

HOUSE BILL REPORT

2SHB 2390

As Passed House:
February 12, 2018

Title: An act relating to opioid overdose medication at kindergarten through twelfth grade schools and higher education institutions.

Brief Description: Regulating opioid medications at educational institutions.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Pollet, Haler, Tarleton, McBride, Peterson, Dolan, Frame, Valdez, Kilduff, Senn, Stanford, Kloba, Clibborn, Macri, Ryu, Doglio, Riccelli and Gregerson).

Brief History:

Committee Activity:

Education: 1/16/18, 1/25/18 [DPS];

Appropriations: 2/5/18, 2/6/18 [DP2S(w/o sub ED)].

Floor Activity:

Passed House: 2/12/18, 79-19.

Brief Summary of Second Substitute Bill

- Allows kindergarten through twelfth grade (K-12) schools to obtain, maintain, and administer opioid overdose medication through a standing order from a health care practitioner for the purpose of assisting a person at risk of experiencing an opioid-related overdose.
- Includes provisions related to K-12 school opioid-overdose policies, staff trainings, and liability.
- Requires certain public institutions of higher education to develop plans for the maintenance and administration of opioid overdose medication in and around the residence halls.

HOUSE COMMITTEE ON EDUCATION

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 19 members: Representatives Santos, Chair; Dolan, Vice Chair; Stonier, Vice Chair; Harris, Ranking Minority Member; Muri, Assistant Ranking Minority Member;

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Bergquist, Calder, Hargrove, Johnson, Kilduff, Lovick, McCaslin, Ortiz-Self, Senn, Slatter, Steele, Stokesbary, Valdez and Volz.

Staff: Megan Wargacki (786-7194).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Education. Signed by 21 members: Representatives Ormsby, Chair; Robinson, Vice Chair; MacEwen, Assistant Ranking Minority Member; Bergquist, Calder, Cody, Fitzgibbon, Graves, Hansen, Harris, Hudgins, Jinkins, Kagi, Lytton, Pettigrew, Pollet, Sawyer, Senn, Stanford, Sullivan and Tharinger.

Minority Report: Do not pass. Signed by 11 members: Representatives Chandler, Ranking Minority Member; Stokesbary, Assistant Ranking Minority Member; Buys, Condotta, Haler, Manweller, Schmick, Taylor, Vick, Volz and Wilcox.

Staff: Lily Sobolik (786-7157).

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. An excess amount of opioid in the body can cause extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death. Naloxone, and other opioid overdose medications, block the body's opioid receptors and reverse the effects of the opioid. Naloxone may be injected in muscle or intravenously, or sprayed into the nose.

A health care practitioner who is authorized to prescribe legend drugs may prescribe, dispense, distribute, and deliver an opioid overdose medication by a standing order or protocol to a recipient in a position to assist a person at risk of experiencing an opioid-related overdose. "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, as well as other actions and interventions to be used upon the occurrence of defined clinical events to improve patients' timely access to treatment. 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 standing order. Such persons and entities are not subject to civil or criminal liability 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.

In general, the school code specifies that, before trained school personnel may administer medication to a student, the public school district or private school must receive a written, current, unexpired request from a parent or guardian and a prescription from a health care practitioner, among other requirements. However, an exception is provided for the maintenance and administration of epinephrine to respond to a potentially life-threatening allergic reaction, where the epinephrine is prescribed by standing order.

Summary of Second Substitute Bill:

Kindergarten Through Twelfth Grade Schools.

For the purpose of assisting a person at risk of experiencing an opioid-related overdose, schools may obtain and maintain opioid overdose medication through a standing order, rather than having to receive a written request from a parent or guardian and a licensed health care practitioner to administer opioid overdose medication to a specific student. School is defined to mean a public school, school district, or educational service district with any of grades kindergarten through 12 (K-12).

The following personnel may distribute or administer the school-owned opioid overdose medication to respond to symptoms of an opioid-related overdose: school nurses, designated trained school personnel, and health care professionals or trained staff located at a health care clinic on public school property or under contract with the district. Opioid overdose medication may be used on school property, including the school bus, and during field trips or sanctioned excursions away from the property. School nurses and designated trained school personnel may carry an appropriate supply of school-owned opioid overdose medication on field trips or sanctioned excursions.

A person or entity is not subject to civil or criminal liability for their lawfully authorized actions related to opioid overdose medication or the outcomes of their lawfully authorized actions if they act in good faith and with reasonable care. If a student is injured or harmed due to the administration of opioid overdose medication that a health care practitioner has prescribed and a pharmacist has dispensed to a school, the practitioner and pharmacist may not be held responsible for the injury unless he or she acted with conscious disregard for safety.

By the 2018-19 school year, the Office of the Superintendent of Public Instruction (OSPI), in consultation with the Department of Health (DOH), must develop opioid-related overdose policy guidelines and training requirements for public schools and school districts. These policy guidelines and training requirements must include information about: the identification of opioid-related overdose symptoms; how to obtain and maintain opioid overdose medication on school property issued through a standing order; the distribution and administration of opioid overdose medication by designated trained school personnel; and sample standing orders for opioid overdose medication. Training for school personnel who have been designated to distribute or administer opioid overdose medication must meet the OSPI's training requirements.

Beginning January 1, 2019, the following school districts must adopt a policy that meets the OSPI's policy guidelines and training requirements: (1) school districts with a school that

obtains, maintains, distributes, or administers opioid overdose medication; and (2) school districts with 2,000 or more students.

Subject to the appropriation of specific funds, the OSPI must develop and administer a grant program to provide funding to public schools with any of grades K-12 and public institutions of higher education (IHE) to train personnel on the administration of opioid overdose medication to respond to symptoms of an opioid-related overdose. The OSPI must publish on its website a list of annual grant recipients, including award amounts.

Higher Education Institutions.

By the beginning of the 2018-19 academic year, public IHEs with a residence hall housing at least 100 students must develop a plan: for the maintenance and administration of opioid overdose medication in and around the residence hall; and for the training of designated personnel to administer opioid overdose medication to respond to symptoms of an opioid-related overdose.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available. New fiscal note requested on February 7, 2018.

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

Staff Summary of Public Testimony (Education):

(In support) This bill may not do the most to prevent or treat opioid addiction, but it may save the lives of young adults. From a cost-benefit analysis, there is no reason not to adopt this bill. It can be difficult for first responders to get to some schools in time to address emergencies, such as an opioid overdose. Having opioid overdose medication in the hands of school staff could be critical to lifesaving. People who overdose on opioids may go into a coma and this medication can bring them back. Some addicts say that every time they use opioids, they are trying to get to a place where they overdose. There is no reason why this medication should not be available for use in any public situation, including a public school.

The unfortunate barrier to student access of opioid overdose medication in schools is that only school nurses can administer the medication. Not all schools have full-time school nurses. Some students use opioids on school property. Before a school can administer medication, there must be a parent authorization for the medication on file, a physician authorization form on file, and the medication provided for a specific student.

Some school board members and higher education professors are concerned about the opioid crisis. Having this medication in the schools is a great first step to bring awareness. It is important that school staff can administer the medication without repercussion. This medication can be administered quickly, and before first responders arrive. The bill is flexible on training by enabling school districts and the OSPI to decide who should be trained.

(Opposed) None.

(Other) It is important to determine which school districts are experiencing this problem and where resources need to be directed. Most higher education institutions have health care facilities, sometimes staffed with students training to become medical professionals. It is not clear whether there would be residents in dorms that might be qualified to administer the medication.

There is a shortage of Naloxone. The medication is administered via shot or nasal spray, both of which require training. The school nurse would make the decision as to whether or not to administer the medication. Classified staff can opt out of providing medication under current law. The training would have to be intense because most staff are not trained to give shots.

Staff Summary of Public Testimony (Appropriations):

(In support) This bill has the potential to save lives. Although it might not be known how often opioid overdose medication would need to be used in schools, saving even one life would be worth the cost. The medication costs about \$50 per dose. It is also available at no cost to schools through federal and nonprofit programs. The medication is easy to administer. School nurses should not be required to be present for the medication to be administered in schools.

Washington has the ninth highest rate of opioid-related deaths in the nation. Many students have access to opioids. First responders are not always able to get to schools in under five minutes; sometimes it even takes 30 minutes. Every moment counts during an opioid-related overdose.

Schools have automated external defibrillators and epinephrine available to save lives during emergencies without liability. The reporting requirements in the bill are expensive and should be removed.

(Opposed) None.

Persons Testifying (Education): (In support) Representative Pollet, prime sponsor; Bryan Howard, King County Sheriff's Office; Corina Pfeil; Kimberly Dangelo; Marisa Carew; and Martin Mueller, Office of the Superintendent of Public Instruction.

(Other) Lucinda Young, Washington Education Association.

Persons Testifying (Appropriations): Representative Pollet, prime sponsor; Corina Pfeil; Kimberly Sinegal Dangelo; and Marisa Carew.

Persons Signed In To Testify But Not Testifying (Education): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.