
A BILL FOR AN ACT

RELATING TO OPIOID ANTAGONISTS.

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

1 SECTION 1. The legislature finds that drug overdose deaths
2 in the United States have more than doubled since 1999.
3 According to the most recent data from the federal Centers for
4 Disease Control and Prevention, in 2013, more than 16,000 deaths
5 associated with opioid pain relievers were reported. Deaths
6 involving heroin have also doubled in recent years, with more
7 than 8,000 deaths reported in 2013. According to the Centers
8 for Disease Control and Prevention, overdoses involving
9 prescription painkillers are at epidemic levels. However,
10 deaths caused by opioids are often preventable via timely
11 administration of an opioid antagonist, such as naloxone
12 hydrochloride. Studies have found that providing opioid
13 overdose training and naloxone kits can help people identify
14 signs of an opioid-related drug overdose and can help reduce
15 opioid overdose mortality.

16 The legislature further finds that opioid antagonist use
17 has been approved by the federal Food and Drug Administration



1 and used for more than forty years by emergency medical services
2 personnel to reverse opioid overdose. Opioid antagonists have
3 no psychoactive effects and do not have any potential for abuse,
4 and first responders and family members with no medical training
5 can learn to administer them safely. Furthermore, research has
6 shown that the increased availability of opioid antagonists does
7 not encourage people to use more drugs or engage in riskier
8 behavior.

9 The legislature additionally finds that over half of the
10 states in the country have enacted some form of a 911 drug
11 immunity law or have implemented a law or developed a pilot
12 program to allow administration of medication, like opioid
13 antagonists, to reverse the effects of an opiate-related
14 overdose. Numerous state and national organizations also
15 support increased access to naloxone hydrochloride, including
16 but not limited to the American Public Health Association,
17 American Medical Association, American Pharmacists Association,
18 Harm Reduction Coalition, American Society of Addiction
19 Medicine, National Governors Association, law enforcement
20 organizations, and organizations representing first responders.

21 Accordingly, the purpose of this Act is to:



- 1 (1) Create immunity for health care professionals and
2 pharmacists who prescribe, dispense, distribute, or
3 administer an opioid antagonist such as naloxone
4 hydrochloride to persons who are at risk of
5 experiencing or who are experiencing an opioid-related
6 drug overdose;
- 7 (2) Create immunity for emergency personnel and first
8 responders, who administer an opioid antagonist to a
9 person suffering from an opioid-related drug overdose;
- 10 (3) Authorize emergency personnel and first responders to
11 administer opioid antagonists;
- 12 (4) Require medicaid coverage for opioid antagonists; and
- 13 (5) Allow harm reduction organizations to store and
14 distribute opioid antagonists.

15 SECTION 2. The Hawaii Revised Statutes is amended by
16 adding a new chapter to be appropriately designated and to read
17 as follows:

18 "CHAPTER

19 OVERDOSE PREVENTION AND EMERGENCY RESPONSE ACT

20 § -1 Definitions. The following definitions apply
21 throughout this chapter:



1 "Harm reduction organization" means an organization that
2 provides services, including medical care, counseling, homeless
3 services, or addiction treatment, to individuals at risk of
4 experiencing an opiate-related drug overdose event or to the
5 friends and family members of an at-risk individual.

6 "Health care professional" includes a physician, physician
7 assistant under the authority and supervision of a physician, or
8 advanced practice registered nurse with prescriptive authority.

9 "Opioid antagonist" means any drug that binds to opioid
10 receptors and blocks or disinhibits the effects of opioids
11 acting on those receptors, and that is approved by the United
12 States Food and Drug Administration for treating opioid-related
13 drug overdose.

14 "Opioid-related drug overdose" means a condition including
15 but not limited to extreme physical illness, decreased level of
16 consciousness, respiratory depression, coma, or death resulting
17 from the consumption or use of an opioid, or another substance
18 with which an opioid was combined, or a condition that a
19 layperson would reasonably believe to be an opioid-related drug
20 overdose that requires medical assistance.



1 "Pharmacist" means a registered pharmacist as defined in
2 chapter 461.

3 "Standing order" means a prescription order written by a
4 health care professional who is otherwise authorized to
5 prescribe an opioid antagonist that is not specific to and does
6 not identify a particular patient.

7 § -2 Immunity. (a) Notwithstanding any other law or
8 regulation to the contrary, a health care professional otherwise
9 authorized to prescribe an opioid antagonist may, directly or by
10 standing order, prescribe, dispense, and distribute an opioid
11 antagonist to:

- 12 (1) An individual at risk of experiencing an opioid-
13 related overdose;
- 14 (2) Another person in a position to assist an individual
15 at risk of experiencing an opioid-related overdose; or
- 16 (3) A harm reduction organization.

17 Any such prescription shall be regarded as being issued for
18 a legitimate medical purpose in the usual course of professional
19 practice.

20 (b) A health care professional or pharmacist who, acting
21 in good faith and with reasonable care, prescribes, dispenses,



1 or distributes an opioid antagonist shall not be subject to any
2 criminal or civil liability or any professional disciplinary
3 action for:

4 (1) Prescribing, dispensing, or distributing the opioid
5 antagonist; and

6 (2) Any outcomes resulting from the eventual
7 administration of the opioid antagonist.

8 (c) Notwithstanding any other law or regulation to the
9 contrary, any person may lawfully possess an opioid antagonist.

10 (d) A person who, acting in good faith and with reasonable
11 care, administers an opioid antagonist to another person whom
12 the person believes to be suffering an opioid-related drug
13 overdose shall be immune from criminal prosecution, sanction
14 under any professional licensing statute, and civil liability
15 for acts or omissions resulting from the act.

16 § -3 Opioid antagonist administration; emergency
17 personnel and first responders. By January 1, 2017, every
18 emergency medical technician licensed and registered in Hawaii
19 and all law enforcement officers, firefighters, and lifeguards
20 shall be authorized to administer an opioid antagonist as
21 clinically indicated. Any emergency medical technician licensed



1 and registered in Hawaii and all law enforcement officers,
 2 firefighters, and lifeguards who, acting in good faith and with
 3 reasonable care, administers an opioid antagonist to another
 4 person whom the emergency medical technician, law enforcement
 5 officer, firefighter, or lifeguard believes to be suffering an
 6 opioid-related drug overdose shall be immune from criminal
 7 prosecution, sanction under any professional licensing statute,
 8 and civil liability, for acts or omissions resulting from the
 9 act.

10 § -4 Medicaid coverage. The department of human
 11 services shall ensure that opioid antagonists for outpatient use
 12 are covered by the medicaid prescription drug program on the
 13 same basis as other covered drugs.

14 § -5 Harm reduction organization; opioid antagonist;
 15 exemption. Notwithstanding any other law or regulation to the
 16 contrary, a person or harm reduction organization acting under a
 17 standing order issued by a health care professional licensed
 18 under chapter 453 or chapter 457 who is otherwise authorized to
 19 prescribe an opioid antagonist may store an opioid antagonist
 20 without being subject to chapter 328, except part VII, and may



1 distribute an opioid antagonist; provided that the distribution
2 is without charge or compensation.

3 § -6 Unintentional drug overdose; reporting. (a) The
4 department of health shall ascertain, document, and publish an
5 annual report on the number of, trends in, patterns in, and risk
6 factors related to unintentional 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 (b) The department of health shall monitor adverse drug
11 reaction from opiate antagonist use. In order to do so,
12 hospital emergency departments shall report to the department of
13 health adverse drug reactions occurring after administration of
14 an opiate antagonist.

15 § -7 Drug overdose recognition, prevention, and
16 response. The department of health shall work with community
17 partners to provide or establish any of the following:

18 (1) Education on drug overdose prevention, recognition,
19 and response, including opioid antagonist
20 administration;



- 1 (2) Training on drug overdose prevention, recognition, and
2 response, including opioid antagonist administration,
3 for patients receiving opioids and their families and
4 caregivers;
- 5 (3) Opioid antagonist prescription and distribution
6 projects; and
- 7 (4) Education and training projects on drug overdose
8 response and treatment, including opioid antagonist
9 administration, for emergency services and law
10 enforcement personnel, including volunteer
11 firefighters, lifeguards, and emergency services
12 personnel."

13 SECTION 3. Section 461-1, Hawaii Revised Statutes, is
14 amended by amending the definition of "practice of pharmacy" to
15 read as follows:

16 ""Practice of pharmacy" means:

- 17 (1) The interpretation and evaluation of prescription
18 orders; the compounding, dispensing, and labeling of
19 drugs and devices (except labeling by a manufacturer,
20 packer, or distributor of nonprescription drugs and
21 commercially legend drugs and devices); the



1 participation in drug selection and drug utilization
2 reviews; the proper and safe storage of drugs and
3 devices and the maintenance of proper records
4 therefor; the responsibility for advising when
5 necessary or where regulated, of therapeutic values,
6 content, hazards, and use of drugs and devices;

7 (2) Performing the following procedures or functions as
8 part of the care provided by and in concurrence with a
9 "health care facility" and "health care service" as
10 defined in section 323D-2, or a "pharmacy" or a
11 licensed physician, or a "managed care plan" as
12 defined in section 432E-1, in accordance with
13 policies, procedures, or protocols developed
14 collaboratively by health professionals, including
15 physicians and surgeons, pharmacists, and registered
16 nurses, and for which a pharmacist has received
17 appropriate training required by these policies,
18 procedures, or protocols:

19 (A) Ordering or performing routine drug therapy
20 related patient assessment procedures;

21 (B) Ordering drug therapy related laboratory tests;



- 1 (C) Initiating emergency contraception oral drug
- 2 therapy in accordance with a written
- 3 collaborative agreement approved by the board,
- 4 between a licensed physician and a pharmacist who
- 5 has received appropriate training that includes
- 6 programs approved by the American Council of
- 7 Pharmaceutical Education (ACPE), curriculum-based
- 8 programs from an ACPE-accredited college of
- 9 pharmacy, state or local health department
- 10 programs, or programs recognized by the board of
- 11 pharmacy;
- 12 (D) Administering drugs orally, topically, by
- 13 intranasal delivery, or by injection, pursuant to
- 14 the patient's licensed physician's order, by a
- 15 pharmacist having appropriate training that
- 16 includes programs approved by the ACPE,
- 17 curriculum-based programs from an ACPE-accredited
- 18 college of pharmacy, state or local health
- 19 department programs, or programs recognized by
- 20 the board of pharmacy;
- 21 (E) Administering:



- 1 (i) Immunizations orally, by injection, or by
- 2 intranasal delivery, to persons eighteen
- 3 years of age or older by a pharmacist having
- 4 appropriate training that includes programs
- 5 approved by the ACPE, curriculum-based
- 6 programs from an ACPE-accredited college of
- 7 pharmacy, state or local health department
- 8 programs, or programs recognized by the
- 9 board of pharmacy; and
- 10 (ii) Vaccines to persons between fourteen and
- 11 seventeen years of age pursuant to section
- 12 461-11.4;
- 13 (F) As authorized by a licensed physician's written
- 14 instructions, initiating or adjusting the drug
- 15 regimen of a patient pursuant to an order or
- 16 authorization made by the patient's licensed
- 17 physician and related to the condition for which
- 18 the patient has been seen by the licensed
- 19 physician; provided that the pharmacist shall
- 20 issue written notification to the patient's
- 21 licensed physician or enter the appropriate



- 1 information in an electronic patient record
2 system shared by the licensed physician, within
3 twenty-four hours;
- 4 (G) Transmitting a valid prescription to another
5 pharmacist for the purpose of filling or
6 dispensing; [~~or~~]
- 7 (H) Providing consultation, information, or education
8 to patients and health care professionals based
9 on the pharmacist's training and for which no
10 other licensure is required; [~~and~~] or
- 11 (I) Dispensing an opioid antagonist in accordance
12 with a written collaborative agreement approved
13 by the board, between a licensed physician and a
14 pharmacist who has received appropriate training
15 that includes programs approved by the American
16 Council on Pharmaceutical Education (ACPE),
17 curriculum-based programs from an ACPE-accredited
18 college of pharmacy, state or local health
19 department programs, or programs recognized by
20 the board; and



1 (3) The offering or performing of those acts, services,
2 operations, or transactions necessary in the conduct,
3 operation, management, and control of pharmacy."

4 SECTION 4. This Act does not affect rights and duties that
5 matured, penalties that were incurred, and proceedings that were
6 begun before its effective date.

7 SECTION 5. Statutory material to be repealed is bracketed
8 and stricken. New statutory material is underscored.

9 SECTION 6. This Act shall take effect on July 1, 2112.



Report Title:

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

Description:

Creates immunity for health care professionals and pharmacists who prescribe, dispense, or administer an opioid antagonist such as naloxone hydrochloride to assist an individual at risk of experiencing an opioid-related drug overdose or to a harm reduction organization. Creates immunity for first responders, harm reduction organizations, and individuals who administer opioid antagonists to persons believed to be suffering an opioid-related drug overdose. Authorizes emergency personnel to administer an opioid antagonist. Requires medicaid coverage for opioid antagonists for outpatient use. Authorizes certain persons or organizations acting under standing orders issued by a licensed health care professional to store opioid antagonists without being subject to the Hawaii Food, Drug, and Cosmetic Act, except the portion regarding the storage of wholesale prescription drugs, and to distribute opioid antagonists without charge or compensation. (SB2392 HD1)

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