

STANDING ORDER FOR OPIOID ANTAGONIST

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Senate Bill 578 as reported from House committee
Sponsor: Sen. Winnie Brinks
House Committee: Health Policy
Senate Committee: Health Policy and Human Services
Complete to 6-30-22

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

SUMMARY:

Senate Bill 578 would amend the Public Health Code to expand the allowable situations in which the state's chief medical executive could issue a standing order for opioid antagonists. In those cases, those allowed under the order could dispense an opioid antagonist to an individual suffering from a drug overdose.

2016 PA 383 allowed the chief medical executive to issue a standing order that does not identify a particular patient for the purpose of allowing a pharmacist to dispense an *opioid antagonist*.¹

The bill would also allow the chief medical executive to issue such a standing order for the purpose of allowing a *community-based organization* or a staff member of a community-based organization to distribute opioid antagonists.

Community-based organization would mean a public or private organization that provides health or human services to meet the needs of a community, such as a nonprofit organization, a social service provider, or an organization providing substance use disorder prevention, treatment, recovery, or harm reduction services. A community-based organization would not include an "agency" as that term is defined in the Administration of Opioid Antagonists Act. [That act defines "agency" as a governmental agency.]

Opioid antagonist means 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.

The existing provisions for pharmacists also would be extended to community-based organizations and their staff, so that they could then distribute opioid antagonists under a standing order and would not be liable in a civil action for damages resulting from dispensing, administering, or failing to administer an opioid antagonist.

MCL 333.17744e

¹ House Fiscal Agency analysis of 2016 PA 383 (HB 5326): <http://www.legislature.mi.gov/documents/2015-2016/billanalysis/House/pdf/2015-HLA-5326-78ADF7CC.pdf>

BACKGROUND:

Opioid overdoses are a sizable and growing problem in Michigan and across the country. According to the federal Centers for Disease Control and Prevention (CDC), in 2019, 70,630 drug overdose deaths occurred in the country. Opioids were the main driver of drug overdose deaths and were involved in 70.6% of all drug overdose deaths.² Administering naloxone hydrochloride after an opioid overdose incident requires only basic training, but is often the difference between life and death.

However, only 55% of Michigan's pharmacies participate in the naloxone standing order program initiated by 2016 PA 383.³ Extending the standing order provision to community-based organizations would help to fill this gap and ensure them a guaranteed supply, as they already distribute more naloxone kits than any other provider type in the state.⁴

As of September 2020, according to the Legislative Analysis and Public Policy Association,⁵ all 50 states, the District of Columbia, and Puerto Rico allow an individual to obtain naloxone without a prescription in some capacity. Thirty-three states have a statewide standing order for naloxone. In 14 states and the District of Columbia, a prescriber and pharmacist can enter into a standing order agreement for naloxone.

Senate Bill 578 is identical to House Bill 5166 as passed by the House of Representatives.

FISCAL IMPACT:

Senate Bill 578 allows, but does not require, the chief medical executive to issue a standing order for dispensing opioid antagonists. Given this, the bill would have an indeterminate but likely negligible fiscal impact on the state and local units of government.

POSITIONS:

Blue Cross Blue Shield of Michigan indicated support for the bill. (6-30-22)

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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.

² <https://www.cdc.gov/drugoverdose/deaths/index.html>

³ [09-30-2021 - DHHS - HB 5163, 5166 - House Health Policy.pdf](#)

⁴ [09-30-2021 - Mich Overdose Prevention Coalition - HB 5166 - House Health Policy.pdf](#)

⁵ <https://legislativeanalysis.org/wp-content/uploads/2020/10/Naloxone-summary-of-state-laws-FINAL-9.25.2020.pdf>