
Health Care & Wellness Committee

HB 1671

Brief Description: Increasing access to opioid antagonists to prevent opioid-related overdose deaths.

Sponsors: Representatives Walkinshaw, Griffey, Cody, Smith, Peterson, Magendanz, Riccelli, Stanford, Appleton, Robinson, Tharinger and Jinkins.

Brief Summary of Bill

- Authorizes prescribing, dispensing, distributing, and delivering opioid antagonists to a person at risk of experiencing a drug overdose, as well as to a first responder, family member, or other person in a position to assist a person at risk.
- Permits any person or entity to possess, store, deliver, distribute, and administer opioid antagonists with a practitioner's prescription or order.

Hearing Date: 2/10/15

Staff: Alexa Silver (786-7190).

Background:

Naloxone is a legend drug that is used to prevent opioid-related overdoses. It is in a class of medications called opioid antagonists. Opioids, such as heroin, morphine, and oxycodone, act on opioid receptors in the brain and nervous system, causing depression of the central nervous system and respiratory system. Naloxone blocks these opioid receptors and reverses the effects of the opioid. Naloxone may be injected in muscle or intravenously, or sprayed into the nose.

It is unlawful to possess, deliver, or dispense a legend drug except pursuant to a prescription issued by a health care professional with prescriptive authority who is licensed in Washington.

A person acting in good faith, however, may receive a naloxone prescription, possess naloxone, or administer naloxone to a person suffering from an apparent opiate-related overdose. It is not unprofessional conduct under the Uniform Disciplinary Act for a practitioner or a person to

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administer, dispense, prescribe, purchase, acquire, possess, or use naloxone if the conduct results from a good faith effort to assist either: (1) a person experiencing, or likely to experience, an opiate-related overdose; or (2) a family member, friend, or other person in a position to assist a person experiencing, or likely to experience, an opiate-related overdose.

A person may not be charged or prosecuted for possession of a controlled substance or possession of 40 grams or less of marijuana if the evidence for the charge results from the person seeking medical assistance because he or she or someone else is experiencing a drug-related overdose.

Summary of Bill:

A health care practitioner who is authorized to prescribe legend drugs may prescribe, dispense, distribute, and deliver an opioid antagonist to:

- a person at risk of experiencing an opioid-related overdose; or
- a first responder, family member, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.

The practitioner may prescribe the opioid antagonist directly or by collaborative drug therapy agreement, standing order, or protocol. At the time of prescribing, dispensing, distributing, or delivering the opioid antagonist, the practitioner must inform the recipient that as soon as possible after administration, the person at risk of experiencing an overdose should be transported to a hospital or a first responder should be summoned. A prescription or protocol order issued under these circumstances is issued for a legitimate medical purpose in the usual course of professional practice.

A pharmacist may dispense an opioid antagonist pursuant to such a prescription and may administer an opioid antagonist to a person at risk of experiencing an overdose. Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid antagonist pursuant to such a prescription or order.

The following individuals are not subject to civil or criminal liability or disciplinary action under the Uniform Disciplinary Act (UDA) for their authorized actions related to opioid antagonists or the outcomes of their authorized actions if they act in good faith and with reasonable care: practitioners who prescribe, dispense, distribute, or deliver an opioid antagonist; pharmacists who dispense an opioid antagonist; and persons who possess, store, distribute, or administer an opioid antagonist. The provision in the UDA related to naloxone is repealed.

"Opioid antagonist" is defined to mean any drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors, excluding any drug that is administered intravenously. "Opioid-related overdose" means a condition, including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death, that results from consuming or using an opioid or another substance with which an opioid was combined, or that a lay person would reasonably believe to be an opioid-related overdose requiring medical assistance.

"First responder" is defined to mean a career or volunteer firefighter, law enforcement officer, paramedic, first responder, or emergency medical technician, as well as any entity that employs

or supervises such an individual. "Standing order" and "protocol" mean written or electronically recorded instructions prepared by a prescriber for distribution and administration of a drug, as well as other actions and interventions to be used upon the occurrence of defined clinical events to improve patients' timely access to treatment.

The Good Samaritan law for a person seeking medical assistance for a drug-related overdose is modified. Neither a person seeking medical attention for a person experiencing an overdose, nor a person who seeks medical assistance because he or she is experiencing an overdose, may be charged or prosecuted for the following if the evidence was obtained as a result of seeking medical assistance: possession of a controlled substance; possession of drug paraphernalia; or possession of 40 grams or less of marijuana.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.