

FINAL BILL REPORT

2SSB 5195

C 273 L 21
Synopsis as Enacted

Brief Description: Concerning opioid overdose reversal medication.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Liias, Muzzall, Das, Dhingra, Nguyen and Wilson, C.).

Senate Committee on Health & Long Term Care
Senate Committee on Behavioral Health Subcommittee to Health & Long Term Care
Senate Committee on Ways & Means
House Committee on Health Care & Wellness
House Committee on Appropriations

Background: The Department of Health (DOH) licenses and regulates healthcare professions and facilities in Washington State. Under current law, practitioners that have prescribing authority include licensed physicians, physician assistants, osteopaths, optometrists, dentists, podiatrists, veterinarians, nurse practitioners, naturopaths, and pharmacists.

Opioids include prescription pain medications, heroin, and synthetic opioids such as fentanyl. An excess amount of opioid in the body can cause extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death. Opioid overdose reversal medications, such as Narcan, Naloxone, and Evzio, can be administered to an individual experiencing an opioid overdose to rapidly restore normal breathing. These medications may be injected intravenously in muscle, or sprayed into the nose.

Opioid reversal medication is defined in law as 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.

Summary: Effective January 1, 2022, a hospital must provide a patient who presents to an emergency department with symptoms of an opioid overdose, opioid use disorder, or other adverse event related to opioid use with opioid overdose reversal medication upon

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discharge, unless the provider determines using clinical and professional judgment that it is inappropriate to do so, or that the person already has the medication. The medication may be dispensed using technology used to dispense opioid medications, and the hospital must provide directions for use. The hospital must provide information and resources about medication for opioid use disorder and harm reduction strategies prepared by the Health Care Authority (HCA) to the person who receives this medication, such as substance use disorder treatment services and substance use disorder peer counselors. The information must be provided in all languages relevant to the community which the hospital serves.

Effective January 1, 2022, a licensed or certified behavioral health agency that provides individual clients with treatment for mental health or substance use disorder, withdrawal management, secure withdrawal management, evaluation and treatment, or an opioid treatment program, must inform clients who present with symptoms of an opioid use disorder, or who report recent use of opioids outside legal authority, about opioid overdose reversal medication and ask them whether they have opioid overdose reversal medication. If the client does not have opioid overdose reversal medication, the agency must prescribe it or use the statewide Naloxone standing order, and assist the client in directly obtaining opioid reversal medication as soon as practical, by directly dispensing the medication, partnering with a pharmacy to obtain the medication on the client's behalf and distributing the medication to the client, assisting the client in using a mail order pharmacy, obtaining and distributing the medication through the opioid overdose medication bulk purchasing and distribution program, or by other means.

Hospitals, behavioral health agencies, and pharmacies that provide opioid overdose reversal medication under this act must bill the patient or client's Medicaid benefit for the opioid overdose reversal medication using special billing codes established by HCA which provide reimbursement managed care organizations must reimburse hospitals for opioid overdose reversal medication dispensed by a hospital using billing codes established by HCA that must be separate from and in addition to the payment for other services. If the patient or client has other available insurance coverage, the hospital or behavioral health agency must bill the coverage, otherwise if the patient is not enrolled in Medicaid and does not have other available insurance coverage, HCA must reimburse the hospital or behavioral health agency. These requirements shall expire when the opioid overdose reversal medication bulk purchasing program is operational. Labelling requirements are waived for opioid overdose reversal medication dispensed under this act, but directions for use must be provided. A hospital is not prohibited from dispensing opioid overdose reversal medication to a patient at no cost out of its prepurchased supply.

HCA must provide technical assistance to hospitals and community behavioral health agencies to assist them in complying with this act. In doing so, HCA must collaborate with DOH, the Office of the Insurance Commissioner, and the Addictions, Drug, and Alcohol Institute at the University of Washington. The technical assistance must include training nonmedical providers on distribution and providing client education and directions for use for opioid overdose reversal medication, providing written guidance for billing for opioid

overdose reversal medication, and providing written guidance for funding and billing direct client service activities related to assisting clients to obtain opioid overdose reversal medication. HCA must develop written materials by January 1, 2022, in all relevant languages for each hospital and affected behavioral health agency, including directions for the use of opioid overdose reversal medication, to assist them in complying with this act.

Medicaid managed care organizations must reimburse hospitals or behavioral health agencies for providing opioid overdose reversal medication under this act.

As soon as reasonably practical, HCA must establish a bulk purchasing and distribution program for opioid overdose reversal medication. In pursuit of this, HCA may purchase or enter into contracts, collect an assessment, adopt rules, and administer the program by billing, charging, and receiving payment from health carriers, managed care systems, and any self-insured health plans which choose to participate. When the program is established, health carriers, Medicaid managed care organizations, health plans offered to public employees and their dependents, Medicaid fee for service clients, and uninsured persons covered by HCA are required to participate. HCA must report to the Legislature about its progress in establishing this program on January 1, 2022, January 1, 2023, and July 1, 2025. An opioid overdose reversal medication account is created in the custody of the State Treasurer to receive funds and make expenditures related to the program.

Hospitals and behavioral health agencies are immune from criminal or civil action for complying with this act, and compliance may not be the cause of professional or disciplinary action.

Votes on Final Passage:

Senate	45	2	
House	89	8	(House amended)
Senate	49	0	(Senate concurred)

Effective: July 25, 2021
January 1, 2022 (Sections 2 through 4)