

# **Summary**

## **HB 2001 Controlled Substances; Regulation; Appropriation**

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**First Special Session of the Fifty-third Legislature**

### **Sober Living Homes**

*Sec. 3 (11-269.18)*

Mandates that counties with standards for structured sober living homes require these homes to “develop policies and procedures to allow individuals on medication-assisted treatment to continue to receive this treatment while living in the structured sober living home”.

### **Drug & Paraphernalia Drop-off**

*Sec. 4 (11-269.20)*

Before the end of calendar year 2018, each county board of supervisors must “establish at least one location in the county where a person may drop off any legal or illegal drug or substance and drug paraphernalia and receive a referral to a substance abuse treatment facility.”

This is the extent of the language in the section, however it is our understanding that because the individuals are surrendering drugs or drug paraphernalia, the location needs to be a law enforcement location. Additionally, we have been told by the Governor’s Office that counties may form partnerships with cities to provide this service.

This provision does not explicitly provide immunity to individuals relinquishing legal or illegal substances or drug paraphernalia at the established drop-off locations.

### **County 911 Reporting**

*Sec. 4 (11-269.21)*

Counties are required to report the number of 911 telephone calls received under the new Good Samaritan law (13-3423) and any overdose related deaths to the Arizona Department of Health Services (DHS). DHS will prescribe the format of submission.

### **Good Samaritan Law**

*Sec. 6 (13-3423)*

Provides immunity to individuals who seek medical assistance for someone experiencing a drug-related overdose. The immunity is only for the possession or use of a controlled substance, drug paraphernalia or, “preparatory offense if the evidence for the violation was gained as a result of the person’s seeking medical assistance”.

Also gives immunity to individuals who are overdosing and in need of medical assistance for the possession or use of a controlled substance or drug paraphernalia if the evidence used to charge them with a crime was found when the individual was in need of medical assistance for the overdose.

Does not limit the ability of law enforcement to, “seize contraband or make an arrest for any other offense” or for the “admissibility of any evidence in connection with the investigation or prosecution of a crime with regard to a defendant” who doesn’t fall under the previous exclusions or with regard to another crime.

Additionally, this section allows individuals who have either overdosed or sought medical assistance for someone overdosing to be offered diversion programming. The entity offering such programming was not specified.

These provisions are set to expire after June 30, 2023. During discussions on the legislation, it was noted that the limited time frame on this component was due to the emergency nature of the opioid crisis.

## **Prior Authorization for Certain Health Care Services & Chronic Pain**

*Sec. 9 (20-3402, 20-3403, 20-3404, 20-3405)*

Allows (does not require) a health care services plan to impose a prior authorization requirement, except for:

- Emergency ambulance services;
- Emergency services;
- Health care services occurring after an initial medical screening examination; and
- Immediately necessary stabilizing treatment.

Though it does require a health care services plan to allow at least one type of medically assisted treatment to be available without prior authorization one time.

If a health care services plan selects to impose a prior authorization requirement, they are required to:

- Make a list of requirements available to all providers on its website or provider portal
- Permit providers to access the prior authorization request form.
- Accept prior authorization requests through a secure electronic transmission.
- Provide at least two points of access for making a request, including telephone, electronic means and emergency after-hours procedures.
- A health care services plan must accept and respond to prior authorization prescription requests for prescriptions electronically beginning January 1, 2020.
- Allows a health care services plan to enter into contractual agreements with providers who cannot comply with electronic requirements, due to internet connectivity or financial hardship faced by the provider.

Additionally this section outlines prior authorization requirement timelines, in order to ensure information is shared between the health plan and the service providers in a timely fashion. It also specifies that if a request is denied, detail must be given as to the reason for the denial. Further it stipulates that once a prior authorization request is granted, it may not be rescinded or modified by the health plan, unless there is evidence of fraud.

The final component of this section addresses prior authorization of prescription drugs for chronic pain conditions. The bill requires health plans to honor a granted prior authorization of prescription drugs for chronic pain conditions for six months after the requested approval date, but allows the health plan to check in with the provider to ensure the enrollee's condition has not changed. Contains exceptions and allows a health plan to grant a prior authorization for a duration lasting longer than six months for chronic pain.

## **Naloxone Kit Distribution at County Health Departments**

*Sec. 30 (36-192)*

Allows county health departments the option to provide naloxone or other anti-overdose drug to an individual at risk of, or currently experiencing an opioid-related overdose.

Does not provide for a funding mechanism for county health departments to distribute these kits.

## **Authority to Administer Naloxone, Training and Immunity**

*Sec. 34 (36-2228) & Sec. 35 (36-2267)*

Expands the authority to administer naloxone, the applicable training requirements, and the immunity from professional liability and criminal prosecution for harm that is a result of action if those persons act with reasonable care and in good faith to: ancillary law enforcement employees.

Training for the ancillary law enforcement employees will be the same training developed, adopted and implemented currently by the Department of Health Services and the Arizona Peace Officers Standards and Training Board for emergency medical care technicians and peace officers.

Defines ancillary law enforcement employees as: detention officer, probation or surveillance office, police aide or assistant, crime scene specialist, crime laboratory employee or another other type of law enforcement employee or employee of the DOC who is authorized by their employing agency.

Current statute allows the following individuals:

- Licensed physician
- Nurse practitioner
- Emergency medical care technician
- Peace officer

Expands the protections from civil liability to individuals who receive a naloxone kit from a county health department and administer it to someone experiencing an opioid-related overdose.

Specifically defines person as including school district or charter school employees acting in their official capacity.

## **E-Prescriptions for Schedule II Controlled Substances**

*Sec. 36 (36-2525)*

Expands the requirements for labeling prescriptions for controlled substances to electronic prescription orders.

Beginning January 1, 2019 for counties with a population exceed 150,000 and July 1, 2019 for counties with a population less than 150,000 schedule II controlled substances for pain management must be prescribed with an electronic prescription order, and may be dispensed with just an electronic prescription order. Provides for waivers for doctors in counties with a population less than 150,000 who do not have reliable access to broadband internet.

This language uses counties to identify regions affected, not to identify the level of government responsible for enforcing this regulation.

## **Substance Use Disorder Services Fund**

*Sec. 39 (36-2390.06) & Sec. 42*

Establishes and appropriates \$10,000,000 to the substance use disorder services fund for FY 2019. The Arizona Health Care Cost Containment System is tasked with using these funds to administer substance use disorder services for individuals who do not otherwise have access to substance abuse treatment.

## **Angel Initiative Expansion Study**

*Sec. 41*

Directs the Governor's Office of Youth, Faith and Family to conduct a study on the statewide expansion of the Angel Initiative pilot program, a portion of which is found in Sec. 4 (11-269.20) of the proposed legislation. More information on the pilot program can be found [here](#).