## CERTIFICATION OF ENROLLMENT

## ENGROSSED SUBSTITUTE HOUSE BILL 1671

64th Legislature 2015 Regular Session

Passed by the House April 23, 2015 Yeas 97 Nays 1

Speaker of the House of Representatives

Passed by the Senate April 21, 2015 Yeas 48 Nays 0

#### CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL** 1671 as passed by House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

**President of the Senate** Approved

FILED

Secretary of State State of Washington

Governor of the State of Washington

### ENGROSSED SUBSTITUTE HOUSE BILL 1671

AS AMENDED BY THE SENATE

Passed Legislature - 2015 Regular Session

# State of Washington 64th Legislature 2015 Regular Session

Wellness (originally Bv House Health Care & sponsored by Cody, Representatives Walkinshaw, Griffey, Smith, Peterson, Magendanz, Riccelli, Stanford, Appleton, Robinson, Tharinger, and Jinkins)

READ FIRST TIME 02/17/15.

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.

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

6 NEW SECTION. Sec. 1. (1) The legislature intends to reduce the 7 number of lives lost to drug overdoses by encouraging the 8 prescription, dispensing, and administration of opioid overdose 9 medications.

10 (2) Overdoses of opioids, such as heroin and prescription 11 painkillers, cause brain injury and death by slowing and eventually stopping a person's breathing. Since 2012, drug poisoning deaths in 12 the United States have risen six percent, and deaths involving heroin 13 14 have increased a staggering thirty-nine percent. In Washington state, the annual number of deaths involving heroin or prescription opiates 15 16 increased from two hundred fifty-eight in 1995 to six hundred fifty-17 one in 2013. Over this period, a total of nine thousand four hundred thirty-nine people died from opioid-related drug overdoses. Opioid-18 19 related drug overdoses are a statewide phenomenon.

20 (3) When administered to a person experiencing an opioid-related 21 drug overdose, an opioid overdose medication can save the person's 1 life by restoring respiration. Increased access to opioid overdose 2 medications reduced the time between when a victim is discovered and 3 when he or she receives lifesaving assistance. Between 1996 and 2010, 4 lay people across the country reversed over ten thousand overdoses.

(4) The legislature intends to increase access to opioid overdose 5 6 medications by permitting health care practitioners to administer, 7 prescribe, and dispense, directly or by collaborative drug therapy agreement or standing order, opioid overdose medication to any person 8 who may be present at an overdose - law enforcement, emergency 9 medical technicians, family members, or service providers - and to 10 11 permit those individuals to possess and administer opioid overdose 12 medications prescribed by an authorized health care provider.

13 <u>NEW SECTION.</u> Sec. 2. A new section is added to chapter 69.41
14 RCW to read as follows:

15 (1)(a) A practitioner may prescribe, dispense, distribute, and 16 deliver an opioid overdose medication: (i) Directly to a person at 17 risk of experiencing an opioid-related overdose; or (ii) by 18 collaborative drug therapy agreement, standing order, or protocol to a first responder, family member, or other person or entity in a 19 20 position to assist a person at risk of experiencing an opioid-related 21 overdose. Any such prescription or protocol order is issued for a 22 legitimate medical purpose in the usual course of professional 23 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.

30 (2) A pharmacist may dispense an opioid overdose medication pursuant to a prescription issued in accordance with this section and 31 may administer an opioid overdose medication to a person at risk of 32 experiencing an opioid-related overdose. At the time of dispensing an 33 opioid overdose medication, a pharmacist shall provide written 34 35 instructions on the proper response to an opioid-related overdose, including instructions for seeking immediate medical attention. The 36 instructions seek immediate medication attention 37 to be must 38 conspicuously displayed.

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1 (3) Any person or entity may lawfully possess, store, deliver, 2 distribute, or administer an opioid overdose medication pursuant to a 3 prescription or order issued by a practitioner in accordance with 4 this section.

5 (4) The following individuals, if acting in good faith and with 6 reasonable care, are not subject to criminal or civil liability or 7 disciplinary action under chapter 18.130 RCW for any actions 8 authorized by this section or the outcomes of any actions authorized 9 by this section:

10 (a) A practitioner who prescribes, dispenses, distributes, or 11 delivers an opioid overdose medication pursuant to subsection (1) of 12 this section;

13 (b) A pharmacist who dispenses an opioid overdose medication 14 pursuant to subsection (2) of this section;

15 (c) A person who possesses, stores, distributes, or administers 16 an opioid overdose medication pursuant to subsection (3) of this 17 section.

18 (5) For purposes of this section, the following terms have the 19 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 30 31 not limited to, extreme physical illness, decreased level of 32 consciousness, respiratory depression, coma, or death that: (i) Results from the consumption or use of an opioid or another substance 33 with which an opioid was combined; or (ii) a lay person would 34 reasonably believe to be an opioid-related overdose requiring medical 35 36 assistance.

37 (d) "Practitioner" means a health care practitioner who is38 authorized under RCW 69.41.030 to prescribe legend drugs.

39 (e) "Standing order" or "protocol" means written or 40 electronically recorded instructions, prepared by a prescriber, for

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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.

6 **Sec. 3.** RCW 69.41.040 and 2003 c 53 s 324 are each amended to 7 read as follows:

(1) A prescription, in order to be effective in legalizing the 8 possession of legend drugs, must be issued for a legitimate medical 9 10 purpose by one authorized to prescribe the use of such legend drugs. 11 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 12 not in the course of professional treatment, is not a 13 drugs, prescription within the meaning and intent of this section; and the 14 15 person who knows or should know that he or she is filling such an 16 order, as well as the person issuing it, may be charged with 17 violation of this chapter. A legitimate medical purpose shall include use in the course of a bona fide research program in conjunction with 18 a hospital or university. 19

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

22 **Sec. 4.** RCW 69.50.315 and 2010 c 9 s 2 are each amended to read 23 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.

30 (((b) A person acting in good faith may receive a naloxone 31 prescription, possess naloxone, and administer naloxone to an 32 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. 1 (3) The protection in this section from prosecution for 2 possession crimes under RCW 69.50.4013 shall not be grounds for 3 suppression of evidence in other criminal charges.

<u>NEW SECTION.</u> Sec. 5. 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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