

Legislative Analysis



FIRST RESPONDER TRAINING FOR DRUG OVERDOSES

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<http://www.house.mi.gov/hfa>

House Bill 4910 (proposed substitute H-2)
Sponsor: Rep. Hank Vaupel
Committee: Health Policy
Complete to 4-25-16

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

House Bill 4910 would amend the Public Health Code to recommend that non-licensed first responders receive certification in the American Heart Association Basic Life Support (BLS) for Health Care Providers, including the section on opioid overdose treatment.

This bill would state that non-licensed first responders' training should include BLS certification, which trains participants to promptly recognize several life-threatening emergencies, give high-quality chest compressions, deliver appropriate ventilations and provide early use of an AED (automated external defibrillator).

MCL 333.20912

BACKGROUND:

According to data released by MDHHS in March of 2016, the number of drug overdose deaths in Michigan rose by 14 percent in 2014, to 1,745, as part of an upward trend since 2012. Drug poisoning deaths comprise the largest category of injury-related deaths in Michigan.

This bill is similar to Public Act 312 of 2014, which required all emergency services personnel to be trained to administer opioid antagonists (defined as naloxone hydrochloride or any similar acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose).

Specific treatment such as naloxone hydrochloride, cardiopulmonary resuscitation (CPR), or rescue breathing requires only basic training, but is often the difference between life and death in overdose incidents. Rescue breathing differs from CPR in including the breathing component but not chest compressions, to account for the fact that sometimes overdose patients have trouble moving air even though their hearts keep beating.

The Highlights of the 2015 American Heart Association Guidelines Update for CPR and ECC¹ added the following language to address specific actions recommended in case of an opioid overdose:

¹ <https://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf>

- For patients with known or suspected opioid addiction who are unresponsive with no normal breathing but a pulse, it is reasonable for appropriately trained lay rescuers and BLS providers, in addition to providing standard BLS care, to administer intramuscular (IM) or intranasal (IN) naloxone. Opioid overdose response education with or without naloxone distribution to persons at risk for opioid overdose in any setting may be considered.
- Patients with no definite pulse may be in cardiac arrest or may have an undetected weak or slow pulse. These patients should be managed as cardiac arrest patients. Standard resuscitative measures should take priority over naloxone administration, with a focus on high-quality CPR (compressions plus ventilation). It may be reasonable to administer IM or IN naloxone based on the possibility that the patient is in respiratory arrest, not in cardiac arrest. Responders should not delay access to more-advanced medical services while awaiting the patient's response to naloxone or other interventions.

As part of continuing efforts by MDHHS to address opioid and heroin use in the state, the Michigan Prescription Drug and Opioid Abuse Task Force released the following report of findings and recommendations for action in October of 2015:

http://www.michigan.gov/documents/snyder/Prescription_Drug_and_Opioid_Task_Force_Report_504140_7.pdf

FISCAL IMPACT:

House Bill 4910 would not have a significant fiscal impact on LARA. The bill also would not have a significant fiscal impact on community colleges.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.