Opioid Antagonists; HB 2217

HB 2217 enacts new law and amends the Kansas Pharmacy Act (Act) to create standards governing the use and administration of emergency opioid antagonists approved by the U.S. Food and Drug Administration (FDA) to inhibit the effects of opioids and for the treatment of an opioid overdose. The bill requires the Board of Pharmacy to issue a statewide opioid antagonist protocol, define applicable terms, establish educational requirements for the use of opioid antagonists, and provide protection from civil and criminal liability for individuals acting in good faith and with reasonable care in administering an opioid antagonist. The Board of Pharmacy is required to adopt rules and regulations necessary to implement the provisions of the bill prior to January 1, 2018.

Definitions

The bill defines the following terms:

- “Bystander” means a family member, friend, caregiver, or other person in a position to assist a person who they believe to be experiencing an opioid overdose;

- “Emergency opioid antagonist” means any drug that inhibits the effects of opioids and is approved by the FDA for the treatment of an opioid overdose;

- “First responder” includes any attendant (as defined in the Emergency Medical Services Act), any law enforcement officer (as defined in the Kansas Code of Criminal Procedure), and any actual regular or volunteer member of any organized fire department;

- “First responder agency” includes, but is not limited to, any law enforcement agency, fire department, or criminal forensic laboratory of any city, county, or the State;

- “Opioid antagonist protocol” means the protocol established by the Board of Pharmacy pursuant to the bill;

- “Opioid overdose” means an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania, or death resulting from the consumption or use of an opioid or another substance with which an opioid was combined, or that a layperson reasonably believes to be resulting from the consumption or use of an opioid or another substance with which an opioid was combined, and for which medical assistance is required;

- “Patient” means a person believed to be at risk of experiencing an opioid overdose;
• “School nurse” means a professional nurse licensed by the Board of Nursing and employed by a school district to perform nursing procedures in a school setting; and

• “Healthcare provider” means a physician licensed to practice medicine and surgery by the State Board of Healing Arts, a licensed dentist, a mid-level practitioner as defined in the Act, or any person authorized by law to prescribe medication.

Statewide Opioid Antagonist Protocol

The Board of Pharmacy is required to issue a statewide opioid antagonist protocol establishing the requirements for a licensed pharmacist to dispense emergency opioid antagonists. The protocol must include procedures to ensure accurate record-keeping and education of the person being furnished the emergency opioid antagonist. The education must include, but not be limited to, opioid overdose prevention, recognition, and response; safe administration of an emergency opioid antagonist; potential side effects or adverse events that may occur as a result of administering an emergency opioid antagonist; a requirement that the administering person immediately contact emergency medical services for a patient; and the availability of drug treatment programs.

Pharmacist Duties

A pharmacist may furnish an emergency opioid antagonist to a patient or bystander subject to the bill requirements, the Act, and any rules and regulations adopted by the Board of Pharmacy. In furnishing an emergency opioid antagonist, a pharmacist shall not permit a person being furnished such antagonist to waive any consultation required by the bill or any rules and regulations adopted by the Board of Pharmacy.

Training Requirements

First responders, scientists or technicians operating under a first responder agency, or school nurses are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated, provided all personnel with access to such antagonists receive at least the following minimum training:

• Techniques to recognize signs of an opioid overdose;

• Standards and procedures to store and administer an emergency opioid antagonist;

• Emergency follow-up procedures, including the requirement to summon emergency ambulance services either immediately before or immediately after administering an emergency opioid antagonist to a patient; and
Inventory requirements and reporting any administration of an emergency opioid antagonist to a healthcare provider.

**First Responder Agency Procedures**

A first responder agency electing to provide an emergency opioid antagonist to its employees or volunteers for the purpose of administering such antagonist is required to procure the services of a physician to serve as a physician medical director for the first responder agency’s emergency opioid antagonist program. The physician medical director is used to obtain a supply of emergency opioid antagonists, receive assistance developing necessary policies and procedures that comply with the bill and any rules and regulations, train personnel, and coordinate agency activities with local emergency ambulance services and medical directors to provide quality assurance activities.

**Liability Protection**

The bill provides protection from liability, as follows:

- Any healthcare provider or pharmacist who prescribes or dispenses an emergency opioid antagonist in good faith and with reasonable care in accordance with the bill is not, by an act or omission, subject to civil liability, criminal prosecution, or any disciplinary or other adverse action by a professional licensure entity;

- Any patient, bystander, or school nurse, or a first responder, scientist or technician operating under a first responder agency, who receives and administers an emergency opioid antagonist in good faith and with reasonable care pursuant to the bill to a person experiencing a suspected opioid overdose is not, by an act or omission, subject to civil liability or criminal prosecution unless personal injury results due to gross negligence or willful or wanton misconduct in administering the antagonist; and

- Any first responder agency employing or contracting any person who administers an emergency opioid antagonist in good faith and with reasonable care pursuant to the bill to a person experiencing a suspected opioid overdose is not, by an act or omission, subject to civil liability, criminal prosecution, or any disciplinary or other adverse action by a professional licensure entity or any professional review.