

ESHB 1671 - S COMM AMD
By Committee on Health Care

ADOPTED 4/8/2015

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** (1) The legislature intends to reduce the
4 number of lives lost to drug overdoses by encouraging the
5 prescription, dispensing, and administration of opioid overdose
6 medications.

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

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

23 (4) The legislature intends to increase access to opioid overdose
24 medications by permitting health care practitioners to administer,
25 prescribe, and dispense, directly or by collaborative drug therapy
26 agreement or standing order, opioid overdose medication to any person
27 who may be present at an overdose - law enforcement, emergency
28 medical technicians, family members, or service providers - and to
29 permit those individuals to possess and administer opioid overdose
30 medications prescribed by an authorized health care provider.

31 NEW SECTION. **Sec. 2.** A new section is added to chapter 69.41
32 RCW to read as follows:

1 (1)(a) A practitioner may prescribe, dispense, distribute, and
2 deliver an opioid overdose medication: (i) Directly to a person at
3 risk of experiencing an opioid-related overdose; or (ii) by
4 collaborative drug therapy agreement, standing order, or protocol to
5 a first responder, family member, or other person or entity in a
6 position to assist a person at risk of experiencing an opioid-related
7 overdose. Any such prescription or protocol order is issued for a
8 legitimate medical purpose in the usual course of professional
9 practice.

10 (b) At the time of prescribing, dispensing, distributing, or
11 delivering the opioid overdose medication, the practitioner shall
12 inform the recipient that as soon as possible after administration of
13 the opioid overdose medication, the person at risk of experiencing an
14 opioid-related overdose should be transported to a hospital or a
15 first responder should be summoned.

16 (2) A pharmacist may dispense an opioid overdose medication
17 pursuant to a prescription issued in accordance with this section and
18 may administer an opioid overdose medication to a person at risk of
19 experiencing an opioid-related overdose. At the time of dispensing an
20 opioid overdose medication, a pharmacist shall provide written
21 instructions on the proper response to an opioid-related overdose,
22 including instructions for seeking immediate medical attention.

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

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

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

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

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

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

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

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

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

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

31 (1) A prescription, in order to be effective in legalizing the
32 possession of legend drugs, must be issued for a legitimate medical
33 purpose by one authorized to prescribe the use of such legend drugs.
34 Except as provided in section 2 of this act, an order purporting to
35 be a prescription issued to a drug abuser or habitual user of legend
36 drugs, not in the course of professional treatment, is not a
37 prescription within the meaning and intent of this section; and the
38 person who knows or should know that he or she is filling such an
39 order, as well as the person issuing it, may be charged with

1 violation of this chapter. A legitimate medical purpose shall include
2 use in the course of a bona fide research program in conjunction with
3 a hospital or university.

4 (2) A violation of this section is a class B felony punishable
5 according to chapter 9A.20 RCW.

6 **Sec. 4.** RCW 69.50.315 and 2010 c 9 s 2 are each amended to read
7 as follows:

8 (1)((~~a~~)) A person acting in good faith who seeks medical
9 assistance for someone experiencing a drug-related overdose shall not
10 be charged or prosecuted for possession of a controlled substance
11 pursuant to RCW 69.50.4013, or penalized under RCW 69.50.4014, if the
12 evidence for the charge of possession of a controlled substance was
13 obtained as a result of the person seeking medical assistance.

14 (~~(b) A person acting in good faith may receive a naloxone
15 prescription, possess naloxone, and administer naloxone to an
16 individual suffering from an apparent opiate-related overdose.~~)

17 (2) A person who experiences a drug-related overdose and is in
18 need of medical assistance shall not be charged or prosecuted for
19 possession of a controlled substance pursuant to RCW 69.50.4013, or
20 penalized under RCW 69.50.4014, if the evidence for the charge of
21 possession of a controlled substance was obtained as a result of the
22 overdose and the need for medical assistance.

23 (3) The protection in this section from prosecution for
24 possession crimes under RCW 69.50.4013 shall not be grounds for
25 suppression of evidence in other criminal charges.

26 NEW SECTION. **Sec. 5.** (1)(a) A legislative task force on opioid
27 addiction is established, with members as provided in this
28 subsection.

29 (i) The secretary of the senate shall appoint two members from
30 each of the two largest caucuses of the senate;

31 (ii) The speaker of the house of representatives shall appoint
32 two members from each of the two largest caucuses of the house of
33 representatives;

34 (iii) The secretary of the senate and the speaker of the house of
35 representatives shall appoint two members of the public who have
36 experience or training relating to opioid addiction issues, this may
37 include a person or persons with personal or family experience
38 relating to opioid addiction;

1 (iv) The governor shall appoint one member from the department of
2 social and health services' behavioral health services integration
3 administration;

4 (v) The governor shall appoint one member from the University of
5 Washington's alcohol and drug abuse institute; and

6 (vi) The governor shall appoint one member from the division of
7 secondary education within the office of the superintendent of public
8 instruction.

9 (b) The task force shall choose its chair or cochairs from among
10 its legislative membership. The person appointed to represent the
11 department of social and health services' behavioral health services
12 integration administration shall convene the initial meeting of the
13 task force.

14 (2) The task force shall review the following:

15 (a) Ways to increase access to opioid antagonists to prevent
16 opioid-related overdose deaths throughout the state;

17 (b) Issues related to addiction, including causes of addiction,
18 stigma related to addiction, and access to treatment for addiction;

19 (c) Educational efforts to reduce and to ultimately end minor use
20 of opioids; and

21 (d) Other addiction issues deemed appropriate by the task force.

22 (3) Staff support for the task force must be provided by the
23 senate committee services and the house of representatives office of
24 program research.

25 (4) Legislative members of the task force must be reimbursed for
26 travel expenses in accordance with RCW 44.04.120. Nonlegislative
27 members, except those representing an employer or organization, are
28 entitled to be reimbursed for travel expenses in accordance with RCW
29 43.03.050 and 43.03.060.

30 (5) The expenses of the task force must be paid jointly by the
31 senate and the house of representatives. Task force expenditures are
32 subject to approval by the senate facilities and operations committee
33 and the house of representatives executive rules committee, or their
34 successor committees.

35 (6) This section expires August 1, 2017.

36 NEW SECTION. **Sec. 6.** RCW 18.130.345 (Naloxone—Administering,
37 dispensing, prescribing, purchasing, acquisition, possession, or use—
38 Opiate-related overdose) and 2010 c 9 s 3 are each repealed."

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1 On page 1, line 2 of the title, after "deaths;" strike the
2 remainder of the title and insert "amending RCW 69.41.040 and
3 69.50.315; adding a new section to chapter 69.41 RCW; creating new
4 sections; repealing RCW 18.130.345; and providing an expiration
5 date."

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