
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
18 and used for more than forty years by emergency medical services



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

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

20 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 any person who administers an
- 8 opioid antagonist to a person suffering from an
- 9 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 opioid-related drug overdose event or to the
5 friends and family members of an at-risk individual.

6 "Health care professional" means a physician licensed under
7 chapter 453, physician assistant under the authority and
8 supervision of a physician, or advanced practice registered
9 nurse with prescriptive authority licensed under chapter 457.

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

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



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

3 "Standing order" means a prescription order for an opioid
4 antagonist issued by a health care professional who is otherwise
5 authorized to prescribe an opioid antagonist that is not
6 specific to and does not identify a particular patient and which
7 may be applicable to more than one patient.

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

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

19 Any such prescribing, dispensing, or distributing of an
20 opioid antagonist pursuant to this chapter shall be regarded as



1 being for a legitimate medical purpose in the usual course of
2 professional practice.

3 (b) A health care professional or pharmacist who, acting
4 in good faith and with reasonable care, prescribes, dispenses,
5 or distributes an opioid antagonist pursuant to this chapter
6 shall not be subject to any criminal or civil liability or any
7 professional disciplinary action for:

8 (1) Prescribing, dispensing, or distributing the opioid
9 antagonist; and

10 (2) Any outcomes resulting from the eventual
11 administration of the opioid antagonist.

12 (c) Notwithstanding any other law to the contrary, any
13 person may lawfully possess an opioid antagonist.

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

20 § -3 Opioid antagonist administration; emergency
21 personnel and first responders. Beginning on January 1, 2017,



1 every emergency medical technician licensed and registered in
2 Hawaii and all law enforcement officers, firefighters, and
3 lifeguards shall be authorized to administer an opioid
4 antagonist as clinically indicated.

5 § -4 Medicaid coverage. The department of human
6 services shall ensure that opioid antagonists for outpatient use
7 are covered by the medicaid prescription drug program on the
8 same basis as other covered drugs.

9 § -5 Harm reduction organization; opioid antagonist;
10 exemption. Notwithstanding any other law or regulation to the
11 contrary, a person or harm reduction organization acting under a
12 standing order may store an opioid antagonist without being
13 subject to chapter 328, except part VII, and may distribute an
14 opioid antagonist; provided that the distribution is done
15 without charge or compensation.

16 § -6 Unintentional opioid-related drug overdose;
17 reporting. The department of health shall ascertain, document,
18 and publish an annual report on the number of, trends in,
19 patterns in, and risk factors related to unintentional opioid-
20 related drug overdose fatalities occurring each year within the
21 State. The report shall provide information on interventions



1 that would be effective in reducing the rate of fatal or
2 nonfatal drug overdose.

3 § -7 Opioid-related drug overdose recognition,
4 prevention, and response. The department of health shall work
5 with community partners to provide or establish any of the
6 following:

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



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

4 "Practice of pharmacy" means:

- 5 (1) The interpretation and evaluation of prescription
6 orders; the compounding, dispensing, and labeling of
7 drugs and devices (except labeling by a manufacturer,
8 packer, or distributor of nonprescription drugs and
9 commercially legend drugs and devices); the
10 participation in drug selection and drug utilization
11 reviews; the proper and safe storage of drugs and
12 devices and the maintenance of proper records
13 therefor; the responsibility for advising when
14 necessary or where regulated, of therapeutic values,
15 content, hazards, and use of drugs and devices;
- 16 (2) Performing the following procedures or functions as
17 part of the care provided by and in concurrence with a
18 "health care facility" and "health care service" as
19 defined in section 323D-2, or a "pharmacy" or a
20 licensed physician, or a "managed care plan" as
21 defined in section 432E-1, in accordance with



1 policies, procedures, or protocols developed
2 collaboratively by health professionals, including
3 physicians and surgeons, pharmacists, and registered
4 nurses, and for which a pharmacist has received
5 appropriate training required by these policies,
6 procedures, or protocols:

- 7 (A) Ordering or performing routine drug therapy
8 related patient assessment procedures;
- 9 (B) Ordering drug therapy related laboratory tests;
- 10 (C) Initiating emergency contraception oral drug
11 therapy in accordance with a written
12 collaborative agreement approved by the board,
13 between a licensed physician and a pharmacist who
14 has received appropriate training that includes
15 programs approved by the American Council of
16 Pharmaceutical Education (ACPE), curriculum-based
17 programs from an ACPE-accredited college of
18 pharmacy, state or local health department
19 programs, or programs recognized by the board of
20 pharmacy;



- 1 (D) Administering drugs orally, topically, by
- 2 intranasal delivery, or by injection, pursuant to
- 3 the patient's licensed physician's order, by a
- 4 pharmacist having appropriate training that
- 5 includes programs approved by the ACPE,
- 6 curriculum-based programs from an ACPE-accredited
- 7 college of pharmacy, state or local health
- 8 department programs, or programs recognized by
- 9 the board of pharmacy;
- 10 (E) Administering:
- 11 (i) Immunizations orally, by injection, or by
- 12 intranasal delivery, to persons eighteen
- 13 years of age or older by a pharmacist having
- 14 appropriate training that includes programs
- 15 approved by the ACPE, curriculum-based
- 16 programs from an ACPE-accredited college of
- 17 pharmacy, state or local health department
- 18 programs, or programs recognized by the
- 19 board of pharmacy; and



1 (ii) Vaccines to persons between fourteen and
2 seventeen years of age pursuant to section
3 461-11.4;

4 (F) As authorized by a licensed physician's written
5 instructions, initiating or adjusting the drug
6 regimen of a patient pursuant to an order or
7 authorization made by the patient's licensed
8 physician and related to the condition for which
9 the patient has been seen by the licensed
10 physician; provided that the pharmacist shall
11 issue written notification to the patient's
12 licensed physician or enter the appropriate
13 information in an electronic patient record
14 system shared by the licensed physician, within
15 twenty-four hours;

16 (G) Transmitting a valid prescription to another
17 pharmacist for the purpose of filling or
18 dispensing; [øø]

19 (H) Providing consultation, information, or education
20 to patients and health care professionals based



1 on the pharmacist's training and for which no
2 other licensure is required; [~~and~~] or
3 (I) Dispensing an opioid antagonist in accordance
4 with a written collaborative agreement approved
5 by the board, between a licensed physician and a
6 pharmacist who has received appropriate training
7 that includes programs approved by the American
8 Council on Pharmaceutical Education (ACPE),
9 curriculum-based programs from an ACPE-accredited
10 college of pharmacy, state or local health
11 department programs, or programs recognized by
12 the board; and

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

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

19 SECTION 5. Statutory material to be repealed is bracketed
20 and stricken. New statutory material is underscored.

21 SECTION 6. This Act shall take effect upon its approval.



Report Title:

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

Description:

Takes steps to reduce opioid-related drug related overdoses in the State by encouraging the use of opioid antagonists to assist individuals experiencing or at risk of experiencing an opioid-related drug overdose. (CD1)

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