

SENATE BILL REPORT

SB 6447

As of February 8, 2020

Title: An act relating to requiring a coprescription of opioid overdose reversal medication.

Brief Description: Requiring a coprescription of opioid overdose reversal medication.

Sponsors: Senators Liias, Kuderer, Rivers, Dhingra, Randall, Wilson, C. and Saldaña.

Brief History:

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care:
1/24/20, 2/07/20 [DPS-WM, DNP, w/oRec].
Ways & Means: 2/10/20.

Brief Summary of First Substitute Bill

- States that a practitioner prescribing a patient an opioid of 50 morphine milligrams or greater should also prescribe the patient an opioid overdose reversal (OOR) medication, or confirm the patient has a current prescription for OOR medication.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 6447 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Dhingra, Chair; Darneille and Frockt.

Minority Report: Do not pass.

Signed by Senator Wagoner, Ranking Member.

Minority Report: That it be referred without recommendation.

Signed by Senator O'Ban.

Staff: LeighBeth Merrick (786-7445)

SENATE COMMITTEE ON WAYS & MEANS

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.

Staff: Travis Sugarman (786-7446)

Background: The Department of Health (DOH) licenses and regulates healthcare professions and facilities in Washington State. Under current law, practitioners that have prescribing authority include licensed physicians, physician assistants, osteopaths, optometrists, dentists, podiatrists, veterinarians, nurse practitioners, naturopaths, and pharmacists.

Opioids include prescription pain medication, heroin, and synthetic opioids such as fentanyl. An excess amount of opioid in the body can cause extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death. Opioid overdose reversal medications such as, Narcan, Naloxone, and Evzio, can be administered to an individual experiencing an opioid overdose, to rapidly restore normal breathing. These medications may be injected in muscle or intravenously, or sprayed into the nose.

Summary of Bill (First Substitute): A practitioner prescribing a patient an opioid of 50 morphine milligrams or greater should also prescribe the patient an OOR medication, or confirm the patient has a current prescription for OOR medication. This does not apply to opioid prescriptions issued for the treatment of terminal cancer or other terminal diseases, or for palliative, hospice or other end-of-life care.

EFFECT OF CHANGES MADE BY BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Changes “shall” to “should” so a practitioner that prescribes a patient an opioid of 50 morphine milligrams or greater should also prescribe the patient an OOR medication, or confirm the patient has a current prescription for OOR medication.
- Excludes opioid prescriptions issued for the treatment of terminal cancer or other terminal diseases, or for palliative, hospice, or other end-of-life care.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Original Bill (Behavioral Health Subcommittee to Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: High risk patients prescribed opioids should also receive a prescription for OOR. According to the CDC, an opioid prescription of 50 morphine milligrams or greater puts patients in the high risk category. The various prescriber's have similar requirements in rule and they should be put in statute. Hundreds of people die from opioid overdoses. This bill will help prevent opioid overdose deaths and save lives. Requiring a co-prescription creates a teaching moment and conversation between the practitioner and patient.

CON: The board and commission for prescribing professions have already contemplated this issue and they all determined that co-prescribing is not necessary for all prescriptions. This would create a hard policy when the decision to co-prescribe should be based on various factors and not just the dosage. Standards of care should not be put in statutes because it takes time to amend when things change.

OTHER: It is not clear if the 50 morphine milligrams limit applies to the dose or the entire prescription. This bill could result in unnecessary prescriptions and much of it would go unused. For PEBB, this would cost \$1.6 million. State resources should be targeted to those with the greatest risk for overdose.

Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):

PRO: Senator Marko Liias, Prime Sponsor; Bevin Mcleod, Alliance for a Healthy Washington; Jason Sterne, Hepatitis Education Project; Brad Finegood, Seattle/King County Public Health.

CON: Katie Kolan, Washington State Medical Association; Melanie Stewart, Washington State Podiatric Medical; Lisa Thatcher, Washington State Hospital Association; Emily Lovell, Washington State Dental Association.

OTHER: Michael Langer, Health Care Authority; Susie Tracy, American College of Emergency Physicians, Washington Chapter, and Washington State Society of Oral and Maxillofacial Surgeons.

Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care): No one.