

**2SHB 1039** - S COMM AMD

By Committee on Health & Long Term Care

**NOT CONSIDERED 12/23/2019**

1 Strike everything after the enacting clause and insert the  
2 following:

3 "NEW SECTION. **Sec. 1.** (1) The legislature finds that:

4 (a) According to the centers for disease control and prevention,  
5 the United States is in the midst of an opioid overdose epidemic;

6 (b) In 2017, opioids, including prescription opioids, heroin, and  
7 fentanyl, killed more than forty-nine thousand people in the United  
8 States. In 2017, opioids killed six hundred ninety-three people in  
9 Washington and caused over one thousand six hundred hospitalizations  
10 for opioid overdose;

11 (c) One way to prevent opioid overdose deaths is to expand access  
12 to and use of nonaddictive, opioid overdose medications, such as  
13 naloxone, that can reverse the effects of an opioid overdose when  
14 administered in time;

15 (d) The centers for disease control and prevention indicates that  
16 access to naloxone can be expanded through: Standing orders at  
17 pharmacies; distribution through local, community-based  
18 organizations; access to and use by law enforcement officials; and  
19 training for basic emergency medical service staff on how to  
20 administer the drug;

21 (e) In 2016, syringe service programs in Washington distributed  
22 three thousand six hundred forty naloxone kits and reported six  
23 hundred ninety overdose reversals; and

24 (f) It is unknown: How many opioid overdose incidents occur on  
25 the property of kindergarten through twelfth grade schools and higher  
26 education institutions each year; whether these schools and  
27 institutions maintain opioid overdose medication through a standing  
28 order for the purpose of assisting a person at risk of experiencing  
29 an opioid-related overdose; or whether these schools and institutions  
30 train staff to administer opioid overdose medication.

1 (2) The legislature recognizes that it has taken steps to respond  
2 to the opioid overdose epidemic, including: (a) Permitting health  
3 care practitioners to administer, prescribe, and dispense opioid  
4 overdose medication to any person who may be present at an overdose;  
5 (b) permitting people who may be present at an opioid overdose to  
6 possess and administer opioid overdose medication prescribed by an  
7 authorized health care practitioner; (c) limiting the liability of  
8 practitioners, pharmacists, and other people who possess and  
9 administer naloxone; and (d) limiting the liability of people  
10 experiencing a drug-related overdose who are in need of medical  
11 assistance and people acting in good faith to seek medical assistance  
12 for someone experiencing a drug-related overdose.

13 (3) Using its general police power to prescribe laws tending to  
14 promote the health and welfare of the people of the state, the  
15 legislature intends to increase access to opioid overdose medication  
16 at kindergarten through twelfth grade schools and higher education  
17 institutions.

18 NEW SECTION. **Sec. 2.** A new section is added to chapter 28A.210  
19 RCW to read as follows:

20 (1) For the purposes of this section:

21 (a) "High school" means a school enrolling students in any of  
22 grades nine through twelve;

23 (b) "Opioid overdose medication" has the meaning provided in RCW  
24 69.41.095;

25 (c) "Opioid-related overdose" has the meaning provided in RCW  
26 69.41.095;

27 (d) "School" means a public school, school district, or  
28 educational service district with any of grades kindergarten through  
29 twelve; and

30 (e) "Standing order" has the meaning provided in RCW 69.41.095.

31 (2)(a) For the purpose of assisting a person at risk of  
32 experiencing an opioid-related overdose, a school may obtain and  
33 maintain opioid overdose medication through a standing order  
34 prescribed and dispensed in accordance with RCW 69.41.095.

35 (b) Opioid overdose medication may be obtained from donation  
36 sources, but must be maintained and administered in a manner  
37 consistent with a standing order issued in accordance with RCW  
38 69.41.095.

1 (c) A school district with two thousand or more students must  
2 obtain and maintain at least one set of opioid overdose medication  
3 doses in each of its high schools as provided in (a) and (b) of this  
4 subsection.

5 (3)(a) The following personnel may distribute or administer the  
6 school-owned opioid overdose medication to respond to symptoms of an  
7 opioid-related overdose pursuant to a prescription or a standing  
8 order issued in accordance with RCW 69.41.095: (i) A school nurse;  
9 (ii) a health care professional or trained staff person located at a  
10 health care clinic on public school property or under contract with  
11 the school district; or (iii) designated trained school personnel.

12 (b) Opioid overdose medication may be used on school property,  
13 including the school building, playground, and school bus, as well as  
14 during field trips or sanctioned excursions away from school  
15 property. A school nurse or designated trained school personnel may  
16 carry an appropriate supply of school-owned opioid overdose  
17 medication on field trips or sanctioned excursions.

18 (4) Training for school personnel who have been designated to  
19 distribute or administer opioid overdose medication under this  
20 section must meet the requirements for training described in section  
21 3 of this act and any rules or guidelines for such training adopted  
22 by the office of the superintendent of public instruction. Each high  
23 school is encouraged to designate and train at least one school  
24 personnel to distribute and administer opioid overdose medication if  
25 the high school does not have a full-time school nurse or trained  
26 health care clinic staff.

27 (5)(a) The liability of a person or entity who complies with this  
28 section and RCW 69.41.095 is limited as described in RCW 69.41.095.

29 (b) If a student is injured or harmed due to the administration  
30 of opioid overdose medication that a practitioner, as defined in RCW  
31 69.41.095, has prescribed and a pharmacist has dispensed to a school  
32 under this section, the practitioner and pharmacist may not be held  
33 responsible for the injury unless he or she acted with conscious  
34 disregard for safety.

35 NEW SECTION. **Sec. 3.** A new section is added to chapter 28A.210  
36 RCW to read as follows:

37 (1) For the purposes of this section:

38 (a) "Opioid overdose medication" has the meaning provided in RCW  
39 69.41.095; and

1 (b) "Opioid-related overdose" has the meaning provided in RCW  
2 69.41.095.

3 (2) (a) To prevent opioid-related overdoses and respond to medical  
4 emergencies resulting from overdoses, by January 1, 2020, the office  
5 of the superintendent of public instruction, in consultation with the  
6 department of health and the Washington state school directors'  
7 association, shall develop opioid-related overdose policy guidelines  
8 and training requirements for public schools and school districts.

9 (b) (i) The opioid-related overdose policy guidelines and training  
10 requirements must include information about: The identification of  
11 opioid-related overdose symptoms; how to obtain and maintain opioid  
12 overdose medication on school property issued through a standing  
13 order in accordance with section 2 of this act; the distribution and  
14 administration of opioid overdose medication by designated trained  
15 school personnel; and sample standing orders for opioid overdose  
16 medication.

17 (ii) The opioid-related overdose policy guidelines may: Include  
18 recommendations for the storage and labeling of opioid overdose  
19 medications that are based on input from relevant health agencies or  
20 experts; and allow for opioid-related overdose medications to be  
21 obtained, maintained, distributed, and administered by health care  
22 professionals and trained staff located at a health care clinic on  
23 public school property or under contract with the school district.

24 (c) In addition to being offered by the school, training on the  
25 distribution or administration of opioid overdose medication that  
26 meets the requirements of this subsection (2) may be offered by  
27 nonprofit organizations, higher education institutions, and local  
28 public health organizations.

29 (3) (a) By March 1, 2020, the Washington state school directors'  
30 association must collaborate with the office of the superintendent of  
31 public instruction and the department of health to either update  
32 existing model policy or develop a new model policy that meets the  
33 requirements of subsection (2) of this section.

34 (b) Beginning with the 2020-21 school year, the following school  
35 districts must adopt an opioid-related overdose policy: (a) School  
36 districts with a school that obtains, maintains, distributes, or  
37 administers opioid overdose medication under section 2 of this act;  
38 and (b) school districts with two thousand or more students.

39 (c) The office of the superintendent of public instruction and  
40 the Washington state school directors' association must maintain the

1 model policy and procedure on each agency's web site at no cost to  
2 school districts.

3 (4) Subject to the availability of amounts appropriated for this  
4 specific purpose, the office of the superintendent of public  
5 instruction shall develop and administer a grant program to provide  
6 funding to public schools with any of grades kindergarten through  
7 twelve and public higher education institutions to purchase opioid  
8 overdose medication and train personnel on the administration of  
9 opioid overdose medication to respond to symptoms of an opioid-  
10 related overdose. The office must publish on its web site a list of  
11 annual grant recipients, including award amounts.

12 **Sec. 4.** RCW 28A.210.260 and 2017 c 186 s 2 are each amended to  
13 read as follows:

14 (1) Public school districts and private schools which conduct any  
15 of grades kindergarten through the twelfth grade may provide for the  
16 administration of oral medication, topical medication, eye drops, ear  
17 drops, or nasal spray, of any nature to students who are in the  
18 custody of the school district or school at the time of  
19 administration, but are not required to do so by this section,  
20 subject to the following conditions:

21 ~~((1))~~ (a) The board of directors of the public school district  
22 or the governing board of the private school or, if none, the chief  
23 administrator of the private school shall adopt policies which  
24 address the designation of employees who may administer oral  
25 medications, topical medications, eye drops, ear drops, or nasal  
26 spray to students, the acquisition of parent requests and  
27 instructions, and the acquisition of requests from licensed health  
28 professionals prescribing within the scope of their prescriptive  
29 authority and instructions regarding students who require medication  
30 for more than fifteen consecutive school days, the identification of  
31 the medication to be administered, the means of safekeeping  
32 medications with special attention given to the safeguarding of  
33 legend drugs as defined in chapter 69.41 RCW, and the means of  
34 maintaining a record of the administration of such medication;

35 ~~((2))~~ (b) The board of directors shall seek advice from one or  
36 more licensed physicians or nurses in the course of developing the  
37 foregoing policies;

38 ~~((3))~~ (c) The public school district or private school is in  
39 receipt of a written, current and unexpired request from a parent, or

1 a legal guardian, or other person having legal control over the  
2 student to administer the medication to the student;

3 ~~((4))~~ (d) The public school district or the private school is  
4 in receipt of ~~((a))~~: (i) A written, current and unexpired request  
5 from a licensed health professional prescribing within the scope of  
6 his or her prescriptive authority for administration of the  
7 medication, as there exists a valid health reason which makes  
8 administration of such medication advisable during the hours when  
9 school is in session or the hours in which the student is under the  
10 supervision of school officials~~((r))~~; and ~~((b))~~ (ii) written,  
11 current and unexpired instructions from such licensed health  
12 professional prescribing within the scope of his or her prescriptive  
13 authority regarding the administration of prescribed medication to  
14 students who require medication for more than fifteen consecutive  
15 workdays;

16 ~~((5))~~ (e) The medication is administered by an employee  
17 designated by or pursuant to the policies adopted pursuant to (a) of  
18 this subsection ~~((1) of this section)~~ and in substantial compliance  
19 with the prescription of a licensed health professional prescribing  
20 within the scope of his or her prescriptive authority or the written  
21 instructions provided pursuant to (d) of this subsection ~~((4) of~~  
22 ~~this section)~~. If a school nurse is on the premises, a nasal spray  
23 that is a legend drug or a controlled substance must be administered  
24 by the school nurse. If no school nurse is on the premises, a nasal  
25 spray that is a legend drug or a controlled substance may be  
26 administered by a trained school employee or parent-designated adult  
27 who is not a school nurse. The board of directors shall allow school  
28 personnel, who have received appropriate training and volunteered for  
29 such training, to administer a nasal spray that is a legend drug or a  
30 controlled substance. After a school employee who is not a school  
31 nurse administers a nasal spray that is a legend drug or a controlled  
32 substance, the employee shall summon emergency medical assistance as  
33 soon as practicable;

34 ~~((6))~~ (f) The medication is first examined by the employee  
35 administering the same to determine in his or her judgment that it  
36 appears to be in the original container and to be properly labeled;  
37 and

38 ~~((7))~~ (g) The board of directors shall designate a professional  
39 person licensed pursuant to chapter 18.71 RCW or chapter 18.79 RCW as  
40 it applies to registered nurses and advanced registered nurse

1 practitioners, to delegate to, train, and supervise the designated  
2 school district personnel in proper medication procedures;

3 ~~((8)(a) For the purposes of this section, "parent-designated~~  
4 ~~adult" means a volunteer, who may be a school district employee, who~~  
5 ~~receives additional training from a health care professional or~~  
6 ~~expert in epileptic seizure care selected by the parents, and who~~  
7 ~~provides care for the child consistent with the individual health~~  
8 ~~plan.~~

9 ~~(b))~~ (h) To be eligible to be a parent-designated adult, a  
10 school district employee not licensed under chapter 18.79 RCW must  
11 file, without coercion by the employer, a voluntary written, current,  
12 and unexpired letter of intent stating the employee's willingness to  
13 be a parent-designated adult. If a school employee who is not  
14 licensed under chapter 18.79 RCW chooses not to file a letter under  
15 this section, the employee shall not be subject to any employer  
16 reprisal or disciplinary action for refusing to file a letter. A  
17 parent-designated adult must be a volunteer, who may be a school  
18 district employee, who receives additional training from a health  
19 care professional or expert in epileptic seizure care selected by the  
20 parents, and who provides care for the child consistent with the  
21 individual health plan; and

22 ~~((9))~~ (i) The board of directors shall designate a professional  
23 person licensed under chapter 18.71, 18.57, or 18.79 RCW as it  
24 applies to registered nurses and advanced registered nurse  
25 practitioners, to consult and coordinate with the student's parents  
26 and health care provider, and train and supervise the appropriate  
27 school district personnel in proper procedures for care for students  
28 with epilepsy to ensure a safe, therapeutic learning environment.  
29 Training may also be provided by an epilepsy educator who is  
30 nationally certified. Parent-designated adults who are school  
31 employees are required to receive the training provided under this  
32 subsection. Parent-designated adults who are not school employees  
33 must show evidence of comparable training. The parent-designated  
34 adult must also receive additional training as established in (h) of  
35 this subsection ~~((8)(a) of this section))~~ for the additional care  
36 the parents have authorized the parent-designated adult to provide.  
37 The professional person designated under this subsection is not  
38 responsible for the supervision of the parent-designated adult for  
39 those procedures that are authorized by the parents~~((7)).~~

40 ~~((10))~~ (2) This section does not apply to:

1       (a) Topical sunscreen products regulated by the United States  
2 food and drug administration for over-the-counter use. Provisions  
3 related to possession and application of topical sunscreen products  
4 are in RCW 28A.210.278; and

5       (b) Opioid overdose medication. Provisions related to maintenance  
6 and administration of opioid overdose medication are in section 2 of  
7 this act.

8       **Sec. 5.** RCW 28A.210.270 and 2013 c 180 s 2 are each amended to  
9 read as follows:

10       (1) In the event a school employee administers oral medication,  
11 topical medication, eye drops, ear drops, or nasal spray to a student  
12 pursuant to RCW 28A.210.260 in substantial compliance with the  
13 prescription of the student's licensed health professional  
14 prescribing within the scope of the professional's prescriptive  
15 authority or the written instructions provided pursuant to RCW  
16 28A.210.260(~~(+4)~~) (1)(d), and the other conditions set forth in RCW  
17 28A.210.260 have been substantially complied with, then the employee,  
18 the employee's school district or school of employment, and the  
19 members of the governing board and chief administrator thereof shall  
20 not be liable in any criminal action or for civil damages in their  
21 individual or marital or governmental or corporate or other  
22 capacities as a result of the administration of the medication.

23       (2) The administration of oral medication, topical medication,  
24 eye drops, ear drops, or nasal spray to any student pursuant to RCW  
25 28A.210.260 may be discontinued by a public school district or  
26 private school and the school district or school, its employees, its  
27 chief administrator, and members of its governing board shall not be  
28 liable in any criminal action or for civil damages in their  
29 governmental or corporate or individual or marital or other  
30 capacities as a result of the discontinuance of such administration:  
31 PROVIDED, That the chief administrator of the public school district  
32 or private school, or his or her designee, has first provided actual  
33 notice orally or in writing in advance of the date of discontinuance  
34 to a parent or legal guardian of the student or other person having  
35 legal control over the student.

36       NEW SECTION. **Sec. 6.** A new section is added to chapter 28B.10  
37 RCW to read as follows:

38       (1) For the purposes of this section:



1 (a) "Opioid overdose medication" has the meaning provided in RCW  
2 69.41.095; and

3 (b) "Opioid-related overdose" has the meaning provided in RCW  
4 69.41.095.

5 (2) By the beginning of the 2019-20 academic year, a public  
6 institution of higher education with a residence hall housing at  
7 least one hundred students must develop a plan: (a) For the  
8 maintenance and administration of opioid overdose medication in and  
9 around the residence hall; and (b) for the training of designated  
10 personnel to administer opioid overdose medication to respond to  
11 symptoms of an opioid-related overdose. The plan may identify: The  
12 ratio of residents to opioid overdose medication doses; the  
13 designated trained personnel, who may include residence hall  
14 advisers; and whether the designated trained personnel covers more  
15 than one residence hall.

16 NEW SECTION. **Sec. 7.** If specific funding for the purposes of  
17 this act, referencing this act by bill or chapter number, is not  
18 provided by June 30, 2019, in the omnibus appropriations act, this  
19 act is null and void."

**2SHB 1039** - S COMM AMD

By Committee on Health & Long Term Care

**NOT CONSIDERED 12/23/2019**

20 On page 1, line 2 of the title, after "institutions;" strike the  
21 remainder of the title and insert "amending RCW 28A.210.260 and  
22 28A.210.270; adding new sections to chapter 28A.210 RCW; adding a new  
23 section to chapter 28B.10 RCW; and creating new sections."

EFFECT: (1) Requires OSPI to consult with the Washington State  
School Directors' Association on developing opioid-related overdose  
policy guidelines and training requirements for public schools and  
school districts.

(2) Requires the Washington State School Directors' Association  
to collaborate with OSPI and the Department of Health to either  
update existing model policy or develop a new model policy that meets  
the policy and training requirements developed by OSPI.

(3) Requires OSPI and the Washington State School Directors' Association to maintain the model policy and procedure on each of their web sites at no cost to the school districts.

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