

1 On page 8, after line 18 of the amendment, insert the following:

2 "Sec. 5. RCW 69.41.095 and 2015 c 205 s 2 are each amended to  
3 read as follows:

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

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

19 (2) A pharmacist may dispense an opioid overdose reversal  
20 medication pursuant to a prescription, collaborative drug therapy  
21 agreement, standing order, or protocol issued in accordance with  
22 subsection (1)(a) of this section and may administer an opioid  
23 overdose reversal medication to a person at risk of experiencing an  
24 opioid-related overdose. At the time of dispensing an opioid overdose  
25 reversal medication, a pharmacist shall provide written instructions  
26 on the proper response to an opioid-related overdose, including  
27 instructions for seeking immediate medical attention. The  
28 instructions to seek immediate (~~(medication)~~) medical attention must  
29 be conspicuously displayed.

30 (3) Any person or entity may lawfully possess, store, deliver,  
31 distribute, or administer an opioid overdose reversal medication  
32 pursuant to a prescription (~~(or)~~), collaborative drug therapy

1 agreement, standing order, or protocol issued by a practitioner in  
2 accordance with subsection (1) of 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 reversal medication pursuant to  
10 subsection (1) of this section;

11 (b) A pharmacist who dispenses an opioid overdose reversal  
12 medication pursuant to subsection (2) or (5)(a) of this section;

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

16 (5) The secretary or his or her designee may issue a standing  
17 order prescribing opioid overdose reversal medications to any person  
18 at risk of experiencing an opioid-related overdose or any person or  
19 entity in a position to assist a person at risk of experiencing an  
20 opioid-related overdose. The standing order may be limited to  
21 specific areas in the state or issued statewide.

22 (a) A pharmacist shall dispense an opioid overdose reversal  
23 medication pursuant to a standing order issued in accordance with  
24 this subsection, consistent with the pharmacist's responsibilities to  
25 dispense prescribed legend drugs, and may administer an opioid  
26 overdose reversal medication to a person at risk of experiencing an  
27 opioid-related overdose. At the time of dispensing an opioid overdose  
28 reversal medication, a pharmacist shall provide written instructions  
29 on the proper response to an opioid-related overdose, including  
30 instructions for seeking immediate medical attention. The  
31 instructions to seek immediate medical attention must be  
32 conspicuously displayed.

33 (b) Any person or entity may lawfully possess, store, deliver,  
34 distribute, or administer an opioid overdose reversal medication  
35 pursuant to a standing order issued in accordance with this  
36 subsection (5). The department, in coordination with the appropriate  
37 entity or entities, shall develop a training module that provides  
38 training regarding the identification of a person suffering from an  
39 opioid-related overdose and the use of opioid overdose reversal

1 medications. The training must be available electronically and in a  
2 variety of media from the department.

3 (c) This subsection (5) does not create a private cause of  
4 action. Notwithstanding any other provision of law, neither the state  
5 nor the secretary nor the secretary's designee has any civil  
6 liability for issuing standing orders or for any other actions taken  
7 pursuant to this chapter or for the outcomes of issuing standing  
8 orders or any other actions taken pursuant to this chapter. Neither  
9 the secretary nor the secretary's designee is subject to any criminal  
10 liability or professional disciplinary action for issuing standing  
11 orders or for any other actions taken pursuant to this chapter.

12 (d) For purposes of this subsection (5), "standing order" means  
13 an order prescribing medication by the secretary or the secretary's  
14 designee. Such standing order can only be issued by a practitioner as  
15 defined in this chapter.

16 (6) The labeling requirements of RCW 69.41.050 and 18.64.246 do  
17 not apply to opioid overdose reversal medications dispensed,  
18 distributed, or delivered pursuant to a prescription, collaborative  
19 drug therapy agreement, standing order, or protocol issued in  
20 accordance with this section. The individual or entity that  
21 dispenses, distributes, or delivers an opioid overdose reversal  
22 medication as authorized by this section shall ensure that directions  
23 for use are provided.

24 (7) For purposes of this section, the following terms have the  
25 following meanings unless the context clearly requires otherwise:

26 (a) "First responder" means: (i) A career or volunteer  
27 firefighter, law enforcement officer, paramedic as defined in RCW  
28 18.71.200, or first responder or emergency medical technician as  
29 defined in RCW 18.73.030; and (ii) an entity that employs or  
30 supervises an individual listed in (a)(i) of this subsection,  
31 including a volunteer fire department.

32 (b) "Opioid overdose reversal medication" means any drug used to  
33 reverse an opioid overdose that binds to opioid receptors and blocks  
34 or inhibits the effects of opioids acting on those receptors. It does  
35 not include intentional administration via the intravenous route.

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

1 reasonably believe to be an opioid-related overdose requiring medical  
2 assistance.

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

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

12 **Sec. 6.** RCW 71.24.585 and 2017 c 297 s 12 are each amended to  
13 read as follows:

14 ~~((The state of Washington declares that there is no fundamental  
15 right to medication-assisted treatment for opioid use disorder.)) (1)~~  
16 The state of Washington ~~((further))~~ declares that ~~((while))~~  
17 medications used in the treatment of opioid use disorder are  
18 ~~((addictive substances, that they nevertheless have several legal,  
19 important, and justified uses and that one of their appropriate and  
20 legal uses is, in conjunction with other required therapeutic  
21 procedures, in the treatment of persons with opioid use disorder))~~  
22 the most effective intervention to reduce deaths from opioid overdose  
23 and keep people in treatment. The state of Washington recognizes  
24 medications approved by the federal food and drug administration as  
25 ~~((evidence based for the management of opioid use disorder the  
26 medications approved by the federal food and drug administration for  
27 the))~~ an integral component of treatment ~~((of))~~ for opioid use  
28 disorder. ~~((Medication-assisted treatment should only be used for  
29 participants who are deemed appropriate to need this level of  
30 intervention.))~~ While medication has been shown to be the treatment  
31 of choice for persons with opioid use disorder, many individuals will  
32 also benefit from counseling and social supports. Providers must  
33 inform patients of all evidence-based treatment options available.  
34 ~~((The provider and the patient shall consider alternative treatment  
35 options, like abstinence, when developing the treatment plan. If  
36 medications are prescribed, follow up must be included in the  
37 treatment plan in order to work towards the goal of abstinence.))~~  
38 Because some such medications are controlled substances in chapter  
39 69.50 RCW, the state of Washington maintains the legal obligation and

1 right to regulate the (~~clinical~~) uses of these medications in the  
2 treatment of opioid use disorder.

3 ~~((Further,))~~ (2) The authority will promote the use of medication  
4 therapies and other evidence-based strategies to address the opioid  
5 epidemic in Washington state. Additionally, the authority will  
6 prioritize state resources for the provision of treatment and  
7 recovery support services to:

8 (a) Entities which allow patients to maintain their use of  
9 medications for opioid use disorder while engaging in services; and

10 (b) Entities which allow patients to start on medications for  
11 opioid use disorder while enrolled in their services.

12 (3) The state declares that the main goals of (~~opioid~~  
13 substitution treatment is total abstinence from substance use for the  
14 individuals who participate in the treatment program, but recognizes  
15 the additional goals of reduced morbidity, and restoration of the  
16 ability to lead a productive and fulfilling life. The state  
17 recognizes that a small percentage of persons who participate in  
18 opioid treatment programs require treatment for an extended period of  
19 time. Opioid treatment programs shall provide a comprehensive  
20 transition program to eliminate substance use, including opioid use  
21 of program participants)) treatment for persons with opioid use  
22 disorder are the cessation of unprescribed opioid use, reduced  
23 morbidity, and restoration of the ability to lead a productive and  
24 fulfilling life.

25 (4) To achieve the goals in subsection (3) of this section, to  
26 promote public health and safety, and to promote the efficient and  
27 economic use of funding for the medicaid program under Title XIX of  
28 the social security act, the authority may seek, receive, and expend  
29 alternative sources of funding to support all aspects of the state's  
30 response to the opioid crisis.

31 (5) The authority shall partner with the department of social and  
32 health services, the department of corrections, the department of  
33 health, and any other agencies or entities the authority deems  
34 appropriate to develop a statewide approach to leveraging medicaid  
35 funding to treat opioid use disorder and provide emergency overdose  
36 treatment. Such alternative sources of funding may include, but are  
37 not limited to:

38 (a) Seeking a section 1115 demonstration waiver from the federal  
39 centers for medicare and medicaid services to fund opioid treatment  
40 medications for persons eligible for medicaid at or during the time

1 of incarceration. The authority's application for any such waiver  
2 must comply with all applicable federal requirements for obtaining  
3 such waiver; and

4 (b) Soliciting and receiving private funds, grants, and donations  
5 from any willing person or entity.

6 (6)(a) The authority shall replicate effective approaches such as  
7 opioid hub and spoke treatment networks to broaden outreach and  
8 patient navigation with allied opioid use disorder community  
9 partners, including but not limited to: Federally accredited opioid  
10 treatment programs, substance use disorder treatment facilities,  
11 jails, syringe exchange programs, community mental health centers,  
12 and primary care clinics.

13 (b) To carry out this subsection (6), the authority shall work  
14 with the department of health to promote coordination between  
15 medication-assisted treatment prescribers, federally accredited  
16 opioid treatment programs, substance use disorder treatment  
17 facilities, and state-certified substance use disorder treatment  
18 agencies to:

19 (i) Increase patient choice in receiving medication and  
20 counseling;

21 (ii) Strengthen relationships between opioid use disorder  
22 providers; and

23 (iii) Acknowledge and address the challenges presented for  
24 individuals needing treatment for multiple substance use disorders  
25 simultaneously.

26 (7) State agencies shall review and promote positive outcomes  
27 associated with the accountable communities of health funded opioid  
28 projects and local law enforcement and human services opioid  
29 collaborations as set forth in the Washington state interagency  
30 opioid working plan.

31 (8) The authority shall partner with the department of health and  
32 other state agencies to create a program with the goal to connect  
33 certified peer counselors with individuals who have had a nonfatal  
34 overdose within forty-eight hours of the overdose.

35 (9) To achieve the goals of subsection (3) of this section, state  
36 agencies must work together to increase outreach and education about  
37 opioid overdoses to non-English-speaking communities, this includes  
38 developing a plan to collect data on the number of overdoses for non-  
39 English speakers. The department of health must submit a report on

1 the data collection plan with recommendations for implementation to  
2 the appropriate legislative committees by December 31, 2018.

3 **Sec. 7.** RCW 71.24.595 and 2017 c 297 s 16 are each amended to  
4 read as follows:

5 (1) To achieve more medication options, the authority shall work  
6 with the department of health and the authority's medicaid managed  
7 care organizations, to eliminate barriers and promote access to all  
8 effective medications known to address opioid use disorders at state-  
9 certified opioid treatment programs. Medications should include, but  
10 not be limited to: Methadone, buprenorphine, and naltrexone. The  
11 authority shall encourage the distribution of naloxone to patients  
12 who are at risk of an opioid overdose.

13 (2) The department, in consultation with opioid treatment program  
14 service providers and counties and cities, shall establish statewide  
15 treatment standards for certified opioid treatment programs. The  
16 department shall enforce these treatment standards. The treatment  
17 standards shall include, but not be limited to, reasonable provisions  
18 for all appropriate and necessary medical procedures, counseling  
19 requirements, urinalysis, and other suitable tests as needed to  
20 ensure compliance with this chapter.

21 ~~((+2))~~ (3) The department, in consultation with opioid treatment  
22 programs and counties, shall establish statewide operating standards  
23 for certified opioid treatment programs. The department shall enforce  
24 these operating standards. The operating standards shall include, but  
25 not be limited to, reasonable provisions necessary to enable the  
26 department and counties to monitor certified and licensed opioid  
27 treatment programs for compliance with this chapter and the treatment  
28 standards authorized by this chapter and to minimize the impact of  
29 the opioid treatment programs upon the business and residential  
30 neighborhoods in which the program is located.

31 ~~((+3))~~ (4) The department shall analyze and evaluate the data  
32 submitted by each treatment program and take corrective action where  
33 necessary to ensure compliance with the goals and standards  
34 enumerated under this chapter. Opioid treatment programs are subject  
35 to the oversight required for other substance use disorder treatment  
36 programs, as described in this chapter."

**2SHB 2572 - S AMD TO WM COMM AMD (S-5788.1/18) 945**  
By Senator Rivers

1 On page 8, line 20 of the title amendment, after "insert" insert  
2 "amending RCW 69.41.095, 71.24.585, and 71.24.595;"

EFFECT: Adds provisions that:

(1) Permit the Secretary of Health to issue a standing order for opioid reversal medication.

(2) Modify the protocols for using medication-assisted treatment for opioid use disorder.

(3) Require the Department of Social and Health Services, the Health Care Authority (HCA), and the Department of Health (DOH) to partner on initiatives that promote a statewide approach in addressing opioid use disorder.

(4) Require HCA and DOH to promote access to medication-assisted treatment for opioid use disorder.

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