

Senate File 2008 - Introduced

SENATE FILE 2008

BY KINNEY

A BILL FOR

1 An Act relating to the possession and administration of
2 emergency drugs by first responders for purposes of treating
3 drug overdose victims.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 147A.1, Code 2016, is amended by adding
2 the following new subsections:

3 NEW SUBSECTION. 6A. "*First responder*" means an emergency
4 medical care provider, a fire fighter, or a peace officer as
5 defined in section 801.4.

6 NEW SUBSECTION. 6B. "*Licensed health care professional*"
7 means the same as defined in section 280.16.

8 NEW SUBSECTION. 6C. "*Opioid antagonist*" means a drug that
9 binds to opioid receptors and blocks or inhibits the effects of
10 opioids acting on those receptors, including but not limited
11 to naloxone hydrochloride or any other similarly acting drug
12 approved by the United States food and drug administration.

13 NEW SUBSECTION. 6D. "*Opioid-related overdose*" means
14 a condition affecting a person which may include extreme
15 physical illness, a decreased level of consciousness,
16 respiratory depression, a coma, or the ceasing of respiratory
17 or circulatory function resulting from the consumption or use
18 of an opioid, or another substance with which an opioid was
19 combined.

20 Sec. 2. NEW SECTION. 147A.18 **Possession and administration**
21 **of an opioid antagonist — immunity.**

22 1. Notwithstanding any other provision of law to the
23 contrary, a licensed health care professional may prescribe
24 an opioid antagonist in the name of a service program, law
25 enforcement agency, or fire department to be maintained for use
26 as provided in this section.

27 2. A service program, law enforcement agency, or fire
28 department may obtain a prescription for and maintain a supply
29 of opioid antagonists. A service program, law enforcement
30 agency, or fire department that obtains such a prescription
31 shall replace an opioid antagonist upon its use or expiration.

32 3. A first responder employed by a service program, law
33 enforcement agency, or fire department that maintains a supply
34 of opioid antagonists pursuant to this section may possess
35 and provide or administer such an opioid antagonist to an

1 individual if the first responder reasonably and in good faith
2 believes that such individual is experiencing an opioid-related
3 overdose.

4 4. The following persons, provided they have acted
5 reasonably and in good faith, shall not be liable for any
6 injury arising from the provision, administration, or
7 assistance in the administration of an opioid antagonist as
8 provided in this section:

9 a. A first responder who provides, administers, or assists
10 in the administration of an opioid antagonist to an individual
11 as provided in this section.

12 b. A service program, law enforcement agency, or fire
13 department.

14 c. The prescriber of the opioid antagonist.

15 5. The department shall adopt rules pursuant to chapter
16 17A to implement and administer this section, including but
17 not limited to standards and procedures for the prescription,
18 distribution, storage, replacement, and administration of
19 opioid antagonists, and for the training required for first
20 responders to administer an opioid antagonist.

21 EXPLANATION

22 The inclusion of this explanation does not constitute agreement with
23 the explanation's substance by the members of the general assembly.

24 This bill authorizes emergency medical service programs, law
25 enforcement agencies, and fire departments to obtain a supply
26 of opioid antagonists, and first responders to possess opioid
27 antagonists for administration to drug overdose victims.

28 The bill defines "first responder" as an emergency medical
29 care provider, a fire fighter, or a peace officer as defined
30 in Code section 801.4. The bill defines "licensed health care
31 professional" as a person licensed under Code chapter 148 to
32 practice medicine and surgery or osteopathic medicine and
33 surgery, an advanced registered nurse practitioner licensed
34 under Code chapter 152 or 152E and registered with the board of
35 nursing, or a physician assistant licensed to practice under

1 the supervision of a physician as authorized in Code chapters
2 147 and 148C. "Opioid antagonist" is defined as a drug that
3 binds to opioid receptors and blocks or inhibits the effects of
4 opioids acting on those receptors, including but not limited
5 to naloxone hydrochloride or any other similarly acting drug
6 approved by the United States food and drug administration.
7 The bill defines "opioid-related overdose" as a condition
8 affecting a person which may include extreme physical illness,
9 a decreased level of consciousness, respiratory depression, a
10 coma, or the ceasing of respiratory or circulatory function
11 resulting from the consumption or use of an opioid, or another
12 substance with which an opioid was combined.

13 The bill provides that a licensed health care professional
14 may prescribe an opioid antagonist in the name of a service
15 program, law enforcement agency, or fire department. The
16 service program, law enforcement agency, or fire department may
17 maintain a supply of opioid antagonists. From that supply, a
18 first responder may possess and administer an opioid antagonist
19 to an individual, so long as the first responder reasonably and
20 in good faith believes that such individual is experiencing an
21 opioid-related overdose.

22 The bill provides immunity from legal liability to any first
23 responder, emergency medical service program, law enforcement
24 agency, fire department, and the person who prescribed the
25 opioid antagonist from any injury arising from the provision or
26 administration of an opioid antagonist, so long as such person
27 acted reasonably and in good faith.

28 The bill directs the department of public health to adopt
29 rules to implement and administer the bill, including but not
30 limited to standards and procedures for the prescription,
31 distribution, storage, replacement, and administration of
32 opioid antagonists, and for training to be required for first
33 responders to administer an opioid antagonist.