HOUSE BILL REPORT
2SSB 5195

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

Title: An act relating to opioid overdose reversal medication.

Brief Description: Concerning opioid overdose reversal medication.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Liias, Muzzall, Das, Dhingra, Nguyen and Wilson, C.).

Brief History:
Committee Activity:
Health Care & Wellness: 3/18/21, 3/24/21 [DP];
Appropriations: 3/30/21, 3/31/21 [DP].

Brief Summary of Second Substitute Bill

- Requires a hospital emergency department to dispense opioid overdose reversal medication to a patient with symptoms of an opioid overdose or opioid use disorder.
- Requires certain community behavioral health agencies and providers to prescribe and dispense or assist the client in directly obtaining opioid reversal medication to a client with symptoms of an opioid use disorder or who reports recent unauthorized opioid use.
- Requires Medicaid managed care organizations and the Health Care Authority to reimburse hospitals for providing opioid overdose reversal medication.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 11 members: Representatives Cody, Chair;

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Bateman, Vice Chair; Caldier, Assistant Ranking Minority Member; Bronoske, Davis, Macri, Riccelli, Rude, Simmons, Stonier and Tharinger.

Minority Report: Without recommendation. Signed by 4 members: Representatives Schmick, Ranking Minority Member; Harris, Maycumber and Ybarra.

Staff: Kim Weidenaar (786-7120).

Background:

Opioid Overdose Reversal Medication.
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 intravenously in muscle or sprayed into the nose. Opioid overdose reversal medication is defined as any drug used to reverse an opioid overdose that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors.

The Secretary of Health, or designee, is authorized to issue a standing order for opioid reversal medication to any person at risk of experiencing an opioid related overdose or any person or entity in a position to assist a person at risk of experiencing an opioid-related overdose. Prescribers and dispensers are authorized to provide opioid overdose reversal medication pursuant to the standing order or a collaborative drug therapy agreement to any person at risk of experiencing an opioid overdose or to any person in a position to assist a person at risk of experiencing an opioid overdose. When a pharmacist dispenses an opioid overdose reversal medication, the pharmacist must provide written instructions on the proper response to an opioid-related overdose, which must include seeking medical attention.

Hospital emergency departments may provide prepackaged opioid overdose reversal medication when the practitioner determines the patient is at risk of an opioid overdose and it is authorized by the hospital's policies and procedures. The prepackaged medications are exempt from the Pharmacy Commission's labeling requirements.

Prescribing Authority.
Opioid treatment programs may order, possess, dispense, and administer opioid overdose reversal medication and medications approved by the United States Food and Drug Administration (FDA) to treat opioid use disorder. Registered nurses and licensed practical nurses may dispense up to a 31-day supply of FDA-approved medications to patients receiving opioid use disorder treatment under an order or prescription.

Summary of Second Substitute Bill:

A hospital emergency department must provide a person with opioid overdose reversal medication upon discharge, unless the provider determines it to be clinically inappropriate to do so, if the person presents with symptoms of an opioid overdose, opioid use disorder, or other adverse event related to opioid use. If the hospital dispenses opioid overdose reversal medication, it must provide directions for use. The medication may be dispensed using technology used to dispense opioid medications. A hospital, its employees, and practitioners are immune from suit in any action, civil or criminal, or from professional or other disciplinary action, for action or inaction in compliance with these requirements.

If the patient is enrolled in a Medicaid program or other insurance coverage, the hospital must bill the patient's Medicaid benefit or insurance for the medication. Medicaid managed care organizations must reimburse hospitals for dispensing opioid overdose reversal medication to patients enrolled in a Medicaid program. For patients not enrolled in a Medicaid program and without any other available insurance coverage, the Health Care Authority (HCA) must reimburse the hospital.

Effective January 1, 2022, a person who is provided opioid overdose reversal medication must be provided information and resources about medication for opioid use disorder, harm reduction strategies, and services which may be available. The information should be provided in all languages relevant to the community which the hospital serves.

During intake, discharge, or an outpatient treatment plan review, a community mental health agency that provides individual treatment, outpatient substance use disorder provider, residential substance use disorder provider, withdrawal management provider, secure withdrawal management or stabilization facility provider, or opioid treatment program must confirm that each client who presents with symptoms of an opioid use disorder or who reports recent use of opioids outside of legal authority has opioid reversal medication. If the client does not possess opioid overdose reversal medication, the agency or provider must prescribe an opioid reversal medication to the client or use the statewide Naloxone standing order, and assist the client in directly obtaining opioid reversal medication, by directly dispensing (if authorized), partnering with a pharmacy, or other means. The provider must bill the client's insurance to the extent possible. A behavioral health agency and its employees and practitioners are immune from suit in any action, civil or criminal, or from professional or other disciplinary action, for action or inaction in compliance with these requirements.

Opioid overdose reversal medications dispensed or delivered as permitted by this act are exempt from pharmacy labeling requirements for legend drugs.

The HCA, in consultation with the Department of Health and the Office of the Insurance Commissioner, must provide technical assistance to hospitals and community behavioral health agencies to assist them in complying with this act. The HCA must develop written materials in all relevant languages for each hospital, including directions for use of the opioid overdose reversal medication, and provide the instructions to all hospitals by January

1, 2022.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) We have lost half a million people to opioid overdoses in the last 20 years. The goal of this bill is to get more Naloxone in the hands of more people and to do so by having insurance pay for the opioid overdose reversal medication instead of using flexible federal dollars that could be spent elsewhere. Expanded access to these medications reduces the number of overdose deaths.

When individuals come out of a facility, they need access to Naloxone without having to ask for it or having to fill a prescription. Recovery is possible and if we make these medications more accessible, we can save more lives.

Since the beginning of the pandemic there has been an increase in the number of people struggling to get into and stay in recovery. Many support systems have been lost. This winter King County had the highest number of overdoses in a two-week period ever and the biggest year over year increase in overdoses last year. One in 20 that present at the emergency department for an overdose will die in the next year.

There have been a number of steps taken to increase access to opioid overdose reversal medications, but the state has not implemented all available tools. Unless you get Naloxone in the hands of the person, they may never receive it. This bill will get these life saving medications in the hands of those who need it.

(Opposed) None.

(Other) There are some concerns about operationalizing the bill and some questions about who the bill applies to, particularly in terms of behavioral health settings. Medicaid is able to reimburse for this medication, but the bill must ensure that there is coverage for all types of plans.

Washington has made great strides in addressing opioid overdoses, but they have spiked with the introduction of illicit fentanyl. There is a need to get this medication in the hands of people when and where they need it, but more work is needed to make sure that this can be operationalized. There are still some questions about how reimbursement would work in

both hospital emergency departments and behavioral health settings. There have been some assurances that reimbursement is available from Medicaid, but the same reassurances are needed for private plans. There are also some concerns about training nonmedical staff so that they know how to talk to patients about this before they walk out the door. This will take staff time and so ensuring that agencies can recoup these costs is necessary.

Persons Testifying: (In support) Senator Liias, prime sponsor; Colleen Keefe and Ely Hernandez, Washington Recovery Alliance; Phil Skolnick, Opiant Pharmaceuticals; and Brad Finegood, King County.

(Other) Katie Kolan, Washington State Hospital Association; Jeb Shepard, Washington State Medical Association; Susie Tracy, Washington Chapter–American College of Emergency Physicians; and Abby Moore, Washington Council for Behavioral Health.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 30 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; Boehnke, Caldier, Chandler, Chopp, Cody, Dolan, Dye, Fitzgibbon, Frame, Hansen, Harris, Hoff, Johnson, J., Lekanoff, Pollet, Rude, Ryu, Schmick, Senn, Springer, Steele, Stonier, Sullivan and Tharinger.

Minority Report: Without recommendation. Signed by 3 members: Representatives Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Jacobsen.

Staff: Meghan Morris (786-7119).

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

No new changes were recommended.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) None.

(Opposed) None.

(Other) This bill is good policy for public health. Everyone who needs opioid overdose reversal medication should have no troubles getting it. However, the bill has operational issues. For example, it is not clear how the drug will be paid for by commercial insurers. While opioid overdose reversal medication is a Medicaid-covered drug, there are no assurances commercial insurers will pay for it in all situations. There are also unanswered questions about to whom the bill applies in terms of behavioral health agencies.

There is currently no framework in the bill that allows behavioral health agency providers to be reimbursed, but that framework exists for hospitals. There is also no way for these agencies to bill for the time it takes to comply with this bill. About 85 to 95 percent of clients seen by behavioral health agencies are on Medicaid, and the Medicaid world is very prescriptive about what can be billed.

Persons Testifying: Katie Kolan, Washington State Hospital Association; and Abby Moore, Washington Council for Behavioral Health.

Persons Signed In To Testify But Not Testifying: None.