1		AN	ACT	relating to opioid antagonists designed to reverse the effects of an opioid
2	ovei	dose.		
3	Be i	t enac	cted by	y the General Assembly of the Commonwealth of Kentucky:
4		→ S	ection	1. KRS 15.291 is amended to read as follows:
5	(1)	The	re is h	ereby established the Kentucky Opioid Abatement Advisory Commission.
6		The	comi	mission shall be attached to the Department of Law for administrative
7		purp	oses.	
8	(2)	(a)	The	commission shall consist of the following voting members:
9			1.	The Attorney General or his or her designee, who shall act as chair;
10			2.	The State Treasurer or his or her designee;
11			3.	The secretary of the Cabinet for Health and Family Services or his or her
12				designee;
13			4.	One (1) member appointed by the University of Kentucky from the
14				HEALing Communities Study Team;
15			5.	One (1) member appointed by the Attorney General representing victims
16				of the opioid crisis;
17			6.	One (1) member appointed by the Attorney General representing the
18				drug treatment and prevention community;
19			7.	One (1) member appointed by the Attorney General representing law
20				enforcement; and
21			8.	Two (2) citizens at large appointed by the Attorney General.
22		(b)	The	commission shall consist of the following nonvoting members who shall
23			serv	e at the pleasure of their appointing authority:
24			1.	One (1) member appointed by the Speaker of the House of
25				Representatives; and
26			2.	One (1) member appointed by the President of the Senate.

Page 1 of 10
SB005610.100 - 187 - XXXX

27

(3)

(a)

Members of the commission appointed under subsection (2)(a)1. to 3. of this

1			section shall serve terms concurrent with holding their respective offices or
2			positions.
3		(b)	The remaining members of the commission shall serve staggered two (2) year
4			terms as follows:
5			1. Members of the commission appointed under subsection (2)(a)4. to 6. of
6			this section shall serve an initial term of two (2) years; and
7			2. Members of the commission appointed under subsection (2)(a)7. to 8. of
8			this section shall serve an initial term of one (1) year.
9		(c)	Members of the commission shall not receive compensation for their services
10			but may be reimbursed for necessary travel and lodging expenses incurred in
11			the performance of their duties.
12	(4)	(a)	Meetings of the commission shall be conducted according to KRS 61.800 to
13			61.850.
14		(b)	The commission shall meet at least twice within each calendar year.
15		(c)	Five (5) voting members of the commission shall constitute a quorum for the
16			transaction of business.
17		(d)	Each member of the commission shall have one (1) vote, with all actions
18			being taken by an affirmative vote of the majority of members present.
19	(5)	The	commission shall award moneys from the opioid abatement trust fund
20		estał	olished in KRS 15.293 to reimburse prior expenses or to fund projects
21		acco	rding to the following criteria related to opioid use disorder (OUD) or any co-
22		occu	rring substance use disorder or mental health (SUD/MH) issues:
23		(a)	Reimbursement for:
24			1. Any portion of the cost related to outpatient and residential treatment
25			services, including:
26			a. Services provided to incarcerated individuals;
27			b. Medication-assisted treatment;

Page 2 of 10
SB005610.100 - 187 - XXXX
GA

I			c. Abstinence-based treatment; and
2			d. Treatment, recovery, or other services provided by community
3			health centers or not-for-profit providers;
4		2.	Emergency response services provided by law enforcement or first
5			responders; or
6		3.	Any portion of the cost of administering an opioid antagonist as
7			defined in Section 3 of this Actnaloxone]; or
8	(b)	Pro	vide funding for any project which:
9		1.	Supports intervention, treatment, and recovery services provided to
10			persons:
11			a. With OUD or co-occurring SUD/MH issues; or
12			b. Who have experienced an opioid overdose;
13		2.	Supports detoxification services, including:
14			a. Medical detoxification;
15			b. Referral to treatment; or
16			c. Connections to other services;
17		3.	Provides access to opioid-abatement-related housing, including:
18			a. Supportive housing; or
19			b. Recovery housing;
20		4.	Provides or supports transportation to treatment or recovery programs or
21			services;
22		5.	Provides employment training or educational services for persons in
23			treatment or recovery;
24		6.	Creates or supports centralized call centers that provide information and
25			connections to appropriate services;
26		7.	Supports crisis stabilization centers that serve as an alternative to
27			hospital emergency departments for persons with OUD and any co-

Page 3 of 10 SB005610.100 - 187 - XXXX

1		occurring SUD/MH issues or persons that have experienced an opioid
2		overdose;
3	8.	Improves oversight of opioid treatment programs to ensure evidence-
4		based and evidence-informed practices;
5	9.	Provides scholarships and support for certified addiction counselors and
6		other mental and behavioral health providers, including:
7		a. Training scholarships;
8		b. Fellowships;
9		c. Loan repayment programs; or
10		d. Incentives for providers to work in rural or underserved areas of
11		the Commonwealth;
12	10.	Provides training on medication-assisted treatment for health care
13		providers, students, or other supporting professionals;
14	11.	Supports efforts to prevent over-prescribing and ensures appropriate
15		prescribing and dispensing of opioids;
16	12.	Supports enhancements or improvements consistent with state law for
17		prescription drug monitoring programs;
18	13.	Supports the education of law enforcement or other first responders
19		regarding appropriate practices and precautions when dealing with
20		opioids or individuals with OUD or co-occurring SUD/MH issues;
21	14.	Supports opioid-related emergency response services provided by law
22		enforcement or first responders;
23	15.	Treats mental health trauma issues resulting from the traumatic
24		experiences of opioid users or their family members;
25	16.	Engages nonprofits, the faith community, and community coalitions to
26		support prevention and treatment, and to support family members in
27		their efforts to care for opioid users in their family;

Page 4 of 10
SB005610.100 - 187 - XXXX

1	17.	Provides recovery services, support, and prevention services for women
2		who are pregnant, may become pregnant, or who are parenting with
3		OUD or co-occurring SUD/MH issues;
4	18.	Trains healthcare providers that work with pregnant or parenting women
5		on best practices for compliances with federal requirements that children
6		born with Neonatal Abstinence Syndrome get referred to appropriate
7		services and receive a plan of care;
8	19.	Addresses Neonatal Abstinence Syndrome, including prevention,
9		education, and treatment of OUD and any co-occurring SUD/MH issues;
10	20.	Offers home-based wrap-around services to persons with OUD and any
11		co-occurring SUD/MH issues, including parent-skills training;
12	21.	Supports positions and services, including supportive housing and other
13		residential services relating to children being removed from the home or
14		placed in foster care due to custodial opioid use;
15	22.	Provides public education about opioids or opioid disposal;
16	23.	Provides drug take-back disposal or destruction programs;
17	24.	Covers the cost of administering an opioid antagonist as defined in
18		Section 3 of this Act[naloxone];
19	25.	Supports pre-trial services that connect individuals with OUD and any
20		co-occurring SUD/MH issues to evidence-informed treatment and
21		related services;
22	26.	Supports treatment and recovery courts for persons with OUD and any
23		co-occurring SUD/MH issues, but only if they provide referrals to
24		evidence-informed treatment;
25	27.	Provides evidence-informed treatment, recovery support, harm
26		reduction, or other appropriate services to individuals with OUD and
27		any co-occurring SUD/MH issues who are incarcerated, leaving jail or

Page 5 of 10 SB005610.100 - 187 - XXXX

1		prison, have recently left jail or prison, are on probation or parole, are
2		under community corrections supervision, or are in re-entry programs or
3		facilities;
4		28. Meets the criteria included in any settlement agreement or judgment
5		between the parties listed in KRS 15.293(3)(a); or
6		29. Any other project deemed appropriate for opioid-abatement purposes by
7		the commission.
8	(6)	The commission may identify additional duties or responsibilities, including:
9		(a) Reporting on projects and programs related to addressing the opioid epidemic;
10		(b) Developing priorities, goals, and recommendations for spending on the
11		projects and programs;
12		(c) Working with state agencies or outside entities to develop measures for
13		projects and programs that address substance use disorders; or
14		(d) Making recommendations for policy changes on a state or local level,
15		including statutory law and administrative regulations.
16	(7)	The commission shall:
17		(a) Create and maintain a Web site on which it shall publish its minutes,
18		attendance rolls, funding awards, and reports of funding by recipients; and
19		(b) Promulgate administrative regulations to implement this section. The
20		commission may promulgate emergency administrative regulations to take
21		effect immediately so that funds may be distributed more quickly and
22		efficiently to combat the opioid epidemic.
23		→ Section 2. KRS 217.177 is amended to read as follows:
24	(1)	No person engaged in sales at retail shall display hypodermic syringes or needles in
25		any portion of the place of business which is open or accessible to the public.
26	(2)	Pharmacies offering retail sale of hypodermic syringes or needles shall make
27		available:

Page 6 of 10
SB005610.100 - 187 - XXXX

1		(a) Written or electronic educational materials on safe and proper disposal of
2		hypodermic needles and syringes;
3		(b) Written or electronic educational or referral information for syringe exchange
4		service programs and substance use disorder treatment; and
5		(c) A verbal, physical, or electronic offer to provide a <i>prescription for an opioid</i>
6		antagonist as defined in Section 3 of this Act[naloxone prescription for
7		opioid overdose].
8		(3) Nothing in this section shall apply to the sale of hypodermic syringes of
9		needles dispensed as a prescription or in conjunction with a prescription
10		medication that requires reconstitution or administration with a syringe.
11	(4)	Any physician, other licensed medical person, hospital, or clinic disposing of
12		hypodermic syringes or needles shall render the instrument incapable of further use.
13		→ Section 3. KRS 217.186 is amended to read as follows:
14	(1)	As used in this section, "opioid antagonist" means naloxone or any other United
		States Food and Drug Administration-approved drug designed to reverse the
15		States 1 oou and Drug Auministration-approved and designed to reverse the
15 16		effects of an opioid overdose.
	<u>(2)</u>	
16	<u>(2)</u>	effects of an opioid overdose.
16 17	<u>(2)</u>	effects of an opioid overdose. A licensed health-care provider who, acting in good faith, directly or by standing
16 17 18	<u>(2)</u>	effects of an opioid overdose. A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist[the drug naloxone] to a person
16 17 18 19	<u>(2)</u>	effects of an opioid overdose. A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist[the drug naloxone] to a person or agency who, in the judgment of the health-care provider, is capable or
16 17 18 19 20	<u>(2)</u>	effects of an opioid overdose. A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist[the drug naloxone] to a person or agency who, in the judgment of the health-care provider, is capable or administering the drug for an emergency opioid overdose, shall not, as a result of
16 17 18 19 20 21	<u>(2)</u>	effects of an opioid overdose. A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist[the drug naloxone] to a person or agency who, in the judgment of the health-care provider, is capable or administering the drug for an emergency opioid overdose, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under
16 17 18 19 20 21 22	<u>(2)</u>	effects of an opioid overdose. A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist[the drug naloxone] to a person or agency who, in the judgment of the health-care provider, is capable or administering the drug for an emergency opioid overdose, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under KRS Chapter 311, 311A, 314, or 315 or any other professional licensing statute. As
16 17 18 19 20 21 22 23	(2)	effects of an opioid overdose. A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist[the drug naloxone] to a person or agency who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under KRS Chapter 311, 311A, 314, or 315 or any other professional licensing statute. As used in this subsection, "licensed health-care provider" includes a pharmacist as

Page 7 of 10
SB005610.100 - 187 - XXXX
GA

27

<u>(3)</u>[(2)]

A prescription for *an opioid antagonist*[naloxone] may include authorization

I	for a	administration of the drug to the person for whom it is prescribed by a third
2	party	y_1 if the prescribing instructions indicate the need for the third party, upon
3	adm	inistering the drug, to immediately notify a local public safety answering point
4	of th	e situation necessitating the administration.
5	<u>(4)[(3)]</u>	A person or agency, including a peace officer, jailer, firefighter, paramedic, or
6	eme	rgency medical technician or a school employee authorized to administer
7	med	ication under KRS 156.502, may:
8	(a)	Receive a prescription for <u>an opioid antagonist</u> [the drug naloxone];
9	(b)	Possess <u>an opioid antagonist</u> [naloxone] pursuant to this subsection and any
10		equipment needed for its administration;[and]
11	(c)	Administer <u>an opioid antagonist</u> [naloxone] to an individual suffering from an
12		apparent opioid-related opiate related overdose; and
13	<u>(d)</u>	Provide, as part of a harm reduction program, an opioid antagonist to
14		persons who have been trained on the mechanism and circumstances of its
15		administration.
16	<u>(5)</u> [(4)]	A person acting in good faith who provides or administers an opioid
17	<u>anta</u>	gonist[naloxone] received under this section shall be immune from criminal
18	and	civil liability for the <u>provision or</u> administration, unless personal injury results
19	from	the gross negligence or willful or wanton misconduct of the person <i>providing</i>
20	<u>or</u> ac	dministering the drug.
21	<u>(6)[(5)]</u>	(a) The Board of Pharmacy, in consultation with the Kentucky Board of
22		Medical Licensure, shall promulgate administrative regulations to establish
23		certification, educational, operational, and protocol requirements to
24		implement this section.
25	(b)	Administrative regulations promulgated under this subsection shall:
26		1. Require that any dispensing under this section be done only in
27		accordance with a physician-approved protocol and specify the

Page 8 of 10
SB005610.100 - 187 - XXXX
GA

1		minimum required components of any such protocol;
2		2. <u>Require[Include a required mandatory]</u> education [requirement] as to the
3		mechanism and circumstances for the administration of an opioid
4		<u>antagonist[naloxone]</u> for the person to whom <u>an opioid antagonist[the</u>
5		naloxone] is dispensed; and
6		3. Require that a record of the dispensing be made available to a physician
7		signing a protocol under this subsection, if desired by the physician.
8	(c)	Administrative regulations promulgated under this subsection may include:
9		1. A supplemental educational or training component for a pharmacist
10		seeking certification under this subsection; and
11		2. A limitation on the forms of <i>the opioid antagonist</i> [naloxone] and means
12		of its administration that may be dispensed pursuant to this subsection.
13	<u>(7)</u> [(6)]	(a) The board of each local public school district and the governing body of
14		each private and parochial school or school district may permit a school to
15		keep an opioid antagonist[naloxone] on the premises and regulate the
16		administration of an opioid antagonist [naloxone] to any individual suffering
17		from an apparent opiate-related overdose.
18	(b)	In collaboration with local health departments, local health providers, and
19		local schools and school districts, the Kentucky Department for Public Health
20		shall develop clinical protocols to address supplies of an opioid antagonist
21		naloxone] kept by schools under this section and to advise on the clinical
22		administration of <u>an opioid antagonist</u> [naloxone].
23	<u>(8)(7)]</u>	Notwithstanding any provision of law to the contrary, a <u>licensed health care</u>
24	<u>prov</u>	ider, including a pharmacist who is utilizing a protocol established by this
25	secti	on, may [pharmacist may utilize the protocol established by this section to]
26	disp	ense an opioid antagonist [naloxone] to any person or agency who, as part of a
27	hari	n reduction program, provides training to the public on the mechanism and

Page 9 of 10
SB005610.100 - 187 - XXXX GA

circumstances for the administration of <u>an opioid antagonist</u> [naloxone to the public
as part of a harm reduction program], regardless of whom the ultimate user of the
opioid antagonist[naloxone] may be. The documentation of the dispensing of an
opioid antagonist[naloxone] to any person or agency operating a harm reduction
program shall satisfy any general documentation or recording requirements found in
administrative regulations regarding legend drugs promulgated pursuant to this
chapter.

SB005610.100 - 187 - XXXX GA