



Senate Fiscal Agency  
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## BILL ANALYSIS



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Senate Bills 805 and 806 (as enacted)  
Sponsor: Senator Jim Ananich (S.B. 805)  
Senator Dale W. Zorn (S.B. 806)  
Senate Committee: Health Policy  
House Committee: Health Policy

**PUBLIC ACTS 384 & 385 of 2016**

Date Completed: 4-21-17

**RATIONALE**

In 2015, Governor Snyder formed the Michigan Prescription Drug and Opioid Abuse Task Force to develop a statewide action plan to address a growing public health problem in Michigan. On the national level, abuse of prescription drugs and opioids is considered an epidemic. As opioid painkillers, such as oxycodone, have been prescribed with increasing frequency in recent years, the number of overdose deaths associated with the use of these drugs also has risen. In addition, the rise in prescription drug use is said to be connected to an upsurge in the use of illicit opioids, i.e., heroin; people who use opioids under a legitimate prescription may turn to heroin once the prescription runs out. Additionally, with the implementation of measures to restrict the accessibility of prescription opioids, heroin evidently has become comparatively less expensive and easier to obtain.

According to the Task Force's report, issued in October 2015, unintentional fatal drug poisonings in Michigan had increased by about 400% since 1999. Of the 4,772 overdose deaths that occurred in the State from 2009 to 2012, nearly 20% were definitively related to opioids. With regard to a third of the overdose deaths, no specific drug was identified, but most of the individuals had filled a prescription for an opioid within the previous month, suggesting that opioids likely were a factor in these deaths.

The Task Force's report proposed a multipronged approach to combat opioid abuse in Michigan. The recommendations that were related to treatment included increasing the accessibility of naloxone, a drug that counteracts the effects of an opioid overdose. Legislation enacted in 2014 allows the drug, known as an "opioid antagonist", to be dispensed by prescription to law enforcement officers and emergency personnel, as well as a family member or friend of a person who is at risk of an overdose. It was suggested that naloxone also should be available for use in schools, and that school boards that wish to keep the drug on hand should be required to develop a policy regarding its administration to pupils by trained personnel.

**CONTENT****Senate Bill 805 amended 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 is a licensed registered professional nurse (R.N.) or appropriately trained.

**Senate Bill 806 amended the Revised School Code to do the following:**

- **Allow a school board, beginning with the 2017-2018 school year, to require that at least two employees in each school it operates be trained in the use and administration of an opioid antagonist.**
- **Require a school board that requires such employee training to develop and implement a policy that is consistent with the Michigan Department of Education's (MDE's) medication administration guidelines and that provides for the possession of at least one package of an opioid antagonist in each school.**
- **Authorize an R.N. who is 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 administers 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 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 took effect on March 29, 2017.

### **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, that 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 requirements of the Code without charge or compensation.

The bill also allows 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 enacted).

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

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

### **Senate Bill 806**

#### **Opioid Antagonist Policy**

The bill added Section 1179b to the Revised School Code to allow a school board, beginning with the 2017-2018 school year, to require that, in each school it operates, there are at least two employees at the school who are trained in the appropriate use and administration of an opioid antagonist. A school board that requires an employee to be so trained must ensure that the training has been approved by an R.N.

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

The bill defines "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 defined in the Public Health Code).

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

Before the beginning of the 2017-2018 school year, a school board that requires an employee to be trained in the use and administration of an opioid antagonist must develop and implement a policy that is consistent with the MDE's medication administration guidelines, as revised under the bill. Additionally, the policy must do all of the following:

- Provide 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 is employed or contracted by the school district or by a trained school employee who is authorized to administer an opioid antagonist under the policy.
- Authorize an R.N. who is 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 is believed to be having an opioid-related overdose.
- Require school personnel to notify the parent or legal guardian of a pupil to whom an opioid antagonist has been administered, and encourage the parent or guardian to seek treatment for the pupil from a licensed substance use disorder services program.
- Require school personnel to call 9-1-1 if a pupil is believed to be having an opioid-related overdose.

The bill defines "opioid-related overdose" as 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 an individual who has received training approved by an R.N. in the administration of an opioid antagonist would believe to be an opioid-related overdose that requires medical assistance.

"School district" includes a school district, intermediate school district, or PSA.

#### Immunity

Under the Revised School Code, 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 extends these provisions to a school employee who administers an opioid antagonist to an individual in good faith and consistent with the policies under Section 1179b.

#### State Medication Administration Guidelines

The bill requires the MDE, 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, 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

The bill requires a school district, at least annually, 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 must 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)

## **ARGUMENTS**

*(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)*

### **Supporting Argument**

Naloxone can easily and safely be used to reverse the effects of opioids when administered by someone who has been trained properly. Previously, however, it could be dispensed only to law enforcement officers and other emergency personnel, as well as friends or relatives of someone at risk of an overdose. In accordance with the recommendation of the Governor's Task Force to increase access to opioid antagonists, naloxone should be made available to save the lives of young people who may be experiencing an overdose at school. The bills establish a framework for the safe, appropriate administration of the drug for schools that choose to stock it, as well as provide for parental encouragement to ensure that teens who overdose receive treatment for their substance use disorder. In implementing the legislation, the State may draw on its experience requiring schools to stock EpiPens to treat students experiencing a severe allergic reaction. The bills authorize, but do not require, schools to stock opioid antagonists, and a drug manufacturer reportedly offered to provide naloxone to schools for free. Thus, the bills should not present a burden to school districts. The legislation represents an important piece of a comprehensive strategy to combat the impact of opioid abuse in Michigan.

Legislative Analyst: Suzanne Lowe

## **FISCAL IMPACT**

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

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

Local education authorities will incur costs associated with the purchase and storage of opioid antagonists as well as training the designated employee who will administer them. If all schools chose 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 a dose of naloxone hydrochloride). The cost for training two employees is currently unknown and will depend on how rigorous the Department makes the training requirements in the medication administration guidelines. Schools also will have minimal costs associated with reporting the administration of an opioid antagonist to a pupil. Expanding the immunity from liability provision to the administration of opioid antagonists will protect employees and the districts from the costs associated with civil damage payments from lawsuits.

Fiscal Analyst: Cory Savino  
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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.