

HOUSE BILL REPORT

HB 1039

As Reported by House Committee On:
Health Care & Wellness
Appropriations

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

Brief Description: Concerning opioid overdose medication at kindergarten through twelfth grade schools and higher education institutions.

Sponsors: Representatives Pollet, Cody, Slatter, Leavitt, Callan, Senn, Lekanoff, Kloba, Peterson, Valdez, Kilduff, Ryu, Irwin, Appleton, Jinkins, Macri, Wylie, Goodman, Doglio, Stanford, Stonier and Frame.

Brief History:

Committee Activity:

Health Care & Wellness: 1/25/19, 2/8/19 [DPS];

Appropriations: 2/25/19, 2/26/19 [DP2S(w/o sub HCW)].

Brief Summary of Second Substitute Bill

- Requires high schools in school districts with over 2,000 students, and allows other public schools, to obtain and store opioid overdose medication to assist a person at risk for an opioid-related overdose.
- Directs the Office of the Superintendent of Public Instruction to develop opioid-related overdose guidelines and training requirements for public schools and school districts.
- Requires certain public institutions of higher education to develop a plan to maintain and administer opioid overdose medication in residence halls.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Macri, Vice Chair; Caldier, Assistant Ranking Minority Member; Chambers, Davis, Harris, Jinkins, Maycumber, Riccelli, Robinson, Stonier, Thai and Tharinger.

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.

Minority Report: Do not pass. Signed by 1 member: Representative Schmick, Ranking Minority Member.

Minority Report: Without recommendation. Signed by 1 member: Representative DeBolt.

Staff: Chris Blake (786-7392).

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. An exception, however, 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 Substitute Bill:

Public schools, school districts, and educational service districts may obtain and store opioid overdose medication through a standing order to assist a person at risk for an opioid-related

overdose. A school district with at least 2,000 students must have at least one set of opioid overdose medication doses at each high school.

The school-owned opioid overdose medication may be distributed or administered by a school nurse, a health care professional or trained staff person at a school-based health clinic, or designated trained school personnel. The medication may be used on school property and on field trips or sanctioned excursions.

By January 1, 2020, the Office of the Superintendent of Public Instruction (OSPI), in consultation with the Department of Health, must develop opioid-related overdose policy guidelines and training requirements for public schools and school districts. The guidelines and training requirements must include information about identifying opioid-related overdose symptoms, obtaining and maintaining opioid overdose medication on school property through a standing order, distributing and administering opioid overdose medication by designated trained personnel, and sample standing orders for opioid overdose medication. In addition, the guidelines may include recommendations for storing opioid overdose medication and may allow for opioid overdose medication to be obtained, maintained, distributed, and administered by health care professionals and trained staff at a school-based health clinic.

By the 2020-21 school year, school districts must adopt a policy if they have a school within the district that obtains, maintains, distributes, or administers opioid overdose medication or if the school district has more than 2,000 students.

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.

Beginning with the 2019-20 academic year, a public institution of higher education with a residence hall that houses at least 100 students must develop a plan to maintain and administer opioid overdose medication in and around the residence hall, and to train designated personnel to administer opioid overdose medication. The plan may identify the ratio of students to opioid overdose medication doses, the designated trained personnel, and whether designated trained personnel may cover more than one residence hall.

The OSPI must develop a grant program for public schools and public higher education institutions to purchase opioid overdose medication and train personnel on the administration of opioid overdose medication. In addition, training may be offered by nonprofit organizations, higher education institutions, and local public health organizations.

Legislative findings are made regarding the number of deaths from opioids, options for preventing opioid overdose deaths, ways to expand access to opioid overdose medications, and the lack of data regarding opioid overdoses occurring at schools and whether schools have opioid overdose medication and training for using opioid overdose medication.

Legislative recognition is made for the steps taken to respond to the opioid overdose epidemic.

Substitute Bill Compared to Original Bill:

The substitute bill extends the date for the Office of the Superintendent of Public Instruction to adopt the opioid-related overdose policy guidelines from the 2019-20 school year to January 1, 2020. The date for school districts to adopt opioid-related overdose policies is extended from January 1, 2020, to the beginning of the 2020-21 school year. Funds for the opioid overdose medication grant program may be used for the purchase of opioid-related overdose medication. The statutory location of the definition of a "parent-designated provider" is changed.

Appropriation: None.

Fiscal Note: Available.

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) The opiate epidemic in Washington is so bad that opioid overdoses are the leading cause of unintentional deaths, including car accidents. This is an opportunity to save lives. Resuscitating someone with Narcan is easy and simple and does not require much training. If Narcan is administered by mistake there are no ill side effects. This is inexpensive, not addictive, and easy to administer. Narcan is much simpler to store, maintain, and administer than epinephrine or automatic external defibrillators. If Narcan becomes more widely available in the community, it will reduce the chances of deaths from overdose. It is a beautiful thing to see someone's life saved. This will make school a safe place where kids can flourish.

This bill only covers Class A school districts and not small school districts. There are federal and nonprofit programs to provide free Narcan. This bill uses the same liability protections as the epinephrine law. There is intense interest in having Narcan available in college dorms because there have been incidents at college dormitories and the administration of Narcan will save a life while waiting for an ambulance to arrive.

A person should not face legal consequences because the person could not administer Narcan to a student. The biggest obstacle is to make sure that every school has it and the assurance that there is no liability for the administration. Educators cannot administer Narcan without the fear of breaking the law or losing their jobs.

Trained volunteers should be added to the bill. Trained volunteers do not need to be adults.

(Opposed) None.

(Other) There is no data as to how many overdoses are happening on campus, although it is clear that this is a societal issue. The bill has a school nurse or designated health care professional as the designated staff person administering the medicine or doing additional training for staff, maintains the current protection for employed non-medical staff from being forced to administer the new drug, and maintains the liability protections for the employer and the employee.

Persons Testifying: (In support) Representative Pollet, prime sponsor; Beth Ebell, Washington Chapter of the American Academy of Pediatrics; Ann Song; Office of the Superintendent of Public Instruction; Corina Pfeil; Robbie Holmberg; and Leana Holmberg.

(Other) Lucinda Young, Washington Education Association.

Persons Signed In To Testify But Not Testifying: None.

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 Health Care & Wellness. Signed by 28 members: Representatives Ormsby, Chair; Bergquist, 2nd Vice Chair; Robinson, 1st Vice Chair; Stokesbary, Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Cody, Dolan, Fitzgibbon, Hansen, Hoff, Hudgins, Jinkins, Kraft, Macri, Mosbrucker, Pettigrew, Pollet, Ryu, Senn, Springer, Stanford, Steele, Sullivan, Sutherland, Tarleton, Tharinger and Volz.

Minority Report: Do not pass. Signed by 5 members: Representatives MacEwen, Assistant Ranking Minority Member; Chandler, Dye, Schmick and Ybarra.

Staff: James Mackison (786-7104).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

The second substitute bill adds a null and void clause, making the bill null and void unless funded in the budget.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Second Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) Naloxone is a life-saving drug like an EpiPen or automated external defibrillator. There are already deaths at colleges, and the issue is a concern for schools. This could save the lives of students. This would be a proactive approach supported by a national pediatric study. There are opportunities to receive support from federal programs, pharmaceutical companies, nonprofits, and local public safety agencies to reduce costs to districts. The Washington State Parent Teacher Association supports awareness of opioid abuse and state initiatives to expand availability of Naloxone. Overdoses are now more common than car crashes. In dealing with an overdose, the drug needs to be administered within four minutes. Making the drug available in schools and places where people congregate is important. The drug is a miracle in its ability to reverse the effects of an opioid overdose. Naloxone is easy to administer, and training is easy. Though difficult to fathom, opioid use in schools is a reality, including both illegal drugs and legal prescription drugs. The goal is to protect children in schools. This is a tool in the toolbox to protect students. The Thurston County Sheriff's Office was one of the first in Western Washington to carry Naloxone in patrol cars, at a cost of just \$7,000 initially, saving 10 lives in over three years. This can be done with minimal impact on the budget. The drug is easy to administer, and training could be provided as part of routine first-aid training.

(Opposed) None.

Persons Testifying: Corina Pfeil; Beth Ebel, Washington Chapter of the American Academy of Pediatrics; and Ray Brady and David Claridge, Thurston County Sheriff's Office.

Persons Signed In To Testify But Not Testifying: None.