

JAN 19 2018

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 the United States
2 opioid epidemic has persisted. According to data from the
3 federal Centers for Disease Control and Prevention, drug
4 overdose deaths nearly tripled from 1999 to 2014. Among the
5 47,055 drug overdose deaths that occurred in 2014 in the United
6 States, sixty-one per cent involved an opioid. During 2015,
7 drug overdoses accounted for 52,404 deaths in the United States,
8 including 33,091 deaths that involved an opioid. Illicit
9 opioids are contributing to the increase in opioid overdose
10 deaths. While data indicates that there has been progress in
11 preventing methadone deaths, rates of deaths involving other
12 opioids, specifically heroin and synthetic opioids other than
13 methadone (likely driven primarily by illicitly manufactured
14 fentanyl), increased sharply overall and across many states.

15 According to the Centers for Disease Control and
16 Prevention, overdoses involving prescription painkillers are at
17 epidemic levels. However, deaths caused by opioids are often



1 preventable via timely administration of an opioid antagonist,
2 such as naloxone hydrochloride. Opioid antagonist use has been
3 approved by the federal Food and Drug Administration and used
4 for more than forty years by emergency medical services
5 personnel to reverse opioid overdose. Opioid antagonists have
6 no psychoactive effects and do not have any potential for abuse,
7 and first responders and family members with no medical training
8 can learn to administer them safely. Furthermore, research has
9 shown that the increased availability of opioid antagonists does
10 not encourage people to use more drugs or engage in riskier
11 behavior.

12 The legislature additionally finds that chapter 329E,
13 Hawaii Revised Statutes, provides immunity for licensed
14 physicians, physician assistants under the authority and
15 supervision of a physician, and advanced practice registered
16 nurses with prescriptive authority who prescribe, dispense, and
17 distribute an opioid antagonist directly or by standing order to
18 an individual at risk of experiencing an opioid-related drug
19 overdose, another person in a position to assist an individual
20 at risk of experiencing an opioid-related drug overdose, or a
21 harm reduction organization. A standing order is a prescription



1 order for an opioid antagonist that is not specific to and does
2 not identify a particular patient and may be applicable to more
3 than one patient. Chapter 329E, Hawaii Revised Statutes,
4 similarly provides immunity from criminal or civil liability for
5 pharmacists who prescribe, dispense, or distribute an opioid
6 antagonist under certain conditions but not explicitly pursuant
7 to a standing order or without any other prescription.

8 Recently, the Utah State Legislature passed legislation
9 that authorized licensed pharmacists to dispense an opioid
10 antagonist, without a prior prescription, to anyone at increased
11 risk of experiencing an opioid overdose pursuant to a standing
12 order. The purpose of this legislation was to increase access
13 to an opioid antagonist for those who might be at risk of an
14 overdose and thus, decrease the rate of opioid overdose deaths.

15 The purpose of this Act is to:

- 16 (1) Authorize a registered pharmacist to dispense an
17 opioid antagonist pursuant to a standing order issued
18 by a health care professional without any other
19 prescription;
- 20 (2) Require the standing order issued by an authorized
21 health care professional to limit the dispensing of an



opioid antagonist to certain individuals or a harm
reduction organization;

(3) Establish that the practice of pharmacy includes the
dispensing of an opioid antagonist by a pharmacist
pursuant to a standing order; and

(4) Require the board of pharmacy to identify pharmacists
by license who are authorized to dispense an opioid
antagonist pursuant to a standing order and annually
review the dispensing practices of pharmacists who
dispense the opioid antagonist pursuant to a standing
order.

SECTION 2. Chapter 329E, Hawaii Revised Statutes, is
amended by adding a new section to be appropriately designated
and to read as follows:

"§329E- Standing order; pharmacists; dispensing of an
opioid antagonist. (a) Notwithstanding any other law to the
contrary, a pharmacist may dispense an opioid antagonist:

(1) Pursuant to a standing order in accordance with
subsection (b);



1 (2) In accordance with procedures relating to dispensing
2 an opioid antagonist under the definition of "practice
3 of pharmacy" in section 461-1; and

4 (3) Without any other prescription order from a health
5 care professional otherwise authorized to prescribe an
6 opioid antagonist.

7 (b) A health care professional may issue a standing order
8 that authorizes a pharmacist to dispense an opioid antagonist
9 pursuant to subsection (a); provided that the standing order
10 shall limit the dispensing of an opioid antagonist to:

11 (1) An individual at risk of experiencing an opioid-
12 related drug overdose;

13 (2) Another person in a position to assist an individual
14 at risk of experiencing an opioid-related drug
15 overdose; or

16 (3) A harm reduction organization.

17 (c) The board of pharmacy shall:

18 (1) Identify the pharmacists by license issued in
19 accordance with section 461-6 who are authorized to
20 dispense the opioid antagonist pursuant to a standing
21 order; and



(2) Annually review the dispensing practices of
pharmacists who dispense the opioid antagonist
pursuant to a standing order."

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

"Practice of pharmacy" means:

- (1) The interpretation and evaluation of prescription
orders; the compounding, dispensing, and labeling of
drugs and devices (except labeling by a manufacturer,
packer, or distributor of nonprescription drugs and
commercially legend drugs and devices); the
participation in drug selection and drug utilization
reviews; the proper and safe storage of drugs and
devices and the maintenance of proper records
therefor; the responsibility for advising when
necessary or where regulated, of therapeutic values,
content, hazards, and use of drugs and devices;
- (2) Performing the following procedures or functions as
part of the care provided by and in concurrence with a
"health care facility" and "health care service" as



1 defined in section 323D-2, or a "pharmacy" or a
2 licensed physician or a licensed advanced practice
3 registered nurse with prescriptive authority, or a
4 "managed care plan" as defined in section 432E-1, in
5 accordance with policies, procedures, or protocols
6 developed collaboratively by health professionals,
7 including physicians and surgeons, pharmacists, and
8 registered nurses, and for which a pharmacist has
9 received appropriate training required by these
10 policies, procedures, or protocols:

- 11 (A) Ordering or performing routine drug therapy
12 related patient assessment procedures;
- 13 (B) Ordering drug therapy related laboratory tests;
- 14 (C) Initiating emergency contraception oral drug
15 therapy in accordance with a written
16 collaborative agreement approved by the board,
17 between a licensed physician or advanced practice
18 registered nurse with prescriptive authority and
19 a pharmacist who has received appropriate
20 training that includes programs approved by the
21 American Council of Pharmaceutical Education



(ACPE), curriculum-based programs from an ACPE-accredited college of pharmacy, state or local health department programs, or programs recognized by the board of pharmacy;

(D) Administering drugs orally, topically, by intranasal delivery, or by injection, pursuant to the order of the patient's licensed physician or advanced practice registered nurse with prescriptive authority, by a pharmacist having appropriate training that includes programs approved by the ACPE, curriculum-based programs from an ACPE-accredited college of pharmacy, state or local health department programs, or programs recognized by the board of pharmacy;

(E) Administering:

(i) Immunizations orally, by injection, or by intranasal delivery, to persons eighteen years of age or older by a pharmacist having appropriate training that includes programs approved by the ACPE, curriculum-based programs from an ACPE-accredited college of



1 pharmacy, state or local health department
2 programs, or programs recognized by the
3 board of pharmacy; and

4 (ii) Vaccines to persons between fourteen and
5 seventeen years of age pursuant to section
6 461-11.4;

7 (F) As authorized by the written instructions of a
8 licensed physician or advanced practice
9 registered nurse with prescriptive authority,
10 initiating or adjusting the drug regimen of a
11 patient pursuant to an order or authorization
12 made by the patient's licensed physician or
13 advanced practice registered nurse with
14 prescriptive authority and related to the
15 condition for which the patient has been seen by
16 the licensed physician or advanced practice
17 registered nurse with prescriptive authority;
18 provided that the pharmacist shall issue written
19 notification to the patient's licensed physician
20 or advanced practice registered nurse with
21 prescriptive authority or enter the appropriate



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1 information in an electronic patient record
2 system shared by the licensed physician or
3 advanced practice registered nurse with
4 prescriptive authority, within twenty-four hours;

5 (G) Transmitting a valid prescription to another
6 pharmacist for the purpose of filling or
7 dispensing;

8 (H) Providing consultation, information, or education
9 to patients and health care professionals based
10 on the pharmacist's training and for which no
11 other licensure is required; or

12 (I) Dispensing an opioid antagonist in accordance
13 with a standing order pursuant to section 329E-
14 and a written collaborative agreement approved by
15 the board, between a licensed physician and a
16 pharmacist who has received appropriate training
17 that includes programs approved by the American
18 Council on Pharmaceutical Education (ACPE),
19 curriculum-based programs from an ACPE-accredited
20 college of pharmacy, state or local health



department programs, or programs recognized by
the board; and

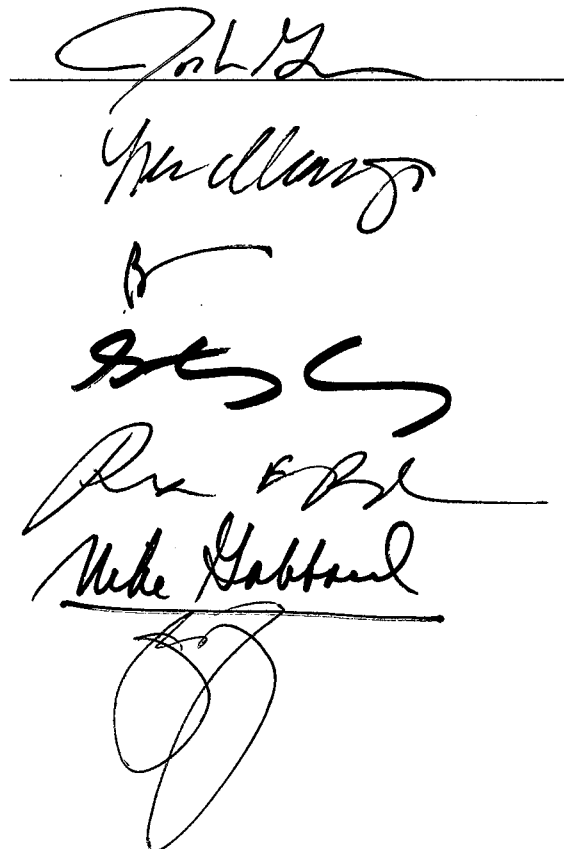
(3) The offering or performing of those acts, services,
operations, or transactions necessary in the conduct,
operation, management, and control of pharmacy."

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

SECTION 5. New statutory material is underscored.

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

INTRODUCED BY:

A series of handwritten signatures in black ink. The first signature is at the top, followed by a second, then a third, then a fourth, then a fifth, and finally a sixth signature at the bottom. The signatures are written over a horizontal line.



S.B. NO. 2271

Report Title:

Opioid Antagonists; Pharmacists; Standing Order

Description:

Authorizes a registered pharmacist to dispense an opioid antagonist pursuant to a standing order without any other prescription. Requires the standing order to limit the dispensing of an opioid antagonist to certain individuals or a harm reduction organization. Establishes that the practice of pharmacy includes the dispensing of an opioid antagonist pursuant to a standing order. Requires the board of pharmacy to identify the pharmacists who are authorized to dispense an opioid antagonist and annually review the dispensing practices of pharmacists who dispense the opioid antagonist pursuant to a standing order.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

