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**HOUSE BILL 1671**

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**State of Washington 64th Legislature 2015 Regular Session**

**By** Representatives Walkinshaw, Griffey, 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.

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

NEW SECTION. **Sec.**  The legislature intends to reduce the number of lives lost to drug overdoses by encouraging the prescription, dispensing, and administration of opioid antagonists.

(1) 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 average annual number of deaths involving heroin or prescription opiates nearly doubled from 2000-2002 to 2009-2011. Opioid-related drug overdoses are a statewide phenomenon.

(2) When administered to a person experiencing an opioid-related drug overdose, an opioid antagonist can save the person's life by restoring respiration. Increased access to opioid antagonists 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.

(3) The legislature intends to increase access to opioid antagonists by permitting health care practitioners to administer, prescribe, and dispense, directly or by collaborative drug therapy agreement or standing order, opioid antagonists 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 antagonists 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, directly or by collaborative drug therapy agreement, standing order, or protocol, prescribe, dispense, distribute, and deliver an opioid antagonist to a person at risk of experiencing an opioid-related overdose or 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 antagonist, the practitioner shall inform the recipient that as soon as possible after administration of the opioid antagonist, 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 antagonist pursuant to a prescription issued in accordance with this section and may administer an opioid antagonist to a person at risk of experiencing an opioid-related overdose.

(3) Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid antagonist 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 antagonist pursuant to subsection (1) of this section;

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

(c) A person who possesses, stores, distributes, or administers an opioid antagonist 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 antagonist" means any drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors. It does not include any drug that is administered intravenously.

(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, 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~~))under RCW 69.50.4013, ((~~or penalized under RCW~~))69.50.201, or 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~~))under RCW 69.50.4013, ((~~or penalized under RCW~~))69.50.201, or 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 charging and prosecution for possession crimes under RCW 69.50.4013, 69.50.201, or 69.50.4014 shall not be grounds for suppression of evidence in other criminal charges.

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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