SUBSTITUTE HOUSE BILL 1671

State of Washington 64th Legislature 2015 Regular Session

Wellness By House Health Care & (originally sponsored by Walkinshaw, Griffey, Representatives Cody, Smith, Peterson, Magendanz, Riccelli, Stanford, Appleton, Robinson, Tharinger, and Jinkins)

AN ACT Relating to increasing access to opioid antagonists to prevent opioid-related overdose deaths; amending RCW 69.41.040 and 69.50.315; adding a new section to chapter 69.41 RCW; creating a new section; and repealing RCW 18.130.345.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. Sec. 1. (1) The legislature intends to reduce the 7 of lives lost to drug number overdoses by encouraging the 8 prescription, dispensing, and administration of opioid overdose medications. 9

10 (2) Overdoses of opioids, such as heroin and prescription 11 painkillers, cause brain injury and death by slowing and eventually stopping a person's breathing. Since 2012, drug poisoning deaths in 12 the United States have risen six percent, and deaths involving heroin 13 14 have increased a staggering thirty-nine percent. In Washington state, the annual number of deaths involving heroin or prescription opiates 15 16 increased from two hundred fifty-eight in 1995 to six hundred fifty-17 one in 2013. Over this period, a total of nine thousand four hundred thirty-nine people died from opioid-related drug overdoses. Opioid-18 19 related drug overdoses are a statewide phenomenon.

20 (3) When administered to a person experiencing an opioid-related 21 drug overdose, an opioid overdose medication can save the person's 1 life by restoring respiration. Increased access to opioid overdose 2 medications reduced the time between when a victim is discovered and 3 when he or she receives lifesaving assistance. Between 1996 and 2010, 4 lay people across the country reversed over ten thousand overdoses.

(4) The legislature intends to increase access to opioid overdose 5 б medications by permitting health care practitioners to administer, 7 prescribe, and dispense, directly or by collaborative drug therapy agreement or standing order, opioid overdose medication to any person 8 who may be present at an overdose - law enforcement, emergency 9 medical technicians, family members, or service providers - and to 10 11 permit those individuals to possess and administer opioid overdose 12 medications prescribed by an authorized health care provider.

13 <u>NEW SECTION.</u> Sec. 2. A new section is added to chapter 69.41
14 RCW to read as follows:

15 (1)(a) A practitioner may prescribe, dispense, distribute, and 16 deliver an opioid overdose medication: (i) Directly to a person at 17 risk of experiencing an opioid-related overdose; or (ii) by collaborative drug therapy agreement, standing order, or protocol to 18 a first responder, family member, or other person or entity in a 19 20 position to assist a person at risk of experiencing an opioid-related overdose. Any such prescription or protocol order is issued for a 21 legitimate medical purpose in the usual course of professional 22 23 practice.

(b) At the time of prescribing, dispensing, distributing, or delivering the opioid overdose medication, the practitioner shall inform the recipient that as soon as possible after administration of the opioid overdose medication, the person at risk of experiencing an opioid-related overdose should be transported to a hospital or a first responder should be summoned.

30 (2) A pharmacist may dispense an opioid overdose medication 31 pursuant to a prescription issued in accordance with this section and 32 may administer an opioid overdose medication to a person at risk of 33 experiencing an opioid-related overdose. The pharmacist shall affix 34 the following label on the cap of the prescription: "The person 35 receiving this medication must be evaluated by a health care 36 professional."

37 (3) Any person or entity may lawfully possess, store, deliver,
 38 distribute, or administer an opioid overdose medication pursuant to a

SHB 1671

p. 2

1 prescription or order issued by a practitioner in accordance with 2 this section.

3 (4) The following individuals, if acting in good faith and with 4 reasonable care, are not subject to criminal or civil liability or 5 disciplinary action under chapter 18.130 RCW for any actions 6 authorized by this section or the outcomes of any actions authorized 7 by this section:

8 (a) A practitioner who prescribes, dispenses, distributes, or 9 delivers an opioid overdose medication pursuant to subsection (1) of 10 this section;

11 (b) A pharmacist who dispenses an opioid overdose medication 12 pursuant to subsection (2) of this section;

13 (c) A person who possesses, stores, distributes, or administers 14 an opioid overdose medication pursuant to subsection (3) of this 15 section.

16 (5) For purposes of this section, the following terms have the 17 following meanings unless the context clearly requires otherwise:

(a) "First responder" means: (i) A career or volunteer firefighter, law enforcement officer, paramedic as defined in RCW 18.71.200, or first responder or emergency medical technician as defined in RCW 18.73.030; and (ii) an entity that employs or supervises an individual listed in (a)(i) of this subsection, including a volunteer fire department.

(b) "Opioid overdose medication" means 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.

(c) "Opioid-related overdose" means a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death that: (i) Results from the consumption or use of an opioid or another substance with which an opioid was combined; or (ii) a lay person would reasonably believe to be an opioid-related overdose requiring medical assistance.

35 (d) "Practitioner" means a health care practitioner who is36 authorized under RCW 69.41.030 to prescribe legend drugs.

37 (e) "Standing order" or "protocol" means written or 38 electronically recorded instructions, prepared by a prescriber, for 39 distribution and administration of a drug by designated and trained 40 staff or volunteers of an organization or entity, as well as other

SHB 1671

p. 3

1 actions and interventions to be used upon the occurrence of clearly 2 defined clinical events in order to improve patients' timely access 3 to treatment.

4 **Sec. 3.** RCW 69.41.040 and 2003 c 53 s 324 are each amended to 5 read as follows:

6 (1) A prescription, in order to be effective in legalizing the 7 possession of legend drugs, must be issued for a legitimate medical purpose by one authorized to prescribe the use of such legend drugs. 8 9 Except as provided in section 2 of this act, an order purporting to be a prescription issued to a drug abuser or habitual user of legend 10 11 drugs, not in the course of professional treatment, is not a prescription within the meaning and intent of this section; and the 12 13 person who knows or should know that he or she is filling such an order, as well as the person issuing it, may be charged with 14 15 violation of this chapter. A legitimate medical purpose shall include 16 use in the course of a bona fide research program in conjunction with a hospital or university. 17

18 (2) A violation of this section is a class B felony punishable19 according to chapter 9A.20 RCW.

20 **Sec. 4.** RCW 69.50.315 and 2010 c 9 s 2 are each amended to read 21 as follows:

22 (1)(((a))) A person acting in good faith who seeks medical 23 assistance for someone experiencing a drug-related overdose shall not 24 be charged or prosecuted for possession of a controlled substance 25 pursuant to RCW 69.50.4013, or penalized under RCW 69.50.4014, if the 26 evidence for the charge of possession of a controlled substance was 27 obtained as a result of the person seeking medical assistance.

28 (((b) A person acting in good faith may receive a naloxone 29 prescription, possess naloxone, and administer naloxone to an 30 individual suffering from an apparent opiate-related overdose.))

(2) A person who experiences a drug-related overdose and is in need of medical assistance shall not be charged or prosecuted for possession of a controlled substance pursuant to RCW 69.50.4013, or penalized under RCW 69.50.4014, if the evidence for the charge of possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance.

SHB 1671

p. 4

1 (3) The protection in this section from prosecution for 2 possession crimes under RCW 69.50.4013 shall not be grounds for 3 suppression of evidence in other criminal charges.

<u>NEW SECTION.</u> Sec. 5. RCW 18.130.345 (Naloxone—Administering,
dispensing, prescribing, purchasing, acquisition, possession, or use—
Opiate-related overdose) and 2010 c 9 s 3 are each repealed.

--- END ---