

2015 SENATE HUMAN SERVICES

SB 2104

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2104
1/20/2015
22225

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A BILL relating to immunity from liability related to opioid antagonists and limited prescriptive authority for Naloxone rescue kits.

Minutes:

Attach #1: Testimony by Senator Howard Anderson, Jr.
Attach #2: Supporting information from Senator Howard Anderson, Jr.
Attach #4: Testimony by Mark J. Hardy
Attach #5: Testimony by Stacey Pfenning
Attach #6: Testimony by Dr. Hatlestad
Attach #7: Testimony by Dr. Melissa Henke
Attach #8: Testimony by Jenenne Guffey
Attach #9: Testimony by Kurt Snyder
Attach #10: Testimony by Chad Mayers
Attach #11: Testimony by Courtney Koebele
Attach #12: "In This Issue", Preventing Opioid Overdose with Naloxone

Senator Howard Anderson, Jr. introduced the bill to the committee. (Attach #1) for testimony. (end oral testimony 6:45). Senator Howard Anderson, Jr. also provided handouts with supporting information (attach #12).

Senator Warner asked would a pharmacist have prescriptive authority without going through physician.

Senator Howard Anderson, Jr. indicated the intent of the bill is to allow the pharmacist to do this. One other state allows this, New Mexico. The bill does state that the Board of Pharmacy needs to adopt rules which will probably be under their collaborative of practice authorization right now, wherein the pharmacist working with physician could prescribe the Naloxone.

Senator Warner does that imply patient needs to already be in treatment.

Senator Howard Anderson, Jr. stated the intention is that those people, mom, could get Naloxone from the prescriber or from the pharmacist if their son/daughter were in that situation. Those rules would have to be developed by the Board of Pharmacy if a Pharmacist would do this. This makes it more comfortable for the physician to do that. The

3rd party insurance won't pay for it if it's not for the patient, but the Mom or somebody else could pay.

Senator Warner asked for clarification. When you said "in this situation," did you refer to a potential drug overdose or a patient in treatment with a physician who had a relapse.

Senator Howard Anderson, Jr. indicated either way. Occasionally there is a person who needs a lot of narcotics due to their physical condition or pain and there is a risk for overdose, there would be nothing wrong with patient having the medication. The rules will likely say that the pharmacist will also be responsible for training whoever is getting the prescription. Law enforcement its optional for them, so if they are going to carry it, they are responsible for their training to law enforcement if that happens. There are no funds for that.

Chairman Judy Lee invited Pam Sagness or Tom Nehring to the podium if they wanted to provide additional information upfront on this bill.

Pam Sagness, Department of Human Services, Substance Abuse Lead, testified IN SUPPORT of SB 2104. Ms. Sagness provided the handout, "In This Issue, Preventing Opioid Overdose with Naloxone." (attach #2)

Mr. Tom Nehring, Department of Health, had no written testimony, and spoke IN FAVOR of SB 2104.

Mark Hardy, PharmD, Executive Director of the ND State Board of Pharmacy, spoke IN FAVOR of SB 2104. (attach #3) (11:53-14:05)

Dr. Constance Kalanek, Executive Director of the ND Board of Nursing, had representation on several of the related committees, and spoke IN FAVOR of SB 2104. (Attach #4)

Stacy Pfenning, ND Board of Nursing Associate Director for Advanced Practice Nursing, spoke IN FAVOR of SB 2104 (attach #5) (17:30)

Senator Dever asked if Naloxone is the only drug, the best drug, or the most cost effective drug?

Ms. Pfenning indicated all of the above. In her experience, it is what is carried in the emergency department the generic Naloxone. We usually give it Sub-Q or IM upon arrival if the patient is subdued or not responding appropriately. Even if we don't have the history of why the patient is not responding, we give Naloxone and they are responding.

Chairman Judy Lee indicated Naloxone is the generic title.

Senator Warner asked if there were any disease conditions where it might be counterintuitive to administer, such as diabetic coma, no negative consequences?

Ms. Pfenning responded no negative consequence. More life-saving than harm.

Dr. DJ. Hatlestad, a physician in the emergency room at Sanford Medical Center Bismarck, testified IN FAVOR Of SB 2104 (19:14-20:30) (attach #6)

Senator Warner beyond scope of this bill, is there a possibility that this would have therapeutic uses in treating drug addictions?

Dr. Hatlestad indicated it already does today. It certainly has other applications, both oral, long-term injectable, other uses. It is exceedingly safe. We want it in people's hands. This is for everybody.

Senator Dever asked if somebody is treated with this, might the patient then not feel the need to go to emergency room.

Dr. Hatlestad indicated yes, and they still need to go to emergency room, as this is short acting.

Chairman Judy Lee indicated that hopefully the person who administers it moves them to the emergency room quickly.

Dr. Melissa Henke, Medical Director of the Heartview Foundation, testified IN FAVOR of SB 2104 (attach 7) About 22:30-26:06). After testimony, Dr. Henke provided clarification that it's not Naloxone that's available for as a preventative drug. It is call Maltruxone, but it works in the same way. We are using it and it is available in the community.

Chairman Judy Lee indicated in testimony that Senator Howard Anderson, Jr. provided, there is a note about Dr. Mary Senz who is a medical examiner at UND who works the eastern part of the state and a few counties in western Minnesota. She knows from her work that there are under-reported deaths from overdoses because there are not always posts being done, or there will be an inaccurate listing on a death certificate where a post has later been done.

Jenne Guffey, Mom, testified IN FAVOR of SB 2104 (attach #8), (26:41-29:30)

Kurt Snyder, Executive Director of the Heartview Foundation, spoke IN FAVOR of SB 2104 (attach #9) (29:20-31:11). Mr. Snyder also provided written testimony by **Chad Mayers** (attach #10).

Courtenay Koebele, Executive Director for for the North Dakota Medical Association, testified IN FAVOR of SB 2104 (attach #11) (31:35-32:25)

OPPOSITION TO SB 2104

No opposing testimony

NEUTRAL TO SB 2104

No neutral testimony

Closed public hearing.

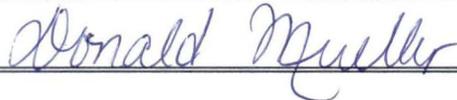
2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2104
1/20/2015
22228

- Subcommittee
 Conference Committee

Donald Mueller



Explanation or reason for introduction of bill/resolution:

A BILL relating to immunity from liability related to opioid antagonists and limited prescriptive authority for Naloxone rescue kits.

Minutes:

"Click to enter attachment information."

These minutes are from committee work for SB 2104 on January 20, 2015.

Senator Axness asks for clarification from Senator Howard Anderson, Jr. on Section 2, 2nd page, line 23, we use the actual rescue kit by name. If a new kit comes out, will the board still be able to use that?

Senator Howard Anderson, Jr. indicated that since it is in parenthesis, it will be fine.

Senator Dever asked about the word antagonist is synonymous with anecdote?

Senator Howard Anderson, Jr. when comparing antagonist with anecdote, what a narcotic antagonist is is when you take a narcotic, it attaches to receptors in your brain. What an antagonist does is kicks the narcotic off of that receptor because it has more affinity for the receptor than the narcotic itself. You lose the effect of the narcotic. An antagonist can also be an anecdote, which it is in this case, where you take this drug and give them Naloxone that's effectively an anecdote. In this case, it is both.

Chairman Judy Lee stated that an antagonist is always an anecdote but an anecdote is not always an antagonist.

Senator Howard Anderson, Jr. answered yes, and an agonist means it is something which is similar or works the same way. Antagonist is the opposite.

Senator Dever stated that if we are looking at individuals self-administering this or family members of an individual, sounds like a good thing, how do they become aware of its availability?

Senator Howard Anderson, Jr. indicated that Pam Sagness indicated that the Department of Human Services has money for marketing, including public service announcements, brochures, and so forth.

Chairman Judy Lee indicated that John Vostagg is working on the potential of public service announcements through MidContinent Cable for marketing.

Senator Howard Anderson, Jr. stated that within the narcotic user community, word of mouth works very well.

Senator Warner moved to recommend DO PASS for SB 2104. The motion was seconded by **V. Chairman Oley Larsen**.

Roll Call Vote

6 Yes, 0 No, 0 Absent.

Senator Howard Anderson, Jr. will carry the bill.

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. SB2104**

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Warner Seconded By Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larson (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2104: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2104 was placed on the Eleventh order on the calendar.

2015 HOUSE HUMAN SERVICES

SB 2104

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2104
3/10/2015
24575

- Subcommittee
 Conference Committee

Amanda Muscha

Explanation or reason for introduction of bill/resolution:

Relating to immunity from liability related to opioid antagonists and limited prescriptive authority for Naloxone rescue kits

Minutes:

Testimonies 1-7

Chairman Weisz opened the hearing on SB 2104.

Sen. Howard C. Anderson Jr.: Introduced and testified in support of the bill. (See Testimony #1)

Rep. Porter: I don't see a component in here that requires follow up treatment after giving the Naloxone. Was there any discussion about this?

Sen. Anderson: Yes. The National Justice group has a video for law enforcement which does through those things. That will be the responsibility of those who are providing the Naloxone to train the people.

Rep. Porter: You feel comfortable that there is a mandating training component?

Sen. Anderson: Yes. This is a legend drug and it is supposed to be on prescription. There aren't many side effects except that you look like you are getting better and then you go back into respiratory arrest in a few minutes.

Rep. Oversen: In Section 2, is that intended to be a power of the board of pharmacy? I think the section has a drafting error in that.

Sen. Anderson: The pharmacist would be authorized. They could under an agreement that they have now with a physician or one they would establish. For example a physician who takes care of narcotic addicts and treats them. They can do that now. Additionally we have the provision at the end that allows the board of pharmacy to make rules allowing pharmacists to have narcotic patients who they see are at a potential of overdose they could supply the Naloxone. Usually they then report to the primary caregiver.

Rep. Oversen: That is what section 2 is intended to be then, under the board. I think the number that is listed is incorrect. It should be 43-15-10. I want to make sure it is supposed to be that.

Sen. Anderson: That is the pharmacy practice act (43-15)

Rep. Oversen: Correct but 11 is a section that has been repeal so I think it should be 43-15-10

Sen. Anderson: 43-15 what?

Rep. Oversen: 10

Sen. Anderson: I am not sure when they drafted it why they used that section but we can check it out.

Tyler Auck: I am here to support this bill. I am currently 40 years old, married, and a father of 3 kids. I grew up in Bismarck with my younger brothers and mother. My father passes away at the age of 53. He was an active drug user and I grew up with a world filled with drugs and violence. I am not proud of pieces of my passed but they are permanent relevant parts of me that helped shaped me. I am a student, father, husband, friend, role-model, hard-working, trustworthy, member of our community, and a recovering drug addict. I have been sober since January 5th, 2011. For 22 years I was an active user of these drugs and throughout those years I experienced many deaths from accidental over dose. At 22 I lived in Boulder, Colorado and my disease had such a strong hold of my mind, body, and spirit that I had to use the drugs the minute I received them no matter the cost. One night I started smoking large amounts of cocaine and heroin and I overdosed. I remember not being able to see or breathe as I hit the floor. I could hear the people around me talking. They wanted to take me to the hospital but they were afraid of getting in trouble so instead of getting me help they dragged what they thought was my dead body out of the apartment building and tried to throw me into a dumpster. They couldn't lift my body into the dumpster so they left me there to die. Full of fear that helping meant being put in jail. The horrible helpless feeling to have people touching you as you were dying and then turn their backs and walk away. After some time I came to and crawled to the street where a car stopped and called 911 which saved my life. I was then administered Naloxone. I have overdosed many times and have been taken to the hospital and given the drug which saved my life. When I would overdose and they would administer the drug (it's a scary feeling to know you're dying) it would take a while for the addiction to kick back in. I always did but it was days after I had been in the hospital. Just for me receiving that drug didn't make me want to do more drugs, it didn't reverse the effects of the drug so it made me think I could do more. It is a scary feeling. I am here to tell me story.

Courtney Koebele: Handed in her testimony but was not there (Testimony 2)

Mark J. Hardy, PharmD, Executive Director of the ND State Board of Pharmacy testified in support of this bill. (See Testimony #3)

Rep. Porter: I'm concerned that the education component is not written in this bill.

Hardy: I understand your concern and agree with it as far as education requirement. It is an important component if we have rules in place that allow pharmacies to dispense the Naloxone directly to patients or caregivers to ensure the training is involved. If we want to get to the point of requiring patients to provide that mandatory step to call health care professionals in some fashion. You could write that into legislation but it is out full intent that when a pharmacy is going to dispense it the education is an important component.

Porter: I would feel more comfortable if it was written into the law. Is it possible for you to get a training component into this?

Hardy: We certainly can. Do you want it in the first part?

Porter: It should go into both.

Rep. Mooney: I would agree I would like to see a tie to aftercare.

Hardy: I would agree with that.

Dr. Melissa Henke: Medical Director of the Heartview Foundation testified in support of the bill. (See Testimony #4)

Stacey Pfenning: (See Testimony #5)

Jenenne Guffey: Testified in support of the bill. (See Testimony #6)

NO OPPOSITION

Vice-Chair closed the hearing on SB 2104.

Handed in testimony in support:

Dr. Hatlestad: Emergency room physician. (See Testimony #7)

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2104
3/24/2015
Job #25327

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

See Handout #1

Chairman Weisz took up SB 2104.

Rep. Porter: (Passed out an amendment. See handout #1.) The bill is dealing with the Naloxone rescue kits as the opioid antagonist. One of the concerns is that drug has a short half-life so you can see immediate results and improvement in the patient by administering the narcan. If you don't seek further care, once the half-life of the drug is reached then the person can go back and have the respiratory arrest that is a side effect of an overdose of opioid. If the Board of Pharmacy and the Pharmacy Association came up with this language for us. On page 1, line 21 after the word antagonist insert "as long as training is provided", so the person they are giving the kit to understands this is not the cure. It is to get a person out of a critical situation and then get that person to some sort of care facility for the long term care of the overdose. I would move the amendment.

Rep. Oversen: Second.

VOICE VOTE: MOTION CARRIED

Rep. Mooney: Did we address on page 1 line 2 replace "43-15-11" with "43-15-10"?

Rep. Porter: That is supposed to change. We are supposed to change it.

Rep. Mooney: I will make that motion.

Rep. Seibel: Second.

VOICE VOTE: MOTION CARRIED

Rep. Oversen: I move a Do Pass as Amended on SB 2104.

Rep. D. Anderson: Second.

ROLL CALL VOTE: 12 y 0 n 1 absent

House Human Services Committee

SB 2104

March 24, 2015

Page 2

Bill Carrier: Rep. D. Anderson

PROPOSED AMENDMENTS TO SENATE BILL No. 2104

Page 1, line 21, after "antagonist" insert "as long as training is provided"

Renumber accordingly

8/2
3/24/15

March 24, 2015

PROPOSED AMENDMENTS TO SENATE BILL NO. 2104

Page 1, line 2, replace "43-15-11" with "43-15-10"

Page 1, line 21, after "antagonist" insert ", if the health care professional provides training"

Page 2, line 20, replace "43-15-11" with "43-15-10"

Renumber accordingly

Date: 3-24-15
 Roll Call Vote #: 2

**2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2104**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Rep. Mooney Seconded By Rep. Seibel

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson	<i>Voice Vote Motion Carried</i>				
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:
*page 1 line 2 replace "43-15-11" with
 "43-15-10"
 page 2 line 20 replace "43-15-11" with
 "43-15-10"*

Date: 3-24-15
 Roll Call Vote #: 3

**2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2104**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Rep. Oversen Seconded By Rep. D. Anderson

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	A				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 12 No 0

Absent _____

Floor Assignment Rep. D. Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2104: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2104 was placed on the Sixth order on the calendar.

Page 1, line 2, replace "43-15-11" with "43-15-10"

Page 1, line 21, after "antagonist" insert ", if the health care professional provides training"

Page 2, line 20, replace "43-15-11" with "43-15-10"

Renumber accordingly

2015 TESTIMONY

SB 2104

Attach #1
SB2104 01/20/15
J#22225

Testimony of Howard C. Anderson Jr. on Senate Bill No. 2104

January 20, 2015, before the Senate Human Services Committee, Judy Lee Chair.

Chair Lee and members of the Senate Human Services. This bill comes to you as an effort to save a few lives of North Dakotans. This legislation is one of the initiatives of the Broad Coalition on Reducing Pharmaceutical Narcotics in Our Communities. This group has been meeting since 2013. Here is an excerpt from the November 12, 2014 minutes of the Task force:

Overdose Prevention:

The main area of focus for this topic centered around legislative action items (1) good Samaritan bill and (2) naloxone rescue bill draft. Senator Anderson shared copies of both bill drafts. He stated that the Good Samaritan bill draft was just recently sent out to respective parties for feedback. The bill will be tweaked based on comments that are sent back to this group or Senator Anderson directly.

The bill you see today is based on the feedback we received from our coalition members and many state and national organizations.

When someone overdoses on narcotics, becomes unconscious and stops breathing, the best way to keep them alive is to administer a narcotic antagonist as quickly as possible. Keeping them alive until the ambulance gets there is more likely if a narcotic antagonist is readily available and can counteract the overdose. This piece of legislation grants immunity for law enforcement, the lower levels of ambulance personnel, friends or family members who might be first on the scene and can take action quickly.

This is enabling legislation and law enforcement agencies can decide if they want to participate.

I have included some handouts and will review them briefly with you.

Thank you,

Howard

Physician

North Dakota Medical Association

The mission of the North Dakota Medical Association is to promote the health and well-being of the citizens of North Dakota and to provide leadership to the medical community.

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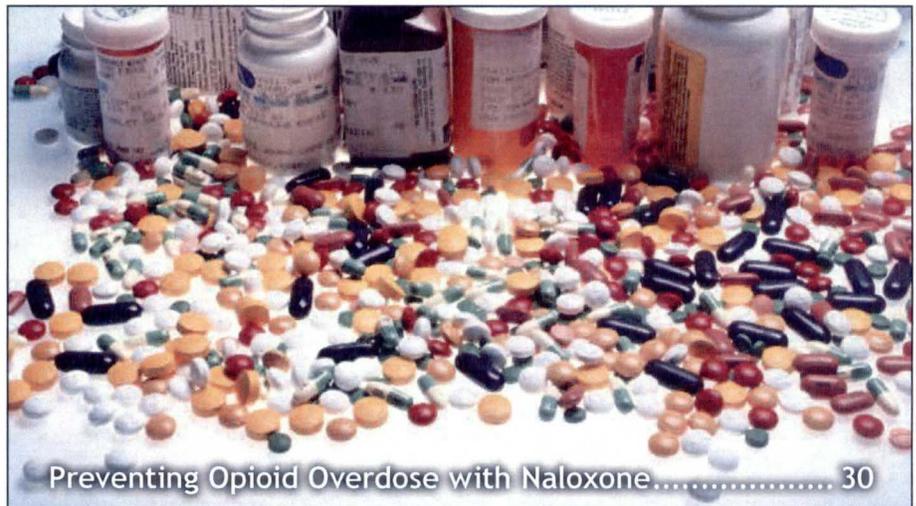
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NDMA Annual Meeting 20



Preventing Opioid Overdose with Naloxone 30

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Preventing Opioid Overdose with Naloxone¹

Opioid overdose is a major public health problem, accounting for almost 17,000 deaths a year in the United States.² Overdose involves both males and females of all ages, ethnicities, and demographic and economic characteristics, and involves both illicit opioids such as heroin and, increasingly, prescription opioid analgesics such as oxycodone, hydrocodone, fentanyl, and methadone.³



Pam Sagness, LAC, Prevention Administrator with the Division of Mental Health and Substance Abuse Services

Physicians and other health care providers can make a major contribution toward reducing the toll of opioid overdose through the care they take in prescribing opioid analgesics and monitoring a patient's response, as well as through their acuity in identifying and effectively treating opioid overdose.

Effectiveness of Naloxone

Opioid overdose-related deaths can be prevented when naloxone is administered in a timely manner. As an opioid antagonist, naloxone displaces opiates from, and competes for, opioid receptor sites in the brain and prevents or reverses respiratory depression that usually is the cause of overdose deaths.⁴ During the period of time when an overdose can become fatal, respiratory depression can be reversed by giving the individual naloxone.⁵

Opioid overdose is a major public health problem, accounting for almost 17,000 deaths a year in the United States.

On the other hand, naloxone is not effective in treating overdoses of barbiturates, clonidine, tricyclic antidepressants, GHB, or ketamine. It also is not effective in overdoses with stimulants, such as cocaine and amphetamines (including methamphetamine and Ecstasy). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful. Naloxone injection has been approved by the FDA and used for more than 40 years by emergency medical services (EMS) personnel to reverse opioid overdose and resuscitate persons who otherwise might have died in the absence of treatment.⁶

Naloxone has no psychoactive effects and does not present any potential for abuse.⁷ Injectable naloxone is relatively inexpensive. It typically is supplied as a kit with two syringes, at a cost of about \$6 per dose and \$15 per kit.⁸ These kits require training on how to administer naloxone using a syringe. The FDA has also approved a naloxone automated injector, called Evzio[®] which does not require special training to use because it has verbal instructions which are activated when the cap is removed from the device. This auto injector can deliver a dose of naloxone through clothing when placed on the outer thigh muscle. The per-dose cost of naloxone via the auto injector is not yet determined. For these reasons, it is important to determine whether local EMS personnel or other first responders have been trained to care for overdose, and whether they are allowed to stock naloxone in their drug kits.

Prescribing Naloxone

With proper education, patients on long-term opioid therapy and others at risk for overdose may benefit from having a naloxone kit containing naloxone, syringes, and needles or prescribing Evzio[®] which delivers a single dose of naloxone via a hand-held auto-injector that can be carried in a pocket or stored in a medicine cabinet to use in the event of known or suspected overdose.⁹

Patients at risk who are candidates for Naloxone

Those:

- Taking high doses of opioids for long-term management of chronic malignant or non-malignant pain
- Receiving rotating opioid medication regimens (and thus are at risk for incomplete cross-tolerance)
- Discharged from emergency medical care following

opioid intoxication or poisoning

- At high risk for overdose because of a legitimate medical need for analgesia, coupled with a suspected or confirmed history of substance abuse, dependence, or non-medical use of prescription or illicit opioids
- On certain opioid preparations that may increase the risk for opioid overdose such as extended release/long-acting preparations
- Completing mandatory opioid detoxification or abstinence programs
- Recently released from incarceration and a past user or abuser of opioids (and presumably with reduced opioid tolerance and high risk of relapse to opioid use)

It also may be advisable to suggest that the at-risk patient create an “overdose plan” to share with friends, partners, and/or caregivers. Such a plan would contain information on the signs of overdose and how to

administer naloxone (e.g.: using an FDA-approved preparation of naloxone, a naloxone auto injector, or other FDA approved devices as they become available) or otherwise provide emergency care (as by calling 911).

Health care professionals who are concerned about legal risks associated with prescribing naloxone may be reassured by the fact that prescribing naloxone to manage opioid overdose is consistent with the drug’s FDA-approved indication, resulting in no increased liability so long as the prescriber adheres to general rules of professional conduct. State laws and regulations generally prohibit physicians from prescribing a drug such as naloxone to a third party, such as a caregiver. (Illinois, Massachusetts, New York, and Washington are the four states with exceptions to this general principle.) More information on state policies is available at <http://www.prescribetoprevent.org/> or from individual state medical boards. §

- 1) Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 14-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- 2) Centers for Disease Control and Prevention (CDC). CDC grand rounds: Prescription drug overdoses – A U.S. epidemic. *MMWR Morb Mortal Wkly Rep.* 2012; 61(1):10-13.
- 3) Harvard Medical School. Painkillers fuel growth in drug addiction: Opioid overdoses now kill more people than cocaine or heroin. *Harvard Ment HlthLett.* 2011; 27(7):4-5.
- 4) Enteen L, Bauer J, McLean R, Wheeler E, Huriaux E, Kral AH, Bamberger JD. Overdose prevention and naloxone prescription for opioid users in San Francisco. *J Urban Health.* 2010 Dec; 87(6):931-941.
- 5) <http://www.bmj.com>]BMJ Evidence Centre. Treatment of opioid overdose with naloxone. *British Medical Journal.* Updated October 23, 2012. [Accessed March 24, 2013, at <http://www.bmj.com>]
- 6) Seal KH, Thawley R, Gee L et al. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: A pilot intervention study. *J Urban Health.* 2005; 82(2):303-311.
- 7) <http://www.bmj.com>]BMJ Evidence Centre. Treatment of opioid overdose with naloxone. *British Medical Journal.* Updated October 23, 2012. [Accessed March 24, 2013, at <http://www.bmj.com>]
- 8) Coffin PO, Sullivan SD. Cost effectiveness of distributing naloxone to heroin users for lay overdose reversal. *Ann Intl Med.* 2013; 158:1-9.
- 9) <http://www.bmj.com>]BMJ Evidence Centre. Treatment of opioid overdose with naloxone. *British Medical Journal.* Updated October 23, 2012. [Accessed March 24, 2013, at <http://www.bmj.com>]

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The North Dakota Medical Association Political Action Committee (NDMA PAC) advocates on your behalf regarding crucial issues you encounter on a daily basis.

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Jack Dalrymple, Governor

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Attach #3 01/20/15
SB 2104
JH 22225

STATE BOARD OF PHARMACY

E-mail= Mhardy@btinet.net www.nodakpharmacy.com

Mark J. Hardy, PharmD, R.Ph.
Executive Director

**Senate Bill 2104 – Naloxone Rescue Kits
Senate Human Services Committee – Red River Room
11:00 AM - Tuesday – January 20, 2015**

Chairperson Lee, members of the Senate Human Services Committee, for the record I am Mark J. Hardy, PharmD, Executive Director of the North Dakota State Board of Pharmacy. I appreciate the opportunity to be here to speak with you today about SB2104.

The Board of Pharmacy supports the provisions in SB 2104. As we are all aware, illicit drugs and prescription drug abuse and overdose are of great concern in our state. We have worked on reducing narcotics with our community task forces, and continue to collaborate to find solutions, trying to address the issues surrounding narcotic medications.

We agree with the provisions in Section 1; relating to the liability of using opioid antagonist medications.

In Section 2; relative to the Board of Pharmacy establishing the criteria for the prescriptive authority for *Naloxone Rescue Kits*, attached with this testimony are documents I think will be helpful, from our perspective, for beginning this process.

In consulting our pharmacies, we have determined that the cost of Naloxone intermuscular injections is around \$31 per syringe, then adding the intranasal atomizing device which is attached to the syringe, a *Naloxone Rescue Kit* would cost between \$50 to \$60. We will look to other states, including New Mexico – whose administrative rules are also attached for your review; for best practices regarding protocols, training and various requirements for the prescriptive authority for *Naloxone Rescue Kits* by our Pharmacies.

It is important we establish a good set of standards to ensure the highest quality of care and to provide well trained professionals to provide the education to our patients necessary to utilize in emergency situations. I am confident our profession can provide this service to the public.

Again, I thank you for the opportunity to speak on this bill and will be happy to answer any questions you may have.

Naloxone for Overdose Prevention

Rx

Naloxone HCl 0.4 mg/mL (Narcan)
1 x 10 mL as one fliptop vial (NDC 0409-1219-01) OR
2 x 1mL single dose vials (NDC 0409-1215-01)

Refills: _____

Intramuscular (IM) syringe, 23 G, 3cc, 1 inch

Qty: _____ Refills: _____

Sig: For suspected opioid overdose,
inject 1mL IM in shoulder or thigh.
Repeat after 3 minutes if no or minimal response.

Doctor for patient



Are they breathing?

Signs of an overdose:

- Slow or shallow breathing
- Gasping for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)



Call 911 for help

All you have to say:

"Someone is unresponsive and not breathing."

Give clear address and location.



Airway

Make sure nothing is inside the person's mouth.



Rescue breathing

Oxygen saves lives. Breathe for them.

One hand on chin, tilt head back, pinch nose closed.

Make a seal over mouth & breathe in

1 breath every 5 seconds

Chest should rise, not stomach



Evaluate

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?



Prepare naloxone

- Remove cap from naloxone and uncover needle
- Insert needle through rubber plug, with bottle upside down
- Pull back on plunger and take up 1 cc into the syringe
- Don't worry about air bubbles (they aren't dangerous in muscle injections)



Muscular injection

inject 1cc of naloxone into a big muscle (shoulder or thigh)



Evaluate + support

- Continue rescue breathing
- Give another shot of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem

How to Avoid Overdose

- Only take medicine prescribed to you
- Don't take more than instructed
 - Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds
- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone
- Teach your family + friends how to respond to an overdose

For More Info
PrescribeToPrevent.com

Poison Center
1-800-222-1222
(free & anonymous)

INSTRUCTIONS FOR HEALTHCARE PROFESSIONALS: Prescribing Naloxone

Naloxone is the antidote for an opioid overdose. It has been used for decades to reverse respiratory depression associated with toxic exposure to opioids. Naloxone is not a controlled substance and can be prescribed by anyone with a medical license. Take-home naloxone can be prescribed to patients at risk of an opioid overdose. Some reasons for prescribing naloxone are:

1. Receiving emergency medical care involving opioid intoxication or overdose
2. Suspected history of substance abuse or nonmedical opioid use
3. Starting methadone or buprenorphine for addiction
4. Higher-dose (>50 mg morphine equivalent/day) opioid prescription
5. Receiving any opioid prescription for pain plus:
 - a. Rotated from one opioid to another because of possible incomplete cross-tolerance
 - b. Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, other respiratory illness
 - c. Renal dysfunction, hepatic disease, cardiac illness, HIV/AIDS
 - d. Known or suspected concurrent alcohol use
 - e. Concurrent benzodiazepine or other sedative prescription
 - f. Concurrent antidepressant prescription
6. Patients who may have difficulty accessing emergency medical services (distance, remoteness)
7. Voluntary request from patient or caregiver

Two naloxone formulations are available. Intra-muscular injection is cheaper but may be less attractive because it involves using a needle syringe. (IM syringes aren't widely used to inject controlled substances.) Intra-nasal (IN) spray is of comparable effectiveness, but may be more difficult to obtain at a pharmacy. Check with pharmacist to see whether IM or IN is more feasible.

Billing for Clinical Encounter to Prescribe Naloxone

Most private health insurance, Medicare and Medicaid cover naloxone, but it varies by state.

Drug Abuse Screening Test—DAST-10			
These Questions Refer to the Past 12 Months			
1	Have you used drugs other than those required for medical reasons?	Yes	No
2	Do you abuse more than one drug at a time?	Yes	No
3	Are you unable to stop using drugs when you want to?	Yes	No
4	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5	Do you ever feel bad or guilty about your drug use?	Yes	No
6	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7	Have you neglected your family because of your use of drugs?	Yes	No
8	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10	Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Screening, Brief Intervention & Referral to Treatment

SBIRT can be used to bill time for counseling a patient. Complete the DAST-10 and counsel patient on how to recognize overdose and how to administer naloxone, using the following sheets. Refer to drug treatment program if appropriate.

Billing codes

Commercial insurance: CPT 99408 (15 to 30 mins.)
 Medicare: G0396 (15 to 30 mins.)
 Medicaid: H0050 (per 15 mins.)

Guidelines for Interpretation of DAST-10		
Interpretation (Each "Yes" response = 1)		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
	No problems reported	Encouragement and education
	Low level	Risky behavior – feedback and advice
3-5	Moderate level	Harmful behavior – feedback and counseling; possible referral for specialized assessment
6-8	Substantial level	Intensive assessment and referral

Pharmacist: Dispensing Naloxone

Many outpatient pharmacies do not stock naloxone but it can be easily ordered from major distributors. The nasal atomizer can be ordered from the manufacturer LMA (1-800-788-7999), but isn't usually covered by insurance (\$3 each). It may take 24 hours to set up an account with LMA, and the minimum order size is 25.

Naloxone for Overdose Prevention

Rx

Naloxone HCl 1 mg/mL
2 x 2 mL as pre-filled Luer-Lock needless syringe
(NDC 76329-3369-1)

Refills: _____

2 x Intranasal Mucosal Atomizing Device (MAD 300)

Refills: _____

For suspected opioid overdose, spray 1mL in each nostril.
Repeat after 3 minutes if no or minimal response.

Pharmacist: Call 1-800-788-7999 to order MAD 300.

How to Avoid Overdose

- Only take medicine prescribed to you
- Don't take more than instructed

- Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds

- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone

- Teach your family + friends how to respond to an overdose

3.4



Are they breathing?

Signs of an overdose:

- Slow or shallow breathing
- Gasp for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)

Call 911 for help



All you have to say:

"Someone is unresponsive and not breathing."

Give clear address and location.



Airway

Make sure nothing is inside the person's mouth.

Rescue breathing



Oxygen saves lives. Breathe for them.

One hand on chin, tilt head back, pinch nose closed.

Make a seal over mouth & breathe in

1 breath every 5 seconds

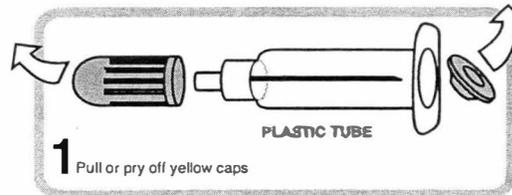
Chest should rise, not stomach



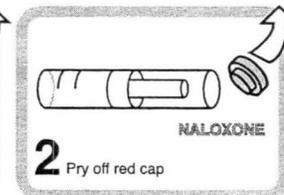
Prepare Naloxone

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?

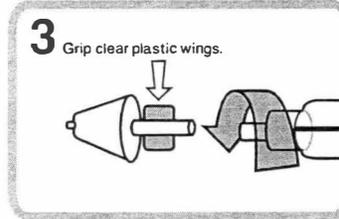
PrescribeToPrevent.org



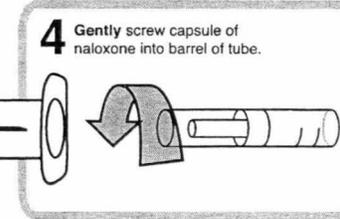
1 Pull or pry off yellow caps



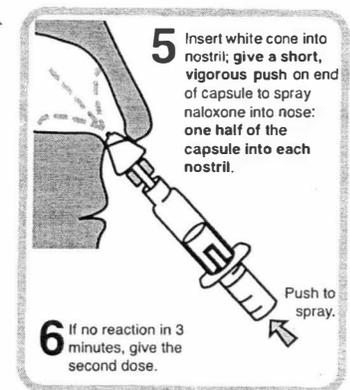
2 Pry off red cap



3 Grip clear plastic wings.



4 Gently screw capsule of naloxone into barrel of tube.



5 Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose: one half of the capsule into each nostril.

6 If no reaction in 3 minutes, give the second dose.

Push to spray.

Source: HarmReduction.org



Evaluate + support

- Continue rescue breathing
 - Give another 2 sprays of naloxone in 3 minutes if no or minimal breathing or responsiveness
 - Naloxone wears off in 30-90 minutes
 - Comfort them; withdrawal can be unpleasant
 - Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem



16.19.26.13 NALOXONE FOR OPIOID OVERDOSE:

A. PROTOCOL:

- (1) Prescriptive authority for naloxone drug therapy shall be exercised solely in accordance with the written protocol for naloxone drug therapy approved by the board.
- (2) Any pharmacist exercising prescriptive authority for naloxone drug therapy must maintain a current copy of the written protocol for naloxone drug therapy approved by the board.

B. EDUCATION AND TRAINING:

- (1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), in the subject area of naloxone for opioid overdose drug therapy provided by:
 - (a) the New Mexico pharmacists association; or
 - (b) a similar health authority or professional body approved by the board.
- (2) Training must include study materials and instruction in the following content areas:
 - (a) mechanisms of action;
 - (b) contraindications;
 - (c) identifying indications for the use of naloxone drug therapy;
 - (d) patient screening criteria;
 - (e) counseling and training patient and care-giver regarding the safety, efficacy and potential adverse effects of naloxone;
 - (f) evaluating patient's medical profile for drug interactions;
 - (g) referring patient for follow-up care with primary healthcare provider;
 - (h) informed consent;
 - (i) record management;
 - (j) management of adverse events.
- (3) Continuing education: Any pharmacist exercising prescriptive authority for naloxone drug therapy shall complete a minimum of 0.2 CEU of live ACPE approved naloxone drug therapy related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.

C. AUTHORIZED DRUG(S):

- (1) Prescriptive authority shall be limited to naloxone and shall include any device(s) approved for the administration of naloxone.
- (2) Prescriptive authority for naloxone drug therapy shall be limited to naloxone as delineated in the written protocol for naloxone drug therapy approved by the board.

D. RECORDS:

- (1) The prescribing pharmacist must generate a written or electronic prescription for any naloxone dispensed.
- (2) Informed consent must be documented in accordance with the approved protocol for naloxone drug therapy and a record of such consent maintained in the pharmacy for a period of at least three years.

E. NOTIFICATION: Upon signed consent of the patient, the pharmacist shall notify the patient's designated physician or primary care provider within 15 days of naloxone dispensing.
 [16.19.26.13 NMAC - N, 03-14-14]

HISTORY OF 16.19.26 NMAC: [RESERVED]

From <<http://www.nmcpr.state.nm.us/nmac/parts/title16/16.019.0026.htm>>

#4 11/20/15
SB2104 1
J# 22225

Senate Human Services Committee

North Dakota Board of Nursing

**SB 2104 Related to opioid antagonist and limited prescriptive
authority for Naloxone rescue kits.**

11:00 AM – Tuesday – January 20, 2015

Chairperson Lee and members of the Committee, for the record I am Dr. Constance Kalanek, Executive Director of the NDBON. I appreciate the opportunity to be here to speak with you today regarding SB 2104.

The Board of Nursing has had representation on several committees and workgroups on this topic and is also on the committee Reducing Pharmaceutical Narcotics in our Community. The board supports SB 2104 and the availability of Opioid antagonists in an effort to save lives related to overdoses.

Also, to speak to you today, Dr. Stacey Pfenning DNP, APRN, FNP will speak to you from the perspective of the practitioner. Dr. Pfenning is also the Associate Director for Nursing Education and APRN Practice.

Thank you for the opportunity to provide you with this information. I am now open to questions.

#5 SB2104
01/20/15
J# 22225

Senate Human Service Committee

North Dakota Board of Nursing

SB 2104 Related to opioid antagonist and limited prescriptive authority
for naloxone rescue kits.

11:00 am-Tuesday- January 20, 2015

Chairperson Lee and members of the Committee, I am **Stacey Pfenning**, NDBON Associate Director for Advanced Practice Nursing. I participate on the state-wide, multidisciplinary committee "Reducing Pharmaceutical Narcotics in our Community", as this public health concern is near to my heart.

As a NP with 12 years of emergency care experience, I have seen the devastating human effects of narcotics on the citizens of our communities. I witnessed this public health problem grow over the past 12 years through increased visits related to narcotic drug addiction and diversion, as well as increased misuse and overdoses.

In emergency care settings, naloxone is readily available when a family or friend brings in an impaired or unresponsive loved one. I have witnessed the almost immediate improvement in mental status and vital signs of these individuals. The local ambulance services also give naloxone; therefore when patients are brought in, they are already improving. In my experience, I have witnessed the life-saving capabilities of this medication, as it quickly reverses the effects of the narcotics in the brain, which can stop near fatal overdoses; similar to the way an epi pen can stop a severe allergic reaction. The side effects of naloxone are primarily withdrawal symptoms from the narcotic medications ingested.

I have seen this medication save many lives and believe the 3.4 ND deaths per 100,000 could be reduced with Senate Bill 2104 followed by education and training of the public and first line responders on the use of naloxone.

Thank you for the opportunity to speak to the importance of this legislation. I am now open to questions.

Resource: <http://www.cdc.gov/psr/prescriptiondrug/2013/ND-pdo.pdf>

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#6 SB2104
01/20/15
JA 22225

My name is Dr. Hatlestad and I am physician in the emergency room here at Sanford Medical Center Bismarck. I am also the medical director for 3 of the smaller ambulance services in the area. I am here to ask for your support of SB 2104. Over the past 13 years of working in emergency departments I have administered hundreds of doses of naloxone. This is an incredibly safe, effective and easy to administer medication. For the people receiving the naloxone, this is not a pleasant experience and not one that they soon forget. It will immediately put someone who is dependent on opiates into withdrawal. The symptoms of opiate withdrawal include nausea, vomiting, diarrhea, diffuse and intense body aches, chills and sweats. This is not an abusable medication. The only reason that an opiate-dependent person would want this medication is to save the life of someone who has overdosed. Naloxone has been around for decades. If it is administered to someone who is not having an opiate overdose but is found down for other reasons, it does not hurt him, but it also does not help him. It will not affect any other emergency medical care that they will be receiving for their medical condition.

We are definitely seeing an increase in the number of people who are prescribed opiates chronically as well as an increase in the number of people who are abusing and misusing opiates. I am fully in favor of naloxone being in the hands of people who have contact or may have contact with opiate dependent people. That would include police officers, firefighters, addiction counselors, social workers, friends and family members as well as the addicts themselves. There are already more than 200 different programs operating in more than 13 states in the United States distributing naloxone. At last report in 2010, the Harm Reduction Coalition reported that more than 53,000 people had been trained in administering intranasal naloxone and they had more than 10,000 opiate overdose reversals. I urge you to vote in favor of SB 2104. Thank you for your time. I would be happy to answer any questions that you may have.

SB2104

#1 SB2104
01/20/15
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My name is Dr. Melissa Henke and I am the medical director of the Heartview Foundation, a local drug and alcohol treatment facility here in Bismarck. I have been at this position for the past five years and primarily I work with people who are dependent on opiates including prescription medications and heroin. I am here to ask your support of SB 2104. We are definitely seeing a rise in the number of people who are dependent on prescription opiates and more recently, heroin. With that increase in opiate usage we will certainly see an increase in opiate overdose deaths. I want to share some facts regarding opiate usage and opiate overdoses:

- In 2012, there were 259 million prescriptions written for opiates which is enough to medicate every adult in the United States around the clock for a month.
- 1 in 20 white Americans older than 12 years old reported using opiates for nonmedical reasons in the past 12 months. That number is 1 in 10 when talking about Native Americans.
- People living in rural areas are at twice the risk of dying by drug overdose.
- Whites and American Indians are more likely to die of an opiate overdose
- In 2009 drug overdoses surpassed motor vehicle accidents as the leading cause of injury related deaths and that has held true every year since then.
- CDC released new information on January 9, 2015 which includes the following numbers
 - Death rate by overdose doubled from 1999 to 2013 and has tripled since 1990
 - In 2013, 81% of the 44,000 drug overdose deaths in the United States were unintentional
 - Every day in the United States, 120 people die as a result of a drug overdose and 6,748 are treated in emergency departments for misuse and abuse of drugs

In 2008, the Centers for Disease Control reported 7.6 deaths per 100,000 people in North Dakota. That means approximately 50 North Dakotans will die every year from an opiate overdose. Opiate overdose deaths are completely preventable. There was a time in my career when I couldn't imagine wanting to work with people dependent on drugs and alcohol. I

SB2104

thought they were all manipulative, demanding, entitled liars. What I have learned through my work at Heartview is that people in recovery from drugs and alcohol are not what I imagined them to be. They are hard-working, energetic, honest, compassionate, wonderful people who just needed a chance. They needed to be given the right tools so that they could achieve their full potential. Naloxone is one of those tools. I want to urge you to vote for SB 2104. I also want to leave you with a scenario.

Imagine that your spouse or your child had coronary artery disease and you found out that there was a medication available that was safe, effective, inexpensive and easy to administer that would immediately open up any blocked arteries in their heart. Common sense would dictate that you would want this medication with you at all times and you would want them to have the medication available so that anyone they were with could administer it and save their life. Unfortunately such a medication does not exist for coronary artery disease. Now, imagine that your spouse or your child was dependent on opiates. Now you find out that there is a safe, effective, inexpensive and easy to administer medication that will immediately reverse the effects of an opiate overdose. Again, common sense would dictate that you would want this medication with you at all times and you would want them to have the medication available so that anyone they were with could administer it and save their life. Fortunately for you in this scenario that medication does exist and it is naloxone. You may not be living this nightmare but there are thousands of North Dakotans who are living with this fear every day. Please give them the opportunity to have this medication and possibly save the life of their loved ones. It shouldn't matter if it is coronary artery disease or opiate dependence, these are lives we are talking about. Again, I am asking for your support of SB 2104. Thank you for your time and consideration. I would be happy to answer any questions.

~~XXXXXX~~
Attach 8
SB2104
01/20/15
J# 22225

January 20, 2015

Senate Human Services Committee

Madam Chair and members of the Senate Human Services Committee, my name is Jenenne Guffey and I appreciate the opportunity to testify today as a Mom in support of SB 2104.

My son, Joshuah Nelson died of a heroin overdose on July 26, 2013; he was only 21 years old. Josh made us smile with his witty personality. He was unwaveringly compassionate and people felt safe with him. He was fearless and curious. He loved to tell detailed stories about movies and books. His family and friends were important to him. The babies were always his favorite. He started talking about having many children at a very young age. At his funeral there was an entire picture board of him holding different babies throughout his short life.

In high school Josh was a promising wrestler; he loved snowboarding, playing hacky sack; and sports of all kinds. A few days before his death he told me he had decided to pursue a career that wouldn't take him away from his future family for long periods of time; he was considering construction management at MN State University Moorhead. He loved history and reading. The history channel became a favorite conversation piece between the two of us. In his last communications with his grandmother she had begun to share his family history back to the late 1800's. He told me he was "stoked" to have this information.

Anyone who met and spent time with Joshuah enjoyed his company. He had the word *Loyalty* tattooed over his heart because that's what he believed in and how he lived. He was loyal to the end. Josh loved excitement and wanted to experience all this world had to offer. He did not have a death wish and he wanted to be free from addiction. His dependency on drugs began as "fun" and "social". In the end heroin took his life. Joshuah attracted people from all walks of existence and he is not defined by his struggle with addiction. No one deserves to die when their life can be saved.

My son was in a public place with a group of friends, yet he died alone; 80% of heroin user's use with someone else; yet when they die of overdose 80% of them are found alone. His friends left him and did not report his condition until it was too late to save his life. They had no naloxone and their past revival techniques were not able to be performed in a public bathroom stall. Their fear of prosecution inhibited their ability to call for help. These are young people who now have to live with the death of someone they love on their hearts. These are young people that grew up together, not just a bunch of people without feelings or conscience.

Narcan/naloxone is not an opiate drug and it has no abuse potential. It is a safe and effective way of immediately reversing an opiate overdose. Because opiate overdose stops breathing, each second without air produces incremental brain damage until final death ensues. Therefore, every second that passes until an ambulance arrives costs precious brain tissue. Currently, in ND, only licensed medical providers and advanced life support services can use

naloxone. Placing naloxone in the hands of first responders, police, and the general public will increase response time and save lives. Multiple studies have shown, and I myself have taken the training, that it is easily administered by the lay public just as other medications such as epinephrine and glucagon are for severe allergic reactions or diabetic hypoglycemia.

Joshuah leaves behind a large family and many friends who love and miss him. We are committed to making his death mean something by giving all we have to advocating for policy/legislative change. We believe it's vital to legitimize regulation that grants limited immunity from prosecution to reporters of overdose victims and make naloxone/narcan available to those who need it. Let's work to ensure that no more families have to say good bye to those they love in this senseless fashion; let no more lives end before their time. Vote yes in support of SB 2104.

Thank you and I will be happy to answer any questions.

A broken hearted mom

Jenenne Guffey, BSW
Forensic Peer Specialist
Mental Health America of ND (MHAND)
701-799-7129



SB2104

01/20/15

Attach # 9 01/20/15
SB 2104
J# 22225

Madam Chair and member of the Senate Human Services Committee,

My name is Kurt Snyder, and I am the Executive Director of the Heartview Foundation, I am here today to provide testimony in favor of SB2104 on behalf of the ND Addiction Counselors Association, ND addiction Treatment Providers Coalition and the Heartview Foundation.

Overdose is the leading cause of injury death in the U.S. On average, 114 people die every day. As you can see from my attachment, the rate of overdose deaths have increase in lockstep as the number of prescriptions for opioids has increased. The overall amount of opioids prescribed in U.S. is staggering and the U. S. consumes 80% of the opioids consumed world-wide.

Naloxone, known by the brand name Narcan, is a medication that can reverse an opioid overdose and prevent someone from dying, Naloxone is a very safe medication that has been used by emergency departments and EMTS for over 40 years. Since 1996, Programs have been training and providing naloxone to community members that are at risk of experiencing or witnessing and overdose.

There is no abuse potential for naloxone. When an individual becomes addicted to opioids, one of their main objectives is to avoid withdrawal at all cost. Opioid

withdrawal is extremely unpleasant, Naloxone puts an individual under the influence of opioids into immediate withdrawal. No one wants to “Narcanized”!

- Naloxones sole purpose is to save lives.
- It is extremely safe, one can receive 700 times the recommended dose without experiencing side-effects, in fact, emergency response teams are trained to administer Narcan whenever they find someone down without immediately knowing the cause or condition.
- Respiratory depression (less than 12 breaths per minute) is the hallmark of an opioid overdose. In this State, Brain damage is occurring rapidly. Narcan immediately reverses these effects for 30 minutes allowing the overdose victim time to access medical services.

Thank you for your time and I would be happy to answer any questions.

Kurt Snyder, Executive Director, Heartview Foundation

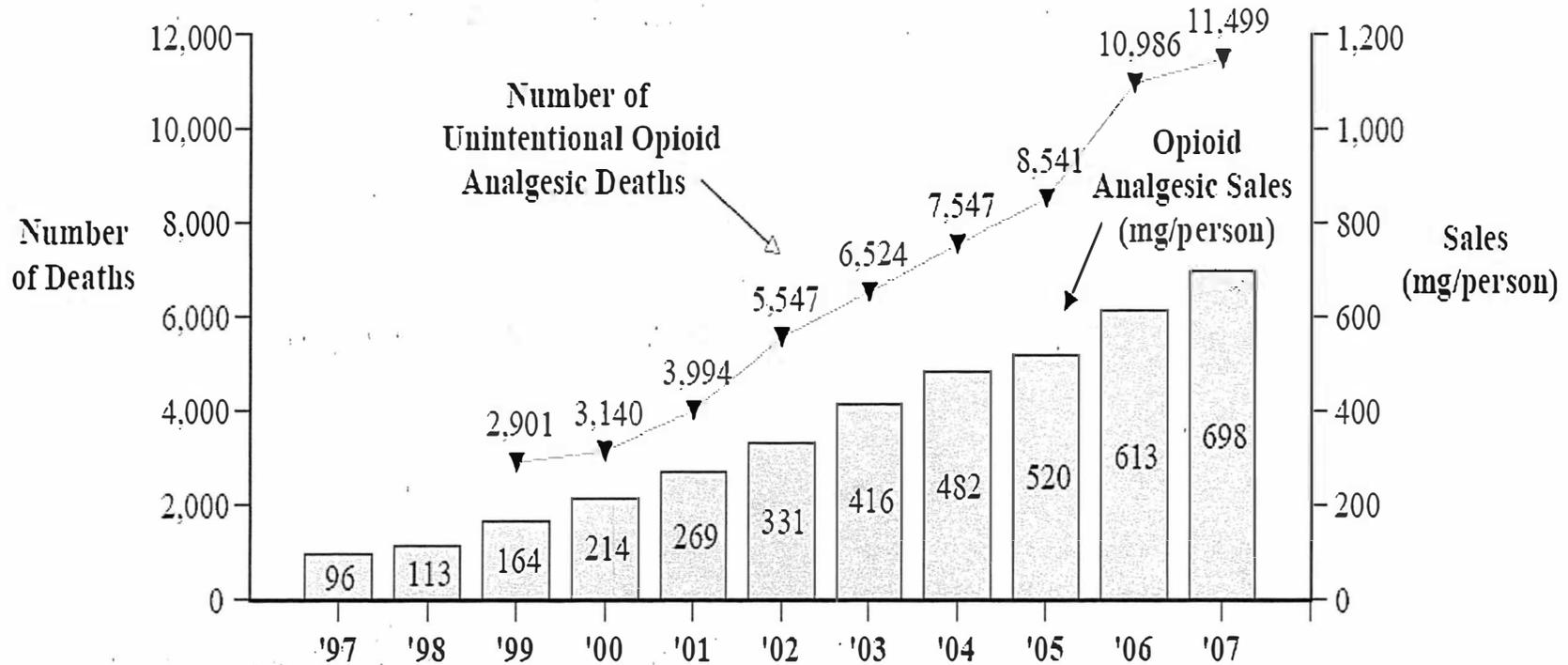
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9.3

Number of Unintentional Overdose Deaths Involving Opioid Analgesics and Per Capita Sales of Opioid Analgesics (in Morphine Equivalents), United States, 1997 to 2007



¹Paulozzi, L.G., and Ryan, G.W., "Opioid Analgesics and Rates of Fatal Drug Poisoning in the United States," *American Journal of Preventive Medicine* 31(6):506-511, 2006.

January 20, 2015

Attach #10
SB2104 01/20/15
J# 22225

Mayers 1

Senate Human Service Committee

Madam Chair and members of the Senate Human Service Committee, my name is Chad Mayers, I am a 38 year old father of 3 beautiful daughters. I am in my second full year of college to become an addiction counselor.

I recently celebrated one year being clean and sober. The reason I am able to be a dad, student, and eventually become a counselor is because I have been brought back to life with naloxone 4 different times in the last 6 years. I can honestly say that naloxone is a miracle drug there is no reason that anybody would ever want to abuse something like this, it's just not possible to be abused, it only saves lives.

Naloxone has only one purpose and that is to wake a person up and give them time to get to the right place, so they can be properly cared for in the hospital.

Nobody wants to abuse this drug. There is no doubt about it that it will save many lives if in fact it can be carried by police officers and ambulance employees. I would even go as far as letting loved ones (family members of drug addicts) have a prescription. My grandmother would have been a great example of a family member that needed naloxone.

Thanks Chad Mayers

3540 N. 19th Street Apt. #3

Bismarck North Dakota, 58503

602-809-1014



Attach #11
SB 2104
01/20/15
J# 22225

Senate Human Services Committee
SB 2104
January 20, 2015

Chairperson Lee and Committee Members, I am Courtney Koebele and I serve as Executive Director for the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

We are in support of SB 2104 that seeks to increase the availability of naloxone in North Dakota to prevent death from overdose of opioids. NDMA also supports this bill for its common sense liability protections for health care professionals and individuals who seek to help another individual at risk for- or who is experiencing an opioid overdose.

The most important reason for NDMA's support is that naloxone saves lives. This is a medication that has no potential for abuse, is easily administered, and has broad, national support from physicians and other health professionals, law enforcement, and other first responders, who often are the first people on the scene of an overdose. This bill importantly allows for the prescription of naloxone to an individual patient at risk of experiencing an opioid-related overdose; a family member, a friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.

Naloxone is a safe and effective FDA-approved medication that reverses opioid overdose and save lives. Approximately half of the states in the United States now have laws similar to the provisions in SB 2104.

For all of the above stated reasons, we encourage your support of SB 2104. Thank you for your leadership on this important public health issue.

Attach #12
SB2104 01/20/15
J# 22225



Brendan McDonald was one of those kids you never thought would start taking drugs.

The year it began—the 2004-2005 school year—he was an honor-roll senior at a well-regarded Jesuit high school in Boston, a varsity baseball player who had won early admission to the college of his choice. “Quiet, handsome and charismatic,” says his mother, Nancy Holler, of her oldest child. “He was always just a really good kid.”

But by that spring, something was wrong. Brendan wasn’t himself. His GPA had fallen. He was sitting on the bench during baseball games instead of starting. The school guidance counselor thought it might just be a case of “senioritis.” Brendan’s stepfather Steve worried it might be something else. Steve had degenerative disc disease that was being treated with Percocet, a powerful prescription painkiller. Recently he’d noticed that pills were going missing. When Nancy and Steve confronted Brendan about the disappearing Percocet, he admitted that over the winter he’d started drinking beer and taking pills with some of his friends. Steve and Nancy hoped it would stop. Instead, it escalated.

By John Buntin

Photographs by David Kidd

Nation

and cities are pioneering ways to control it.

Brendan went to college that fall, but after just six weeks he returned home and got a job. It wasn't the same Brendan. The old Brendan had been a snappy dresser who cared about his appearance. The new Brendan paid no attention to his hygiene. "He was wearing the same clothes to work every day, not taking care of himself, looking like a slob," Nancy says.

Pressed, he confessed that he'd started taking OxyContin, an even more powerful prescription painkiller. He went into detox at Thanksgiving but couldn't stay clean. He moved to California to work in construction with Nancy's brother. He came back addicted to heroin. By the spring of 2008, though, things seemed better. He had completed a rehab program and got a good job. His parents had allowed him to move back into his old bedroom

users develop a tolerance to the high that leads them to continually up their dosages. However, they do not develop a similar tolerance to respiratory depression. That is why Brendan was blue. He had stopped breathing.

Nancy called 911. She knew there was an antidote for drug overdoses—naloxone (or Narcan, as the brand-name version is called). Naloxone is an opioid inhibitor. By blocking opioid receptors, it quickly kills the high. It also quickly restores breathing. The first people to respond—officers from the Quincy Police Department—didn't carry naloxone, nor did the firefighters who arrived next. By now, Brendan had been blue for nearly 10 minutes. Finally, an advanced ambulance unit showed up with the antidote. Three minutes later, Brendan was walking down the stairs en route to the hospital.

That afternoon, Brendan was lucky.

Many are not. Every year, more than 38,000 Americans die of a drug overdose—more than the number of people who die in automobile accidents or from gunshot wounds. At more than 100 deaths a day, drug overdoses are now the nation's leading cause of injury death, according to the Centers for Disease Control and Prevention (CDC). Every year, for 11 consecutive years, the number has increased.

Public officials are beginning to take note. Earlier this year, Vermont Gov. Peter Shumlin devoted his entire State of the address to the problem of heroin in the state. The recent death of the actor Philip Seymour Hoffman also focused attention on the problem of heroin. But heroin isn't what's driving the overdose epidemic. Prescription painkillers are.

"We [in the medical profession] are the drug dealers," says Dr. Terry Cline, Oklahoma's health commissioner and the former head of the federal Substance Abuse and Mental Health Services Administration. "We are keeping these drugs accessible."

Since 1999, the number of prescription painkillers sold has quadrupled. Over that same time period, overdose deaths have risen more than threefold. In 2009, overdoses involving opioid painkillers such as OxyContin, Percocet and Vicodin killed some 15,500 people, more than twice as

much as heroin and cocaine combined. It's a shocking number, but the actual problem is much larger. According to the CDC, for every one opioid overdose death, 10 people are admitted to a hospital for substance abuse treatment; another 32 will visit an emergency room for a drug-related incident. That's 475,000 patients a year, a number that has nearly doubled in just five years' time.

As awareness of the problem grows, state and local governments are beginning to respond. One of the most promising initiatives began three years ago in Quincy. Soon after Brendan's



Quincy Mayor Tom Koch says prescription drug abuse is "an issue that's touching all types of families, all backgrounds."

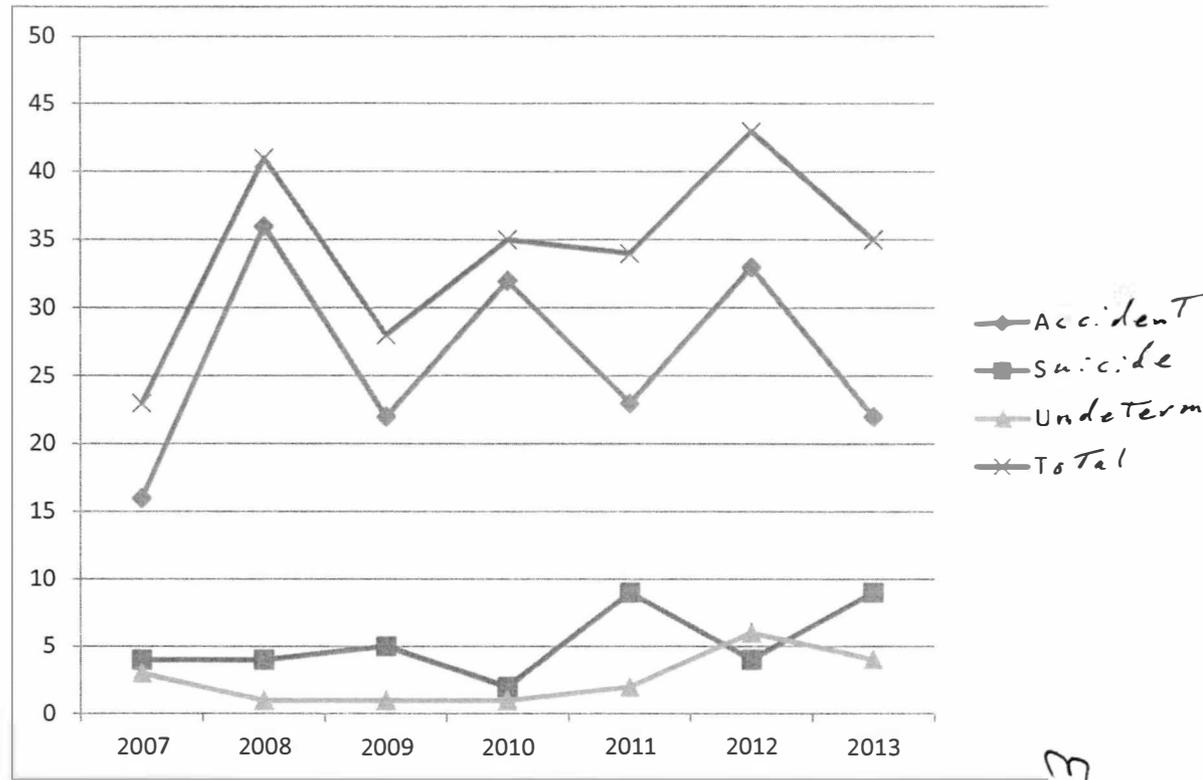
in their home in Quincy, just outside Boston. But one afternoon in May, Brendan came home early and went straight upstairs to the bathroom. Moments later, Nancy heard a crash. She ran upstairs. Brendan was face down on the bathroom floor, unconscious with a needle in his arm. But that wasn't what alarmed Nancy most. What was truly terrifying was that Brendan was blue.

The narcotic "high" of opioids such as heroin and its prescription painkiller cousins are well known. But opioid painkillers have another side effect: They depress respiration. Frequent

12.3

	Accidental	Suicide	Undetermined (Accident vs Suicide)
2007	16	4	3
2008	36	4	1
2009	22	5	1
2010	32	2	1
2011	23	9	2
2012	33	4	6
2013	22	9	4
2014	Provisional data available in a couple months 2014 totals will be available by May 2015.		

Total
23
41
28
35
34
43
35



3

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**REDUCING PHARMACEUTICAL NARCOTICS IN OUR COMMUNITIES
THROUGH EDUCATION AND AWARENESS**

DATE: AUGUST 26, 2014

TO: PHARMACEUTICAL NARCOTICS STAKEHOLDERS

FROM: JOHN VASTAG

RE: MINUTES FROM AUGUST 26, 2014 MEETING

ATTENDEES: Howard C. Anderson – ND Board of Pharmacy; Tim Blasl – ND Hospital Association; Mark Doerner – DHS; Becky Dohrmann – Senator Hoeven’s Office; Gary Euren – Cass County Assistant State’s Attorney; Katie Fitzsimmons – ND Medical Association; Lonnie Grabowska – ND Bureau of Criminal Investigation; Dan Hannaher – Sanford Health; Mark Hardy – ND Board of Pharmacy; Brad Hawk – ND Indian Affairs Commission; JoAnne Hoesel – DHS; Duane Houdek – ND Board of Medical Examiners; Courtney Koebele – ND Medical Association; Senator Judy Lee – District 13; Andy McLean – DHS; Andrew Nyhus – Representative Kevin Cramer’ Office; Stacey Pfenning – Advanced Practice Registered Nurses; Mike Reitan – West Fargo Police Department; Pamela Sagness – DHS; Mike Schwab – ND Pharmacists Association; Dr. Mary Ann Sens – University of North Dakota Department of Pathology; John Vastag – Blue Cross Blue Shield of ND

1) JoAnn Hoesel – HHS Meeting

JoAnn and Dr. Andrew McLean provided an update from the National Advancing Policy and Practice – A 50-State Working Meeting to Prevent Opioid Related Overdose.

JoAnn noted that they had three key strategies:

- a) Health Provider Oversight
- b) PDMP
- c) Prescribing Guidelines

She asked the members to consider the degree of support to mandate education on the topic for physicians and others.

Below is the summary of the meeting that JoAnne and Dr. McLean attended. The document contains the link to the full HHS document which lists the 8 domains we might use as a guide to determine ND strategies:

1. Surveillance
2. Drug Abuse Prevention
3. Patient and Public Education
4. Provider Education
5. Clinical Practice Tools
6. Regulatory and Oversight Activities
7. Drug Abuse Treatment
8. Overdose Prevention

Meeting Summary:



50 state Prescription
Drug Abuse meeting :

CDC document handed out at the meeting:



CDC Vital Signs -
Where You Live Make

2) Dr. Mary Ann Sens

Dr. Sens indicated that they have some concerns in the eastern part of the state due to an increase in prescription drug overdoses. She noted that the national data indicates that ND has 3-4 deaths per 100,000 but they are seeing numbers five times higher.

They are seeing patterns in drug prescribing and have also identified issues with death certificates. She indicated they are quite concerned about the selling of prescription drugs and noted that in all the other states that have addressed the prescription drug issue have seen a dramatic increase in heroin usage. She also touched on the possibility of a wider use of "rescue" drugs such as Narcan.

Dr. Sens' presentation:



Notes for
Prescription Drug Ab.

3) Pam Sagness

Pam provided the members with an update on the following:

- a. They are hosting a Behavioral Health Conference the following week
- b. They did not receive the grant from SAMSA
- c. They would like to host a seminar in Bismarck addressing the issues that the committee has been focusing on. Pam will send a survey out requesting topics for this working meeting. This meeting would potentially take place in October.
- d. Pam also mentioned pricing for the Take Back ad campaign

Cost List:



Take Bake Program
Cost List.pdf

- e. John Vastag mentioned that a draft letter is done and waiting for further recommendations from the members. It was decided that we hold off on sending the fund raising letter out until the DEA final rules are published.

4) Legislative Updates/Good Sam Draft

- a. Senator Anderson gave the members an update on the draft of the "Good Sam" overdose prevention and immunity bill.

Bill draft:



Good Sam.docx

- b. Senator Anderson also noted that the "Hydrocodone" types of drugs will become Schedule 2 drugs as of October 6, 2014.

- c. DEA has not published the Take Back final rules although they are expected to be published this year.
- d. Mark Schwab noted that the pharmacies and the AG's office plan to start a program in ND when the final regulations are published.
- e. Lonnie Grabowska noted that they are having a National Take Back Day on September 27, 2014 with a "Fargo Drug Burning" event on September 26, 2014. Liz, from the Attorney General's office, will be sending out a press release on this event.

5) Meeting with the Governor

- a. Duane Houdek gave members a quick update on a potential meeting with the Governor. He is going to check on possible dates. Senator Lee suggested the possibility of September 16th or 17th as they correlate with interim committees meetings.

6) Next Meeting – The next meeting will be coordinated with the seminar that Pam Sagness is coordinating. The committee will plan to meet for an hour after the seminar to discuss further action items.

Respectfully submitted,

John Vastag

Additional Information:

Trust for America's Health Report –
Prescription Drug Abuse: Strategies to Stop the Epidemic 2013



More than 100 people die every day in the United States from a drug overdose. Overdose deaths have surpassed auto collisions as the leading cause of accidental death in the United States.

www.MinnesotaRecovery.org

**STEVE'S LAW
WILL
SAVE LIVES**

**MN 911 GOOD SAMARITAN
+
NALOXONE CAMPAIGN**

www.SteveRummlerHopeFoundation.org

To learn more about the Good Samaritan + Naloxone efforts in Minnesota or to join the Good Samaritan Coalition, visit the coalition's Facebook page: www.facebook.com/911GoodSamaritanNaloxoneCampaign and follow us on Twitter @MNGoodSam.

For more information contact Lexi Reed Holtum 651-308-8122 or lexi@steverummlerhopefoundation.org

Good Samaritan Laws Save Lives

The chance of surviving an opioid overdose, like that of surviving a heart attack, depends greatly on how fast one receives medical assistance. Witnesses to heart attacks rarely think twice about calling 911, but witnesses to an overdose often hesitate to call for help or, in many cases, simply don't make the call because they often fear arrest, even in cases where they need professional medical assistance for a friend or family member. The best way to encourage overdose witnesses to seek medical help is to exempt them from criminal prosecution, an approach referred to as 911 Good Samaritan immunity laws.

Naloxone Also Saves Lives

Naloxone is a safe way to immediately reverse an opiate overdose and an effective way to halt the growing toll of accidental overdose fatalities. Naloxone is a non-addictive opioid antagonist used to counteract the effects of overdose by blocking opioid receptors in the brain and restoring normal breathing. Naloxone is not a controlled substance, has no abuse potential and can be administered by ordinary citizens with little or no formal training. A study published in the *Annals of Internal Medicine* found that distribution of the overdose antidote naloxone could prevent as many as 43,000 deaths.

12.11

Event Summary

OVERDOSE PREVENTION

- **Need for local or state data projects**
 Doctorate of Nursing/Master of Public Health Programs
 Center for Disease Control (CDC) Research Staff (Dept of Health)

- **Legislative Action**
 Good Samaritan Draft - Senator Howard Anderson
 Naloxone Draft (similar to Steve's Law) - Senator Howard Anderson
 - Need support and people to testify

- **Education (Develop Messaging Plan - Target Audiences)**
 Access to Naloxone
 - Prescribers can prescribe but they don't (identify barriers)
 - Medical Association & others act as spokesperson
 - Access (ambulances, pharmacy)
 - Administration (EMT, first responders)
 - Payment

- **Additional Members Invited to Task Force (EMT, fire, etc.)**

DATA

- **Need for statewide data (Takes resources to get resources.)**
 Emergency, hospitals, clinics, vital statistics
 Coroner training concerns
 - State Health Council

- **Education (Communicate data to policy makers and stakeholders)**

SB 2104
3/10/2015

1

1.1

Testimony of Howard C. Anderson Jr. on Senate Bill No. 2104 March 10, 2015, before the House Human Services Committee, Robin Weisz Chairman.

Chairman Weisz and members of the House Human Services Committee. This bill comes to you as an effort to save a few lives of North Dakotans. This legislation is one of the initiatives of the Broad Coalition on Reducing Pharmaceutical Narcotics in Our Communities.

This Task force was initiated by the Health Policy Consortium and the North Dakota Board of Pharmacy in an effort to address the growing concern of pharmaceutical narcotics being used by individuals other than those for whom they were prescribed.

The task force has been meeting on a monthly basis since the end of the 2013 legislative session. Here is an excerpt from the November 12, 2014 minutes of the Task force:

Overdose Prevention:The main area of focus for this topic centered around legislative action items (1) good Samaritan bill and (2) naloxone rescue kit bill draft. Senator Anderson shared copies of both bill drafts. He stated that the Good Samaritan bill draft was just recently sent out to respective parties for feedback. The bill will be tweaked based on comments that are sent back to this group or Senator Anderson directly.

The bill you see today is based on the feedback we received from our coalition members and many state and national organizations.

When someone overdoses on narcotics, becomes unconscious and stops breathing, the best way to keep them alive is to administer a narcotic antagonist as quickly as possible. Keeping them alive until the ambulance gets there is more likely if a narcotic antagonist is readily available and can counteract the overdose. This piece of legislation grants immunity for law enforcement, the lower levels of ambulance personnel not already authorized to administer drugs and friends or family members who might be first on the scene and can take action quickly.

Eric Holder's statement from a drug abuse summit April 2014:When administered in a timely manner, naloxone – also known as narcan – can restore breathing to someone experiencing a heroin or opioid overdose. This critical tool can save lives. To date, a total of 17 [As of December 15, 2014 there are 27] states and the District of Columbia have taken steps to increase access to naloxone, resulting in over 10,000 overdose reversals since 2001. And I urge state policymakers and local leaders throughout the nation to take additional steps to increase the availability of naloxone among first responders – so we can provide lifesaving aid to more and more of those who need it.

This is enabling legislation and law enforcement agencies can decide if they want to participate. I have included some handouts and will review them briefly with you.

Thank you,

Howard

|

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REDUCING PHARMACEUTICAL NARCOTICS IN OUR COMMUNITIES

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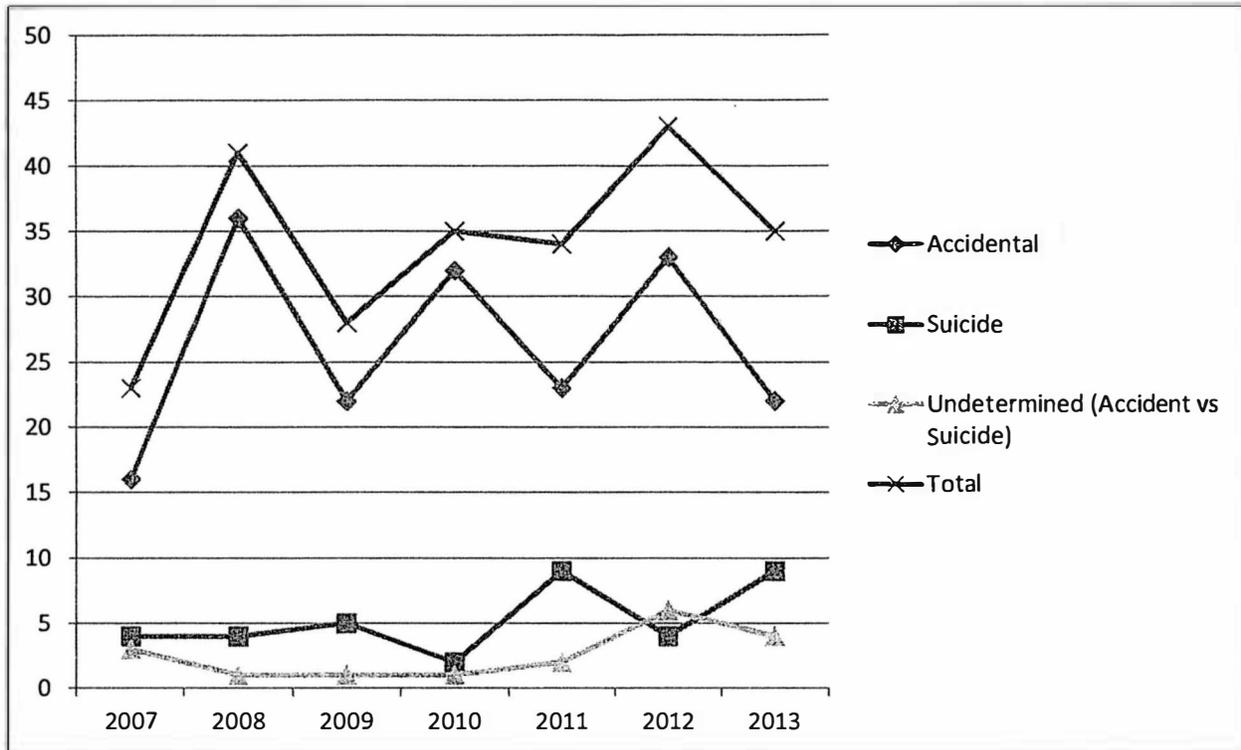
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1.5



	Accidental	Suicide	Undetermined (Accident vs Suicide)	Totals
2007	16	4	3	23
2008	36	4	1	41
2009	22	5	1	28
2010	32	2	1	35
2011	23	9	2	34
2012	33	4	6	43
2013	22	9	4	35

2014 Provisional data available in a couple months
2014 totals will be available by April 2015.

Overdose Death Rates in North Dakota

5

More than 100 people die every day in the United States from a drug overdose. Overdose deaths have surpassed auto collisions as the leading cause of accidental death in the United States.



To learn more about the Good Samaritan + Naloxone efforts in Minnesota or to join the Good Samaritan Coalition, visit the coalition's Facebook page: www.facebook.com/911GoodSamaritanNaloxoneCampaign and follow us on twitter @MNGoodSam.

For more information contact Lexi Reed Holtum 651-308-8122 or lexi@steverummlerhopefoundation.org

Good Samaritan Laws Save Lives

The chance of surviving an opioid overdose, like that of surviving a heart attack, depends greatly on how fast one receives medical assistance. Witnesses to heart attacks rarely think twice about calling 911, but witnesses to an overdose often hesitate to call for help or, in many cases, simply don't make the call because they often fear arrest, even in cases where they need professional medical assistance for a friend or family member. The best way to encourage overdose witnesses to seek medical help is to exempt them from criminal prosecution, an approach referred to as 911 Good Samaritan immunity laws.

Naloxone Also Saves Lives

Naloxone is a safe way to immediately reverse an opiate overdose and an effective way to halt the growing toll of accidental overdose fatalities. Naloxone is a non-addictive opioid antagonist used to counteract the effects of overdose by blocking opioid receptors in the brain and restoring normal breathing. Naloxone is not a controlled substance, has no abuse potential and can be administered by ordinary citizens with little or no formal training. A study published in the *Annals of Internal Medicine* found that distribution of the overdose antidote naloxone could prevent as many as 43,000 deaths.

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#2

SB 2104
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**House Human Services Committee
SB 2104
March 10, 2015**

Chairman Weisz and Committee Members, I am Courtney Koebele and I serve as Executive Director for the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

We are in support of SB 2104 that seeks to increase the availability of naloxone in North Dakota to prevent death from overdose of opioids. NDMA also supports this bill for its common sense liability protections for health care professionals and individuals who seek to help another individual at risk for- or who is experiencing an opioid overdose.

The most important reason for NDMA's support is that naloxone saves lives. This is a medication that has no potential for abuse, is easily administered, and has broad, national support from physicians and other health professionals, law enforcement, and other first responders, who often are the first people on the scene of an overdose. This bill importantly allows for the prescription of naloxone to an individual patient at risk of experiencing an opioid-related overdose; a family member, a friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.

Naloxone is a safe and effective FDA-approved medication that reverses opioid overdose and save lives. Approximately half of the states in the United States now have laws similar to the provisions in SB 2104.

For all of the above stated reasons, we encourage your support of SB 2104. Thank you for your leadership on this important public health issue.



State of North Dakota
Jack Dalrymple, Governor

SB 2104
3/10/2015
3.1

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Telephone (701) 328-9535
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STATE BOARD OF PHARMACY

#3

E-mail= Mhardy@btinet.net www.nodakpharmacy.com

Mark J. Hardy, PharmD, R.Ph.
Executive Director

**Senate Bill 2104 – Naloxone Rescue Kits
House Human Services Committee – Fort Union Room
9:15 AM - Tuesday – March 10, 2015**

Chairman Weisz, members of the House Human Services Committee, for the record I am Mark J. Hardy, PharmD, Executive Director of the North Dakota State Board of Pharmacy. I appreciate the opportunity to be here to speak with you today about SB2104.

The Board of Pharmacy supports the provisions in SB 2104. As we are all aware, illicit drugs and prescription drug abuse and overdose are of great concern in our state. We have worked on reducing narcotics with our community task forces, and continue to collaborate to find solutions, trying to address the issues surrounding narcotic medications.

We agree with the provisions in Section 1; relating to the liability of using opioid antagonist medications.

In Section 2; relative to the Board of Pharmacy establishing the criteria for the prescriptive authority for *Naloxone Rescue Kits*, attached with this testimony are documents I think will be helpful, from our perspective, for beginning this process.

In consulting our pharmacies, we have determined that the cost of Naloxone intermuscular injections is around \$31 per syringe, then adding the intranasal atomizing device which is attached to the syringe, a *Naloxone Rescue Kit* would cost between \$50 to \$60. We will look to other states, including New Mexico – whose administrative rules are also attached for your review; for best practices regarding protocols, training and various requirements for the prescriptive authority for *Naloxone Rescue Kits* by our Pharmacies.

It is important we establish a good set of standards to ensure the highest quality of care and to provide well trained professionals to provide the education to our patients necessary to utilize in emergency situations. I am confident our profession can provide this service to the public.

Again, I thank you for the opportunity to speak on this bill and will be happy to answer any questions you may have.

Naloxone for Overdose Prevention

patient name

date of birth

patient address

patient city, state, ZIP code



prescriber name

prescriber address

prescriber city, state, ZIP code

prescriber phone number

Naloxone HCl 0.4 mg/mL (Narcan)
1 x 10 mL as one fliptop vial (NDC 0409-1219-01) OR
2 x 1mL single dose vials (NDC 0409-1215-01)

Refills: _____

Intramuscular (IM) syringe, 23 G, 3cc, 1 inch

Qty: _____ Refills: _____

Sig: For suspected opioid overdose,
inject 1mL IM in shoulder or thigh.
Repeat after 3 minutes if no or minimal response.

prescriber signature

date

Detach for patient



Are they breathing?

Signs of an overdose:

- Slow or shallow breathing
- Gasping for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)



Call 911 for help

All you have to say:

"Someone is unresponsive and not breathing."
Give clear address and location.



Airway

Make sure nothing is inside the person's mouth.



Rescue breathing

Oxygen saves lives. Breathe for them.

One hand on chin, tilt head back, pinch nose closed.

Make a seal over mouth & breathe in

1 breath every 5 seconds

Chest should rise, not stomach



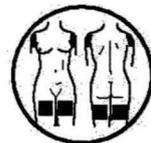
Evaluate

Are they any better? Can you get naloxone
and prepare it quickly enough that they won't
go for too long without your breathing assistance?



Prepare naloxone

- Remove cap from naloxone and uncover needle
- Insert needle through rubber plug, with bottle upside down
- Pull back on plunger and take up 1 cc into the syringe
- Don't worry about air bubbles (they aren't dangerous in muscle injections)



Muscular injection

inject 1cc of naloxone into a big muscle (shoulder or thigh)



Evaluate + support

- Continue rescue breathing
- Give another shot of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem

How to Avoid Overdose

- Only take medicine prescribed to you
- Don't take more than instructed
 - Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
 - Avoid sleeping pills when taking pain meds
- Dispose of unused medications
- Store your medicine in a secure place
 - Learn how to use naloxone
 - Teach your family + friends how to respond to an overdose

3.2

For More Info
PrescribeToPrevent.com

Poison Center
1-800-222-1222
(free & anonymous)

INSTRUCTIONS FOR HEALTHCARE PROFESSIONALS: Prescribing Naloxone

Naloxone is the antidote for an opioid overdose. It has been used for decades to reverse respiratory depression associated with toxic exposure to opioids. Naloxone is not a controlled substance and can be prescribed by anyone with a medical license. Take-home naloxone can be prescribed to patients at risk of an opioid overdose. Some reasons for prescribing naloxone are:

1. Receiving emergency medical care involving opioid intoxication or overdose
2. Suspected history of substance abuse or nonmedical opioid use
3. Starting methadone or buprenorphine for addiction
4. Higher-dose (>50 mg morphine equivalent/day) opioid prescription
5. Receiving any opioid prescription for pain plus:
 - a. Rotated from one opioid to another because of possible incomplete cross-tolerance
 - b. Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, other respiratory illness
 - c. Renal dysfunction, hepatic disease, cardiac illness, HIV/AIDS
 - d. Known or suspected concurrent alcohol use
 - e. Concurrent benzodiazepine or other sedative prescription
 - f. Concurrent antidepressant prescription
6. Patients who may have difficulty accessing emergency medical services (distance, remoteness)
7. Voluntary request from patient or caregiver

Two naloxone formulations are available. Intra-muscular injection is cheaper but may be less attractive because it involves using a needle syringe. (IM syringes aren't widely used to inject controlled substances.) Intra-nasal (IN) spray is of comparable effectiveness, but may be more difficult to obtain at a pharmacy. Check with pharmacist to see whether IM or IN is more feasible.

Billing for Clinical Encounter to Prescribe Naloxone

Most private health insurance, Medicare and Medicaid cover naloxone, but it varies by state.

Drug Abuse Screening Test—DAST-10			
These Questions Refer to the Past 12 Months			
1	Have you used drugs other than those required for medical reasons?	Yes	No
2	Do you abuse more than one drug at a time?	Yes	No
3	Are you unable to stop using drugs when you want to?	Yes	No
4	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5	Do you ever feel bad or guilty about your drug use?	Yes	No
6	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7	Have you neglected your family because of your use of drugs?	Yes	No
8	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10	Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Screening, Brief Intervention & Referral to Treatment

SBIRT can be used to bill time for counseling a patient. Complete the DAST-10 and counsel patient on how to recognize overdose and how to administer naloxone, using the following sheets. Refer to drug treatment program if appropriate.

Billing codes

Commercial insurance: CPT 99408 (15 to 30 mins.)

Medicare: G0396 (15 to 30 mins.)

Medicaid: H0050 (per 15 mins.)

Guidelines for Interpretation of DAST-10		
Interpretation (Each "Yes" response = 1)		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	Encouragement and education
	Low level	Risky behavior – feedback and advice
3-5	Moderate level	Harmful behavior – feedback and counseling; possible referral for specialized assessment
6-8	Substantial level	Intensive assessment and referral

Pharmacist: Dispensing Naloxone

Many outpatient pharmacies do not stock naloxone but it can be easily ordered from major distributors. The nasal atomizer can be ordered from the manufacturer LMA (1-800-788-7999), but isn't usually covered by insurance (\$3 each). It may take 24 hours to set up an account with LMA, and the minimum order size is 25.

Naloxone for Overdose Prevention

patient name

date of birth

patient address

patient city, state, ZIP code

Rx _____

prescriber name

prescriber address

prescriber city, state, ZIP code

prescriber phone number

Naloxone HCl 1 mg/mL
2 x 2 mL as pre-filled Luer-Lock needless syringe
(NDC 76329-3369-1)

Refills: _____

2 x Intranasal Mucosal Atomizing Device (MAD 300)

Refills: _____

For suspected opioid overdose, spray 1mL in each nostril.
Repeat after 3 minutes if no or minimal response.

Pharmacist: Call 1-800-788-7999 to order MAD 300.

prescriber signature

date

Detach for patient

- ### How to Avoid Overdose
- Only take medicine prescribed to you
 - Don't take more than instructed

- Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds

- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone

- Teach your family + friends how to respond to an overdose



Are they breathing? → Call 911 for help

- Signs of an overdose:
- Slow or shallow breathing
 - Gasping for air when sleeping or weird snoring
 - Pale or bluish skin
 - Slow heartbeat, low blood pressure
 - Won't wake up or respond (rub knuckles on sternum)

All you have to say:
"Someone is unresponsive and not breathing."
Give clear address and location.



Airway → Rescue breathing

Make sure nothing is inside the person's mouth.

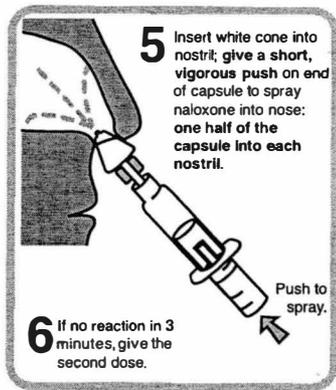
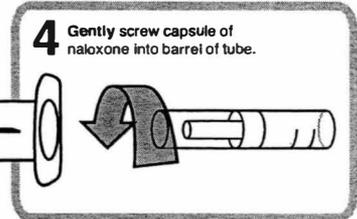
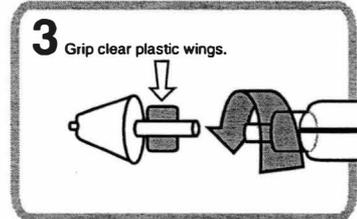
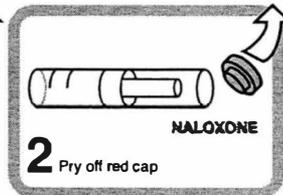
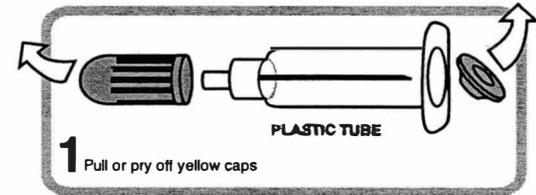
Oxygen saves lives. Breathe for them.
One hand on chin, tilt head back, pinch nose closed.
Make a seal over mouth & breathe in
1 breath every 5 seconds
Chest should rise, not stomach



Prepare Naloxone

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?

PrescribeToPrevent.org



Source: HarmReduction.org



Evaluate + support

- Continue rescue breathing
- Give another 2 sprays of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem



16.19.26.13 NALOXONE FOR OPIOID OVERDOSE:

A. PROTOCOL:

(1) Prescriptive authority for naloxone drug therapy shall be exercised solely in accordance with the written protocol for naloxone drug therapy approved by the board.

(2) Any pharmacist exercising prescriptive authority for naloxone drug therapy must maintain a current copy of the written protocol for naloxone drug therapy approved by the board.

B. EDUCATION AND TRAINING:

(1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), in the subject area of naloxone for opioid overdose drug therapy provided by:

- (a) the New Mexico pharmacists association; or
- (b) a similar health authority or professional body approved by the board.

(2) Training must include study materials and instruction in the following content areas:

- (a) mechanisms of action;
- (b) contraindications;
- (c) identifying indications for the use of naloxone drug therapy;
- (d) patient screening criteria;
- (e) counseling and training patient and care-giver regarding the safety, efficacy and potential adverse effects of naloxone;
- (f) evaluating patient's medical profile for drug interactions;
- (g) referring patient for follow-up care with primary healthcare provider;
- (h) informed consent;
- (i) record management;
- (j) management of adverse events.

(3) Continuing education: Any pharmacist exercising prescriptive authority for naloxone drug therapy shall complete a minimum of 0.2 CEU of live ACPE approved naloxone drug therapy related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.

C. AUTHORIZED DRUG(S):

(1) Prescriptive authority shall be limited to naloxone and shall include any device(s) approved for the administration of naloxone.

(2) Prescriptive authority for naloxone drug therapy shall be limited to naloxone as delineated in the written protocol for naloxone drug therapy approved by the board.

D. RECORDS:

(1) The prescribing pharmacist must generate a written or electronic prescription for any naloxone dispensed.

(2) Informed consent must be documented in accordance with the approved protocol for naloxone drug therapy and a record of such consent maintained in the pharmacy for a period of at least three years.

E. NOTIFICATION: Upon signed consent of the patient, the pharmacist shall notify the patient's designated physician or primary care provider within 15 days of naloxone dispensing. [16.19.26.13 NMAC - N, 03-14-14]

HISTORY OF 16.19.26 NMAC: [RESERVED]

My name is Dr. Melissa Henke and I am the medical director of the Heartview Foundation, a local drug and alcohol treatment facility here in Bismarck. I have been at this position for the past five years and primarily I work with people who are dependent on opiates including prescription medications and heroin. I am here to ask your support of SB 2104. We are definitely seeing a rise in the number of people who are dependent on prescription opiates and more recently, heroin. With that increase in opiate usage we will certainly see an increase in opiate overdose deaths. I want to share some facts regarding opiate usage and opiate overdoses:

- In 2012, there were 259 million prescriptions written for opiates which is enough to medicate every adult in the United States around the clock for a month.
- While the United States has only 5% of the world's population we use 80% of the world's prescription opiates.
- 1 in 20 white Americans older than 12 years old reported using opiates for nonmedical reasons in the past 12 months. That number is 1 in 10 when talking about Native Americans.
- People living in rural areas are at twice the risk of dying by drug overdose.
- Whites and American Indians are more likely to die of an opiate overdose
- In 2009 drug overdoses surpassed motor vehicle accidents as the leading cause of injury related deaths and that has held true every year since then.
- CDC released new information on January 9, 2015 which includes the following numbers
 - Death rate by overdose doubled from 1999 to 2013 and has tripled since 1990
 - In 2013, 81% of the 44,000 drug overdose deaths in the United States were unintentional
 - Every day in the United States, 120 people die as a result of a drug overdose and 6,748 are treated in emergency departments for misuse and abuse of drugs

In 2008, the Centers for Disease Control reported 7.6 deaths per 100,000 people in North Dakota. That means approximately 50 North Dakotans will die every year from an opiate

overdose. There were 35 opiate overdose deaths reported by the state medical examiner of North Dakota last year and he admitted recently in a newspaper article that the actual number is most likely higher. Opiate overdose deaths are completely preventable. There was a time in my career when I couldn't imagine wanting to work with people dependent on drugs and alcohol. I thought they were all manipulative, demanding, entitled liars. What I have learned through my work at Heartview is that people in recovery from drugs and alcohol are not what I imagined them to be. They are hard-working, energetic, honest, compassionate, wonderful people who just needed a chance. They needed to be given the right tools so that they could achieve their full potential. Naloxone is one of those tools. I want to urge you to vote for SB 2104. I also want to leave you with a scenario.

Imagine that your spouse or your child had coronary artery disease and you found out that there was a medication available that was safe, effective, inexpensive and easy to administer that would immediately open up any blocked arteries in their heart. Common sense would dictate that you would want this medication with you at all times and you would want them to have the medication available so that anyone they were with could administer it and save their life. Unfortunately such a medication does not exist for coronary artery disease. Now, imagine that your spouse or your child was dependent on opiates. Now you find out that there is a safe, effective, inexpensive and easy to administer medication that will immediately reverse the effects of an opiate overdose. Again, common sense would dictate that you would want this medication with you at all times and you would want them to have the medication available so that anyone they were with could administer it and save their life. Fortunately for you in this scenario that medication does exist and it is naloxone. You may not be living this nightmare but there are thousands of North Dakotans who are living with this fear every day. Please give them the opportunity to have this medication and possibly save the life of their loved ones. It shouldn't matter if it is coronary artery disease or opiate dependence, these are lives we are talking about. Again, I am asking for your support of SB 2104. Thank you for your time and consideration. I would be happy to answer any questions.

SB 2104
3/10/2015
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#5

House Human Service Committee

North Dakota Board of Nursing

**SB 2104 Related to opioid antagonist and limited prescriptive authority
for naloxone rescue kits.**

9:15am Tuesday, March 10, 2015

Chairperson Weisz and members of the Committee, I am Stacey Pfenning, NDBON Associate Director. I participate on the state-wide, multidisciplinary committee "Reducing Pharmaceutical Narcotics in our Community", as this public health concern is near to my heart.

As a NP with 12 years of emergency care experience, I have seen the devastating human effects of narcotics on the citizens of our communities. I witnessed this public health problem grow over the past 12 years through increased visits related to narcotic drug addiction and diversion, as well as increased misuse and overdoses.

In emergency care settings, naloxone is readily available when a family or friend brings in an impaired or unresponsive loved one. I have witnessed the almost immediate improvement in mental status and vital signs of these individuals. The local ambulance services also give naloxone; therefore when patients are brought in, they are already improving. In my experience, I have witnessed the life-saving capabilities of this medication, as it quickly reverses the effects of the narcotics in the brain, which can stop near fatal overdoses; similar to the way an epi pen can stop a severe allergic reaction. The side effects of naloxone are primarily withdrawal symptoms from the narcotic medications ingested.

I have seen this medication save many lives and believe the 3.4 ND deaths per 100,000 could be reduced with Senate Bill 2104 followed by education and training of the public and first line responders on the use of naloxone.

Thank you for the opportunity to speak to the importance of this legislation. I am now open to questions.

Resource: <http://www.cdc.gov/psr/prescriptiondrug/2013/ND-pdo.pdf>

SB 2104

3/10/2015

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#6

March 10, 2015

House Human Services Committee

Mr Chair and members of the House Human Services Committee, my name is Jenenne Guffey and I appreciate the opportunity to testify today as a Mom in support of SB 2104.

My son, Joshua Nelson died of a heroin overdose on July 26, 2013; he was only 21 years old. Josh made us smile with his witty personality. He was unwaveringly compassionate and people felt safe with him. He was fearless and curious. He loved to tell detailed stories about movies and books. His family and friends were important to him. The babies were always his favorite. He started talking about having many children at a very young age. At his funeral there was an entire picture board of him holding different babies throughout his short life.

In high school Josh was a promising wrestler; he loved snowboarding, playing hacky sack; and sports of all kinds. A few days before his death he told me he had decided to pursue a career that wouldn't take him away from his future family for long periods of time; he was considering construction management at MN State University Moorhead. He loved history and reading. The history channel became a favorite conversation piece between the two of us. In his last communications with his grandmother she had begun to share his family history back to the late 1800's. He told me he was "stoked" to have this information.

Anyone who met and spent time with Joshua enjoyed his company. He had the word *Loyalty* tattooed over his heart because that's what he believed in and how he lived. He was loyal to the end. Josh loved excitement and wanted to experience all this world had to offer. He did not have a death wish and he wanted to be free from addiction. His dependency on drugs began as "fun" and "social". In the end heroin took his life. Joshua attracted people from all walks of existence and he is not defined by his struggle with addiction. No one deserves to die when their life can be saved.

My son was in a public place with a group of friends, yet he died alone; 80% of heroin user's use with someone else; yet when they die of overdose 80% of them are found alone. His friends left him and did not report his condition until it was too late to save his life. They had no naloxone and their past revival techniques were not able to be performed in a public bathroom stall. Their fear of prosecution inhibited their ability to call for help. These are young people who now have to live with the death of someone they love on their hearts. These are young people that grew up together, not just a bunch of people without feelings or conscience.

Narcan/naloxone is not an opiate drug and it has no abuse potential. It is a safe and effective way of immediately reversing an opiate overdose. Because opiate overdose stops breathing, each second without air produces incremental brain damage until final death ensues. Therefore, every second that passes until an ambulance arrives costs precious brain tissue. Currently, in ND, only licensed medical providers and advanced life support services can use

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naloxone. Placing naloxone in the hands of first responders, police, and the general public will increase response time and save lives. Multiple studies have shown, and I myself have taken the training, that it is easily administered by the lay public just as other medications such as epinephrine and glucagon are for severe allergic reactions or diabetic hypoglycemia.

Joshuah leaves behind a large family and many friends who love and miss him. We are committed to making his death mean something by giving all we have to advocating for policy/legislative change. We believe it's vital to legitimize regulation that grants limited immunity from prosecution to reporters of overdose victims and make naloxone/narcan available to those who need it. Let's work to ensure that no more families have to say good bye to those they love in this senseless fashion; let no more lives end before their time. Vote yes in support of SB 2104.

Thank you and I will be happy to answer any questions.

Jenenne Guffey

A broken hearted mom

My name is Dr. Hatlestad and I am physician in the emergency room here at Sanford Medical Center Bismarck. I am also the medical director for 3 of the smaller ambulance services in the area. I am here to ask for your support of SB 2104. Over the past 13 years of working in emergency departments I have administered hundreds of doses of naloxone. This is an incredibly safe, effective and easy to administer medication. For the people receiving the naloxone, this is not a pleasant experience and not one that they soon forget. It will abruptly put someone who is dependent on opiates into withdrawal. The symptoms of opiate withdrawal include nausea, vomiting, diarrhea, diffuse and intense body aches, chills and sweats. This is not an abusable medication. The only reason that an opiate-dependent person would want this medication is to save the life of someone who has overdosed. Naloxone has been around for decades. If it is administered to someone who is not having an opiate overdose but is found down for other reasons, it does not hurt him, but it also does not help him. It will not affect any other emergency medical care that they will be receiving for their medical condition.

We are definitely seeing an increase in the number of people who are prescribed opiates chronically as well as an increase in the number of people who are abusing and misusing opiates. I am fully in favor of naloxone being in the hands of people who have contact or may have contact with opiate dependent people. That would include police officers, firefighters, addiction counselors, social workers, friends and family members as well as the addicts themselves. Naloxone is already being used successfully in this manner in many other states and I urge you to vote in favor of SB 2104. Thank you for your time. I would be happy to answer any questions that you may have.

3-24-15

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PROPOSED AMENDMENTS TO SENATE BILL No. 2104

Page 1, line 21, after "antagonist" insert "as long as training is provided"

Renumber accordingly