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BILL ANALYSIS



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Senate Bills 805 and 806 (as introduced 2-17-16)
Sponsor: Senator Jim Ananich (S.B. 805)
Senator Dale W. Zorn (S.B. 806)
Committee: Health Policy

Date Completed: 10-18-16

CONTENT**Senate Bill 805 would amend the Public Health Code to do the following:**

- Provide for the prescription and dispensation of an opioid antagonist to a school board.
- Authorize a school employee to possess and administer an opioid antagonist dispensed to a school board if the employee were a licensed registered professional nurse (R.N.) or appropriately trained.

Senate Bill 806 would amend the Revised School Code to do the following:

- Allow a school board to require that at least one employee in each school it operated be trained in the use and administration of an opioid antagonist.
- Require a school board that required such employee training to develop and implement a policy that was consistent with the Michigan Department of Education's (MDE's) medication administration guidelines and that provided for the possession of at least one package of an opioid antagonist in each school.
- Authorize an R.N. who was employed or contracted by a school district or a trained school employee to possess and administer an opioid antagonist.
- Provide for immunity from liability for a school employee who administered an opioid antagonist to an individual in good faith and consistent with the school board's policy.
- Require the MDE to identify, develop, and adopt appropriate revisions to its medication administration guidelines to address the use of opioid antagonists in schools.
- Require a school district annually to report to the MDE all instances of administration of an opioid antagonist to a pupil at school.

The bills are tie-barred.

Senate Bill 805

The Public Health Code authorizes a prescriber to issue a prescription for, and a dispensing prescriber or pharmacist to dispense, an opioid antagonist to any of the following people:

- An individual patient at risk of experiencing an opioid-related overdose.
- A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.
- A person other than an individual who acts at the direction of the prescriber or dispensing prescriber, stores the opioid antagonist in compliance with the Code, dispenses or

administers an opioid antagonist under a valid prescription issued to an individual or a patient, and performs applicable Code requirements without charge or compensation.

The bill also would allow the prescription and dispensing of an opioid antagonist to a school board for purposes of Section 1179b of the Revised School Code (which Senate Bill 806 would create).

When issuing a prescription for or dispensing an opioid antagonist to a school board, the prescriber, dispensing prescriber, or pharmacist, as appropriate, would have to insert the name of the school board as the patient's name.

Notwithstanding any provision of the Code to the contrary, a school employee who was an R.N. or who was trained under proposed Section 1179b of the Revised School Code could possess and administer an opioid antagonist dispensed to a school board.

Senate Bill 806

Opioid Antagonist Policy

The bill would add Section 1179b to the Revised School Code to allow a school board, beginning with the 2016-2017 school year, to require that, in each school it operated, there was at least one employee at the school who was trained in the appropriate use and administration of an opioid antagonist. A school board that required an employee to be so trained would have to ensure that the training was conducted under the supervision of, and included evaluation by, an R.N.

An R.N. who was employed or contracted by the school district or a trained school employee could possess and administer an opioid antagonist.

The bill would define "opioid antagonist" as naloxone hydrochloride or any other similarly acting and equally safe drug approved by the U.S. Food and Drug Administration for the treatment of drug overdose (as the term is currently defined in the Public Health Code).

"School board" would include a school board, intermediate school board, or the directors of a public school academy (PSA).

Before the beginning of the 2016-2017 school year, a school board that required an employee to be trained in the use and administration of an opioid antagonist would have to develop and implement a policy that was consistent with the MDE's medication administration guidelines, as revised under the bill, and that provided for the possession of at least one package of an opioid antagonist in each school operated by the board to be used for administration by an R.N. who was employed or contracted by the school district or by a trained school employee who was authorized to administer an opioid antagonist under the policy. A school board's policy would have to authorize an R.N. who was employed or contracted by the school district, or a trained school employee, to administer an opioid antagonist to a pupil or other individual on school grounds who was believed to be having an opioid-related overdose. The policy also would have to require notification to the parent or legal guardian of a pupil to whom an opioid antagonist was administered.

"Opioid-related overdose" would mean a condition, including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death, that results from the consumption or use of an opioid or another substance with which an opioid was combined or that a reasonable person would believe to be an opioid-related overdose that requires medical assistance.

"School district" would include a school district, intermediate school district, or PSA.

Immunity

A school employee who in good faith administers medication to a pupil or an epinephrine auto-injector to an individual in accordance with the Code is not liable in a criminal action or for civil

damages as a result of an act or omission in the administration of the medication or epinephrine auto-injector, except for an act or omission amounting to gross negligence or willful and wanton misconduct. If a school employee is an R.N., this immunity applies to him or her regardless of whether the medication or auto-injector is administered in the presence of another adult. The bill would extend these provisions to a school employee who administered an opioid antagonist to an individual in good faith and consistent with the policies under proposed Section 1179b.

State Medication Administration Guidelines

In conjunction with the Department of Health and Human Services and with input from the Michigan Association of School Nurses, the Michigan Nurses Association, the Michigan Parent Teacher Association, the Michigan Chapter of the American Academy of Pediatrics, the School-Community Health Alliance of Michigan, and other school health organizations and entities, the MDE would have to identify, develop, and adopt appropriate revisions to its medication administration guidelines, including those relating to the specification of training needs and requirements for the administration and maintenance of stock opioid antagonists and storage requirements.

Annual Report

At least annually, a school district would have to report to the MDE, in the form and manner prescribed by the Department, all instances of administration of an opioid antagonist to a pupil at school. The report would have to include the number of pupils who were administered an antagonist at school using the school's stock.

MCL 333.17744b (S.B. 805)
380.5 et al. (S.B. 806)

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The bills would increase costs to the Department of Education and for local education authorities (e.g., school districts) that chose to possess and administer an opioid antagonist.

The Department would have increased costs associated with updating the medication administration guidelines, including training requirements and requirements for administering and storing opioid antagonists. The Department also would have costs associated with the additional reporting requirements.

Local education authorities would have costs associated with the purchase and storage of opioid antagonists as well as training the designated employee who would administer them. If all schools were to choose to possess and administer opioid antagonists, the total costs for all schools in the State would be between \$165,000 and \$200,000 per year (using a cost of between \$42 and \$45 for Naloxone Hydrochloride). The cost for training employees is currently unknown and would depend on how rigorous the Department made the training requirements in the medication administration guidelines. Schools also would have minimal costs associated with reporting the administration of an opioid antagonist to a pupil. Expanding the immunity from liability provision to opioid antagonists would protect employees and the districts from the costs associated with civil damage payments from lawsuits.

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.