
SENATE COMMITTEE ON PUBLIC SAFETY

Senator Nancy Skinner, Chair

2017 - 2018 Regular

Bill No: AB 2256 **Hearing Date:** June 19, 2018
Author: Santiago
Version: June 6, 2018
Urgency: No **Fiscal:** Yes
Consultant: SJ

Subject: *Law Enforcement Agencies: Opioid Antagonist*

HISTORY

Source: Los Angeles Sheriff's Department

Prior Legislation: AB 1748 (Mayes), Ch. 557, Stats. 2016
AB 1535 (Bloom), Ch. 326, Stats. 2014

Support: California Academy of Family Physicians; California Chapter of the American College of Emergency Physicians; California Pharmacists Association; California Police Chiefs Association; California Retailers Association; California Society of Addiction Medicine; California State Sheriff's Association; League of California Cities; Los Angeles County Professional Peace Officers Association; National Association of Chain Drug Stores; National Association of Social Workers, California Chapter

Opposition: None known

Assembly Floor Vote: 73 - 0

PURPOSE

The purpose of this bill is to authorize a pharmacy, wholesaler, or manufacturer to provide naloxone hydrochloride or another opioid antagonist to law enforcement agencies, under specified conditions.

Existing law authorizes a pharmacist to furnish naloxone in accordance with standardized procedures or protocols developed and approved by both the Board and Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities. (Bus. & Prof. Code, § 4052.01, subd. (a).)

Existing law requires the standardized procedures or protocols to include:

- 1) Procedures to ensure education of the person to whom the drug is furnished, including, but not limited to opioid overdose prevention, recognition, and response, safe administration of naloxone, potential side effects or adverse events, and the imperative to seek emergency medical care for the patient.

- 2) Procedures to ensure the education of the person to whom the drug is furnished regarding the availability of the drug treatment programs.
- 3) Procedures for the notification of the patient's primary care provider with patient consent of any drugs or devices furnished to the patient, or entry of appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider, and with patient consent. (Bus. & Prof. Code, § 4052.01, subd. (a)(1)-(3).)

Existing law prohibits a pharmacist furnishing naloxone from allowing a person receiving naloxone to waive the drug consultation. (Bus. & Prof. Code, § 4052.01, subd. (b).)

Existing law requires a pharmacist to complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone. (Bus. & Prof. Code, § 4052.01, subd. (c).)

Existing law authorizes a pharmacy to furnish naloxone or another opioid antagonist to a school district, county office of education (COE), or charter school if all the naloxone or another opioid antagonist is furnished exclusively for use at a school district school-site, COE school-site, or charter school, and a physician and surgeon provides a written order that specifies the quantity of naloxone or another opioid antagonist to be furnished. (Bus. & Prof. Code, § 4119.8, subd. (a).)

Existing law requires records regarding the acquisition and disposition of naloxone or another opioid antagonist furnished to be maintained by the school district, COE, or charter school for a period of three years from the date the records were created. Requires the school district, COE, or charter school to be responsible for monitoring the supply of naloxone or another opioid antagonist and ensuring the destruction of expired naloxone or another opioid antagonist. (Bus. & Prof. Code, § 4119.8, subd. (b).)

Existing law authorizes a licensed health care provider to prescribe and dispense naloxone to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. (Civ. Code, § 1714.22, subd. (b).)

Existing law authorizes a licensed health care provider to issue standing orders for the administration of naloxone to a person at risk of an opioid-related overdose, a family member, friend, or other person in a position to assist a person experiencing or reasonably suspected of experiencing an overdose. (Civ. Code, § 1714.22, subd. (c).)

Existing law requires a person who is prescribed or possesses naloxone pursuant to a standing order to receive training provided by an opioid overdose prevention and training program. (Civ. Code, § 1714.22, subd. (d)(1).)

Existing law defines "opioid overdose prevention and treatment training program" as any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following:

- 1) The causes of an opiate overdose.
- 2) Mouth to mouth resuscitation.
- 3) How to contact appropriate emergency medical services.
- 4) How to administer naloxone.

- 5) Does not require a person who is prescribed naloxone directly from a licensed prescriber to receive training from an opioid prevention and treatment training program. (Civ. Code, § 1714.22, subd. (a)(2).)

This bill authorizes a pharmacy, wholesaler, or manufacturer to furnish naloxone hydrochloride or other opioid antagonists to a law enforcement agency if both of the following are met:

- 1) The naloxone or other opioid antagonist is furnished exclusively for use by employees of the law enforcement agency who have completed training, provided by the law enforcement agency, in administering naloxone or other opioid antagonists.
- 2) Records regarding the acquisition and disposition of naloxone or other opioid antagonists furnished pursuant to this section shall be maintained by the law enforcement agency for a period of three years from the date the records were created. The law enforcement agency shall be responsible for monitoring the supply of naloxone hydrochloride or other opioid antagonists and ensuring the destruction of expired naloxone hydrochloride or other opioid antagonists.

COMMENTS

1. Need for This Bill

According to the author:

Under current law and regulation by the Board of Pharmacy, a pharmacist may furnish naloxone, without a prescription, provided that the pharmacist has completed specified training and provides information to the person receiving the naloxone. This authority allows any person, whether or not they have an existing prescription for an opioid, to receive naloxone. However, the authority to furnish naloxone without a prescription does not extend to wholesalers. Since law enforcement agencies would generally prefer to purchase naloxone in bulk from a wholesaler, most law enforcement agencies that have deployed naloxone have relied on a physician within a local health department or other government agency to write a standing prescription for the agency to purchase naloxone. Law enforcement agencies have argued that this process delays access to naloxone by their officers without providing a substantial public benefit.

2. Prescription Drug Deaths

Prescription opioids continue to be involved in more overdose deaths than any other drug. According to the Centers for Disease Control (CDC), overdose deaths involving prescription opioids have quadrupled since 1999. CDC found that from 1999 to 2015, more than 183,000 people died in the U.S. from overdoses related to prescription opioids. CDC notes that the most common drugs involved in prescription opioid overdose deaths are methadone, oxycodone, and hydrocodone.

3. Naloxone

Naloxone, better known by the brand name Narcan, is an opioid antidote that can reverse a drug overdose. Naloxone reverses depression of the central nervous system and respiratory systems that have shut down during an overdose. Naloxone is commonly used when a person excessively

uses morphine, oxycodone, methadone, or illegal substances such as heroin. Naloxone is meant to sustain breathing for 30-90 minutes, during which time emergency medical services should be sought for the patient. The drug is non-narcotic, does not produce intoxication, and has no potential for addiction or abuse. Naloxone also only causes pharmacological effects if there are opioids in someone's body. If naloxone is administered to someone who is not overdosing, no adverse effects will happen.

Naloxone is typically administered intramuscularly, which causes the drug to act within one minute and last up to 45 minutes. The emergency treatment works like the well-known EpiPen, an epinephrine auto-injector for serious allergic reactions, as it is injected into the muscle and does not require training, making it more user-friendly. Naloxone may also be administered via intravenously, subcutaneous (under the skin), or intranasally. A typical injectable or nasal spray naloxone kit costs \$15-\$25 per dose.

4. Access to and Use of NH

California is one of a number of states that have recently enacted legislation to address the public health concern of prescription drug overdose. Seventeen states and the District of Columbia, have enacted laws expanding access to naloxone. Most notably, programs that have required police officers to carry naloxone have been proven successful at curbing overdose deaths. According to a report by CNN, "The police department in Quincy, Massachusetts was the first in the nation to require its officers to carry naloxone and has successfully reversed 211 overdoses with a success rate of over 95%." (<<https://www.cnn.com/2014/05/27/us/new-york-police-heroin-antidote/index.html>> [as of Jun. 13, 2018].) NYPD officers have been equipped with and trained to administer naloxone since 2014. (*Id.*)

According to the Assembly Business and Professions Committee analysis, the federal Bureau of Justice Assistance reported that law enforcement agencies in 41 states have adopted programs to provide naloxone to law enforcement officers for use when responding to opioid overdoses. Deputies with the Los Angeles County Sheriff's Department began carrying nasal spray naloxone in 2017. (<<http://www.latimes.com/local/lanow/la-me-ln-sheriff-narcan-overdose-20170615-story.html>> [as of Jun. 13, 2018].)

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