

**Senate File 410 - Reprinted**

SENATE FILE 410  
BY COMMITTEE ON HUMAN  
RESOURCES

(SUCCESSOR TO SSB 1209)

(As Amended and Passed by the Senate March 19, 2015)

**A BILL FOR**

1 An Act relating to drug overdose prevention, including by  
2 limiting criminal and civil liability, and modifying  
3 penalties.

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

1 Section 1. Section 85.27, Code 2015, is amended by adding  
2 the following new subsection:

3 NEW SUBSECTION. 1A. If an employee receives care pursuant  
4 to subsection 1 and the treating physician or other health care  
5 professional reasonably believes, based on such physician's or  
6 other health care professional's professional judgment, that  
7 the employee is at risk of an opioid-related overdose due to  
8 the work-related injury or the treatment of the work-related  
9 injury, the cost of an opioid antagonist shall be paid by the  
10 employer or the employer's insurance carrier. For purposes  
11 of this subsection, "*opioid antagonist*" and "*opioid-related*  
12 *overdose*" mean the same as defined in section 124.418.

13 Sec. 2. NEW SECTION. 124.417 **Persons seeking medical**  
14 **assistance for drug-related overdose.**

15 1. As used in this section, unless the context otherwise  
16 requires:

17 a. "*Drug-related overdose*" means a condition of a person for  
18 which each of the following is true:

19 (1) The person is in need of medical assistance.

20 (2) The person displays symptoms including but not limited  
21 to extreme physical illness, pinpoint pupils, decreased level  
22 of consciousness including coma, or respiratory depression.

23 (3) The person's condition is the result of, or a prudent  
24 layperson would reasonably believe such condition to be the  
25 result of, the consumption or use of a controlled substance.

26 b. "*Overdose patient*" means a person who is, or would  
27 reasonably be perceived to be, suffering a drug-related  
28 overdose.

29 c. "*Overdose reporter*" means a person who seeks medical  
30 assistance for an overdose patient.

31 d. "*Protected information*" means information or evidence  
32 collected or derived as a result of any of the following:

33 (1) An overdose patient's good-faith actions to seek  
34 medical assistance while experiencing a drug-related overdose.

35 (2) An overdose reporter's good-faith actions to seek

1 medical assistance for an overdose patient experiencing a  
2 drug-related overdose if all of the following are true:

3 (a) The overdose patient is in need of medical assistance  
4 for an immediate health or safety concern.

5 (b) The overdose reporter is the first person to seek  
6 medical assistance for the overdose patient.

7 (c) The overdose reporter provides the overdose reporter's  
8 name and contact information to medical or law enforcement  
9 personnel.

10 (d) The overdose reporter remains on the scene until  
11 assistance arrives or is provided.

12 (e) The overdose reporter cooperates with law enforcement  
13 and medical personnel.

14 2. Protected information shall not be considered to support  
15 probable cause and shall not be admissible as evidence against  
16 an overdose patient or overdose reporter for any of the  
17 following offenses:

18 a. Violation of section 124.401, subsection 1.

19 b. Possession of a controlled substance under section  
20 124.401, subsection 5.

21 c. Violation of section 124.407.

22 d. Violation of section 124.414.

23 3. A person's pretrial release, probation, supervised  
24 release, or parole shall not be revoked based on protected  
25 information.

26 4. Notwithstanding any other provision of law to the  
27 contrary, the act of providing first aid or other medical  
28 assistance to someone who is experiencing a drug-related  
29 overdose may be considered by a court as a mitigating factor in  
30 a criminal prosecution.

31 5. This section shall not be construed to limit the use or  
32 admissibility of any evidence in a criminal case other than as  
33 provided in subsection 2.

34 **Sec. 3. NEW SECTION. 124.418 Possession of an opioid**  
35 **antagonist.**

1 1. For purposes of this section:

2 a. "*Health care professional*" means a physician and surgeon  
3 or osteopathic physician and surgeon licensed under chapter  
4 148, physician assistant licensed under chapter 148C, advanced  
5 registered nurse practitioner licensed under chapter 152 or  
6 152E, or pharmacist licensed under chapter 155A.

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

12 c. "*Opioid-related overdose*" means a condition of a person  
13 for which each of the following is true:

14 (1) The person requires medical assistance.

15 (2) The person displays symptoms including but not limited  
16 to extreme physical illness, pinpoint pupils, decreased level  
17 of consciousness including coma, or respiratory depression.

18 (3) The person's condition is the result of, or a prudent  
19 layperson would reasonably believe the person's condition to  
20 be the result of, consumption or use of an opioid or another  
21 substance with which an opioid was combined.

22 2. Notwithstanding the provisions of this chapter or any  
23 other law, a person may possess an opioid antagonist if each of  
24 the following is true:

25 a. The opioid antagonist is prescribed, dispensed,  
26 furnished, distributed, or otherwise provided by a health  
27 care professional otherwise authorized to prescribe an opioid  
28 antagonist, either directly, by standing order, or through a  
29 collaborative agreement.

30 b. The person is a family member or friend of, or  
31 other person in a position to assist, a person at risk of  
32 experiencing an opioid-related overdose.

33 Sec. 4. NEW SECTION. 135.181 Standards and reports on  
34 opioid antagonist use.

35 1. For purposes of this section:

1     *a. "Emergency medical services"* means the same as defined  
2 in section 147A.1.

3     *b. "First responder"* means emergency medical personnel,  
4 state and local law enforcement personnel, or fire department  
5 personnel who provide emergency medical services.

6     *c. "Health care professional"* means a physician and surgeon  
7 or osteopathic physician and surgeon licensed under chapter  
8 148, physician assistant licensed under chapter 148C, advanced  
9 registered nurse practitioner licensed under chapter 152 or  
10 152E, or pharmacist licensed under chapter 155A.

11    *d. "Opioid antagonist"* means the same as defined in section  
12 124.418.

13    2. The department shall develop standards for recordkeeping  
14 and reporting of opioid antagonist use by first responders in  
15 this state, and shall provide an annual report to the general  
16 assembly with recommendations regarding the use of opioid  
17 antagonists in this state.

18    3. The department shall consult with health care  
19 professional organizations, organizations representing first  
20 responders, and other groups as determined by the department  
21 to develop protocols and instructions for the administration  
22 of an opioid antagonist by a person who is not a health care  
23 professional or a first responder. The department shall make  
24 the protocols and instructions developed pursuant to this  
25 subsection publicly available on the department's internet  
26 site.

27    Sec. 5. Section 147.107, Code 2015, is amended by adding the  
28 following new subsection:

29    NEW SUBSECTION. 5A. *a.* For purposes of this subsection:

30    (1) *"Opioid antagonist"* means the same as defined in section  
31 124.418.

32    (2) *"Opioid-related overdose"* means the same as defined in  
33 section 124.418.

34    *b.* Notwithstanding subsection 1 or any other provision  
35 of law, a health care professional otherwise authorized to

1 prescribe an opioid antagonist may directly, by standing order,  
2 or through collaborative agreement, prescribe, dispense,  
3 furnish, or otherwise provide an opioid antagonist to a person  
4 at risk of experiencing an opioid-related overdose or to a  
5 family member or friend of, or other person whom the health  
6 care professional believes to be in a position to assist, a  
7 person at risk of experiencing an opioid-related overdose.  
8 Any such prescription shall be deemed as being issued for a  
9 legitimate medical purpose in the usual course of professional  
10 practice.

11 c. A health care professional who prescribes an opioid  
12 antagonist shall document the reasons for the prescription or  
13 standing order.

14 d. A pharmacist who dispenses, furnishes, or otherwise  
15 provides an opioid antagonist pursuant to a valid prescription,  
16 standing order, or collaborative agreement shall provide  
17 instruction to the recipient in accordance with the protocols  
18 and instructions developed by the department of public health  
19 under section 135.181.

20 e. A health care professional who is licensed to prescribe  
21 an opioid antagonist shall not be subject to any disciplinary  
22 action or civil or criminal liability for prescribing an opioid  
23 antagonist to a person whom the health care professional  
24 reasonably believes may be in a position to assist or  
25 administer the opioid antagonist to a person at risk of an  
26 opioid-related overdose.

27 Sec. 6. Section 147A.10, Code 2015, is amended by adding the  
28 following new subsection:

29 NEW SUBSECTION. 4. a. For purposes of this subsection:

30 (1) "*Opioid antagonist*" means the same as defined in section  
31 124.418.

32 (2) "*Opioid-related overdose*" means the same as defined in  
33 section 124.418.

34 b. An emergency medical care provider or a law enforcement  
35 officer who has been trained in the administration of an opioid

1 antagonist and acts with reasonable care in administering an  
2 opioid antagonist to another person who the emergency medical  
3 care provider or law enforcement officer believes in good faith  
4 to be suffering an opioid-related overdose shall not be subject  
5 to civil liability, disciplinary action, or a civil or criminal  
6 penalty for an act or omission related to or resulting from the  
7 administration.

8 Sec. 7. NEW SECTION. 155A.45 Administration of an opioid  
9 antagonist.

10 1. For purposes of this section:

11 a. "*Opioid antagonist*" means the same as defined in section  
12 124.418.

13 b. "*Opioid-related overdose*" means the same as defined in  
14 section 124.418.

15 2. A person who is not otherwise licensed by an appropriate  
16 state board to prescribe, dispense, or administer opioid  
17 antagonists to patients may, in an emergency, administer an  
18 opioid antagonist to another person if the person believes in  
19 good faith that the other person is suffering an opioid-related  
20 overdose, and the person shall not be subject to civil  
21 liability, disciplinary action, or a civil or criminal penalty  
22 for an act or omission related to or resulting from the  
23 administration of an opioid antagonist.

24 Sec. 8. Section 249A.20A, Code 2015, is amended by adding  
25 the following new subsection:

26 NEW SUBSECTION. 12. a. For purposes of this subsection,  
27 "*opioid antagonist*" means the same as defined in section  
28 124.418.

29 b. Notwithstanding anything in this section to the contrary,  
30 the department shall include an opioid antagonist, including  
31 any device integral to its administration, on the preferred  
32 drug list. Reimbursement under the medical assistance program  
33 shall be provided through existing resources.

34 c. A prescription for an opioid antagonist shall not be  
35 subject to prior authorization or other utilization management

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1 if the prescriber deems the opioid antagonist medically  
2 necessary.