



Senate Fiscal Agency
P.O. Box 30036
Lansing, Michigan 48909-7536



Telephone: (517) 373-5383
Fax: (517) 373-1986

Senate Bill 542 (as introduced 10-3-23)

(Senate-passed version)

Sponsor: Senator Kevin Hertel

Committee: Health Policy

Date Completed: 6-18-24

CONTENT

The bill would enact a new law to allow a person or governmental entity that was distributed an opioid antagonist by the Department of Health and Human Services (DHHS) at no cost to choose the formulation, type of delivery device, method of administration, or dosage of the opioid antagonist that the person or agency received; however, the bill specifies that the ability to choose the formulation or dosage of an opioid antagonist would not apply if that formulation or dosage choice jeopardized the DHHS's receipt of Federal funding.

Opioid antagonists are medications that block the activation of opioid receptors in an individual's central or peripheral nervous systems.¹ They are often used to treat opioid overdose, opioid use disorder, alcohol use disorder, and opioid-induced constipation. Public Act 383 of 2016 authorized the DHHS to distribute opioid antagonists on standing order that does not identify a particular patient. The DHHS operates a naloxone portal for distribution.

Under the bill, if the DHHS distributed an opioid antagonist at no cost to a person or governmental entity to assist the person or governmental entity in reducing the number of opioid-related overdoses in Michigan, the DHHS would have to allow the person or governmental entity to choose the formulation, type of delivery device, method of administration, or dosage of the opioid antagonist that the person or governmental entity would receive from the DHHS.

"Opioid antagonist" would mean naloxone hydrochloride or any other similarly acting and equally safe drug approved by the United States Food and Drug Administration for the treatment of drug 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 a reasonable person would believe to be an opioid-related overdose that requires medical assistance.

The bill specifies that it would not apply if allowing a person or governmental entity to choose the formulation or dosage of an opioid antagonist would jeopardize the DHHS's receipt of Federal funding.

Legislative Analyst: Alex Krabill

FISCAL IMPACT

The bill would have an indeterminate negative fiscal impact on the DHHS and no fiscal impact on local units of government. Currently, the DHHS operates a naloxone portal that provides

¹ Cleveland Clinic, "Opioid Antagonist", April 2023.

intranasal and injectable naloxone to health organizations, community organizations, schools, bars and nightclubs, law enforcement, and other relevant agencies at no cost. The bill would expand the type of opioid antagonists available through the naloxone portal by allowing the receiving entity to choose the formulation, type of delivery device, method of administration, or dosage of the opioid antagonist. This would increase costs for the DHHS by potentially increasing the number of opioid antagonists distributed but could also increase costs through the distribution of more costly opioid antagonists. Additionally, the DHHS would face an increased administrative burden by increasing the complexity of requests.

Fiscal Analyst: Ellyn Ackerman

SAS\S2324\s542sa

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.