

OPIOID ANTAGONISTS IN SCHOOLS

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Senate Bill 805 as passed by the Senate w/o amendment
Sponsor: Sen. Jim Ananich

Analysis available at
<http://www.legislature.mi.gov>

Senate Bill 806 (S-2) as passed by the Senate
Sponsor: Sen. Dale W. Zorn

House Committee: Health Policy
Senate Committee: Health Policy
Complete to 12-5-16

(Enacted as Public Acts 384 and 385 of 2016)

SUMMARY:

Senate Bills 805 and 806 would amend the Public Health Code and Revised School Code to allow an opioid antagonist to be prescribed to a school board and administered by a school nurse (or person trained by a nurse) in case of an opioid-related overdose in the school.

Senate Bill 805 (MCL 333.17744b)

Senate Bill 805 would amend the Public Health Code to add a school board to the parties to whom a prescriber can prescribe and a dispensing prescriber or pharmacist can dispense an opioid antagonist. Additionally, it would allow a licensed registered professional nurse employed at the school, who is trained in the administration of an opioid antagonist, to possess and administer the opioid antagonist.

Senate Bill 806 (MCL 380.5 and 380.1178; proposed MCL 380.1179b)

A new Section 1179b to the Revised School Code would allow a school board to require that, in each school it operates, there are at least two employees who have been trained in the appropriate use and administration of an opioid antagonist by a licensed registered professional nurse, beginning in the 2017-2018 school year. It would also provide that a nurse employed or contracted by the school district, intermediate school district (ISD) or public school academy (PSA), or an appropriately trained school employee, may possess and administer an opioid antagonist.

Opioid antagonist policy

A school board that requires an employee to be trained in the use and administration of opioid antagonists must develop and implement a policy by the beginning of the 2017-2018 school year. That policy must:

- Be consistent with the Michigan Department of Education (MDE) medication administration guidelines, as amended (described below)

- Provide for the possession of at least one package of an opioid antagonist in each school operated by the school board, which may be administered by a school nurse or a school employee who is trained in its administration and is authorized to administer it under the policy.
- Authorize a school nurse or a trained school employee to administer an opioid antagonist to an 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 is administered. The policy must also require the school employee to encourage the parent or guardian to seek treatment for the pupil from a substance use disorder services program.
- Require school personnel to call 911 if a pupil is believed to be having an opioid-related overdose.

Changes to the MDE medication administration guidelines

The MDE, in conjunction with the Department of Health and Human Services (MDHHS), 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, must identify, develop, and adopt appropriate revisions to the medication administration guidelines issued by the MDE.

These revisions must include, but are not limited to, those related to the training needs and requirements for the administration and maintenance of stock opioid antagonists and storage requirements.

Annual reporting

A school district, ISD, and PSA must report all instances in which an opioid antagonist was administered to a student using the school's stock of opioid antagonists to the MDE, at least annually, using the form and manner prescribed by the MDE.

Definitions

- An **opioid antagonist** means 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.
- An **opioid-related overdose** is a condition, including, but not limited to, 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 a licensed professional nurse in the administration of an opioid antagonist would believe to be an opioid-related overdose that requires medical assistance.

Senate Bills 805 and 806 are tie-barred together, meaning that neither would take effect unless both are enacted.

FISCAL IMPACT:

Senate Bills 805 and 806 would have a minimal fiscal impact for the state and could have a fiscal impact for intermediate school districts, public school districts, and public school academies.

The MDE, in coordination with other health organizations named above, would incur an indeterminate, but minimal, fiscal cost in administrative expenses to identify, develop, and adopt revisions to the Medication Administration Guidelines related to training needs and maintenance of the stock of opioid antagonists.

Jointly, the MDE and school districts using opioid antagonists could incur increased administrative costs by requiring that districts report incidences of use of opioid antagonists to the MDE, which would then have to track the reports.

Districts, if their school boards elect to require the opioid antagonists, could incur costs related to acquiring opioid antagonists and for the training required to diagnose and administer the drug. There would be an indeterminate fiscal cost to training at least two employees at designated schools. Since there are approximately 3,855 schools in Michigan, there could be approximately 7,710 school employees that need training. Table 1 below illustrates variations in the cost of the drug by three methods of injection: syringe, intranasal, and auto-injector. As seen in the table, the cost could range from \$94,448 to \$1.4 million depending on the injection type. The cost per package could be lower since the product would be going to schools (it has been noted that schools are among the groups that receive rebates or special prices along with first responders and community groups) and due to the large quantity purchased.

Table 1: Opioid Antagonist Cost by Injection Type

Type of Injection	Cost Per Package	Cost if all Schools Participate
Syringe/Vial (10 dose package)	\$24.50 to \$33.0	\$94,448 - \$127,215
Intranasal (2 dose package)	\$75	\$144,562
Auto-Injector (2 dose package)	\$750	\$1,445,625

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.