
SENATE COMMITTEE ON EDUCATION

Senator Carol Liu, Chair
2015 - 2016 Regular

Bill No: AB 1748
Author: Mayes
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Consultant: Lynn Lorber
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Fiscal: Yes

Subject: Pupils: pupil health: opioid antagonist

NOTE: This bill has been referred to the Committees on Education and Judiciary. A "do pass" motion should include referral to the Committee on Judiciary.

SUMMARY

This bill authorizes local educational agencies to provide an emergency opioid antagonist to school nurses or trained personnel and authorizes a school nurse or trained personnel to administer an opioid antagonist to a person suffering from an opioid overdose.

BACKGROUND

Existing law:

- 1) Requires a school district or county office of education to provide emergency epinephrine auto-injectors to voluntarily trained personnel, and authorizes a school nurse or trained personnel to use an epinephrine auto-injector to provide emergency medical aid to a person suffering from an anaphylactic reaction. (Education Code § 49414)
- 2) Authorizes a pharmacy to furnish epinephrine auto-injectors to a school district, county office of education, or charter school if certain conditions are met. (Business & Professions Code § 4119.2)
- 3) Authorizes, in the absence of a credentialed school nurse or other licensed nurse onsite at the school, non-medical school personnel, who volunteer to do so, to administer medication to a student in an emergency, after receiving specified training:
 - a) Glucagon may be administered to students with diabetes suffering from severe hypoglycemia. (EC § 49414.5)
 - b) Emergency anti-seizure medication may be administered to students with epilepsy suffering from seizures. (EC § 49414.7)
- 4) Authorizes a licensed health care provider who is authorized by law to prescribe an opioid antagonist to prescribe and subsequently dispense or distribute an opioid antagonist 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. (Civil Code §1714.22)

ANALYSIS

This bill authorizes local educational agencies to provide an emergency opioid antagonist to school nurses or trained personnel and authorizes a school nurse or trained personnel to administer an opioid antagonist to a person suffering from an opioid overdose. Specifically, this bill:

- 1) Authorizes school districts, county offices of education, and charter schools to provide emergency naloxone hydrochloride or another opioid antagonist to school nurses or trained personnel who have volunteered, pursuant to #4-7.
- 2) Authorizes school nurses or trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to a person suffering, or reasonably believed to be suffering, from an opioid overdose.
- 3) Limits the method of administration of naloxone hydrochloride or another opioid antagonist to nasal spray.

Volunteers

- 4) Authorizes each public and private school to voluntarily determine whether or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school. This bill requires schools, in making this determination, to evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to naloxone hydrochloride or another opioid antagonist and trained personnel. This bill prohibits a private school from receiving state funds specifically for the purposes of this bill.
- 5) Authorizes each public and private school to designate one or more volunteers to receive initial and annual refresher training, based on the standards developed pursuant to #8, from the school nurse or other qualified person designated by an authorizing physician and surgeon.
- 6) Authorizes an employee who volunteers to rescind his or her offer to administer emergency naloxone hydrochloride or another opioid antagonist at any time, including after the receipt of training.
- 7) Prohibits a benefit from being granted to or withheld from any individual based on his or her offer to volunteer and prohibits retaliation against any individual for rescinding the offer to volunteer, including after receiving training.

Training

- 8) Requires the Superintendent of Public Instruction (SPI) to establish minimum standards of training for the administration of naloxone hydrochloride or another opioid antagonist that satisfies the requirements of #9. This bill requires the SPI

to review minimum standards of training every five years or sooner as deemed necessary by the Superintendent of Public Instruction (SPI).

- 9) Requires training to include all of the following:
 - a) Techniques for recognizing symptoms of an opioid overdose.
 - b) Standards and procedures for the storage, restocking, and emergency use of naloxone hydrochloride or another opioid antagonist.
 - c) Basic emergency follow-up procedures, including but not limited to, a requirement for the school or charter school administrator, or if the administrator is not available, another school staff member to call 911 and to contact the student's parent or guardian. This bill prohibits the requirement to call 911 from requiring the student to be transported to an emergency room.
 - d) Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.
 - e) Written materials covering the information from the training, and requires schools to retain the written materials for reference.
- 10) Requires the California Department of Education (CDE) to include on its Web site a clearinghouse for best practices in training non-medical personnel to administer naloxone hydrochloride or another opioid antagonist to students.
- 11) Requires the SPI to consult with organizations and providers with expertise in administering naloxone hydrochloride or another opioid antagonist and administering medication in a school environment, including but not limited to, the State Department of Public Health, the Emergency Medical Services Authority, the California School Nurses Organization, the California Medical Association, the American Academy of Pediatrics, and others.
- 12) Requires any local educational agency (LEA) choosing to provide an emergency opioid antagonist and trained personnel to provide the training for the volunteers at no costs to the volunteer and during the volunteer's regular working hours.
- 13) Requires training to be consistent with the most recent guidelines for medication administration issued by the CDE.

Employee protections

- 14) Requires an LEA to ensure that each employee who volunteers will be provided defense and indemnification by the LEA for any and all civil liability. This bill requires this information to be reduced to writing, provided to the volunteer, and retained in the volunteer's personnel file.
- 15) Prohibits a person who has been trained and who administers naloxone hydrochloride or another opioid antagonist, in good faith and not for

compensation, from being subject to professional review, be liable in a civil action, or be subject to criminal prosecution for acts or omissions in administering the naloxone hydrochloride and another opioid antagonist.

- 16) Prohibits the protection in #15 from applying in a case of gross negligence or willful and wanton misconduct of the person who renders emergency care treatment by the use of naloxone hydrochloride or another opioid antagonist.

Prescription

- 17) Authorizes a pharmacy to furnish naloxone hydrochloride or another opioid antagonist to a local educational agency (LEA) if all of the following are met:
 - a) The naloxone hydrochloride or another opioid antagonist is furnished exclusively for use at an LEA.
 - b) A physician and surgeon provide a written order that specifies the quantity of naloxone hydrochloride or another opioid antagonist to be furnished.
- 18) Requires records regarding the acquisition and disposition of naloxone hydrochloride or another opioid antagonist to be maintained by the LEA for a period of three years from the date the records were created.
- 19) Requires a qualified supervisor of health at an LEA that elects to use naloxone hydrochloride or another opioid antagonist for emergency aid to obtain from an authorizing physician and surgeon a prescription for each school. This bill requires a qualified supervisor of health to be responsible for stocking the naloxone hydrochloride or another opioid antagonist and restocking it if it is used. This bill requires the naloxone hydrochloride or another opioid antagonist to be restocked as soon as reasonably possible, but no later than two weeks after it is used, and requires it to be restocked before its expiration date.
- 20) Requires the LEA to be responsible for monitoring the supply of naloxone hydrochloride or another opioid antagonist and ensuring the destruction of expired naloxone hydrochloride or another opioid antagonist.
- 21) Requires an administrator at the LEA to carry out the duties in #19 if there is no qualified supervisor of health.
- 22) Authorizes a prescription to be filled by local or mail order pharmacies or manufacturers of naloxone hydrochloride or another opioid antagonist.
- 23) Prohibits an authorizing physician and surgeon from being subject to professional review, be liable in a civil action, or be subject to criminal prosecution for the issuance of a prescription or order, unless the physician and surgeon's issuance of the prescription or order constitutes gross negligence or willful or malicious conduct.

Miscellaneous

- 24) Requires any local educational agency (LEA) electing to use naloxone hydrochloride or another opioid antagonist for emergency aid to distribute a notice at least once per school year to all staff that contains the following information:
- a) A description of the volunteer request stating that the request is for volunteers to be trained to administer naloxone hydrochloride or another opioid antagonist to a person who is suffering, or reasonably believed to be suffering, from an opioid overdose.
 - b) A description of the training that the volunteer will receive.
 - c) The right of an employee to rescind the offer to volunteer.
 - d) A statement that no benefit will be granted to or withheld from any person based on his or her offer to volunteer and that there will be no retaliation against any person for rescinding the offer to volunteer, including after receiving training.
- 25) Provides that any public employee who volunteers to administer naloxone hydrochloride or another opioid antagonist is not providing emergency medical care “for compensation” notwithstanding the fact that the person is a paid public employee.
- 26) Authorizes a state agency, the California Department of Education, or a public school to accept gifts, grants, and donations from any source for the support of carrying out the provisions of this bill, including but not limited to the acceptance of naloxone hydrochloride or another opioid antagonist from a manufacturer or wholesaler.
- 27) Includes the following definitions:
- a) “Authorizing physician and surgeon” may include but is not limited to, a physician and surgeon employed by, or contracting with, an LEA, a medical director of the local health department, or a local emergency medical services director.
 - b) “Opioid antagonist” as naloxone hydrochloride or another drug approved by the federal Food and Drug Administration that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body, and has been approved for the treatment of an opioid overdose.
 - c) “Qualified supervisor of health” may include but is not limited to, a school nurse.

- d) “Volunteer” or “trained personnel” as an employee who has volunteered to administer naloxone hydrochloride or another opioid antagonist to a person if the person is suffering, or reasonably believed to be suffering, from an opioid overdose, has been assigned by a school, and has received training pursuant to #9.

STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author, “According to the Centers for Disease Control and Prevention, the number of deaths resulting from opioid overdoses has been steadily increasing over the past decade. In California, the number of drug overdose deaths is not 50% higher than the number of deaths resulting from automobile accidents. Naloxone (sold under the brand name Narcan) is a medication that can block the effects of opioid overdoses. In November 2015, the FDA approved an easy-to-use variant, administered by nasal spray, and in January 2016, at the Clinton Health Matters Summit, the manufacturer offered two free doses of Narcan nasal spray to every high school in the United States. Unfortunately, current California law does not provide clear authority for schools to accept, stock, or administer opioid overdose antidotes.”
- 2) ***Opioids.*** According to the Centers for Disease Control and Prevention (CDCP), opioids are a class of drugs used to reduce pain. Opioid such as oxycodone (OxyContin), hydrocodone (Vicodin), morphine, and methadone may be prescribed by a physician. Fentanyl is a synthetic opioid pain reliever that is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain. Illegally made and distributed fentanyl has been on the rise in several states. Heroin is an illegal opioid. Symptoms of opioid intoxication may include confusion or delirium, very slow breathing, extreme sleepiness, vomiting and small pupils.

Also according to the (CDCP), more people died from drug overdoses in 2014 than in any year on record. The majority of drug overdose deaths (more than six out of ten) involve an opioid. Since 1999, the rate of overdose deaths involving opioids (including prescription opioids and heroin) nearly quadrupled. From 2000 to 2014, nearly half a million people died from drug overdoses. Seventy eight Americans die every day from an opioid overdose.

- 3) ***Very similar to existing law for other medications.*** This bill is modeled after existing provisions allowing school nurses or trained personnel to use epinephrine auto-injectors to provide emergency medical aid to a person suffering, or reasonably believed to be suffering, from an anaphylactic reaction. However, this bill authorizes schools to obtain a prescription while existing law requires schools to obtain a prescription for epinephrine auto-injectors.

This bill is also very similar to existing provisions authorizing non-medical school personnel who volunteer, in the absence of a credentialed school nurse or other licensed nurse onsite at the school, to administer medication to a student in an emergency, after receiving specified training. Those provisions relate to the administration of glucagon to students with diabetes suffering from severe hypoglycemia, and emergency anti-seizure medication to students

with epilepsy suffering from seizures. In both scenarios, the medication must be prescribed for that student.

Existing law, as well as provisions in this bill, protects volunteering school personnel from liability, as specified, requires local educational agencies (LEA) to provide defense and indemnification, and authorizes the volunteer to rescind his or her offer to administer medication.

- 4) ***Nasal spray only.*** This bill limits the method of administration of naloxone hydrochloride or another opioid antagonist to nasal spray. A prior version of this bill permitted volunteers to administer naloxone hydrochloride or other opioid antagonist in the form the volunteer is most comfortable with (i.e. syringe, auto-injector or nasal spray). Amendments taken in the Assembly Judiciary Committee deleted and replaced this provision with language specifying that volunteers may only administer naloxone hydrochloride or another opioid antagonist by nasal spray, and not in any other form. These amendments address various concerns raised by the California School Employee Association about the rights and responsibilities of their members. The federal Food and Drug Administration has approved an opioid antagonist auto-injector, which does not have an exposed needle or require the measuring of dosage. Existing law authorizes trained non-medical school personnel to administer an epinephrine auto-injector to provide emergency medical aid to a person suffering from an anaphylactic reaction. The author is continuing to work with the school employees on this issue.
- 5) ***How many nurses.*** According to data files maintained by the California Department of Education, there were a total of 2,391 school nurses for California's 6.2 million students, and about one-half of school *districts* do not have a school nurse. In those areas, the county office of education should provide a nurse but it is possible that no nursing coverage exists for some school districts. Some schools have a school nurse but only on a part-time basis.
- 6) ***School staff currently administering medication.*** No data is maintained by the State as to the number of school districts that choose to allow staff to receive training to administer, or assist with the administration of, medication to pupils.
- 7) ***Fiscal impact.*** According to the Assembly Appropriations Committee analysis, this bill imposes General Fund administrative costs to the California Department of Education (CDE) of approximately \$60,000 in the first year of implementation to develop minimum standards of training and to provide a clearinghouse for best practices in training. Ongoing costs of approximately \$12,000 (General Fund) for the CDE to review and update standards as necessary.

SUPPORT

American Nurses Association/California
California Pharmacists Association
California School Nurses Organization
California Society of Addiction Medicine
Drug Policy Alliance

OPPOSITION

California Teachers Association

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