
SUBSTITUTE HOUSE BILL 2390

State of Washington

65th Legislature

2018 Regular Session

By House Education (originally sponsored by Representatives Pollet, Haler, Tarleton, McBride, Peterson, Dolan, Frame, Valdez, Kilduff, Senn, Stanford, Kloba, Clibborn, Macri, Ryu, Doglio, Riccelli, and Gregerson)

READ FIRST TIME 01/29/18.

1 AN ACT Relating to opioid overdose medication at kindergarten
2 through twelfth grade schools and higher education institutions;
3 amending RCW 28A.210.260 and 28A.210.270; adding new sections to
4 chapter 28A.210 RCW; adding a new section to chapter 28B.10 RCW;
5 adding a new section to chapter 43.70 RCW; and creating a new
6 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;

20 (d) The centers for disease control and prevention indicates that
21 access to naloxone can be expanded through: Standing orders at

1 pharmacies; distribution through local, community-based
2 organizations; access to and use by law enforcement officials; and
3 training for basic emergency medical service staff on how to
4 administer the drug;

5 (e) In 2016, syringe service programs in Washington distributed
6 three thousand six hundred forty naloxone kits and reported six
7 hundred ninety overdose reversals; and

8 (f) It is unknown: How many opioid overdose incidents occur on
9 the property of kindergarten through twelfth grade schools and higher
10 education institutions each year; whether these schools and
11 institutions maintain opioid overdose medication through a standing
12 order for the purpose of assisting a person at risk of experiencing
13 an opioid-related overdose; or whether these schools and institutions
14 train staff to administer opioid overdose medication.

15 (2) The legislature recognizes that it has taken steps to respond
16 to the opioid overdose epidemic, including: (a) Permitting health
17 care practitioners to administer, prescribe, and dispense opioid
18 overdose medication to any person who may be present at an overdose;
19 (b) permitting people who may be present at an opioid overdose to
20 possess and administer opioid overdose medication prescribed by an
21 authorized health care practitioner; (c) limiting the liability of
22 practitioners, pharmacists, and other people who possess and
23 administer naloxone; and (d) limiting the liability of people
24 experiencing a drug-related overdose who are in need of medical
25 assistance and people acting in good faith to seek medical assistance
26 for someone experiencing a drug-related overdose.

27 (3) Using its general police power to prescribe laws tending to
28 promote the health and welfare of the people of the state, the
29 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.

34 NEW SECTION. **Sec. 2.** A new section is added to chapter 28A.210
35 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;

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

3 (c) "School" means a public school, school district, or
4 educational service district with any of grades kindergarten through
5 twelve; and

6 (d) "Standing order" has the meaning provided in RCW 69.41.095.

7 (2)(a)(i) For the purpose of assisting a person at risk of
8 experiencing an opioid-related overdose, a school may obtain and
9 maintain opioid overdose medication through a standing order
10 prescribed and dispensed in accordance with RCW 69.41.095.

11 (ii) Each high school is encouraged to obtain and maintain at
12 least one set of opioid overdose medication doses.

13 (b) Opioid overdose medication may be obtained from donation
14 sources, but must be maintained and administered in a manner
15 consistent with a standing order issued in accordance with RCW
16 69.41.095.

17 (3)(a) The following personnel may distribute or administer the
18 school-owned opioid overdose medication to respond to symptoms of an
19 opioid-related overdose pursuant to a prescription or a standing
20 order issued in accordance with RCW 69.41.095: (i) A school nurse;
21 (ii) a health care professional or trained staff person located at a
22 health care clinic on public school property or under contract with
23 the school district; or (iii) designated trained school personnel.

24 (b) Opioid overdose medication may be used on school property,
25 including the school building, playground, and school bus, as well as
26 during field trips or sanctioned excursions away from school
27 property. A school nurse or designated trained school personnel may
28 carry an appropriate supply of school-owned opioid overdose
29 medication on field trips or sanctioned excursions.

30 (4) Training for school personnel who have been designated to
31 distribute or administer opioid overdose medication under this
32 section must meet the requirements for training described in section
33 3 of this act and any rules or guidelines for such training adopted
34 by the office of the superintendent of public instruction. Each high
35 school is encouraged to designate and train at least one school
36 personnel to distribute and administer opioid overdose medication if
37 the high school does not have a full-time school nurse or trained
38 health care clinic staff.

39 (5) Annually, beginning September 1, 2019, schools must report
40 the information required by section 8 of this act.

1 (6)(a) 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 (b) If a student is injured or harmed due to the administration
4 of opioid overdose medication that a practitioner, as defined in RCW
5 69.41.095, has prescribed and a pharmacist has dispensed to a school
6 under this section, the practitioner and pharmacist may not be held
7 responsible for the injury unless he or she acted with conscious
8 disregard for safety.

9 NEW SECTION. **Sec. 3.** A new section is added to chapter 28A.210
10 RCW to read as follows:

11 (1) For the purposes of this section:

12 (a) "Opioid overdose medication" has the meaning provided in RCW
13 69.41.095; and

14 (b) "Opioid-related overdose" has the meaning provided in RCW
15 69.41.095.

16 (2)(a) To prevent opioid-related overdoses and respond to medical
17 emergencies resulting from overdoses, by the 2018-19 school year, the
18 office of the superintendent of public instruction, in consultation
19 with the department of health, shall develop opioid-related overdose
20 policy guidelines and training requirements for public schools and
21 school districts.

22 (b)(i) The opioid-related overdose policy guidelines and training
23 requirements must include information about: The identification of
24 opioid-related overdose symptoms; how to obtain and maintain opioid
25 overdose medication on school property issued through a standing
26 order in accordance with section 2 of this act; the distribution and
27 administration of opioid overdose medication by designated trained
28 school personnel; and sample standing orders for opioid overdose
29 medication.

30 (ii) The opioid-related overdose policy guidelines may: Include
31 recommendations for the storage and labeling of opioid overdose
32 medications that are based on input from relevant health agencies or
33 experts; and allow for opioid-related overdose medications to be
34 obtained, maintained, distributed, and administered by health care
35 professionals and trained staff located at a health care clinic on
36 public school property or under contract with the school district.

37 (c) In addition to being offered by the school, training on the
38 distribution or administration of opioid overdose medication that
39 meets the requirements of this subsection (2) may be offered by

1 nonprofit organizations, higher education institutions, and local
2 public health organizations.

3 (3) Beginning January 1, 2019, the following school districts
4 must adopt a policy that meets the requirements of subsection (2) of
5 this section: (a) School districts with a school that obtains,
6 maintains, distributes, or administers opioid overdose medication
7 under section 2 of this act; and (b) school districts with two
8 thousand or more students.

9 (4) Subject to the availability of amounts appropriated for this
10 specific purpose, the office of the superintendent of public
11 instruction shall develop and administer a grant program to provide
12 funding to public schools with any of grades kindergarten through
13 twelve and public higher education institutions to train personnel on
14 the administration of opioid overdose medication to respond to
15 symptoms of an opioid-related overdose. The office must publish on
16 its web site a list of annual grant recipients, including award
17 amounts.

18 NEW SECTION. **Sec. 4.** A new section is added to chapter 28A.210
19 RCW to read as follows:

20 Annually, beginning November 1, 2019, the office of the
21 superintendent of public instruction must coordinate with the
22 department of health to prepare and publish the summaries of opioid-
23 related overdose information required by section 8 of this act.

24 **Sec. 5.** RCW 28A.210.260 and 2017 c 186 s 2 are each amended to
25 read as follows:

26 (1) Public school districts and private schools which conduct any
27 of grades kindergarten through the twelfth grade may provide for the
28 administration of oral medication, topical medication, eye drops, ear
29 drops, or nasal spray, of any nature to students who are in the
30 custody of the school district or school at the time of
31 administration, but are not required to do so by this section,
32 subject to the following conditions:

33 ~~((1))~~ (a) The board of directors of the public school district
34 or the governing board of the private school or, if none, the chief
35 administrator of the private school shall adopt policies which
36 address the designation of employees who may administer oral
37 medications, topical medications, eye drops, ear drops, or nasal
38 spray to students, the acquisition of parent requests and

1 instructions, and the acquisition of requests from licensed health
2 professionals prescribing within the scope of their prescriptive
3 authority and instructions regarding students who require medication
4 for more than fifteen consecutive school days, the identification of
5 the medication to be administered, the means of safekeeping
6 medications with special attention given to the safeguarding of
7 legend drugs as defined in chapter 69.41 RCW, and the means of
8 maintaining a record of the administration of such medication;

9 ~~((2))~~ (b) The board of directors shall seek advice from one or
10 more licensed physicians or nurses in the course of developing the
11 foregoing policies;

12 ~~((3))~~ (c) The public school district or private school is in
13 receipt of a written, current and unexpired request from a parent, or
14 a legal guardian, or other person having legal control over the
15 student to administer the medication to the student;

16 ~~((4))~~ (d) The public school district or the private school is
17 in receipt of ~~((a))~~: (i) A written, current and unexpired request
18 from a licensed health professional prescribing within the scope of
19 his or her prescriptive authority for administration of the
20 medication, as there exists a valid health reason which makes
21 administration of such medication advisable during the hours when
22 school is in session or the hours in which the student is under the
23 supervision of school officials~~((7))~~; and ~~((b))~~ (ii) written,
24 current and unexpired instructions from such licensed health
25 professional prescribing within the scope of his or her prescriptive
26 authority regarding the administration of prescribed medication to
27 students who require medication for more than fifteen consecutive
28 workdays;

29 ~~((5))~~ (e) The medication is administered by an employee
30 designated by or pursuant to the policies adopted pursuant to (a) of
31 this subsection ~~((1) of this section)~~ and in substantial compliance
32 with the prescription of a licensed health professional prescribing
33 within the scope of his or her prescriptive authority or the written
34 instructions provided pursuant to (d) of this subsection ~~((4) of~~
35 ~~this section)~~. If a school nurse is on the premises, a nasal spray
36 that is a legend drug or a controlled substance must be administered
37 by the school nurse. If no school nurse is on the premises, a nasal
38 spray that is a legend drug or a controlled substance may be
39 administered by a trained school employee or parent-designated adult
40 who is not a school nurse. The board of directors shall allow school

1 personnel, who have received appropriate training and volunteered for
2 such training, to administer a nasal spray that is a legend drug or a
3 controlled substance. After a school employee who is not a school
4 nurse administers a nasal spray that is a legend drug or a controlled
5 substance, the employee shall summon emergency medical assistance as
6 soon as practicable;

7 ~~((+6+))~~ (f) The medication is first examined by the employee
8 administering the same to determine in his or her judgment that it
9 appears to be in the original container and to be properly labeled;
10 and

11 ~~((+7+))~~ (g) The board of directors shall designate a professional
12 person licensed pursuant to chapter 18.71 RCW or chapter 18.79 RCW as
13 it applies to registered nurses and advanced registered nurse
14 practitioners, to delegate to, train, and supervise the designated
15 school district personnel in proper medication procedures;

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

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

30 ~~((+9+))~~ (i) The board of directors shall designate a professional
31 person licensed under chapter 18.71, 18.57, or 18.79 RCW as it
32 applies to registered nurses and advanced registered nurse
33 practitioners, to consult and coordinate with the student's parents
34 and health care provider, and train and supervise the appropriate
35 school district personnel in proper procedures for care for students
36 with epilepsy to ensure a safe, therapeutic learning environment.
37 Training may also be provided by an epilepsy educator who is
38 nationally certified. Parent-designated adults who are school
39 employees are required to receive the training provided under this
40 subsection. Parent-designated adults who are not school employees

1 must show evidence of comparable training. The parent-designated
2 adult must also receive additional training as established in
3 subsection ~~((+8)(a))~~ (2) of this section for the additional care the
4 parents have authorized the parent-designated adult to provide. The
5 professional person designated under this subsection is not
6 responsible for the supervision of the parent-designated adult for
7 those procedures that are authorized by the parents;

8 ~~((+10))~~ (j) This section does not apply to topical sunscreen
9 products regulated by the United States food and drug administration
10 for over-the-counter use. Provisions related to possession and
11 application of topical sunscreen products are in RCW 28A.210.278; and

12 (k) This section does not apply to opioid overdose medication.
13 Provisions related to maintenance and administration of opioid
14 overdose medication are in section 2 of this act.

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

21 **Sec. 6.** RCW 28A.210.270 and 2013 c 180 s 2 are each amended to
22 read as follows:

23 (1) In the event a school employee administers oral medication,
24 topical medication, eye drops, ear drops, or nasal spray to a student
25 pursuant to RCW 28A.210.260 in substantial compliance with the
26 prescription of the student's licensed health professional
27 prescribing within the scope of the professional's prescriptive
28 authority or the written instructions provided pursuant to RCW
29 28A.210.260~~((+4))~~ (1)(d), and the other conditions set forth in RCW
30 28A.210.260 have been substantially complied with, then the employee,
31 the employee's school district or school of employment, and the
32 members of the governing board and chief administrator thereof shall
33 not be liable in any criminal action or for civil damages in their
34 individual or marital or governmental or corporate or other
35 capacities as a result of the administration of the medication.

36 (2) The administration of oral medication, topical medication,
37 eye drops, ear drops, or nasal spray to any student pursuant to RCW
38 28A.210.260 may be discontinued by a public school district or
39 private school and the school district or school, its employees, its

1 chief administrator, and members of its governing board shall not be
2 liable in any criminal action or for civil damages in their
3 governmental or corporate or individual or marital or other
4 capacities as a result of the discontinuance of such administration:
5 PROVIDED, That the chief administrator of the public school district
6 or private school, or his or her designee, has first provided actual
7 notice orally or in writing in advance of the date of discontinuance
8 to a parent or legal guardian of the student or other person having
9 legal control over the student.

10 NEW SECTION. **Sec. 7.** A new section is added to chapter 28B.10
11 RCW to read as follows:

12 (1) For the purposes of this section:

13 (a) "Opioid overdose medication" has the meaning provided in RCW
14 69.41.095; and

15 (b) "Opioid-related overdose" has the meaning provided in RCW
16 69.41.095.

17 (2) By the beginning of the 2018-19 academic year, a public
18 institution of higher education with a residence hall housing at
19 least one hundred students must develop a plan: (a) For the
20 maintenance and administration of opioid overdose medication in and
21 around the residence hall; and (b) for the training of designated
22 personnel to administer opioid overdose medication to respond to
23 symptoms of an opioid-related overdose. The plan may identify: The
24 ratio of residents to opioid overdose medication doses; the
25 designated trained personnel, who may include residence hall
26 advisers; and whether the designated trained personnel covers more
27 than one residence hall.

28 (3) Annually, beginning September 1, 2019, public institutions of
29 higher education must report the information required by section 8 of
30 this act.

31 NEW SECTION. **Sec. 8.** A new section is added to chapter 43.70
32 RCW to read as follows:

33 (1) Annually, beginning September 1, 2019, as required by
34 sections 2 and 7 of this act, public schools with any of grades
35 kindergarten through twelve and public institutions of higher
36 education must report to the office of the superintendent of public
37 instruction, the department of health, and their local health
38 department the following information:

1 (a) The number and categories of designated personnel trained to
2 administer opioid overdose medication to respond to symptoms of an
3 opioid-related overdose in the prior year and cumulatively since
4 September 1, 2018;

5 (b) The doses of opioid overdose medication obtained in the prior
6 year;

7 (c) The doses of opioid overdose medication distributed or
8 administered in the prior year; and

9 (d) The number of overdose incidents in the prior year and
10 whether emergency responders other than designated trained personnel
11 responded to the incident.

12 (2) Annually, beginning November 1, 2019, the department of
13 health must coordinate with the office of the superintendent of
14 public instruction to prepare summaries of the opioid-related
15 overdose information described in subsection (1) of this section. The
16 summaries must be published on the web sites of the department and
17 office in a format that is easy to understand by members of the
18 public.

--- END ---