

SENATE BILL REPORT

2SHB 1039

As Reported by Senate Committee On:
Health & Long Term Care, March 20, 2019
Ways & Means, April 9, 2019

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: House Committee on Appropriations (originally sponsored by 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: Passed House: 3/04/19, 82-15.

Committee Activity: Health & Long Term Care: 3/15/19, 3/20/19 [DPA-WM, w/oRec].
Ways & Means: 4/03/19, 4/09/19 [DPA, DNP, w/oRec].

Brief Summary of Amended Bill

- Permits public schools to obtain and store opioid overdose medication.
- Requires public high schools in school districts with over 2000 students to obtain and store opioid overdose medication.
- Directs the Office of the Superintendent of Public Instruction to develop opioid related overdose guidelines, training requirements and a grant program.
- Requires certain public higher education institutions to develop a plan to maintain and administer opioid overdose medication in residence halls.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; O'Ban, Ranking Member; Bailey, Conway, Frockt, Keiser and Van De Wege.

Minority Report: That it be referred without recommendation.

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.

Signed by Senator Becker.

Staff: LeighBeth Merrick (786-7445)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Operating, Capital Lead; Mullet, Capital Budget Cabinet; Billig, Conway, Darneille, Hasegawa, Hunt, Keiser, Liias, Palumbo, Pedersen and Rivers.

Minority Report: Do not pass.

Signed by Senators Wagoner and Warnick.

Minority Report: That it be referred without recommendation.

Signed by Senators Braun, Ranking Member; Brown, Assistant Ranking Member, Operating; Honeyford, Assistant Ranking Member, Capital; Bailey, Becker, Carlyle, Schoesler and Van De Wege.

Staff: Sandy Stith (786-7710)

Background: 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 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.

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 the opioid overdose medication is provided, the practitioner must inform the recipient as soon as possible after administration, that 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, and not be 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.

Under state law, 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 is provided for maintaining and administering epinephrine to respond to a potentially life-threatening allergic reaction, where the epinephrine is prescribed by standing order.

Summary of Amended Bill: Public schools, school districts, and educational service districts are allowed to 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 2000 students must have at least one set of opioid overdose medication doses in each of its high schools.

The school-owned opioid overdose medication may be distributed or administered by a school nurse, a health care professional or a 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 and the Washington State School Directors' Association (WSSDA), 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 March 1, 2020, WSSDA must collaborate with OSPI and DOH to either update existing model policy or develop new policy that meets these requirements. OSPI and WSSDA must maintain the model policy on each agency's website at no cost to school districts.

Beginning with the 2020-21 school year, school districts must adopt an opioid-related overdose 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 2000 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 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 the practitioner and pharmacist acted with conscious disregard for safety.

Beginning with the 2019-20 academic year, a public higher education institution 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.

Subject to appropriations, OSPI must develop a grant program to provide public schools and public higher education institutions with funding to purchase opioid overdose medication and to train personnel on administering opioid overdose medication. In addition, training may be offered by nonprofit organizations, higher education institutions, and local public health organizations.

EFFECT OF WAYS & MEANS COMMITTEE AMENDMENT(S):

- Removes kindergarten through twelfth grade schools from the title and replaces it with high schools.

EFFECT OF HEALTH & LONG TERM CARE COMMITTEE AMENDMENT(S):

- Requires OSPI to consult with WSSDA on developing opioid-related overdose policy guidelines and training requirements for public schools and school districts.
- Requires WSSDA to collaborate with OSPI and DOH to either update existing opioid-related overdose model policy or develop a new model policy that meets the policy and training requirements developed by OSPI.
- Requires OSPI and WSSDA to maintain the model opioid-related overdose policy and procedure on each of their websites at no cost to the school districts.

Appropriation: The bill contains a null and void clause requiring specific funding be provided in an omnibus appropriation act.

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 Second Substitute House Bill (Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: This bill will save lives. One thousand children die every year from overdoses. Fentanyl and opioids are being used by people to commit suicide. Naloxone has no serious side effects if it is injected unnecessarily. There are donation programs that would provide the medications to schools for free. This bill takes a proactive approach to respond to opioid overdoses and creates a framework for training schools on having and administering opioid overdose medication. Opioid overdose medication is as necessary as AEDs and epi-pens. Substance use disorder and suicide are a crisis with youth. There has been a lot of work done to address the opioid crisis with adults, but very little has been done to address it with youth. The medication that is administered as a nasal spray is very simple to train people on how to use. Students are using opioids on school properties. Police are finding that fentanyl is being hidden in other drugs that youth are using. It is important schools have opioid overdose medication on hand so that they are prepared for any student overdoses.

Persons Testifying (Health & Long Term Care): PRO: Representative Gerry Pollet, Prime Sponsor; Martin Mueller, Office of the Superintendent of the Public Instruction; Ed Petersen,

President, Not One More Seattle; Corina Pfeil, Behavioral Health and Social Service Undergrad, LWTech; John Snaza, Thurston County Sheriff's Office.

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

Staff Summary of Public Testimony on the Bill as Amended by Health & Long Term Care (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: Opioid overdose medication is as necessary as AEDs and epi-pens. However, NARCAN is much cheaper and more effective for opioid overdose than AED. PTA members support this bill. WASDA still recommends a prescription in a nurses office for the use of NARCAN, but this does not seem to be necessary. Counties and schools should be able to team up in this effort. The cost for opioid overdose medication is very low.

Persons Testifying (Ways & Means): PRO: Corina Pfeil, behavioral health and social services undergrad.

Persons Signed In To Testify But Not Testifying (Ways & Means): PRO: Ed Petersen, President, Not One More Seattle.