

SENATE BILL REPORT

ESHB 1671

As Reported by Senate Committee On:
Health Care, March 31, 2015

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

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).

Brief History: Passed House: 3/02/15, 96-1.

Committee Activity: Health Care: 3/17/15, 3/31/15 [DPA].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass as amended.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Frockt, Ranking Minority Member; Angel, Bailey, Brown, Cleveland, Conway, Jayapal, Keiser and Parlette.

Staff: Kathleen Buchli (786-7488)

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 (UDA) 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

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member, friend, or other person in a position to assist a person experiencing, or likely to experience, an opiate-related overdose.

A Health Impact Review of this legislation was requested and is available at the Washington State Board of Health's website: sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2015-02-HB1671.pdf.

Summary of Bill (Recommended Amendments): 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. At the time of dispensing the medication, the pharmacist must provide written instructions on the proper response to an opioid-related overdose. The instructions must include a requirement that immediate medical attention be sought and must be conspicuously displayed.

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 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.

EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (Recommended Amendments): Establishes the Task Force with membership to come from the Legislature, the Department of Social and Health Services, the University of Washington, the Office of Superintendent of Public Instruction, and the public. The Task Force must study issues relating to addiction, including the causes of addiction, educational efforts, and ways to increase access to opioid antagonists to prevent opioid-related overdose deaths throughout the state.

Removes the requirement that instructions on opioid overdose medication be affixed to the medication's container and instead provides for these instructions to be provided in writing.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Engrossed Substitute House Bill: PRO: This bill is the result of contact from a constituent who lost a family member to a heroin overdose. The heroin problem is statewide and heroin overdoses are increasing throughout the state. We can address overdose-related deaths by increasing access to Naloxone. Heroin use is on the rise in the state. Heroin is easier to access than prescription drugs, but the strength of heroin leads to overdoses. Drugs like Naloxone save lives; someone saved through the use of Naloxone could get into treatment for his or her heroin use. This would clarify the law to allow first responders to have access to these prescriptions and would allow other entities like homeless shelters to keep these drugs on hand. This will clarify and expand access to Naloxone. The health impact review shows that there is strong evidence that allowing practitioners to prescribe, distribute, and deliver opioid antagonists directly, through standing order, or collaborative drug therapy agreement to first responders, pharmacists, and other individuals or entities will likely result in opioid antagonists being more frequently distributed and administered. This will likely decrease health complications and deaths from opioid overdose. We support an amendment that would require the pharmacist to provide written instructions on the use of the drug and not require a label on the cap of the prescription. People must be trained on the use of Naloxone and educated that they must call 911 as well. This has no fiscal impact on the state.

OTHER: Opioid use, morbidity, and mortality have increased nationally and across Washington State and we know that it is being driven by young adults. We need to educate people on how to recognize opioid overdoses and that Naloxone is available to administer during overdoses.

Persons Testifying: PRO: Representative Walkinshaw, prime sponsor; Representative Griffey; Mark Cooke, American Civil Liberties Union of WA; Christy Hoff, State Board of Health; Penny LeGate, The Marah Project; Nicole Macri, Downtown Emergency Service Center; Steve Singer, Bellgrove Pharmacy; Jeff Rochon, WA State Pharmacy Assn.; James McMahan, WA Assn. Sheriffs and Police Chiefs.

OTHER: Caleb Banta Green, University of WA, Alcohol and Drug Abuse Institute.

Persons Signed in to Testify But Not Testifying: No one.