



Allowing Nurses to Distribute Opioid Overdose Reversal Medication in Emergency Departments

Background

SSB 5195 took effect on Jan. 1, 2021, requiring hospitals to provide opioid reversal medication to all patients presenting to the emergency department with symptoms of opioid overdose, opioid use disorder or other adverse events related to opioid use. WSHA supports efforts to save lives with this bill, however, amendments made to RCW 70.41.480 have created practical compliance challenges for hospitals.

SSB 5195, eliminated a provision in RCW 70.41.480(2)(c), which permitted nurses to distribute pre-packaged opioid reversal medication, replacing it with RCW 70.41.480(6), which requires these medications to be distributed exclusively by a “practitioner”: a person with prescribing authority in the state of Washington. **The restriction in law that the opioid reversal medication can only be distributed by a practitioner and not a nurse imposes a barrier to discharge, creating backlog in the emergency department.** WSHA is proposing a legislative fix that will add “nurse” as a person who can distribute opioid reversal medication from the emergency department as a solution to this problem.

WSHA Position

Allowing nurses to distribute opioid reversal medication from the emergency department will help address a potential backlog at discharge, give hospitals the necessary flexibility to comply with SSB 5195 and ensure patient safety from opioid overdose, while also allowing hospital emergency departments to continue operating efficiently.

Key Messages

- Hospitals support the need to keep patients safe from opioid overdose and believe in efforts to increase distribution of opioid reversal medication to the community.
- It is essential to emergency departments' efficiency and operation that distribution privileges for opioid reversal medication be extended to nurses and not be limited to prescribing practitioners.

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