**1671-S.E AMS HLTH S2893.1 - NOT FOR FLOOR USE**

**ESHB 1671** - S COMM AMD

By Committee on Health Care

**ADOPTED 4/8/2015**

Strike everything after the enacting clause and insert the following:

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

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

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

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

NEW SECTION. **Sec.**  A new section is added to chapter 69.41 RCW to read as follows:

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

(2) A pharmacist may dispense an opioid overdose medication pursuant to a prescription issued in accordance with this section and may administer an opioid overdose medication to a person at risk of experiencing an opioid-related overdose. At the time of dispensing an opioid overdose medication, a pharmacist shall provide written instructions on the proper response to an opioid-related overdose, including instructions for seeking immediate medical attention.

(3) Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose medication pursuant to a prescription or order issued by a practitioner in accordance with this section.

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

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

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

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

(5) For purposes of this section, the following terms have the 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.

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

(e) "Standing order" or "protocol" means written or electronically recorded instructions, prepared by a prescriber, for distribution and administration of a drug by designated and trained staff or volunteers of an organization or entity, as well as other actions and interventions to be used upon the occurrence of clearly defined clinical events in order to improve patients' timely access to treatment.

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

(1) A prescription, in order to be effective in legalizing the possession of legend drugs, must be issued for a legitimate medical purpose by one authorized to prescribe the use of such legend drugs. 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 drugs, not in the course of professional treatment, is not a prescription within the meaning and intent of this section; and the 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 violation of this chapter. A legitimate medical purpose shall include use in the course of a bona fide research program in conjunction with a hospital or university.

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

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

(1)((~~(a)~~)) A person acting in good faith who seeks medical assistance for someone experiencing a drug-related overdose 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 person seeking medical assistance.

((~~(b) A person acting in good faith may receive a naloxone prescription, possess naloxone, and administer naloxone to an 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.

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

NEW SECTION. **Sec.**  (1)(a) A legislative task force on opioid addiction is established, with members as provided in this subsection.

(i) The secretary of the senate shall appoint two members from each of the two largest caucuses of the senate;

(ii) The speaker of the house of representatives shall appoint two members from each of the two largest caucuses of the house of representatives;

(iii) The secretary of the senate and the speaker of the house of representatives shall appoint two members of the public who have experience or training relating to opioid addiction issues, this may include a person or persons with personal or family experience relating to opioid addiction;

(iv) The governor shall appoint one member from the department of social and health services' behavioral health services integration administration;

(v) The governor shall appoint one member from the University of Washington's alcohol and drug abuse institute; and

(vi) The governor shall appoint one member from the division of secondary education within the office of the superintendent of public instruction.

(b) The task force shall choose its chair or cochairs from among its legislative membership. The person appointed to represent the department of social and health services' behavioral health services integration administration shall convene the initial meeting of the task force.

(2) The task force shall review the following:

(a) Ways to increase access to opioid antagonists to prevent opioid-related overdose deaths throughout the state;

(b) Issues related to addiction, including causes of addiction, stigma related to addiction, and access to treatment for addiction;

(c) Educational efforts to reduce and to ultimately end minor use of opioids; and

(d) Other addiction issues deemed appropriate by the task force.

(3) Staff support for the task force must be provided by the senate committee services and the house of representatives office of program research.

(4) Legislative members of the task force must be reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members, except those representing an employer or organization, are entitled to be reimbursed for travel expenses in accordance with RCW 43.03.050 and 43.03.060.

(5) The expenses of the task force must be paid jointly by the senate and the house of representatives. Task force expenditures are subject to approval by the senate facilities and operations committee and the house of representatives executive rules committee, or their successor committees.

(6) This section expires August 1, 2017.

NEW SECTION. **Sec.**  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."

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On page 1, line 2 of the title, after "deaths;" strike the remainder of the title and insert "amending RCW 69.41.040 and 69.50.315; adding a new section to chapter 69.41 RCW; creating new sections; repealing RCW 18.130.345; and providing an expiration date."