

MEMORANDUM



To: House Committee on Health Care
From: Richard Donovan, Legislative Specialist, OSBA
Date: May 21, 2019
Re: SB 665-A explanation

SB 665-A would require the Oregon Department of Education (ODE) to revise the medication OAR for schools to permit the school district to optionally choose to store the anti-overdose medication naloxone. It is a targeted bill about rulemaking. Naloxone is commonly called Narcan. OSBA is the chief proponent of the bill.

Naloxone is a nasal spray that will temporarily stop opioid-related overdoses in-progress. It works by binding to opioid receptors in the brain in place of opioid drugs. There is little- to no-risk if someone is administered naloxone outside of an overdose. It will not have an adverse effect. In this regard it is similar to an EpiPen. Reflecting the de minimus risk, in 2017 the Legislature passed HB 3440. That bill removes liability for administration of naloxone, clearing the way for naloxone to be administered more freely than other prescription medications.

Nick Troxel is a school board member in Tillamook. Nick is also detective. In 2018 he contacted OSBA to find out how his district could put in place a policy for naloxone training, including safe storage and administration of the drug. With the advent of HB 3440 (2017), and other related legislation, the barrier to enacting these policies is the OAR governing medication usage in schools, [OAR 581-021-0037](#).

Specifically, the problem is in OAR 581-021-0037(3)(c), which says:

(c) Permit designated personnel to administer prescription medication where:

(A) Because of its prescribed frequency or schedule, the medication must be given while in school, at a school-sponsored activity, while under the supervision of school personnel, and in transit to or from school or school-sponsored activities;

(B) The student's **parent or guardian has provided written permission** or the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.675 and 109.640; and

(C) The student or the student's parent or guardian has provided the school district with written instruction for the administration of the medication from the prescriber that includes **the name of the student, name** of the medication, dosage, method of administration, frequency of administration, any other special instructions, and the signature of the prescriber. A prescription medication label prepared by a pharmacist at the direction of a prescriber shall be sufficient if all of the information required by this definition except for the prescriber's signature is included.

For school districts, (B) and (C) are the problems. The interplay between the requirement for specific written permission and the requirement that the student is named by the prescriber. Because it is an anti-overdose medication, Naloxone is prescribed to the person administering the medication, not the person to whom the medication is administered.

SB 665-A is a narrow bill to address this problem in rule. It would require ODE, in consultation with the Oregon Health Authority, to revise this rule to permit schools the option for policies to safely train, store, and administer naloxone.

The bill passed out of the Senate unanimously with four Senators excused and there is no known opposition to the bill. I ask for your support for SB 665-A.