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Title: Availability of Naloxone Boxes
Introduced by: Charles J. Barone II, MD, for the Wayne County Delegation
Original Author: Tabitha Moses
Referred to: Reference Committee D
House Action: **APPROVED**

Whereas, in the United States in 2017, drug related deaths exceeded 72,000 people, of which 49,068 were opioid related leading to 115 opioid overdose deaths per day, the highest in United States history^{1,2}, and

Whereas, in Michigan in 2017, over 2,600 people died as a result of a drug overdose, a number which has increased by 82 percent in the past five years², and

Whereas, opioid misuse has been associated with excess annual health care expenditures of up to \$20,000 per person on private insurance and up to \$15,000 for those on Medicaid with the Centers for Disease Control and Prevention reporting the total economic burden of prescription opioid misuse in the United States is \$78.5 billion^{3,4}, and

Whereas, naloxone is an opioid receptor antagonist that reverses the effects of opioid agents, has no potential for abuse, and is harmless to those not experiencing opioid overdose^{5,6}, and

Whereas, naloxone boxes are a bystander friendly kit designed to accommodate four doses of Naloxone, one rescue breaths mask, and an information card on accessing addiction treatment⁷, and

Whereas, naloxone boxes are being used throughout Rhode Island and are being considered in Massachusetts to provide easily accessible naloxone in high-risk areas^{8,9}, and

Whereas, a recent feasibility study on public access naloxone kits found that the bystanders in a simulated environment were willing to administer naloxone and 98 percent did so correctly¹⁰, and

Whereas, the community placement of naloxone boxes is analogous to the widespread distribution of automated external defibrillators (AEDs) in public spaces^{9,11}, and

Whereas, state laws manage how to own, place, and use AEDs, including 1) AED placement mandates requiring certain types of organizations to own AEDs, 2) good samaritan immunity protecting those who use AEDs in emergent situations against negligence, and 3) general AED law requirements including selecting those who must be trained to use AEDs, administering AED programs managed by the American Heart Association, maintaining AEDs, and reporting AED use^{12,13,14}, and

Whereas, although there are no current estimates of the cost of naloxone box kits, generic naloxone costs between \$20 and \$40 and research shows that naloxone distribution for overdose reversal is cost effective^{7,9,15}, and

Whereas, a community naloxone distribution and training program in Massachusetts reduced opioid overdose deaths by an estimated 11 percent, without simultaneously increasing opioid use, in the communities that implemented it¹⁶, and

54 Whereas, although 43 states in the United States and the District of Columbia have passed Naloxone
55 laws to dispense and administer the drug without a prescription, the remaining states continue to have
56 restrictions of accessibility and some still require a prescription to obtain the medication^{17,18,19}, and
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58 Whereas, there are currently 36 states where possession of naloxone without a prescription may be
59 considered a criminal offense and 15 states where naloxone dispensers do not have immunity from criminal
60 prosecution for prescribing, dispensing or distributing naloxone to a layperson¹⁹, and
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62 Whereas, restrictions to naloxone access typically question the safety of its pharmacological
63 properties and administration procedures, and the potential for higher-risk drug use practices; however,
64 available data suggests that these concerns are largely unfounded, and that any potential risks are
65 outweighed by benefits²⁰; therefore be it
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67 RESOLVED: That MSMS supports the implementation of naloxone box stations in high risk areas
68 throughout the state; and be it further
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70 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA
71 to support the legal access to and use of naloxone in all public spaces regardless of whether the individual
72 holds a prescription; and be it further
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74 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA
75 to amend policy H-95.932, "Increasing Availability of Naloxone," by insertion and deletion as follows:
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77 1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to
78 affordable naloxone, including but not limited to collaborative practice agreements with pharmacists and
79 standing orders for pharmacies and, where permitted by law, community-based organizations, law
80 enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of
81 administration for naloxone delivery. 2. Our AMA supports efforts that enable law enforcement agencies to
82 carry and administer naloxone. 3. Our AMA encourages physicians to co-prescribe naloxone to patients at
83 risk of overdose and, where permitted by law, to the friends and family members of such patients. 4. Our
84 AMA encourages private and public payers to include all forms of naloxone on their preferred drug lists and
85 formularies with minimal or no cost sharing. 5. Our AMA supports liability protections for physicians and
86 other health care professionals and others who are authorized to prescribe, dispense and/or administer
87 naloxone pursuant to state law. 6. Our AMA supports efforts to encourage individuals who are authorized to
88 administer naloxone to receive appropriate education to enable them to do so effectively. 7. Our AMA
89 encourages manufacturers or other qualified sponsors to pursue the application process for over the counter
90 approval of naloxone with the Food and Drug Administration. 8. Our AMA ~~urges the Food and Drug~~
91 ~~Administration to study the practicality and utility of~~ **supports the widespread implementation of easily**
92 **accessible** Naloxone rescue stations (public availability of Naloxone through wall-mounted display/storage
93 units that also include instructions) **throughout the country following distribution and legislative edicts**
94 **similar to those for Automated External Defibrillators.**
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97 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000 or more for costs related to the adoption of new or
98 revised MSMS or AMA policy.

Relevant MSMS Policy:

Naloxone Availability and Pricing

MSMS supports efforts to increase access to affordable naloxone including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies. (Res51-17)

Continuing Medical Education for Opioid Prescribing

MSMS supports education to encourage physicians and other health care providers to co-prescribe naloxone when prescribing opiates. (Res51-16).

Good Samaritan Protection

MSMS supports legal protection for doctors, nurses, and paramedical personnel who assist travelers experiencing medical problems. (Prior to 1990)

Relevant AMA Policy:

Increasing Availability of Naloxone H-95.932

1. Our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community based organization, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone delivery.
2. Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone.
3. Our AMA encourages physicians to co-prescribe naloxone to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients.
4. Our AMA encourages private and public payers to include all forms of naloxone on their preferred drug lists and formularies with minimal or no cost sharing.
5. Our AMA supports liability protections for physicians and other health care professionals and others who are authorized to prescribe, dispense and/or administer naloxone pursuant to state law.
6. Our AMA supports efforts to encourage individuals who are authorized to administer naloxone to receive appropriate education to enable them to do so effectively.
7. Our AMA encourages manufacturers or other qualified sponsors to pursue the application process for over the counter approval of naloxone with the Food and Drug Administration.
8. Our AMA urges the Food and Drug Administration to study the practicality and utility of Naloxone rescue stations (public availability of Naloxone through wall-mounted display/storage units that also include instructions).

Prevention of Opioid Overdose D-95.987

1. Our AMA: (A) recognizes the great burden that opioid addiction and prescription drug abuse places on patients and society alike and reaffirms its support for the compassionate treatment of such patients; (B) urges that community-based programs offering naloxone and other opioid overdose prevention services continue to be implemented in order to further develop best practices in this area; and (C) encourages the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities; and (D) will continue to monitor the progress of such initiatives and respond as appropriate.
2. Our AMA will: (A) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose; and (B) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for opioid overdose.
3. Our AMA will support the development and implementation of appropriate education programs for persons in recovery from opioid addiction and their friends/families that address how a return to opioid use after a period of abstinence can, due to reduced opioid tolerance, result in overdose and death.

Improvement in US Airlines Aircraft Emergency Kits H-45.981

1. Our AMA urges federal action to require all US air carriers to report data on in-flight medical emergencies, specific uses of in-flight medical kits and emergency lifesaving devices, and unscheduled diversions due to in-flight medical emergencies; this action should further require the Federal Aviation Administration to work with the airline industry and appropriate medical specialty societies to periodically review data on the incidence and outcomes of in-flight medical emergencies and issue recommendations regarding the contents of in-flight medical kits and the use of emergency lifesaving devices aboard commercial aircraft.
2. Our AMA will: (a) support the addition of naloxone to the airline medical kit; (b) encourage airlines to voluntarily include naloxone in their airline medical kits; and (c) encourage the addition of naloxone to the emergency medical kits of all US airlines (14CFR Appendix A to Part 121 - First Aid Kits and Emergency Medical Kits).

911 Good Samaritan Laws D-95.977

Our AMA: (1) will support and endorse policies and legislation that provide protections for callers or witnesses seeking medical help for overdose victims; and (2) will promote 911 Good Samaritan policies through legislative or regulatory advocacy at the local, state, and national level.

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