

HOUSE BILL REPORT

HB 1671

As Reported by House Committee On: Health Care & Wellness

Title: An act relating to increasing access to opioid antagonists to prevent opioid-related overdose deaths.

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 History:

Committee Activity:

Health Care & Wellness: 2/10/15, 2/13/15 [DPS].

Brief Summary of Substitute Bill

- Authorizes prescribing, dispensing, distributing, and delivering opioid overdose medications 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.
- Requires a prescription for an opioid overdose medication to be labeled with a warning that the person receiving the medication must be evaluated by a health care professional.
- Permits any person or entity to possess, store, deliver, distribute, and administer opioid overdose medications with a practitioner's prescription or order.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short, Tharinger and Van De Wege.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staff: Alexa Silver (786-7190).

Background:

Naloxone is a legend drug that is used to prevent opioid-related overdoses. 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 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.

Summary of Substitute Bill:

A health care practitioner who is authorized to prescribe legend drugs may prescribe, dispense, distribute, and deliver an opioid overdose medication: (1) directly to a person at risk of experiencing an opioid-related overdose; or (2) by collaborative drug therapy agreement, standing order, or protocol to a first responder, family member, or other person in a position to assist a person at risk of experiencing an opioid-related overdose. At the time of prescribing, dispensing, distributing, or delivering the opioid overdose medication, 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 overdose medication pursuant to such a prescription and may administer an opioid overdose medication to a person at risk of experiencing an overdose. The pharmacist must affix a label on the cap of the prescription that provides, "The person receiving this medication must be evaluated by a health care professional." Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose medication pursuant to a practitioner's 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 overdose medication 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 overdose medication; pharmacists who dispense an opioid overdose medication; and persons

who possess, store, distribute, or administer an opioid overdose medication. The provision in the UDA related to naloxone is repealed.

"Opioid overdose medication" means any drug used to reverse an opioid overdose that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors, excluding intentional administration via the intravenous route. "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 by designated and trained staff or volunteers of an organization or entity, as well as other actions and interventions to be used upon the occurrence of defined clinical events to improve patients' timely access to treatment.

Substitute Bill Compared to Original Bill:

The substitute bill permits only direct prescriptions for a person at risk of experiencing an overdose and only prescriptions by collaborative drug therapy agreement, standing order, or protocol for other persons or entities in a position to assist. It adds the requirement that the pharmacist include a label on the medication.

The substitute bill uses the term "opioid overdose medication" instead of "opioid antagonist," and modifies the definition to include only drugs that are used to reverse an opioid overdose and to exclude intentional administration via the intravenous route (rather than any drug administered intravenously). It also modifies the definition of "standing order" or "protocol" to mean instructions for administering and distributing a drug by designated and trained staff or volunteers of an organization or entity.

Finally, for a person seeking medical assistance, the substitute bill removes immunity from prosecution and charging under the enforcement section of the Uniform Controlled Substances Act.

Appropriation: None.

Fiscal Note: Not requested.

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

Staff Summary of Public Testimony:

(In support) This bill came from a constituent who lost his sister in a heroin overdose. There has been an extraordinary increase in opioid overdoses over the last 10 years. In 2012 there were over 600 overdose deaths from heroin and prescription medications. Overdoses are spread evenly across the state, with the highest rates in southwest Washington, Skagit County, Whatcom County, and the Nooksack Valley. Opiate use in Snohomish County has been declared an epidemic.

Naloxone or Narcan is a very effective drug that reverses the effects of an overdose, and expanding access to it will save lives. The bill allows for third-party providers to have Narcan in stock. Because it is administered through a shot or nasal spray, non-medical professionals can easily administer it. The bill includes language that it cannot be administered intravenously by someone who does not have a medical background. The delay between a first responder's arrival and the arrival of a paramedic can be significant. By increasing access for first responders, a person may begin normal breathing five to ten minutes earlier. There is significant interest in stocking naloxone in police cars. Existing law allows law enforcement to have and use naloxone, but the problem is getting it. A summit is being held with law enforcement officers and health care providers to talk about this issue.

There are currently three programs in King County that use this drug; one program provides it to people who attend needle exchanges, one program is a jail health-services pilot project that trains people on the use of the drug, and one program supports expanded access for paramedics and emergency medical technicians. A health impact review of this bill found evidence that it has the potential to increase the number of opioid antagonist rescue kits distributed and administered, decrease complications and deaths, and decrease disparities.

(Opposed) None.

Persons Testifying: Representative Walkinshaw, prime sponsor; Jeff Duchin, Seattle and King County Public Health; Sierra Rotakhina, Washington State Board of Health; and James McMahan, Washington Association of Sheriffs and Police Chiefs.

Persons Signed In To Testify But Not Testifying: None.