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## A BILL FOR AN ACT

RELATING TO DRUG OVERDOSE PREVENTION.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that unintentional drug  
2 poisonings, commonly referred to as drug overdoses, are one of  
3 the leading causes of injury-related mortality in Hawaii.  
4 Opioid pain relievers, such as oxycodone or hydrocodone,  
5 contributed to more than one-third of the seven hundred seventy-  
6 eight known drug overdose deaths reported in Hawaii from 2010  
7 through 2014.

8           Public health experts, including those at the Centers for  
9 Disease Control and Prevention and the Substance Abuse and  
10 Mental Health Services Administration, recommend increasing  
11 access to naloxone hydrochloride, a pure opioid antagonist, to  
12 prevent death due to opiate overdose. Currently, naloxone  
13 hydrochloride is the only opiate antagonist medication approved  
14 by the United States Food and Drug Administration to treat  
15 opiate-induced central nervous system and respiratory  
16 depression.





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1 "Opioid antagonist" means any drug that binds to opioid  
2 receptors that is approved by the United States Food and Drug  
3 Administration for the treatment of opiate-induced central  
4 nervous system or respiratory depression.

5 "Opioid-related drug overdose" includes:

6 (1) Extreme physical illness, decreased level of  
7 consciousness, respiratory depression, coma, or death  
8 resulting from the consumption or use of:

9 (A) An opioid; or

10 (B) A substance combined with an opioid; or

11 (2) A condition that a layperson would reasonably believe  
12 to be an opioid-related drug overdose that requires  
13 medical assistance.

14 "Person" shall not include a harm reduction organization.

15 "Standing order" means a prescription order written by a  
16 physician or physician assistant that is not specific to and  
17 does not identify a particular patient.

18 § -2 Health care professional; prescribing, dispensing,  
19 or administering an opioid antagonist. Notwithstanding any  
20 other law to the contrary, a health care professional may  
21 directly or in accordance with a standing order:



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- 1           (1) Prescribe, dispense, or administer an opioid  
2                    antagonist to an individual at risk of experiencing an  
3                    opioid-related overdose;
- 4           (2) Dispense an opioid antagonist to a person in a  
5                    position to assist an individual at risk of  
6                    experiencing an opioid-related overdose; and
- 7           (3) Dispense an opioid antagonist to a harm reduction  
8                    organization.

9           **§ -3 Pharmacist; dispensing an opioid antagonist.**

10 Notwithstanding any other law to the contrary, and pursuant to a  
11 standing order and rules adopted by the board of pharmacy  
12 pursuant to chapter 91, a pharmacist may dispense an opioid  
13 antagonist to:

- 14           (1) A individual at risk of experiencing an opioid-related  
15                    overdose;
- 16           (2) A person in a position to assist an individual at risk  
17                    of experiencing an opioid-related overdose; or
- 18           (3) A harm reduction organization,  
19 that does not hold a prescription for an opioid antagonist.

20           **§ -4 Harm reduction organization; dispensing or**  
21 **administering an opioid antagonist. Notwithstanding any other**



1 law to the contrary, a harm reduction organization that has  
2 received an opioid antagonist from a health care professional or  
3 pharmacist, pursuant to this chapter, may:

4 (1) Administer an opioid antagonist to an individual at  
5 risk of experiencing an opioid-related overdose; or

6 (2) Dispense an opioid antagonist to a person in a  
7 position to assist an individual at risk of  
8 experiencing an opioid-related overdose;

9 provided that the administering or dispensing is without charge  
10 or compensation.

11 § -5 Person in a position to assist an individual at  
12 risk of experiencing an opioid-related overdose; administering  
13 an opioid antagonist. Notwithstanding any other law to the  
14 contrary, a person in a position to assist an individual at risk  
15 of experiencing an opioid-related overdose, who has received an  
16 opioid antagonist from a health care professional, pharmacist,  
17 or a harm reduction organization, pursuant to this chapter, may  
18 administer an opioid antagonist to an individual at risk of  
19 experiencing an opioid-related overdose; provided that the  
20 administering or dispensing is without charge or compensation.



1           §   -6   **Emergency related personnel; administering an**  
2   **opioid antagonist.** Notwithstanding any other law to the  
3   contrary, any emergency medical services personnel, law  
4   enforcement officer, or firefighter may administer an opioid  
5   antagonist to an individual at risk of experiencing an opioid-  
6   related overdose.

7           §   -7   **Legitimate medical purpose.** The prescribing,  
8   dispensing, or administering of an opioid antagonist pursuant to  
9   this chapter shall be regarded as being for a legitimate medical  
10  purpose in the usual course of professional practice.

11          §   -8   **Immunity.** Any health care professional,  
12  pharmacist, harm reduction organization, person in a position to  
13  assist an individual at risk of experiencing an opioid-related  
14  overdose, emergency medical services personnel, law enforcement  
15  officer, or firefighter, acting in good faith and with  
16  reasonable care, who prescribes, dispenses, or administers an  
17  opioid antagonist pursuant to this chapter shall not be subject  
18  to:

- 19           (1)   Criminal prosecution;  
20           (2)   Sanction under any professional licensing statute; or  
21           (3)   Civil liability,



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1 for the prescribing, dispensing, or administering of an opioid  
2 antagonist and any outcome that results from the administration  
3 of the opioid antagonist.

4       **§ -9 Medicaid coverage.** The department of human  
5 services shall ensure that naloxone hydrochloride for outpatient  
6 use is covered by the medicaid prescription drug program on the  
7 same basis as other covered drugs.

8       **§ -10 Authorization to store an opioid antagonist.**

9 Notwithstanding any other law to the contrary,

10       (1) A harm reduction organization that has received an  
11 opioid antagonist from a health care professional or  
12 pharmacist, pursuant to this chapter; or

13       (2) A person in a position to assist an individual at risk  
14 of experiencing an opioid-related overdose that has  
15 received an opioid antagonist from a health care  
16 professional, pharmacist, or harm reduction  
17 organization, pursuant to this chapter,

18 may possess and store an opioid antagonist without being subject  
19 to parts I and VI of chapter 328.

20       **§ -11 Rules.** The department of health shall adopt rules  
21 in accordance with chapter 91 to implement this chapter.



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1           §   -12 Unintentional drug overdose; reporting. The  
2 department of health shall provide to the legislature an annual  
3 report no later than twenty days prior to the convening of each  
4 regular session. The report shall ascertain, document, and  
5 publish the number of, trends in, patterns in, and risk factors  
6 related to unintentional opioid related drug overdose fatalities  
7 occurring each year within the State. The report shall provide  
8 information on interventions that would be effective in reducing  
9 the rate of fatal or nonfatal drug overdose."

10           SECTION 3. This Act does not affect rights and duties that  
11 matured, penalties that were incurred, and proceedings that were  
12 begun before its effective date.

13           SECTION 4. This Act shall take effect upon its approval.

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INTRODUCED BY:

  
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JAN 27 2016





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**Report Title:**

Opioid Antagonist; Naloxone Hydrochloride; Opioid Overdose; Prevention; Emergency Response; Medical Immunity

**Description:**

Provides immunity for individuals and harm reduction organizations who prescribe, possess, or administer an opioid antagonist such as naloxone hydrochloride to prevent opioid-related drug overdoses. Authorizes emergency personnel and first responders to administer opioid antagonists. Requires medicaid coverage for opioid antagonists. Exempts individuals and harm reduction organizations from licensure and permitting requirements for storing and distributing opioid antagonists. Allows pharmacists, in accordance with standing orders and protocols, to dispense opioid antagonists to persons and harm reduction organizations without a prescription.

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