





1           (4) "Opioid overdose prevention and treatment training  
2 program" or "program" means any program operated or approved by the  
3 Office of Emergency Medical Services to train individuals to  
4 prevent, recognize and respond to an opiate overdose, and that  
5 provides, at a minimum, training in all of the following:

6           (A) The causes of an opiate overdose;

7           (B) How to recognize the symptoms of an opioid overdose;

8           (C) How to contact appropriate emergency medical services; and

9           (D) How to administer an opioid antagonist.

10          (b) A licensed health care provider who is permitted by law to  
11 prescribe an opioid antagonist may, if acting with reasonable care,  
12 prescribe and subsequently dispense or distribute an opioid  
13 antagonist in conjunction with an opioid overdose prevention and  
14 treatment training program, without being subject to civil  
15 liability or criminal prosecution, unless the act was the result of  
16 the licensed health care provider's gross negligence or willful  
17 misconduct. This immunity applies only to the licensed health care  
18 provider even when the opioid antagonist is administered by and to  
19 someone other than the person to whom it is prescribed.

20          (c) An initial responder who is not otherwise licensed to  
21 administer an opioid antagonist may administer an opioid antagonist  
22 in an emergency situation if:

23           (1) The initial responder has successfully completed the  
24 training required by subdivision (4), subsection (a) of this

1 section; and

2       (2) The administration of the opioid antagonist is done after  
3 consultation with medical command personnel: *Provided*, That an  
4 initial responder who otherwise meets the qualifications of this  
5 subsection may administer an opioid antagonist without consulting  
6 with medical command if he or she is unable to so consult due to an  
7 inability to contact medical command because of circumstances  
8 outside the control of the initial responder or if there is  
9 insufficient time for the consultation based upon the emergency  
10 conditions presented.

11       (d) An initial responder who meets the requirements of  
12 subsection (c) of this section, acting in good faith, is not, as a  
13 result of his or her actions or omissions, liable for any violation  
14 of any professional licensing statute, subject to criminal  
15 prosecution arising from or relating to the unauthorized practice  
16 of medicine or the possession of an opioid antagonist or subject to  
17 any civil liability with respect to the administration of or  
18 failure to administer the opioid antagonist unless the act or  
19 failure to act was the result of the initial responder's gross  
20 negligence or willful misconduct.

21       (e) Data regarding each opioid overdose prevention and  
22 treatment program that the Office of Emergency Medical Services  
23 operates or recognizes as an approved program shall be collected  
24 and reported by January 1, 2017, to the Legislative Oversight

1 Commission on Health and Human Resources Accountability. The data  
2 collected and reported shall include:

3 (1) The number of training programs operating in an Office of  
4 Emergency Medical Services designated training center;

5 (2) The number of individuals who have received training to  
6 administer an opioid antagonist;

7 (3) The number of individuals who received the opioid  
8 antagonist who were revived;

9 (4) Number of individuals who received the opioid antagonist  
10 who were not revived; and

11 (5) Number of adverse events associated with an opioid  
12 overdose prevention and treatment program, including a description  
13 of the adverse events.

14 (f) To implement the provisions of this section, including  
15 establishing the standards for certification and approval of opioid  
16 overdose prevention and treatment training programs, the Office of  
17 Emergency Medical Services may promulgate emergency rules pursuant  
18 to the provisions of section fifteen, article three, chapter  
19 twenty-nine-a of this code.

NOTE: The purpose of this bill is to allow police, fire and  
emergency service providers, to possess Naloxone to administer in  
suspected narcotic drug overdoses.

This section is new; therefore, strike-throughs and  
underscoring have been omitted.

This bill was recommended for introduction and passage during the 2014 Regular Session of the Legislature by the Joint Committee on Health.