



Senate Fiscal Agency  
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## BILL ANALYSIS



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Senate Bill 805 (as passed by the Senate)  
Senate Bill 806 (Substitute S-2 as passed by the Senate)  
Sponsor: Senator Jim Ananich (S.B. 805)  
Senator Dale W. Zorn (S.B. 806)  
Committee: Health Policy

Date Completed: 11-15-16

### **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. Furthermore, 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 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 related to treatment include 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 has been 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 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 (S-2) would amend 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 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, 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 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 enact).

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 Public Health 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 (S-2)**

#### **Opioid Antagonist Policy**

The bill would add 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 operated, there were at least two employees at the school who were 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 approved 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 2017-2018 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. Additionally, the policy would have to 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 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.
- 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.
- Require school personnel to notify the parent or legal guardian of a pupil to whom an opioid antagonist was 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 were believed to be having an opioid-related overdose.

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

### Immunity

Currently, 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

Under the bill, 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

The bill would require 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 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)

## **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. Currently, however, it may 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 would establish a framework for the safe, appropriate administration of the drug for schools that chose to stock it, as well as provide for parental encouragement to ensure that teens who overdosed received treatment for their substance use disorder. In implementing the legislation, the State could draw on its previous experience requiring schools to stock EpiPens to treat students experiencing a severe allergic reaction. The bills would authorize, but not require, schools to stock opioid antagonists, and a drug manufacturer reportedly has 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 devastating impact of opioid abuse in Michigan.

Legislative Analyst: Julie Cassidy

## **FISCAL IMPACT**

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

The Department would incur 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 incur costs associated with the purchase and storage of opioid antagonists as well as training the designated employee who would 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 Naloxone Hydrochloride). The cost for training two 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 the administration of 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.