Legislative Analysis

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FIRST RESPONDER AND PEACE OFFICER TRAINING FOR DRUG OVERDOSES

House Bill 5460 as introduced
Sponsor: Rep. Hank Vaupel

House Bill 5461 as introduced
Sponsor: Rep. Patrick Green

Committee: Health Policy
Complete to 2-12-18

SUMMARY:

House Bill 5460 would amend the Public Health Code to require that programs and curricula for paramedics or medical first responders include training in treating drug overdose patients that is equivalent to training provided by the American Heart Association Basic Life Support (BLS) for Health Care Providers.

> [Note: BLS certification trains participants to recognize several life-threatening emergencies, give high-quality chest compressions, deliver appropriate ventilations, and provide early use of an automated external defibrillator (AED).]

MCL 333.20912

House Bill 5461 would amend Public Act 462 of 2014, which governs the carrying and administering of opioid antagonists, to ensure that law enforcement agencies require that same training of their peace officers. Current law allows peace officers to possess and administer an opioid antagonist if they have been trained in its proper administration and have reason to believe that the recipient is experiencing an opioid-related overdose. The bill would stipulate that the training required before administration of an opioid antagonist must meet the requirements set out in HB 5460.

The bill would retain the provision in PA 462 that peace officers who possess or in good faith administer an opioid antagonist are immune from civil liability (as long as the conduct does not amount to gross negligence) and would extend immunity to peace officers who render treatment for drug overdose in accordance with the proposed training.

MCL 28.542, 28.543, and 28.544

HB 5461 is tie-barred to HB 5460, which means it would not take effect unless HB 5460 were also enacted. Both bills would take effect 90 days after enactment.

BACKGROUND:

According to data released by the Department of Health and Human Services (DHHS) in July of 2017, the number of drug overdose deaths in Michigan rose by 18% to 2,335 in 2016,[1] as part of an upward trend since 2012. Drug poisoning deaths are the largest category of injury-related deaths in Michigan.

This bill is similar to Public Act 312 of 2014, which required all emergency services personnel to be trained to administer opioid antagonists (defined as naloxone hydrochloride or any similar acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose).

Specific treatment such as naloxone hydrochloride, cardiopulmonary resuscitation (CPR), or rescue breathing requires only basic training, but is often the difference between life and death in overdose incidents. (Rescue breathing differs from CPR in including the breathing component but not chest compressions, to account for the fact that sometimes overdose patients have trouble moving air even though their hearts keep beating.)

The Highlights of the 2015 American Heart Association Guidelines Update for CPR and ECC[2] added the following language to address specific actions recommended in case of an opioid overdose:

- For patients with known or suspected opioid addiction who are unresponsive with no normal breathing but a pulse, it is reasonable for appropriately trained lay rescuers and BLS providers, in addition to providing standard BLS care, to administer intramuscular (IM) or intranasal (IN) naloxone. Opioid overdose response education with or without naloxone distribution to persons at risk for opioid overdose in any setting may be considered.
- Patients with no definite pulse may be in cardiac arrest or may have an undetected weak or slow pulse. These patients should be managed as cardiac arrest patients. Standard resuscitative measures should take priority over naloxone administration, with a focus on high-quality CPR (compressions plus ventilation). It may be reasonable to administer IM or IN naloxone based on the possibility that the patient is in respiratory arrest, not in cardiac arrest. Responders should not delay access to more-advanced medical services while awaiting the patient's response to naloxone or other interventions.

As part of continuing efforts in Michigan to address opioid use in the state, the Michigan Prescription Drug and Opioid Abuse Task Force released the following report of findings and recommendations for action in October of 2015:

[1] http://www.michigan.gov/som/0,4669,7-192-29942_34762-426226--,00.html
[2] https://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf

http://www.michigan.gov/documents/snyder/Presciption_Drug_and_Opioid_Task_Force_Report_504140_7.pdf

FISCAL IMPACT:

House Bill 5460 may have modest fiscal implications for the Department of Health and Human Services (DHHS) if modifications are needed to education programs that DHHS oversees for emergency medical services (EMS) personnel. The EMS program is funded at $6.6 million. The EMS licensing and education systems are supported by license fee revenue and state GF/GP funds.

The bill would have an indeterminate fiscal impact on local law enforcement agencies. Any costs incurred would result from the implementation of drug overdose training requirements, the extent of which would depend upon whether or not a local law enforcement agency already has such training regimens in place. The Michigan Commission on Law Enforcement Standards notes that, due to the statewide variation in local law enforcement agencies' overdose response protocols and existing stocks of preferred opioid antagonists and injection systems, it would be difficult to develop and implement standardized training that would be applicable statewide, and it is therefore likely that training costs would be borne by local law enforcement agencies.

Legislative Analyst: Jenny McInerney

Fiscal Analysts: Susan Frey
Kent Dell

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