

2SHB 2572 - S AMD TO WM COMM AMD S-5788.1 **947**

By Senator Rivers

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

2 **Sec. 5.** RCW 69.41.095 and 2015 c 205 s 2 are each amended to read
3 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)
7 by prescription, collaborative drug therapy agreement, standing
8 order, or protocol to a first responder, family member, or other
9 person or entity in a position to assist a person at risk of
10 experiencing an opioid-related overdose. Any such prescription,
11 standing order, or protocol (~~(order)~~) is issued for a legitimate
12 medical purpose in the 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
17 person 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
25 overdose reversal medication, a pharmacist shall provide written
26 instructions on the proper response to an opioid-related overdose,
27 including instructions for seeking immediate medical attention. The

1 instructions to seek immediate (~~(medication)~~) medical attention must
2 be conspicuously displayed.

3 (3) Any person or entity may lawfully possess, store, deliver,
4 distribute, or administer an opioid overdose reversal medication
5 pursuant to a prescription (~~(or)~~), collaborative drug therapy
6 agreement, standing order, or protocol issued by a practitioner in
7 accordance with subsection (1) of this section.

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

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

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

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

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

27 (a) A pharmacist shall dispense an opioid overdose reversal
28 medication pursuant to a standing order issued in accordance with
29 this subsection, consistent with the pharmacist's responsibilities
30 to dispense prescribed legend drugs, and may administer an opioid
31 overdose reversal medication to a person at risk of experiencing an
32 opioid-related overdose. At the time of dispensing an opioid
33 overdose reversal medication, a pharmacist shall provide written
34 instructions on the proper response to an opioid-related overdose,

1 including instructions for seeking immediate medical attention. The
2 instructions to seek immediate medical attention must be
3 conspicuously displayed.

4 (b) Any person or entity may lawfully possess, store, deliver,
5 distribute, or administer an opioid overdose reversal medication
6 pursuant to a standing order issued in accordance with this
7 subsection (5). The department, in coordination with the appropriate
8 entity or entities, shall develop a training module that provides
9 training regarding the identification of a person suffering from an
10 opioid-related overdose and the use of opioid overdose reversal
11 medications. The training must be available electronically and in a
12 variety of media from the department.

13 (c) This subsection (5) does not create a private cause of
14 action. Notwithstanding any other provision of law, neither the
15 state nor the secretary nor the secretary's designee has any civil
16 liability for issuing standing orders or for any other actions taken
17 pursuant to this chapter or for the outcomes of issuing standing
18 orders or any other actions taken pursuant to this chapter. Neither
19 the secretary nor the secretary's designee is subject to any
20 criminal liability or professional disciplinary action for issuing
21 standing orders or for any other actions taken pursuant to this
22 chapter.

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

27 (6) The labeling requirements of RCW 69.41.050 and 18.64.246 do
28 not apply to opioid overdose reversal medications dispensed,
29 distributed, or delivered pursuant to a prescription, collaborative
30 drug therapy agreement, standing order, or protocol issued in
31 accordance with this section. The individual or entity that
32 dispenses, distributes, or delivers an opioid overdose reversal
33 medication as authorized by this section shall ensure that
34 directions for use are provided.

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

3 (a) "First responder" means: (i) A career or volunteer
4 firefighter, law enforcement officer, paramedic as defined in RCW
5 18.71.200, or first responder or emergency medical technician as
6 defined in RCW 18.73.030; and (ii) an entity that employs or
7 supervises an individual listed in (a)(i) of this subsection,
8 including a volunteer fire department.

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

14 (c) "Opioid-related overdose" means a condition including, but
15 not limited to, extreme physical illness, decreased level of
16 consciousness, respiratory depression, coma, or death that: (i)
17 Results from the consumption or use of an opioid or another
18 substance with which an opioid was combined; or (ii) a lay person
19 would reasonably believe to be an opioid-related overdose requiring
20 medical assistance.

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

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

30

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

33 (~~The state of Washington declares that there is no fundamental~~
34 ~~right to medication assisted treatment for opioid use disorder.~~)

1 (1) The state of Washington (~~((further))~~) declares that (~~((while))~~)
2 medications used in the treatment of opioid use disorder are
3 (~~((addictive substances, that they nevertheless have several legal,~~
4 ~~important, and justified uses and that one of their appropriate and~~
5 ~~legal uses is, in conjunction with other required therapeutic~~
6 ~~procedures, in the treatment of persons with opioid use disorder))~~)
7 the most effective intervention to reduce deaths from opioid
8 overdose and keep people in treatment. The state of Washington
9 recognizes medications approved by the federal food and drug
10 administration as (~~((evidence based for the management of opioid use~~
11 ~~disorder the medications approved by the federal food and drug~~
12 ~~administration for the))~~) an integral component of treatment (~~((of))~~)
13 for opioid use disorder. (~~((Medication-assisted treatment should only~~
14 ~~be used for participants who are deemed appropriate to need this~~
15 ~~level of intervention.))~~) While medication has been shown to be the
16 treatment of choice for persons with opioid use disorder, many
17 individuals will also benefit from counseling and social supports.
18 Providers must inform patients of all evidence-based treatment
19 options available. (~~((The provider and the patient shall consider~~
20 ~~alternative treatment options, like abstinence, when developing the~~
21 ~~treatment plan. If medications are prescribed, follow up must be~~
22 ~~included in the treatment plan in order to work towards the goal of~~
23 ~~abstinence.))~~) Because some such medications are controlled
24 substances in chapter 69.50 RCW, the state of Washington maintains
25 the legal obligation and right to regulate the (~~((clinical))~~) uses of
26 these medications in the treatment of opioid use disorder.

27 (~~((Further,))~~) (2) The authority will promote the use of
28 medication therapies and other evidence-based strategies to address
29 the opioid epidemic in Washington state. Additionally, the authority
30 will prioritize state resources for the provision of treatment and
31 recovery support services to:

32 (a) Entities which allow patients to maintain their use of
33 medications for opioid use disorder while engaging in services; and
34

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

3 (3) The state declares that the main goals of ((opiate
4 substitution treatment is total abstinence from substance use for
5 the individuals who participate in the treatment program, but
6 recognizes the additional goals of reduced morbidity, and
7 restoration of the ability to lead a productive and fulfilling life.
8 The state recognizes that a small percentage of persons who
9 participate in opioid treatment programs require treatment for an
10 extended period of time. Opioid treatment programs shall provide a
11 comprehensive transition program to eliminate substance use,
12 including opioid use of program participants)) treatment for persons
13 with opioid use disorder are the cessation of unprescribed opioid
14 use, reduced morbidity, and restoration of the ability to lead a
15 productive and fulfilling life. These goals shall not interfere with
16 the ultimate goal of working towards abstinence.

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

23 (5) The authority shall partner with the department of social
24 and health services, the department of corrections, the department
25 of health, and any other agencies or entities the authority deems
26 appropriate to develop a statewide approach to leveraging medicaid
27 funding to treat opioid use disorder and provide emergency overdose
28 treatment. Such alternative sources of funding may include, but are
29 not limited to:

30 (a) Seeking a section 1115 demonstration waiver from the federal
31 centers for medicare and medicaid services to fund opioid treatment
32 medications for persons eligible for medicaid at or during the time
33 of incarceration. The authority's application for any such waiver

34

1 must comply with all applicable federal requirements for obtaining
2 such waiver; and

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

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

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

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

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

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

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

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

34

1 (9) To achieve the goals of subsection (3) of this section,
2 state agencies must work together to increase outreach and education
3 about opioid overdoses to non-English-speaking communities, this
4 includes developing a plan to collect data on the number of
5 overdoses for non-English speakers. The department of health must
6 submit a report on the data collection plan with recommendations for
7 implementation to the appropriate legislative committees by December
8 31, 2018.

9

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

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

20 (2) The department, in consultation with opioid treatment
21 program service providers and counties and cities, shall establish
22 statewide treatment standards for certified opioid treatment
23 programs. The department shall enforce these treatment standards.
24 The treatment standards shall include, but not be limited to,
25 reasonable provisions for all appropriate and necessary medical
26 procedures, counseling requirements, urinalysis, and other suitable
27 tests as needed to ensure compliance with this chapter.

28 ~~((+2))~~ (3) The department, in consultation with opioid
29 treatment programs and counties, shall establish statewide operating
30 standards for certified opioid treatment programs. The department
31 shall enforce these operating standards. The operating standards
32 shall include, but not be limited to, reasonable provisions
33 necessary to enable the department and counties to monitor certified
34 and licensed opioid treatment programs for compliance with this

1 chapter and the treatment standards authorized by this chapter and
2 to minimize the impact of the opioid treatment programs upon the
3 business and residential neighborhoods in which the program is
4 located.

5 ((~~3~~)) (4) The department shall analyze and evaluate the data
6 submitted by each treatment program and take corrective action where
7 necessary to ensure compliance with the goals and standards
8 enumerated under this chapter. Opioid treatment programs are subject
9 to the oversight required for other substance use disorder treatment
10 programs, as described in this chapter.”

11

12 Renumber the remaining sections consecutively and correct any
13 internal references accordingly.

14

15

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.

--- END ---