

Department of Health
Pharmacy Quality Assurance Commission
Policy Statement

Title:	Opioid Overdose Medication – Distribution from Hospital Emergency Departments	59
References:	RCW 69.41.095, RCW 70.41.480, WAC 246-873-060	
Contact:	Steven Saxe, Executive Director	
Phone:	(360) 236-4946	E-mail: wspqac@doh.wa.gov
Effective Date:	April 27, 2018	
Approved By:	Chair, Pharmacy Quality Assurance Commission	

This policy establishes the approach of the Pharmacy Quality Assurance Commission (Commission) to the implementation of RCW 69.41.095 – Opioid overdose medication. The Commission’s position is that RCW 69.41.095, among other things, authorizes a hospital emergency department, pursuant to a practitioner’s prescription, standing order, or protocol, to distribute opioid overdose medication to people at risk of overdose or to first responders, family members, or other persons or entities in a position to assist such at-risk people. This policy considers both [RCW 69.41.095](#) Opioid overdose medication and [RCW 70.41.480](#) Findings—Intent—Authority to prescribe prepackaged emergency medications— Definitions.

BACKGROUND:

The Commission has learned that some uncertainty has arisen over whether hospital emergency departments are authorized to distribute opioid overdose medication under RCW 69.41.95. The Commission’s approach to this issue is informed, in part, by the clear direction from the Legislature in the intent statement of RCW 69.41.095 to increase the availability of such medication to combat the opioid epidemic:

- Intent—2015 c 205:** "(1) The legislature intends to reduce the number of lives lost to drug overdoses by encouraging the prescription, dispensing, and administration of opioid overdose medications.
- (2) Overdoses of opioids, such as heroin and prescription painkillers, cause brain injury and death by slowing and eventually stopping a person's breathing. Since 2012, drug poisoning deaths in the United States have risen six percent, and deaths involving heroin have increased a staggering thirty-nine percent. In Washington state, the annual number of deaths involving heroin or prescription opiates increased from two hundred fifty-eight in 1995 to six hundred fifty-one in 2013. Over this period, a total of nine thousand four

hundred thirty-nine people died from opioid-related drug overdoses. Opioid-related drug overdoses are a statewide phenomenon.

(3) When administered to a person experiencing an opioid-related drug overdose, an opioid overdose medication can save the person's life by restoring respiration. Increased access to opioid overdose medications reduced the time between when a victim is discovered and when he or she receives lifesaving assistance. Between 1996 and 2010, lay people across the country reversed over ten thousand overdoses.

(4) The legislature intends to increase access to opioid overdose medications by permitting health care practitioners to administer, prescribe, and dispense, directly or by collaborative drug therapy agreement or standing order, opioid overdose medication to any person who may be present at an overdose - law enforcement, emergency medical technicians, family members, or service providers - and to permit those individuals to possess and administer opioid overdose medications prescribed by an authorized health care provider." [[2015 c 205 § 1.](#)]

The question has been raised about whether RCW 70.41.480 and its corresponding rule, [WAC 246-873-060](#), prohibit a hospital emergency department from distributing opioid overdose reversal medication. In short, RCW 70.41.480 authorizes a hospital to distribute a limited supply of prepackaged emergency medications upon discharge when access to a community or outpatient hospital pharmacy is not available within 15 miles or when the patient has no reasonable ability to reach a pharmacy. Some question whether RCW 70.41.480 provides the only means by which an emergency department may distribute drugs, meaning that an emergency department may not distribute opioid overdose medication pursuant to RCW 69.41.095. The Commission does not find these statutory provisions to be in conflict. Instead, the Commission's understanding is that RCW 69.41.095 and RCW 70.41.480 are alternative and compatible sources of authority for the distribution of drugs from emergency departments. RCW 69.41.095 authorizes the distribution of opioid overdose medications only. RCW 70.40.480 authorizes the distribution of prepackaged emergency medications.

Accordingly, pursuant to RCW 69.41.095, a practitioner who is authorized to prescribe legend drugs may distribute opioid overdose medication to people at risk of overdose or to first responders, family members, or other persons or entities in a position to assist such at-risk people. The practitioner, including one working in an emergency department, may distribute the medication herself or issue a standing order or protocol designating trained staff of an organization, such as an emergency department, to distribute the medication according to specific instructions. A practitioner may also enter into a collaborative drug therapy agreement with a pharmacist.

The Commission believes that state law—RCW 69.41.095—authorizes the distribution of opioid overdose medication from emergency departments. No change to current state law is required to provide such authority. Further, the commission policy is in alignment with recent federal announcements encouraging expanded access to naloxone from the Centers for Disease Control and Prevention and the Surgeon General.

The Commission's policy is that current state law authorizes a hospital emergency department, pursuant to a practitioner's prescription, standing order, or protocol, to dispense, distribute, or deliver opioid overdose medication to people at risk of overdose or to first responders, family members, or other persons or entities in a position to assist such at-risk people.