

Spouse  
Child  
Parent

Spouse  
Child  
Parent  
Domestic partner

Citations

Mass. Gen. Laws ch. 149, § 148C. Earned sick time

Mass. Gen. Laws ch. 149, § 148C(c)

earned sick time usage

(c) Earned sick time shall be provided by an employer for an employee to:(1) care for the employee's child, spouse, parent, or parent of a spouse, who is suffering from a physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care; or(2) care for the employee's own physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care; or(3) attend the employee's routine medical appointment or a routine medical appointment for the employee's child, spouse, parent, or parent of spouse; or (4) address the psychological, physical or legal effects of domestic violence as defined in subsection (g.5) of section 1 of chapter 151A, except that the definition of employee in subsection (a) will govern for purposes of this section.

No Data

Mass. Gen. Laws ch. 149, § 148C. Earned sick time

Mass. Gen. Laws ch. 149, § 148C(c)

earned sick time usage


(c) Earned sick time shall be provided by an employer for an employee to:(1) care for the employee's child, spouse, parent, or parent of a spouse, who is suffering from a physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care; or(2) care for the employee's own physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care; or(3) attend the employee's routine medical appointment or a routine medical appointment for the employee's child, spouse, parent, or parent of spouse; or (4) address the psychological, physical or legal effects of domestic violence as defined in subsection (g.5) of section 1 of chapter 151A, except that the definition of employee in subsection (a) will govern for purposes of this section.

Mass. Gen. Laws ch. 149, § 148C. Earned sick time

Mass. Gen. Laws ch. 149, § 148C

spouse

"Spouse", the meaning given this term by the marriage laws of the commonwealth.



DashboardProjectsGroupsSitesUsers

[Back to Project Home](#)

# JCOIN Incarceration Effects on Medicaid Status (Al Te... | Alabama

01/01/201801/01/201901/01/202001/01/202101/01/202201/01/2023

Alabama

Alabama

Alabama

Al Tes...

Alex

Batch ...

All Questions (8)

Q1 Is there an effect on an individual's Medicaid status upon confinement in jail?

Yes

No

Q1.1 Does the state terminate Medicaid upon incarceration?

Source (2)

Ala. Code § 22-6-13. Medicaid benefits for county inmates and certain juveniles.

version 1Effective: 01/01/2018 - Through: 01/01/2023

(a) For the purposes of this section, the following words and phrases shall have the meanings hereby defined:

(1) COUNTY INMATE. Any person being held in a prison, jail, or other institution of confinement for a period of 30 days or more, whether or not the person is charged with a crime, and for whom the county is responsible for the provision of medical care pursuant to the provisions of this section.

(2) INPATIENT. This term as defined in 42 C.F.R. § 440.22.

(3) JUVENILE. Any child under the jurisdiction of the Department of Corrections, or a person serving a sentence in a juvenile institution, or a person serving a sentence in a juvenile institution, or a person serving a sentence in a juvenile institution.

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## Suggested Text

Ala. Code § 22-6-13. Medicaid benefits for county inmates and certain juveniles.

Enter tags

b)(1) A county inmate shall have his or her Medicaid benefits suspended, but not terminated, provided he or she is otherwise eligible for Medicaid benefits. Suspension of benefits under this subdivision shall continue until the county inmate is either no longer otherwise eligible for Medicaid or is no longer an inmate of a public institution

Accept Answer(s)

Accept Suggestions

## ChatGPT

Certainly! Here are the citations for the earned sick leave statutes in the listed U.S. states:

1. **Arizona:** Arizona Revised Statutes §§ 23-371 to 23-374
2. **California:** California Labor Code §§ 245 to 249
3. **Connecticut:** Connecticut General Statutes §§ 31-51kk to 31-51qq
4. **Maryland:** Maryland Healthy Working Families Act (HB 1 / SB 230)
5. **Massachusetts:** Massachusetts General Laws Chapter 149, §§ 148C to 148E
6. **Michigan:** Michigan Paid Medical Leave Act (Public Act 338 of 2018)
7. **Nevada:** Nevada Revised Statutes §§ 608.600 to 608.680
8. **New Jersey:** New Jersey Earned Sick Leave Law (P.L. 2018, c. 10)
9. **New York:** New York Labor Law §§ 196-b to 196-d
10. **Oregon:** Oregon Revised Statutes §§ 653.601 to 653.661
11. **Rhode Island:** Rhode Island General Laws §§ 28-57-1 to 28-57-7
12. **Vermont:** Vermont Statutes Annotated Title 21, §§ 481 to 486
13. **Washington:** Washington Paid Sick Leave Law (Initiative 1433, RCW 49.46)

These citations should lead you to the specific legal texts and references for each respective state's earned sick leave laws.

## You

and when was your last training data?

ChatGPT

## ChatGPT

My last training data includes information up to January 2022. If there have been any updates or changes to the laws since then, it's essential to consult the most recent legal sources or official government websites for the latest information.

## You

what about DC?

ChatGPT

## ChatGPT

Apologies for the oversight. Washington, D.C. does indeed have its own earned sick leave law. Here are the details:

**Washington, D.C.:** District of Columbia Accrued Sick and Safe Leave Act (DC Law 21-264; D.C. Code §§ 32-131.01 to 32-131.05)

## You

does Colorado have one as well?

ChatGPT

## ChatGPT

Yes, Colorado also has an earned sick leave law. Here are the details:

**Colorado:** Colorado Healthy Families and Workplaces Act (Colorado Revised Statutes Title 8, Article 13.3, Part 4)

This law, which went into effect on January 1, 2021, requires Colorado employers to provide paid sick leave to employees. Employees accrue one hour of paid sick leave for every 30 hours worked, up to a maximum of 48 hours per year. The sick leave can be used for various reasons, including the employee's own illness or injury, caring for a family member, or addressing domestic violence or sexual assault issues.

## You

what about Maine?

ChatGPT

## ChatGPT

Maine also has an earned sick leave law. Here are the details:

**Maine:** Maine Earned Paid Leave Law (Maine Revised Statutes Title 26, §§ 637 to 647)

Under this law, which became effective on January 1, 2021, private employers with more than 10 employees must provide paid leave that can be used for any purpose, including sickness, vacation, or personal time. Employees accrue one hour of paid leave for every 40 hours worked, up to a maximum of 40 hours per year.

# Import Test

- ✓

Questions
- 2

Jurisdictions

	HAS THIS STATE INTRODUCED A BILL SINCE JANUARY 1, 2025 PROHIBITING SCHOOL ENTRY VACCI...			<a href="#">WHAT IS THE BILL'S</a>
JURISDICTION		TEST_SCHVAXBAN	CAUTION NOTE	TEST_BILLNO
Alabama	<div><div>✓</div><div></div><div></div></div>	Yes	No Data	HB 123
Alaska	<div><div>✓</div><div></div><div></div></div>	No	No Data	No Data
Arkansas	<div><div>✓</div><div></div><div></div></div>	Yes	No Data	SB 789

# **Building a Community of Practice in Legal Epidemiology: Tools, Resources, and Collaborative Solutions for Health Departments**

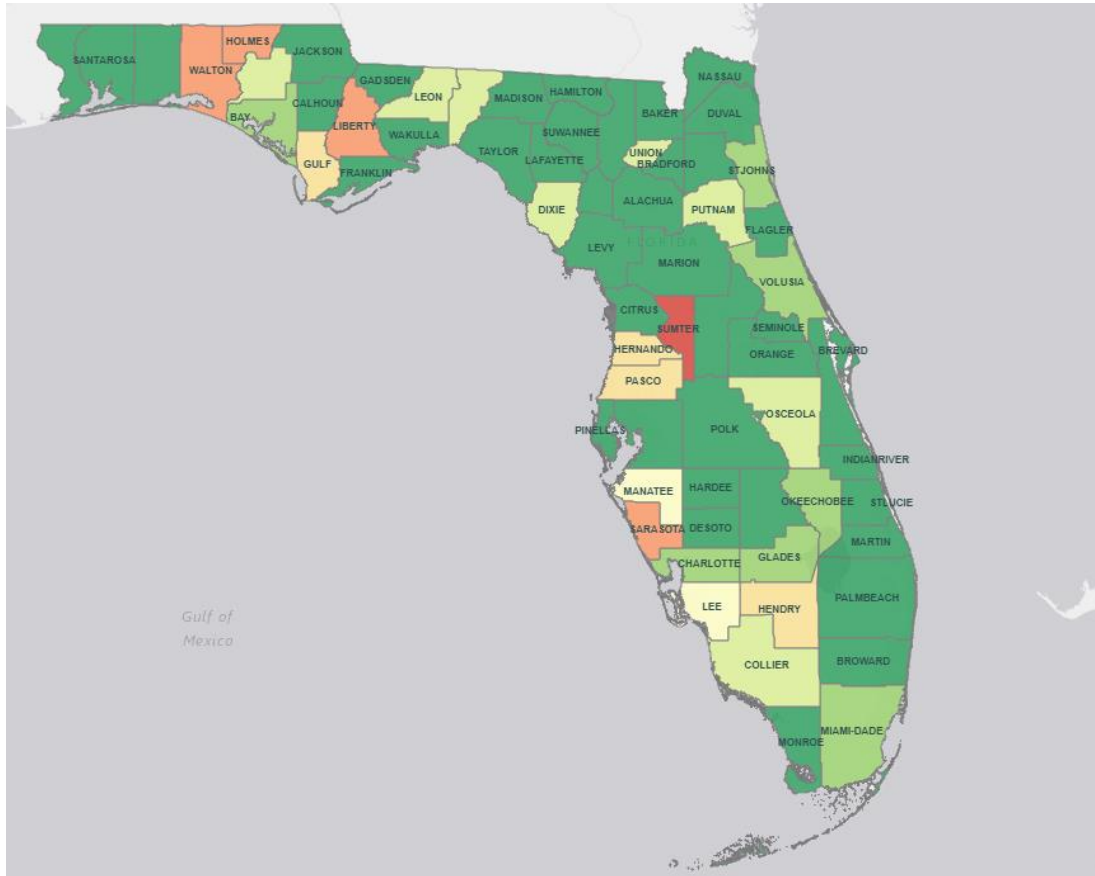
**Alex Hess, JD, MPH**



# Florida School District Tobacco Policies

- Annually updated longitudinal dataset tracking Florida county-level school district tobacco policies
- Developed to track school district adoption of policies in response to statewide changes in school e-cigarette policy change
- Adapting legal epidemiology methods to a **train-the-trainer model**
  - CPHLR provides training and ongoing technical assistance to Florida Department of Health
  - Project lead trains and manages staff representing all 67 counties across the state to support annual research and coding updates

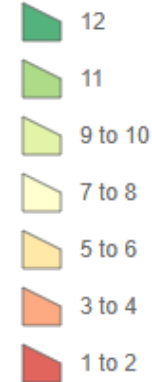
# Florida School District Tobacco Policies



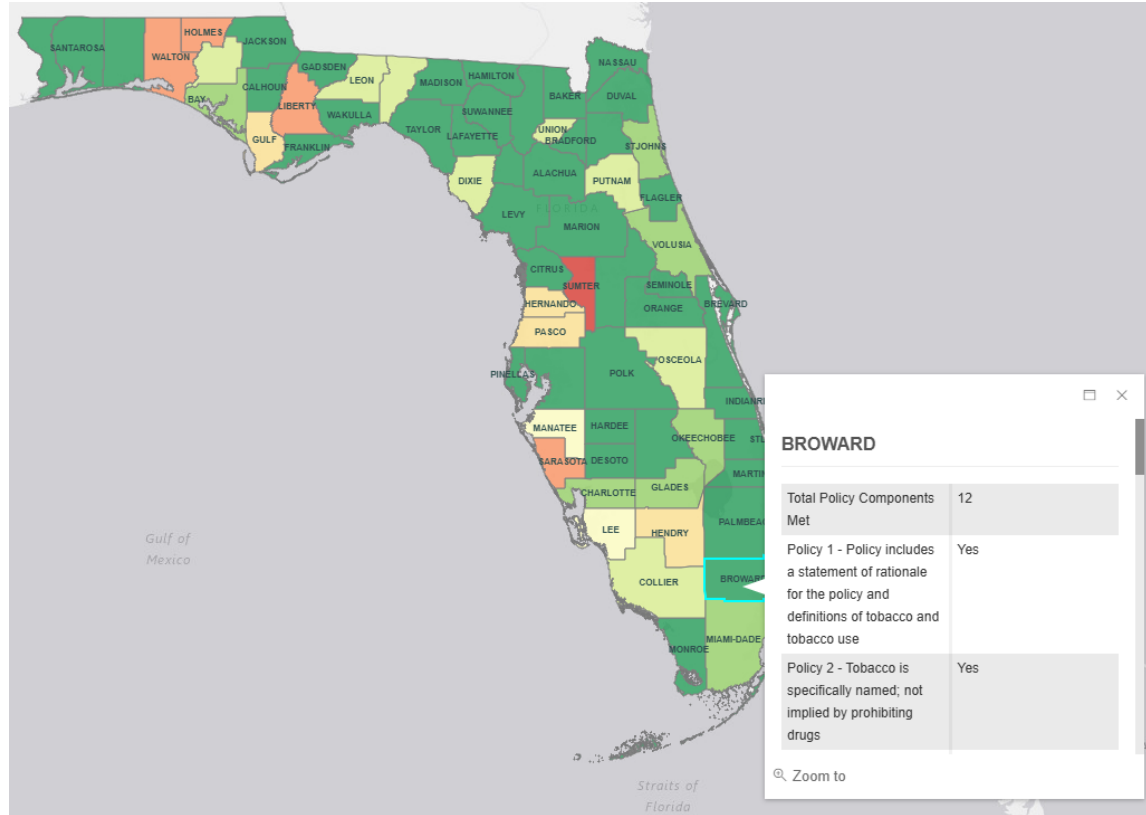
## Legend

Comprehensive Tobacco Free School  
Policy Components Met - Per County

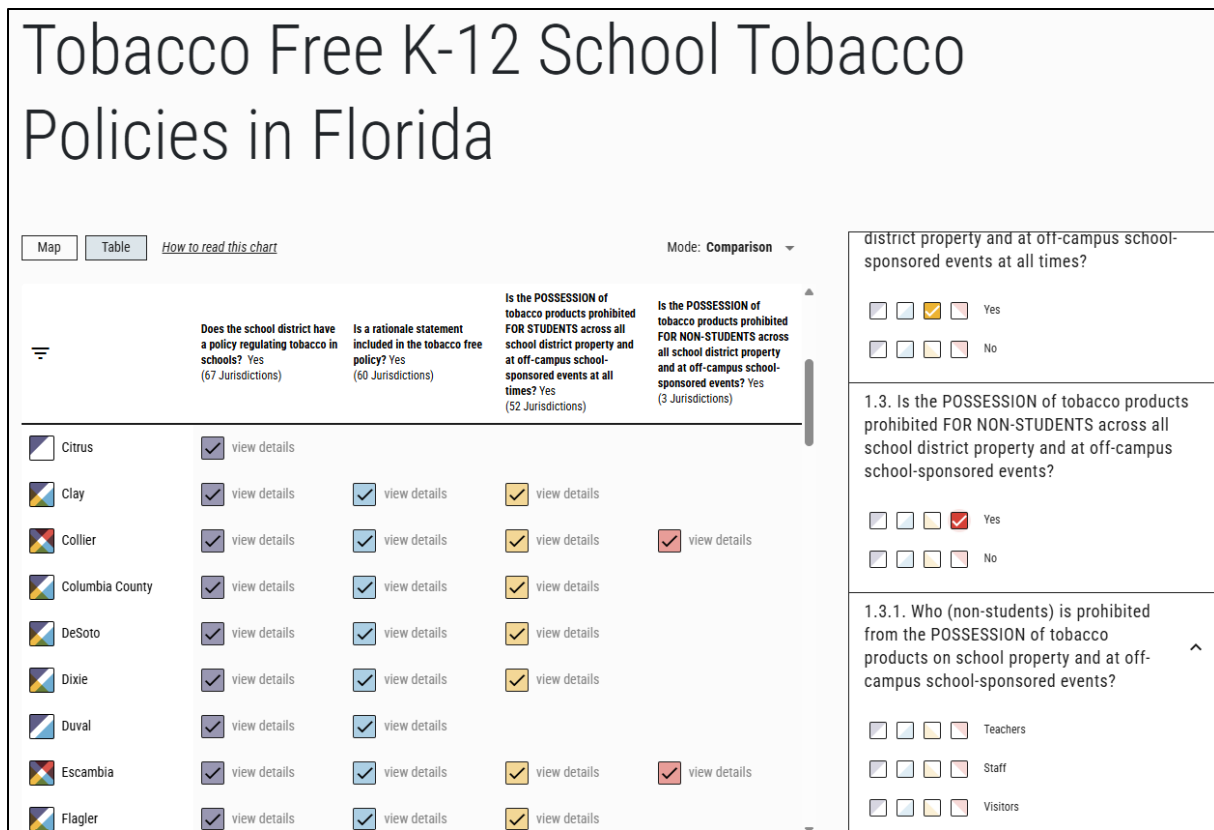
Total Policy Components Met



# Florida School District Tobacco Policies



# Florida School District Tobacco Policies



# What's Next?

- Maintaining and sustaining continued effort to track changes in school district policies
- Looking to examples from other state health departments, leverage policy data as a tool to support evaluation of these new policies
- Providing ongoing support to schools across the state to identify and support best practices in implementation



# Funding Acknowledgement

This presentation is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,649,998 with 100% funding by CDC/HHS.

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by CDC/HHS, or the U.S. Government.

# Legal Epidemiology Community of Practice

**Mission:** build and support legal epidemiology capacity, rooted in the Five Essential Public Health Law Services, by forming a transdisciplinary network of public health practitioners who will collaborate and share resources, strategies, experiences, and innovations.

- Enhance the use of legal epi in the public health workforce
- Shape the development of an open-access, web-based center to provide tools and resources to strengthen competencies in health departments

# Listening Sessions

**Goal:** Identify and prioritize policy and programmatic needs and goals to guide future capacity-building efforts.

**Sessions: May – July 2025**

- 4 virtual Zoom sessions
- 2 pre-conference workshops





# Listening Sessions: Resource Center

- Online Public Health Law Resources Center
- Provide tools, training, resources, technical assistance, and technological infrastructure to serve “legal epidemiologists” in working in government health departments
- Competencies associated with the Five Essential Public Health Law Services (5EPHLS)



# Getting on Board with Legal Epi

- **Not one-size-fits-all**

- Differences in jurisdiction level, size, health department structure all matter
- Navigating the political landscape
- Clarity on public health legal authority and responsibility (e.g., do you have to consider preemption?)



- **Bridging gaps**

- Making legal epi tools and skills more accessible
- Making the case for legal epi with leadership

# Navigating Resource Constraints

- **Adaptating the methods**

- Expanding research and coding strategies (e.g., crowdsourcing and train-the-trainer methods)
- Adjust quality control measures



- **Partnerships and collaboration**

- Community leadership and engagement
- Share examples, tools, and processes across health departments
- Who else is in your community? (e.g., can graduate or law student researchers be hired to support these efforts?)



# Join our Community of Practice

- Collaborate and share resources and strategies to enhance the use of legal epi in the public health workforce
- Stay tuned for the development of the online public health law resource center

Legal Epidemiology Community of  
Practice



# Policy Surveillance and Self-Guided Training

**Eight modules** teaching each step of the policy surveillance process:

- **Module 1:** Introduction to Policy Surveillance
- **Module 2:** Defining the Scope of the Project and Conducting Background Research
- **Module 3:** Question Development
- **Module 4:** Collecting and Building the Law
- **Module 5:** Coding the Law
- **Module 6:** Quality Control
- **Module 7:** Publication and Dissemination
- **Module 8:** Tracking and Updating the Law



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# More Resources

- **Center for Public Health Law Research**
  - [phlr.temple.edu](https://phlr.temple.edu)
  - [LawAtlas.org](https://www.lawatlas.org)
- **CDC Public Health Law Program (PHLP)**
  - <https://www.cdc.gov/phlp/php/index.html>
- **ChangeLab Solutions**
  - Public Health Law Academy  
(<https://www.changelabsolutions.org/phla>)
  - Health Department Assessment & Roadmap  
(<https://www.changelabsolutions.org/product/health-department-assessment-roadmap>)
- **Act for Public Health**
  - <https://actforpublichealth.org/>

## Going a Step Further . . .



<https://phlr.temple.edu/going-step-further-after-your-workshop>

# Stay in Touch!



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**Questions?**

Please take this survey to evaluate conference sessions.



**THANK YOU**