# FINAL BILL REPORT ESHB 1671

#### C 205 L 15

Synopsis as Enacted

**Brief Description**: Concerning access to opioid overdose medications.

**Sponsors**: House Committee on Health Care & Wellness (originally sponsored by Representatives Walkinshaw, Griffey, Cody, Smith, Peterson, Magendanz, Riccelli, Stanford, Appleton, Robinson, Tharinger and Jinkins).

House Committee on Health Care & Wellness Senate Committee on Health Care

### Background:

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 is a legend drug that is used to prevent opioid-related overdoses. It blocks opioid receptors and reverses the effects of the opioid. Naloxone may be sprayed into the nose or injected in muscle or intravenously.

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:

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. These

House Bill Report - 1 - ESHB 1671

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.

prescriptions and protocol orders are issued for a legitimate medical purpose in the usual course of professional practice. 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.

Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose medication pursuant to a practitioner's prescription or order.

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. At the time of dispensing the medication, the pharmacist must provide written instructions on the proper response to an opioid-related overdose, including instructions for seeking immediate medical attention. The instructions to seek immediate medical attention must be conspicuously displayed.

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 medications 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.

## **Votes on Final Passage:**

House	96	1	
Senate	47	0	(Senate amended)
House			(House refused to concur)
Senate			(Senate receded)
Senate	48	0	(Senate amended)
House	97	1	(House concurred)

Effective: July 24, 2015