SECOND SUBSTITUTE HOUSE BILL 1039

State of Washington 66th Legislature 2019 Regular Session

By House Appropriations (originally sponsored by Representatives Pollet, Cody, Slatter, Leavitt, Callan, Senn, Lekanoff, Kloba, Peterson, Valdez, Kilduff, Ryu, Irwin, Appleton, Jinkins, Macri, Wylie, Goodman, Doglio, Stanford, Stonier, and Frame)

READ FIRST TIME 02/28/19.

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; and creating new sections.

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

NEW SECTION. Sec. 1. (1) The legislature finds that:
(a) According to the centers for disease control and prevention,
the United States is in the midst of an opioid overdose epidemic;

10 (b) In 2017, opioids, including prescription opioids, heroin, and 11 fentanyl, killed more than forty-nine thousand people in the United 12 States. In 2017, opioids killed six hundred ninety-three people in 13 Washington and caused over one thousand six hundred hospitalizations 14 for opioid overdose;

(c) One way to prevent opioid overdose deaths is to expand access to and use of nonaddictive, opioid overdose medications, such as naloxone, that can reverse the effects of an opioid overdose when administered in time;

(d) The centers for disease control and prevention indicates that access to naloxone can be expanded through: Standing orders at pharmacies; distribution through local, community-based 1 organizations; access to and use by law enforcement officials; and 2 training for basic emergency medical service staff on how to 3 administer the drug;

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

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

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

31 <u>NEW SECTION.</u> Sec. 2. A new section is added to chapter 28A.210 32 RCW to read as follows:

33 (1) For the purposes of this section:

34 (a) "High school" means a school enrolling students in any of35 grades nine through twelve;

36 (b) "Opioid overdose medication" has the meaning provided in RCW 37 69.41.095;

38 (c) "Opioid-related overdose" has the meaning provided in RCW 39 69.41.095; 1 (d) "School" means a public school, school district, or 2 educational service district with any of grades kindergarten through 3 twelve; and

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

5 (2)(a) For the purpose of assisting a person at risk of 6 experiencing an opioid-related overdose, a school may obtain and 7 maintain opioid overdose medication through a standing order 8 prescribed and dispensed in accordance with RCW 69.41.095.

9 (b) Opioid overdose medication may be obtained from donation 10 sources, but must be maintained and administered in a manner 11 consistent with a standing order issued in accordance with RCW 12 69.41.095.

13 (c) A school district with two thousand or more students must 14 obtain and maintain at least one set of opioid overdose medication 15 doses in each of its high schools as provided in (a) and (b) of this 16 subsection.

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

(5) (a) The liability of a person or entity who complies with this
 section and RCW 69.41.095 is limited as described in RCW 69.41.095.

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1 (b) If a student is injured or harmed due to the administration 2 of opioid overdose medication that a practitioner, as defined in RCW 3 69.41.095, has prescribed and a pharmacist has dispensed to a school 4 under this section, the practitioner and pharmacist may not be held 5 responsible for the injury unless he or she acted with conscious 6 disregard for safety.

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

(1) For the purposes of this section:

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(a) "Opioid overdose medication" has the meaning provided in RCW69.41.095; and

12 (b) "Opioid-related overdose" has the meaning provided in RCW 13 69.41.095.

14 (2) (a) To prevent opioid-related overdoses and respond to medical 15 emergencies resulting from overdoses, by January 1, 2020, the office 16 of the superintendent of public instruction, in consultation with the 17 department of health, shall develop opioid-related overdose policy 18 guidelines and training requirements for public schools and school 19 districts.

20 (b) (i) The opioid-related overdose policy guidelines and training requirements must include information about: The identification of 21 opioid-related overdose symptoms; how to obtain and maintain opioid 22 overdose medication on school property issued through a standing 23 24 order in accordance with section 2 of this act; the distribution and administration of opioid overdose medication by designated trained 25 school personnel; and sample standing orders for opioid overdose 26 27 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.

35 (c) In addition to being offered by the school, training on the 36 distribution or administration of opioid overdose medication that 37 meets the requirements of this subsection (2) may be offered by 38 nonprofit organizations, higher education institutions, and local 39 public health organizations.

1 (3) Beginning with the 2020-21 school year, the following school 2 districts must adopt a policy that meets the requirements of 3 subsection (2) of this section: (a) School districts with a school 4 that obtains, maintains, distributes, or administers opioid overdose 5 medication under section 2 of this act; and (b) school districts with 6 two thousand or more students.

(4) Subject to the availability of amounts appropriated for this 7 specific purpose, the office of the superintendent of public 8 instruction shall develop and administer a grant program to provide 9 funding to public schools with any of grades kindergarten through 10 twelve and public higher education institutions to purchase opioid 11 12 overdose medication and train personnel on the administration of opioid overdose medication to respond to symptoms of an opioid-13 related overdose. The office must publish on its web site a list of 14 15 annual grant recipients, including award amounts.

16 Sec. 4. RCW 28A.210.260 and 2017 c 186 s 2 are each amended to 17 read as follows:

18 (1) Public school districts and private schools which conduct any 19 of grades kindergarten through the twelfth grade may provide for the 20 administration of oral medication, topical medication, eye drops, ear 21 drops, or nasal spray, of any nature to students who are in the 22 custody of the school district or school at the time of 23 administration, but are not required to do so by this section, 24 subject to the following conditions:

(((1))) (a) The board of directors of the public school district 25 or the governing board of the private school or, if none, the chief 26 27 administrator of the private school shall adopt policies which 28 address the designation of employees who may administer oral medications, topical medications, eye drops, ear drops, or nasal 29 30 spray to students, the acquisition of parent requests and 31 instructions, and the acquisition of requests from licensed health professionals prescribing within the scope of their prescriptive 32 authority and instructions regarding students who require medication 33 for more than fifteen consecutive school days, the identification of 34 the medication to be administered, the means of 35 safekeeping medications with special attention given to the safeguarding of 36 legend drugs as defined in chapter 69.41 RCW, and the means of 37 38 maintaining a record of the administration of such medication;

1 (((2))) (b) The board of directors shall seek advice from one or 2 more licensed physicians or nurses in the course of developing the 3 foregoing policies;

4 (((3))) <u>(c)</u> The public school district or private school is in 5 receipt of a written, current and unexpired request from a parent, or 6 a legal guardian, or other person having legal control over the 7 student to administer the medication to the student;

((((4))) (d) The public school district or the private school is 8 in receipt of ((((a))): (i) A written, current and unexpired request 9 from a licensed health professional prescribing within the scope of 10 or her prescriptive authority for administration of the 11 his 12 medication, as there exists a valid health reason which makes administration of such medication advisable during the hours when 13 school is in session or the hours in which the student is under the 14 supervision of school officials((τ)); and $((\frac{b}{b}))$ (ii) written, 15 16 current and unexpired instructions from such licensed health 17 professional prescribing within the scope of his or her prescriptive authority regarding the administration of prescribed medication to 18 19 students who require medication for more than fifteen consecutive 20 workdays;

21 (((5))) <u>(e)</u> The medication is administered by an employee designated by or pursuant to the policies adopted pursuant to (a) of 22 23 this subsection (((1) of this section)) and in substantial compliance with the prescription of a licensed health professional prescribing 24 25 within the scope of his or her prescriptive authority or the written instructions provided pursuant to (d) of this subsection (((4) of 26 this section)). If a school nurse is on the premises, a nasal spray 27 28 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 29 spray that is a legend drug or a controlled substance may be 30 31 administered by a trained school employee or parent-designated adult 32 who is not a school nurse. The board of directors shall allow school 33 personnel, who have received appropriate training and volunteered for such training, to administer a nasal spray that is a legend drug or a 34 controlled substance. After a school employee who is not a school 35 nurse administers a nasal spray that is a legend drug or a controlled 36 substance, the employee shall summon emergency medical assistance as 37 38 soon as practicable;

39 (((-6))) (f) The medication is first examined by the employee 40 administering the same to determine in his or her judgment that it

1 appears to be in the original container and to be properly labeled;
2 and

3 (((7))) <u>(g)</u> The board of directors shall designate a professional 4 person licensed pursuant to chapter 18.71 RCW or chapter 18.79 RCW as 5 it applies to registered nurses and advanced registered nurse 6 practitioners, to delegate to, train, and supervise the designated 7 school district personnel in proper medication procedures;

8 (((8)(a) For the purposes of this section, "parent-designated 9 adult" means a volunteer, who may be a school district employee, who 10 receives additional training from a health care professional or 11 expert in epileptic seizure care selected by the parents, and who 12 provides care for the child consistent with the individual health 13 plan.

(b)) (h) To be eligible to be a parent-designated adult, a 14 15 school district employee not licensed under chapter 18.79 RCW must 16 file, without coercion by the employer, a voluntary written, current, 17 and unexpired letter of intent stating the employee's willingness to be a parent-designated adult. If a school employee who is not 18 licensed under chapter 18.79 RCW chooses not to file a letter under 19 this section, the employee shall not be subject to any employer 20 reprisal or disciplinary action for refusing to file a letter. A 21 22 parent-designated adult must be a volunteer, who may be a school 23 district employee, who receives additional training from a health care professional or expert in epileptic seizure care selected by the 24 25 parents, and who provides care for the child consistent with the 26 individual health plan; and

27 (((9))) <u>(i)</u> The board of directors shall designate a professional 28 person licensed under chapter 18.71, 18.57, or 18.79 RCW as it 29 applies to registered nurses and advanced registered nurse 30 practitioners, to consult and coordinate with the student's parents 31 and health care provider, and train and supervise the appropriate 32 school district personnel in proper procedures for care for students 33 with epilepsy to ensure a safe, therapeutic learning environment. Training may also be provided by an epilepsy educator who is 34 nationally certified. Parent-designated adults who are school 35 employees are required to receive the training provided under this 36 subsection. Parent-designated adults who are not school employees 37 must show evidence of comparable training. The parent-designated 38 39 adult must also receive additional training as established in (h) of 40 this subsection (((8)(a) of this section)) for the additional care

2SHB 1039

1 the parents have authorized the parent-designated adult to provide. 2 The professional person designated under this subsection is not 3 responsible for the supervision of the parent-designated adult for 4 those procedures that are authorized by the parents((\div)).

(((10))) (2) This section does not apply to:

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6 <u>(a) T</u>opical sunscreen products regulated by the United States 7 food and drug administration for over-the-counter use. Provisions 8 related to possession and application of topical sunscreen products 9 are in RCW 28A.210.278; and

10 (b) Opioid overdose medication. Provisions related to maintenance 11 and administration of opioid overdose medication are in section 2 of 12 this act.

13 Sec. 5. RCW 28A.210.270 and 2013 c 180 s 2 are each amended to 14 read as follows:

15 (1) In the event a school employee administers oral medication, 16 topical medication, eye drops, ear drops, or nasal spray to a student pursuant to RCW 28A.210.260 in substantial compliance with the 17 18 of the student's licensed health professional prescription prescribing within the scope of the professional's prescriptive 19 20 authority or the written instructions provided pursuant to RCW 28A.210.260(((4))) <u>(1)(d)</u>, and the other conditions set forth in RCW 21 22 28A.210.260 have been substantially complied with, then the employee, the employee's school district or school of employment, and the 23 24 members of the governing board and chief administrator thereof shall 25 not be liable in any criminal action or for civil damages in their individual or marital or governmental or corporate or other 26 27 capacities as a result of the administration of the medication.

(2) The administration of oral medication, topical medication, 28 eye drops, ear drops, or nasal spray to any student pursuant to RCW 29 30 28A.210.260 may be discontinued by a public school district or 31 private school and the school district or school, its employees, its 32 chief administrator, and members of its governing board shall not be liable in any criminal action or for civil damages in their 33 governmental or corporate or individual or marital or other 34 capacities as a result of the discontinuance of such administration: 35 PROVIDED, That the chief administrator of the public school district 36 or private school, or his or her designee, has first provided actual 37 38 notice orally or in writing in advance of the date of discontinuance

1 to a parent or legal guardian of the student or other person having 2 legal control over the student.

3 <u>NEW SECTION.</u> Sec. 6. A new section is added to chapter 28B.10
4 RCW to read as follows:

5 (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.

10 (2) By the beginning of the 2019-20 academic year, a public institution of higher education with a residence hall housing at 11 least one hundred students must develop a plan: (a) For the 12 maintenance and administration of opioid overdose medication in and 13 around the residence hall; and (b) for the training of designated 14 15 personnel to administer opioid overdose medication to respond to 16 symptoms of an opioid-related overdose. The plan may identify: The 17 ratio of residents to opioid overdose medication doses; the 18 designated trained personnel, who may include residence hall 19 advisers; and whether the designated trained personnel covers more 20 than one residence hall.

21 <u>NEW SECTION.</u> Sec. 7. If specific funding for the purposes of 22 this act, referencing this act by bill or chapter number, is not 23 provided by June 30, 2019, in the omnibus appropriations act, this 24 act is null and void.

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