



# Kansas Bureau of Investigation

Kirk D. Thompson  
*Director*

Derek Schmidt  
*Attorney General*

**Testimony in Support of Senate Bill 165**  
**Before the Senate Standing Committee on Health and Public Welfare**  
**Katie Whisman, Executive Officer**  
**Kansas Bureau of Investigation**  
**February 20, 2017**

Madam Chair and Members of the Committee:

Thank you for the opportunity to testify in support of SB 165 which seeks to provide insurance coverage for abuse-deterrent opioid analgesic drug products and ensure emergency opioid antagonist medications are available to bystanders, first responders, and school nurses to use in emergency situations.

Jurisdictions across the country are experiencing, firsthand, a rapidly emerging and very serious public safety threat which is commonly being referred to as “the opioid epidemic”. According to the Centers for Disease Control, Americans are dying at a rate of 78 per day from opioid related overdoses. Kansas is not immune. Heroin submissions to Kansas forensic laboratories have risen steadily since 2014 and, in recent months, we have become aware of several drug related overdose deaths, many of which have been attributed to fentanyl or its many analogs.

Fentanyl, which is currently listed as a schedule II medication at both the state and federal level, is a synthetic opiate. There are many other fentanyl analogs that are either listed as schedule I or schedule II, or variants that are not yet controlled. No matter the variant or schedule in which it appears, when ingested, inhaled, or absorbed into the skin, fentanyl depresses both central nervous system (CNS) and respiratory function. Exposure to fentanyl may be fatal. It is estimated to be 80 times as potent as morphine and hundreds of times more potent than heroin (*Centers for Disease Control and Prevention, 2016*). According to the DEA, the fentanyl being sold on the street is produced clandestinely in Mexico, and also comes directly from China. Fentanyl is found in powder form and is used as a cutting agent for heroin and cocaine. When seized by law enforcement, these substances are submitted to a forensic laboratory for analysis and substance identification.

Fentanyl and its many analogs present unique safety concerns to first responders and forensic laboratory staff. The Kansas Bureau of Investigation employs several classifications of employees that are at an increased risk for fentanyl exposure. These include:

- Special Agents who have been seizing or collecting fentanyl and fentanyl laced narcotics in remote locations throughout the state.

- Evidence Control Specialists who have been handling fentanyl and fentanyl laced narcotics being submitted to the Forensic Laboratory for analysis by our many law enforcement contributors.
- Forensic Scientists who have been performing laboratory analysis on fentanyl and fentanyl laced narcotics.

Each of these individuals is at an increased risk for absorbing or inhaling fentanyl, a potentially deadly scenario. To help safeguard our employees from experiencing a fentanyl overdose, the Kansas Bureau of Investigation has developed an exposure mitigation plan that prohibits field testing of suspect substances; recommends, when practical, certain levels of Personal Protective Equipment be used by anyone who may come in contact with fentanyl; and implemented new screening and evidence packaging procedures for evidence submissions suspected of containing fentanyl or fentanyl laced narcotics.

Despite these measures, the potential for a fentanyl overdose still exists. When an overdose occurs, administration of an emergency opioid antagonist is life-saving.

The Kansas Bureau of Investigation has appreciated the opportunity to collaborate with the group of individuals who drafted and presented legislation related to the availability of emergency opioid antagonists. We are largely satisfied with the final draft and provide the following amendments for the Committee's consideration:

On page 2, lines 39-43:

(f)(1) Any first responder agency electing to provide an emergency opioid antagonist *to its employees or volunteers* for the purpose of administering the emergency opioid antagonist shall procure the services of a physician to serve as physician medical director for the first responder agency's emergency opioid antagonist program.

On page 3, lines 17-23:

(g)(2) Any patient, bystander, ~~first responder or~~ school nurse, *or a first responder, scientist or technician operating under a first responder agency*, who in good faith and with reasonable care, receives and administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability or criminal prosecution, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the emergency opioid antagonist.

The Kansas Bureau of Investigation strongly supports SB 165.

I would be happy to stand for questions.

###