SENATE BILL REPORT
SB 5195

As of January 22, 2021

Title: An act relating to prescribing opioid overdose reversal medication.

Brief Description: Concerning prescribing opioid overdose reversal medication.

Sponsors: Senators Liias, Muzzall, Das, Dhingra, Nguyen and Wilson, C..

Brief History:
Committee Activity: Health & Long Term Care: 1/20/21 [w/oRec-BH].
Behavioral Health Subcommittee to Health & Long Term Care: 1/22/21.

Brief Summary of Bill

- Requires a hospital emergency department to dispense opioid reversal medication to a patient with opioid use disorder upon discharge.
- Requires a residential or outpatient substance use disorder treatment provider to prescribe or dispense opioid reversal medication to a client with an opioid use disorder if the client does not already have a prescription.
- Requires an outpatient or residential substance use disorder treatment provider that treats a client with an opioid use disorder to refer the client to the services of a substance use disorder peer specialist.
- Requires the Health Care Authority to assist hospital emergency departments and providers in complying with this act.

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

Staff: Kevin Black (786-7747)

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

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 medications, 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 intravenously in muscle, or sprayed into the nose.

Opioid reversal medication is defined in law 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. It does not include intentional administration via the intravenous route.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Substitute): A hospital emergency department must provide a patient with opioid use disorder with an opioid reversal medication upon discharge. The medication may be dispensed through an automated drug dispensing device, if there is one available. The hospital must bill Medicaid for the cost of the medication if the person is enrolled, and may otherwise seek reimbursement from the patient's health insurance.

Residential and outpatient substance use disorder providers must confirm that each client with an opioid use disorder has opioid reversal medication. If the client does not, they must prescribe an opioid reversal medication to the client, or use the statewide Naloxone standing order to assist the client in directly obtaining opioid reversal medication, by directly dispensing, partnering with a pharmacy, or other means. The residential or outpatient substance use disorder provider must refer the client to the services of a substance use disorder peer specialist. The provider must bill the client's health plan for the opioid reversal medication or ensure the dispensing pharmacy bills the client's Medicaid pharmacy benefit.

The Health Care Authority (HCA) must provide technical assistance to emergency departments, residential substance use disorder providers, and outpatient substance use disorder providers to assist them in complying with this act. In doing so, HCA must collaborate with the DOH and the Office of the Insurance Commissioner.

Appropriation: None.

Fiscal Note: Requested on January 20, 2021.

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 Proposed Substitute: PRO: There are 131 Americans that die every day from an opioid overdose. Over the last 20 years, over 450,000 people have died for this reason. This is a public health emergency, and we have life-saving medication which can reverse this crisis. Unfortunately, not enough people have the medication who need it. We currently pay to give Naloxone to people who are Medicaid eligible using flexible federal funds, instead of using their Medicaid prescription benefit, which ties up funds that could be deployed for other purposes. The goal is to save lives; we are not succeeding where we should. COVID-19 has made support groups that people rely on less effective or out of reach for many, despite digital tools, which not everyone can access because of poverty. Fatal ovedoses have spiked in the previous year. Opioid overdoses are preventable and reversible. Making Naloxone kits part of the discharge process in Washington State would save countless lives. I woke up in the ER in 2017 to find out I had been in a coma for five days after overdosing on heroin. Naloxone saved my life. As a person in recovery and have had more than one overdose experience, two doses of Naloxone were required to save my life when the paramedics arrived. Now I have 18 months in recovery and another chance at life and motherhood. My son was so ashamed of his addiction he would never fill a prescription for Naloxone. He overdosed without access to Naloxone and died. Recovery is possible. If we make opioid reversal medication more easily accessible we will save more lives. In 2020, 531 people lost their lives due to overdose deaths in King County, 100 more than in the previous year, a three-fold expansion of the rate of increase. The trend is continuing in 2021. Two thirds of overdoes would have been reversible with Naloxone. The tools are there but we are not implementing them. Only 38 out of over 10,000 Medicaid clients with opioid use disorder attempted to fill a prescription for Naloxone last year. People need to leave care with Naloxone, not just a prescription for Naloxone. Providers tell us you have to put the drug in people's hands or they will not get it. We need your help. We cannot allow bureaucratic and administrative barriers to stand in the way of saving the lives of our most vulnerable citizens. My brother died of an overdose and could have been saved by Naloxone.

OTHER: We agree with the concept but have concerns how to make the bill work. Not all hospitals can dispense drugs, because they do not have pharmacy resources. We have not confirmed that Medicaid will reimburse for Naloxone as a take-home medication because of a three-day dose requirement, and there might be a need for a waiver. These questions should be answered before adopting a mandate. Some hospitals try to provide Naloxone but it is a patchwork approach and reimbursement is often not available. Emergency departments may not know which clients have an opioid use disorder; they would have to do an assessment which is difficult. Substance use disorder peers are not widely available or available outside of the Medicaid program. We have concerns about legislating the practice of medicine. We see several hundred overdoes per year in our pharmacy; we did not get reimbursed last year for Naloxone prescriptions except for two occasions. Not all

hospitals have adequate resources to absorb the costs. There might not be access to sufficient supply of the medications. The logistics of how to determine when clients have access to Naloxone are confusing. Referrals to substance disorder peers specialists are not as straightforward as they seem. The billing requirements seem overly prescriptive. Billing processes and entities change over time. This mandate would require additional staff and would have a financial impact.

Persons Testifying: PRO: Senator Marko Liias, Prime Sponsor; Ely Hernandez, Washington Recovery Alliance; Sevon Hill, citizen; Liza Lyubomirski, citizen; Colleen Keefe, citizen; Brad Finegood, Public Health of Seattle and King County.

OTHER: Cameron Buck MD, Washington Chapter, American College of Emergency Physicians; Katie Kolan, Washington State Psychiatric Association, Washington State Hospital Association, Washington State Medical Association; Terri Card, Greater Lakes Mental Healthcare.

Persons Signed In To Testify But Not Testifying: No one.