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HOUSE BILL 2390

State of Washington 65th Legislature 2018 Regular Session

By Representatives Pollet, Haler, Tarleton, McBride, Peterson, Dolan, Frame, Valdez, Kilduff, Senn, Stanford, Kloba, Clibborn, Macri, Ryu, Doglio, and Riccelli

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AN ACT Relating to opioid overdose medication at kindergarten through twelfth grade schools and higher education institutions; amending RCW 28A.210.260 and 28A.210.270; adding new sections to chapter 28A.210 RCW; adding a new section to chapter 28B.10 RCW; adding a new section to chapter 43.70 RCW; and creating a new section.

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

- 8 NEW SECTION. **Sec. 1.** (1) The legislature finds that:
- 9 (a) According to the centers for disease control and prevention, 10 the United States is in the midst of an opioid overdose epidemic;
- 11 (b) In 2015, opioids, including prescription opioids, heroin, and 12 fentanyl, killed more than thirty-three thousand people in the United 13 States. In 2016, opioids killed six hundred ninety-four people in 14 Washington and caused over one thousand four hundred hospitalizations 15 for opioid overdose;
- 16 (c) One way to prevent opioid overdose deaths is to expand access 17 to and use of nonaddictive, opioid overdose medications, such as 18 naloxone, that can reverse the effects of an opioid overdose when 19 administered in time;
 - (d) The centers for disease control and prevention indicates that access to naloxone can be expanded through: Standing orders at

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- pharmacies; distribution through local, community-based organizations; access to and use by law enforcement officials; and training for basic emergency medical service staff on how to administer the drug;
 - (e) In 2016, syringe service programs in Washington distributed three thousand six hundred forty naloxone kits and reported six hundred ninety overdose reversals; and
 - (f) It is unknown: How many opioid overdose incidents occur on the property of kindergarten through twelfth grade schools and higher education institutions each year; whether these schools and institutions maintain opioid overdose medication through a standing order for the purpose of assisting a person at risk of experiencing an opioid-related overdose; or whether these schools and institutions train staff to administer opioid overdose medication.
 - (2) The legislature recognizes that it has taken steps to respond to the opioid overdose epidemic, including: (a) Permitting health care practitioners to administer, prescribe, and dispense opioid overdose medication to any person who may be present at an overdose; (b) permitting people who may be present at an opioid overdose to possess and administer opioid overdose medication prescribed by an authorized health care practitioner; (c) limiting the liability of practitioners, pharmacists, and other people who possess and administer naloxone; and (d) limiting the liability of people experiencing a drug-related overdose who are in need of medical assistance and people acting in good faith to seek medical assistance for someone experiencing a drug-related overdose.
 - (3) Using its general police power to prescribe laws tending to promote the health and welfare of the people of the state, the legislature intends to:
- 30 (a) Increase access to opioid overdose medication at kindergarten 31 through twelfth grade schools and higher education institutions; and
- 32 (b) Strengthen public health surveillance by requiring collection 33 and reporting of certain opioid overdose-related data.
- NEW SECTION. Sec. 2. A new section is added to chapter 28A.210 RCW to read as follows:
- 36 (1) For the purposes of this section:

37 (a) "Opioid overdose medication" has the meaning provided in RCW 38 69.41.095;

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1 (b) "Opioid-related overdose" has the meaning provided in RCW 2 69.41.095;

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- (c) "School" means a public school, school district, or educational service district with any of grades kindergarten through twelve; and
 - (d) "Standing order" has the meaning provided in RCW 69.41.095.
- (2)(a)(i) For the purpose of assisting a person at risk of experiencing an opioid-related overdose, a school may obtain and maintain opioid overdose medication through a standing order prescribed and dispensed in accordance with RCW 69.41.095.
- (ii) Each high school is encouraged to obtain and maintain at least one set of opioid overdose medication doses.
- (b) Opioid overdose medication may be obtained from donation sources, but must be maintained and administered in a manner consistent with a standing order issued in accordance with RCW 69.41.095.
- (3)(a) The following personnel may distribute or administer the school-owned opioid overdose medication to respond to symptoms of an opioid-related overdose pursuant to a prescription or a standing order issued in accordance with RCW 69.41.095: (i) A school nurse; (ii) a health care professional or trained staff person located at a health care clinic on public school property or under contract with the school district; or (iii) designated trained school personnel.
- (b) Opioid overdose medication may be used on school property, including the school building, playground, and school bus, as well as during field trips or sanctioned excursions away from school property. A school nurse or designated trained school personnel may carry an appropriate supply of school-owned opioid overdose medication on field trips or sanctioned excursions.
- (4) Training for school personnel who have been designated to distribute or administer opioid overdose medication under this section must meet the requirements for training described in section 3 of this act and any rules or guidelines for such training adopted by the office of the superintendent of public instruction. Each high school is encouraged to designate and train at least one school personnel to distribute and administer opioid overdose medication if the high school does not have a full-time school nurse or trained health care clinic staff.
- 39 (5) Annually, beginning September 1, 2019, schools must report 40 the information required by section 8 of this act.

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- 1 (6) The liability of a person or entity who complies with this 2 section and RCW 69.41.095 is limited as described in RCW 69.41.095.
- 3 <u>NEW SECTION.</u> **Sec. 3.** A new section is added to chapter 28A.210 4 RCW to read as follows:
 - (1) For the purposes of this section:

- 6 (a) "Opioid overdose medication" has the meaning provided in RCW 7 69.41.095; and
- 8 (b) "Opioid-related overdose" has the meaning provided in RCW 9 69.41.095.
 - (2)(a) To prevent opioid-related overdoses and respond to medical emergencies resulting from overdoses, by the 2018-19 school year, the office of the superintendent of public instruction, in consultation with the department of health, shall develop opioid-related overdose policy guidelines and training requirements for public schools and school districts.
 - (b)(i) The opioid-related overdose policy guidelines and training requirements must include information about: The identification of opioid-related overdose symptoms; how to obtain and maintain opioid overdose medication on school property issued through a standing order in accordance with section 2 of this act; the distribution and administration of opioid overdose medication by designated trained school personnel; and sample standing orders for opioid overdose medication.
 - (ii) The opioid-related overdose policy guidelines may: Include recommendations for the storage and labeling of opioid overdose medications that are based on input from relevant health agencies or experts; and allow for opioid-related overdose medications to be obtained, maintained, distributed, and administered by health care professionals and trained staff located at a health care clinic on public school property or under contract with the school district.
 - (c) In addition to being offered by the school, training on the distribution or administration of opioid overdose medication that meets the requirements of this subsection (2) may be offered by nonprofit organizations, higher education institutions, and local public health organizations.
 - (3) Beginning January 1, 2019, the following school districts must adopt a policy that meets the requirements of subsection (2) of this section: (a) School districts with a school that obtains, maintains, distributes, or administers opioid overdose medication

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under section 2 of this act; and (b) school districts with two thousand or more students.

- (4) Subject to the availability of amounts appropriated for this specific purpose, the office of the superintendent of public instruction shall develop and administer a grant program to provide funding to public schools with any of grades kindergarten through twelve and public higher education institutions to train personnel on the administration of opioid overdose medication to respond to symptoms of an opioid-related overdose. The office must publish on its web site a list of annual grant recipients, including award amounts.
- NEW SECTION. Sec. 4. A new section is added to chapter 28A.210 RCW to read as follows:
- Annually, beginning November 1, 2019, the office of the superintendent of public instruction must coordinate with the department of health to prepare and publish the summaries of opioid-related overdose information required by section 8 of this act.
- **Sec. 5.** RCW 28A.210.260 and 2017 c 186 s 2 are each amended to 19 read as follows:
 - (1) Public school districts and private schools which conduct any of grades kindergarten through the twelfth grade may provide for the administration of oral medication, topical medication, eye drops, ear drops, or nasal spray, of any nature to students who are in the custody of the school district or school at the time of administration, but are not required to do so by this section, subject to the following conditions:
 - ((\(\frac{(1+)}{1}\)) (a) The board of directors of the public school district or the governing board of the private school or, if none, the chief administrator of the private school shall adopt policies which address the designation of employees who may administer oral medications, topical medications, eye drops, ear drops, or nasal spray to students, the acquisition of parent requests and instructions, and the acquisition of requests from licensed health professionals prescribing within the scope of their prescriptive authority and instructions regarding students who require medication for more than fifteen consecutive school days, the identification of the medication to be administered, the means of safekeeping medications with special attention given to the safeguarding of

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legend drugs as defined in chapter 69.41 RCW, and the means of maintaining a record of the administration of such medication;

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 $((\frac{(2)}{2}))$ (b) The board of directors shall seek advice from one or more licensed physicians or nurses in the course of developing the foregoing policies;

 $((\frac{3}{2}))$ (c) The public school district or private school is in receipt of a written, current and unexpired request from a parent, or a legal guardian, or other person having legal control over the student to administer the medication to the student;

(((4))) (d) The public school district or the private school is in receipt of (((a))): (i) A written, current and unexpired request from a licensed health professional prescribing within the scope of his or her prescriptive authority for administration of the medication, as there exists a valid health reason which makes administration of such medication advisable during the hours when school is in session or the hours in which the student is under the supervision of school officials $((\tau))$: and (((b))) (ii) written, current and unexpired instructions from such licensed health professional prescribing within the scope of his or her prescriptive authority regarding the administration of prescribed medication to students who require medication for more than fifteen consecutive workdays;

The medication is administered by an employee $((\frac{5}{1}))$ designated by or pursuant to the policies adopted pursuant to (a) of this subsection (((1) of this section)) and in substantial compliance with the prescription of a licensed health professional prescribing within the scope of his or her prescriptive authority or the written instructions provided pursuant to (d) of this subsection ((4) of this section)). If a school nurse is on the premises, a nasal spray that is a legend drug or a controlled substance must be administered by the school nurse. If no school nurse is on the premises, a nasal spray that is a legend drug or a controlled substance may be administered by a trained school employee or parent-designated adult who is not a school nurse. The board of directors shall allow school personnel, who have received appropriate training and volunteered for such training, to administer a nasal spray that is a legend drug or a controlled substance. After a school employee who is not a school nurse administers a nasal spray that is a legend drug or a controlled substance, the employee shall summon emergency medical assistance as soon as practicable;

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 $((\frac{(6)}{(6)}))$ (f) The medication is first examined by the employee administering the same to determine in his or her judgment that it appears to be in the original container and to be properly labeled; and

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((+7)) (g) The board of directors shall designate a professional person licensed pursuant to chapter 18.71 RCW or chapter 18.79 RCW as it applies to registered nurses and advanced registered nurse practitioners, to delegate to, train, and supervise the designated school district personnel in proper medication procedures;

((8)(a) For the purposes of this section, "parent-designated adult" means a volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in epileptic seizure care selected by the parents, and who provides care for the child consistent with the individual health plan.

(b))) (h) To be eligible to be a parent-designated adult, a school district employee not licensed under chapter 18.79 RCW must file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to be a parent-designated adult. If a school employee who is not licensed under chapter 18.79 RCW chooses not to file a letter under this section, the employee shall not be subject to any employer reprisal or disciplinary action for refusing to file a letter;

 $((\frac{9}{1}))$ (i) The board of directors shall designate a professional person licensed under chapter 18.71, 18.57, or 18.79 RCW as it applies to registered nurses and advanced registered practitioners, to consult and coordinate with the student's parents and health care provider, and train and supervise the appropriate school district personnel in proper procedures for care for students with epilepsy to ensure a safe, therapeutic learning environment. Training may also be provided by an epilepsy educator who nationally certified. Parent-designated adults who employees are required to receive the training provided under this subsection. Parent-designated adults who are not school employees must show evidence of comparable training. The parent-designated adult must also receive additional training as established subsection $((\frac{8}{(a)}))$ of this section for the additional care the parents have authorized the parent-designated adult to provide. The professional person designated under this subsection not

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responsible for the supervision of the parent-designated adult for those procedures that are authorized by the parents;

- $((\frac{10}{10}))$ (j) This section does not apply to topical sunscreen products regulated by the United States food and drug administration for over-the-counter use. Provisions related to possession and application of topical sunscreen products are in RCW 28A.210.278; and
- 7 (k) This section does not apply to opioid overdose medication.
 8 Provisions related to maintenance and administration of opioid
 9 overdose medication are in section 2 of this act.
- (2) For the purposes of this section, "parent-designated adult"

 means a volunteer, who may be a school district employee, who

 receives additional training from a health care professional or

 expert in epileptic seizure care selected by the parents, and who

 provides care for the child consistent with the individual health

 plan.
- **Sec. 6.** RCW 28A.210.270 and 2013 c 180 s 2 are each amended to 17 read as follows:
 - (1) In the event a school employee administers oral medication, topical medication, eye drops, ear drops, or nasal spray to a student pursuant to RCW 28A.210.260 in substantial compliance with the prescription of the student's licensed health professional prescribing within the scope of the professional's prescriptive authority or the written instructions provided pursuant to RCW 28A.210.260((4+))(1)(d), and the other conditions set forth in RCW 28A.210.260 have been substantially complied with, then the employee, the employee's school district or school of employment, and the members of the governing board and chief administrator thereof shall not be liable in any criminal action or for civil damages in their individual or marital or governmental or corporate or other capacities as a result of the administration of the medication.
 - (2) The administration of oral medication, topical medication, eye drops, ear drops, or nasal spray to any student pursuant to RCW 28A.210.260 may be discontinued by a public school district or private school and the school district or school, its employees, its chief administrator, and members of its governing board shall not be liable in any criminal action or for civil damages in their governmental or corporate or individual or marital or other capacities as a result of the discontinuance of such administration: PROVIDED, That the chief administrator of the public school district

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- 1 or private school, or his or her designee, has first provided actual
- 2 notice orally or in writing in advance of the date of discontinuance
- 3 to a parent or legal guardian of the student or other person having
- 4 legal control over the student.
- 5 <u>NEW SECTION.</u> **Sec. 7.** A new section is added to chapter 28B.10
- 6 RCW to read as follows:
- 7 (1) For the purposes of this section:
- 8 (a) "Opioid overdose medication" has the meaning provided in RCW
- 9 69.41.095; and
- 10 (b) "Opioid-related overdose" has the meaning provided in RCW
- 11 69.41.095.
- 12 (2) By the beginning of the 2018-19 academic year, a public
- 13 institution of higher education with a residence hall housing at
- 14 least one hundred students must develop a plan: (a) For the
- 15 maintenance and administration of opioid overdose medication in and
- 16 around the residence hall; and (b) for the training of designated
- 17 personnel to administer opioid overdose medication to respond to
- 18 symptoms of an opioid-related overdose. The plan may identify: The
- 19 ratio of residents to opioid overdose medication doses; the
- 20 designated trained personnel, who may include residence hall
- 21 advisers; and whether the designated trained personnel covers more
- 22 than one residence hall.
- 23 (3) Annually, beginning September 1, 2019, public institutions of
- 24 higher education must report the information required by section 8 of
- 25 this act.
- NEW SECTION. Sec. 8. A new section is added to chapter 43.70
- 27 RCW to read as follows:
- 28 (1) Annually, beginning September 1, 2019, as required by
- 29 sections 2 and 7 of this act, public schools with any of grades
- 30 kindergarten through twelve and public institutions of higher
- 31 education must report to the office of the superintendent of public
- 32 instruction, the department of health, and their local health
- 33 department the following information:
- 34 (a) The number and categories of designated personnel trained to
- 35 administer opioid overdose medication to respond to symptoms of an
- 36 opioid-related overdose in the prior year and cumulatively since
- 37 September 1, 2018;

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1 (b) The doses of opioid overdose medication obtained in the prior 2 year;

- (c) The doses of opioid overdose medication distributed or administered in the prior year; and
- (d) The number of overdose incidents in the prior year and whether emergency responders other than designated trained personnel responded to the incident.
- (2) Annually, beginning November 1, 2019, the department of health must coordinate with the office of the superintendent of public instruction to prepare summaries of the opioid-related overdose information described in subsection (1) of this section. The summaries must be published on the web sites of the department and office in a format that is easy to understand by members of the public.

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