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House Bill 5404 (Substitute S-1 as reported)
House Bill 5405 (Substitute S-1 as reported)
House Bill 5407 (Substitute S-2 as reported)
Sponsor: Representative Hugh Crawford (H.B. 5404)
Representative Anthony G. Forlini (H.B. 5405 & 5407)
House Committee: Judiciary
Senate Committee: Judiciary

CONTENT

The bills would amend the Public Health Code relative to the use of an opioid antagonist in response to an opioid-related overdose.

House Bill 5404 (S-1) would do the following:

- Require a medical control authority's emergency medical protocols, within 12 months of the bill's effective date, to include requirements that life support vehicles have opioid antagonists and that emergency personnel are trained to administer them.
- Allow a medical control authority to rescind those protocols beginning three years after the bill's effective date.
- Grant liability protection to certain people for the administration of an opioid antagonist to someone who was suffering or exhibiting symptoms of an opioid-related overdose.

House Bill 5405 (S-1) specifies the following:

- A person complying with the opioid antagonist prescribing and dispensing authority granted under House Bill 5407 (S-2) would not be in violation of the Code's controlled substance prohibitions.
- A person who in good faith administered an opioid antagonist to a person whom he or she believed was suffering from an opioid-related overdose would not be subject to criminal prosecution or professional sanction.

House Bill 5407 (S-2) would do the following:

- Authorize a prescriber to issue a prescription for, and a dispensing prescriber or pharmacist to dispense, an opioid antagonist.
- Grant civil liability protection to a prescriber, dispensing prescriber, or pharmacist who prescribed or dispensed an opioid antagonist that was administered or not administered, resulting in injury or death.
- Require the Department of Community Health (DCH) to publish an annual report on opioid-related overdoses in Michigan.

House Bill 5407 (S-2) would define "opioid-related overdose" as a condition that results from the consumption or use of an opioid or another substance with which an opioid was combined or that a layperson would reasonably believe to be an opioid-related overdose that requires medical assistance. The conditions resulting from consumption or use of an

opioid or other substance would include, but would not be limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death.

"Opioid antagonist" would mean naloxone hydrochloride or any other similarly acting and equally safe drug approved by the Federal Food and Drug Administration for the treatment of drug overdose.

MCL 333.20919 & 333.20965 (H.B. 5404)
Proposed MCL 333.7422 & 333.17744c (H.B. 5405)
MCL 333.1106 et al. (H.B. 5407)

Legislative Analyst: Patrick Affholter

FISCAL IMPACT

House Bill 5404 (S-1) would have a minor negative fiscal impact on both State and local government. Under the requirements of the bill, the DCH would have to create procedures that would guide the development of protocols to be implemented later by local medical control authorities. The development of these protocols would create minor administrative costs. Additionally, local governments could face an increase in costs resulting from the need to train emergency response personnel in the use of opioid antagonists as well as to equip life support vehicles with opioid antagonists.

House Bill 5405 (S-1) could reduce costs to the State by reducing the number of prosecutions and convictions for prescribing or dispensing opioid antagonists as well as providing immunity to those administering an opioid antagonist in good faith. This would reduce court and corrections costs, although it is unclear how many prosecutions could be avoided. Additionally, the bill could result in savings to the State by reducing the number of investigations, hearings, and sanctions for violations of professional licensing provisions. The bill would have no fiscal impact on local government.

House Bill 5407 (S-2) would have a negligible negative fiscal impact on the State and no fiscal impact on local government. The annual reporting requirement contained in the bill would result in a minor increase in administrative costs for the DCH.

Date Completed: 9-11-14

Fiscal Analyst: Ellyn Ackerman

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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.