

1 AN ACT relating to opioid antagonists.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 217.186 is amended to read as follows:

4 (1) As used in this section, "opioid antagonist" means naloxone or any other United
5 States Food and Drug Administration-approved drug designed to reverse the effects
6 of an opioid overdose.

7 (2) (a) A licensed health care~~health-care~~ provider who, acting in good faith,
8 directly or by standing order, prescribes or dispenses an opioid antagonist to a
9 person or agency who, in the judgment of the health care~~health-care~~
10 provider, is capable of administering the drug for an emergency opioid
11 overdose, shall not, as a result of his or her acts or omissions, be subject to
12 disciplinary or other adverse action under KRS Chapter 311, 311A, 314, or
13 315 or any other professional licensing statute.

14 (b) As used in this subsection, "licensed health care~~health-care~~ provider"
15 includes a pharmacist as defined in KRS 315.010 who holds a separate
16 certification issued by the Kentucky Board of Pharmacy authorizing the
17 initiation of the dispensing of an opioid antagonist under subsection (6) of this
18 section.

19 (3) A prescription for an opioid antagonist may include authorization for administration
20 of the drug to the person for whom it is prescribed by a third party, if the
21 prescribing instructions indicate the need for the third party, upon administering the
22 drug, to immediately notify a local public safety answering point of the situation
23 necessitating the administration.

24 (4) A person or agency, including a peace officer, jailer, firefighter, paramedic, or
25 emergency medical technician or a school employee authorized to administer
26 medication under KRS 156.502, may:

27 (a) Receive a prescription for an opioid antagonist;

- 1 (b) Possess an opioid antagonist pursuant to this subsection and any equipment
2 needed for its administration;
- 3 (c) Administer an opioid antagonist to an individual suffering from an apparent
4 opioid-related overdose; and
- 5 (d) Provide, as part of a *harm-reduction*~~[harm-reduction]~~ program, an opioid
6 antagonist to persons who have been trained on the mechanism and
7 circumstances of its administration.
- 8 (5) A person acting in good faith who provides or administers an opioid antagonist
9 received under this section shall be immune from criminal and civil liability for the
10 provision or administration, unless personal injury results from the gross negligence
11 or willful or wanton misconduct of the person providing or administering the drug.
- 12 (6) (a) The Board of Pharmacy, in consultation with the Kentucky Board of Medical
13 Licensure, shall promulgate administrative regulations *in accordance with*
14 *KRS Chapter 13A* to establish certification, educational, operational, and
15 protocol requirements to implement this section.
- 16 (b) Administrative regulations promulgated under this subsection shall:
- 17 1. Require that any dispensing under this section be done only in
18 accordance with a physician-approved protocol and specify the
19 minimum required components of any such protocol;
- 20 2. Require education as to the mechanism and circumstances for the
21 administration of an opioid antagonist for the person to whom an opioid
22 antagonist is dispensed; and
- 23 3. Require that a record of the dispensing be made available to a physician
24 signing a protocol under this subsection, if desired by the physician.
- 25 (c) Administrative regulations promulgated under this subsection may include:
- 26 1. A supplemental educational or training component for a pharmacist
27 seeking certification under this subsection; and

1 2. A limitation on the forms of the opioid antagonist and means of its
2 administration that may be dispensed pursuant to this subsection.

3 (7) (a) The board of each local public school district and the governing body of each
4 private and parochial school or school district may permit a school to keep an
5 opioid antagonist on the premises and regulate the administration of an opioid
6 antagonist to any individual suffering from an apparent opiate-related
7 overdose.

8 (b) In collaboration with local health departments, local health providers, and
9 local schools and school districts, the Kentucky Department for Public Health
10 shall develop clinical protocols to address supplies of an opioid antagonist
11 kept by schools under this ~~subsection~~^{section} and to advise on the clinical
12 administration of an opioid antagonist.

13 (8) (a) Each public postsecondary educational institution shall provide access to
14 opioid antagonists at convenient locations on campus in a sufficient
15 number to adequately serve the population of the institution. Access may be
16 provided through the installation of emergency opioid antagonist cabinets
17 that include:

18 1. Instructions for administration of the opioid antagonist and specific
19 instructions to call emergency medical services;

20 2. One (1) rescue breathing barrier device with gloves and alcohol; and

21 3. Any other information or equipment determined to be necessary by the
22 Kentucky Department for Public Health.

23 (b) In collaboration with public postsecondary educational institutions, the
24 Kentucky Department for Public Health shall develop best practices and
25 clinical protocols to address supplies of opioid antagonists to be provided on
26 campuses under this subsection and to advise on the clinical administration
27 of opioid antagonists.

1 (c) Each public postsecondary educational institution may apply for funds from
2 the opioid abatement trust fund established in KRS 15.293 and any other
3 available funds to coordinate, maintain, and supply the opioid antagonists
4 required under this subsection.

5 **(9)** Notwithstanding any provision of law to the contrary, a licensed health care
6 provider, including a pharmacist who is utilizing a protocol established by this
7 section, may dispense an opioid antagonist to any person or agency who, as part of
8 a harm-reduction~~harm-reduction~~ program, provides training to the public on the
9 mechanism and circumstances for the administration of an opioid antagonist,
10 regardless of whom the ultimate user of the opioid antagonist may be. The
11 documentation of the dispensing of an opioid antagonist to any person or agency
12 operating a harm-reduction~~harm-reduction~~ program shall satisfy any general
13 documentation or recording requirements found in administrative regulations
14 regarding legend drugs promulgated pursuant to this chapter.

15 ➔Section 2. KRS 15.291 is amended to read as follows:

16 (1) There is hereby established the Kentucky Opioid Abatement Advisory Commission.
17 The commission shall be attached to the Department of Law for administrative
18 purposes.

19 (2) (a) The commission shall consist of the following voting members:

- 20 1. The Attorney General or his or her designee, who shall act as chair;
- 21 2. The State Treasurer or his or her designee;
- 22 3. The secretary of the Cabinet for Health and Family Services or his or
23 her designee;
- 24 4. One (1) member appointed by the University of Kentucky from the
25 HEALing Communities Study Team;
- 26 5. One (1) member appointed by the Attorney General representing victims
27 of the opioid crisis;

- 1 6. One (1) member appointed by the Attorney General representing the
- 2 drug treatment and prevention community;
- 3 7. One (1) member appointed by the Attorney General representing law
- 4 enforcement; and
- 5 8. Two (2) citizens at large appointed by the Attorney General.
- 6 (b) The commission shall consist of the following nonvoting members who shall
- 7 serve at the pleasure of their appointing authority:
- 8 1. One (1) member appointed by the Speaker of the House of
- 9 Representatives; and
- 10 2. One (1) member appointed by the President of the Senate.
- 11 (3) (a) Members of the commission appointed under subsection (2)(a)1. to 3. of this
- 12 section shall serve terms concurrent with holding their respective offices or
- 13 positions.
- 14 (b) The remaining members of the commission shall serve staggered two (2) year
- 15 terms as follows:
- 16 1. Members of the commission appointed under subsection (2)(a)4. to 6. of
- 17 this section shall serve an initial term of two (2) years; and
- 18 2. Members of the commission appointed under subsection (2)(a)7. to 8. of
- 19 this section shall serve an initial term of one (1) year.
- 20 (c) Members of the commission shall not receive compensation for their services
- 21 but may be reimbursed for necessary travel and lodging expenses incurred in
- 22 the performance of their duties.
- 23 (4) (a) Meetings of the commission shall be conducted according to KRS 61.800 to
- 24 61.850.
- 25 (b) The commission shall meet at least twice within each calendar year.
- 26 (c) Five (5) voting members of the commission shall constitute a quorum for the
- 27 transaction of business.

1 (d) Each member of the commission shall have one (1) vote, with all actions
2 being taken by an affirmative vote of the majority of members present.

3 (5) The commission shall award moneys from the opioid abatement trust fund
4 established in KRS 15.293 to reimburse prior expenses or to fund projects
5 according to the following criteria related to opioid use disorder (OUD) or any co-
6 occurring substance use disorder or mental health (SUD/MH) issues:

7 (a) Reimbursement for:

8 1. Any portion of the cost related to outpatient and residential treatment
9 services, including:

10 a. Services provided to incarcerated individuals;

11 b. Medication-assisted treatment;

12 c. Abstinence-based treatment; and

13 d. Treatment, recovery, or other services provided by community
14 health centers or not-for-profit providers;

15 2. Emergency response services provided by law enforcement or first
16 responders; or

17 3. Any portion of the cost of administering an opioid antagonist as defined
18 in KRS 217.186; or

19 (b) Provide funding for any project which:

20 1. Supports intervention, treatment, and recovery services provided to
21 persons:

22 a. With OUD or co-occurring SUD/MH issues; or

23 b. Who have experienced an opioid overdose;

24 2. Supports detoxification services, including:

25 a. Medical detoxification;

26 b. Referral to treatment; or

27 c. Connections to other services;

- 1 3. Provides access to opioid-abatement-related housing, including:
 - 2 a. Supportive housing; or
 - 3 b. Recovery housing;
- 4 4. Provides or supports transportation to treatment or recovery programs or
- 5 services;
- 6 5. Provides employment training or educational services for persons in
- 7 treatment or recovery;
- 8 6. Creates or supports centralized call centers that provide information and
- 9 connections to appropriate services;
- 10 7. Supports crisis stabilization centers that serve as an alternative to
- 11 hospital emergency departments for persons with OUD and any co-
- 12 occurring SUD/MH issues or persons that have experienced an opioid
- 13 overdose;
- 14 8. Improves oversight of opioid treatment programs to ensure evidence-
- 15 based and evidence-informed practices;
- 16 9. Provides scholarships and support for certified addiction counselors and
- 17 other mental and behavioral health providers, including:
 - 18 a. Training scholarships;
 - 19 b. Fellowships;
 - 20 c. Loan repayment programs; or
 - 21 d. Incentives for providers to work in rural or underserved areas of
 - 22 the Commonwealth;
- 23 10. Provides training on medication-assisted treatment for health care
- 24 providers, students, or other supporting professionals;
- 25 11. Supports efforts to prevent over-prescribing and ensures appropriate
- 26 prescribing and dispensing of opioids;
- 27 12. Supports enhancements or improvements consistent with state law for

- 1 prescription drug monitoring programs;
- 2 13. Supports the education of law enforcement or other first responders
- 3 regarding appropriate practices and precautions when dealing with
- 4 opioids or individuals with OUD or co-occurring SUD/MH issues;
- 5 14. Supports opioid-related emergency response services provided by law
- 6 enforcement or first responders;
- 7 15. Treats mental health trauma issues resulting from the traumatic
- 8 experiences of opioid users or their family members;
- 9 16. Engages nonprofits, the faith community, and community coalitions to
- 10 support prevention and treatment, and to support family members in
- 11 their efforts to care for opioid users in their family;
- 12 17. Provides recovery services, support, and prevention services for women
- 13 who are pregnant, may become pregnant, or who are parenting with
- 14 OUD or co-occurring SUD/MH issues;
- 15 18. Trains healthcare providers that work with pregnant or parenting women
- 16 on best practices for compliances with federal requirements that children
- 17 born with Neonatal Abstinence Syndrome get referred to appropriate
- 18 services and receive a plan of care;
- 19 19. Addresses Neonatal Abstinence Syndrome, including prevention,
- 20 education, and treatment of OUD and any co-occurring SUD/MH issues;
- 21 20. Offers home-based wrap-around services to persons with OUD and any
- 22 co-occurring SUD/MH issues, including parent-skills training;
- 23 21. Supports positions and services, including supportive housing and other
- 24 residential services relating to children being removed from the home or
- 25 placed in foster care due to custodial opioid use;
- 26 22. Provides public education about opioids or opioid disposal;
- 27 23. Provides drug take-back disposal or destruction programs;

- 1 24. Covers the cost of administering an opioid antagonist as defined in KRS
2 217.186;
- 3 25. Supports pre-trial services that connect individuals with OUD and any
4 co-occurring SUD/MH issues to evidence-informed treatment and
5 related services;
- 6 26. Supports treatment and recovery courts for persons with OUD and any
7 co-occurring SUD/MH issues, but only if they provide referrals to
8 evidence-informed treatment;
- 9 27. Provides evidence-informed treatment, recovery support, harm
10 reduction, or other appropriate services to individuals with OUD and
11 any co-occurring SUD/MH issues who are incarcerated, leaving jail or
12 prison, have recently left jail or prison, are on probation or parole, are
13 under community corrections supervision, or are in re-entry programs or
14 facilities;
- 15 28. Meets the criteria included in any settlement agreement or judgment
16 between the parties listed in KRS 15.293(3)(a);~~or~~
- 17 29. *Provides access to opioid antagonists on the campuses of public*
18 *postsecondary educational institutions as provided in Section 1 of this*
19 *Act; or*
- 20 **30.** Any other project deemed appropriate for opioid-abatement purposes by
21 the commission.
- 22 (6) The commission may identify additional duties or responsibilities, including:
- 23 (a) Reporting on projects and programs related to addressing the opioid epidemic;
- 24 (b) Developing priorities, goals, and recommendations for spending on the
25 projects and programs;
- 26 (c) Working with state agencies or outside entities to develop measures for
27 projects and programs that address substance use disorders; or

- 1 (d) Making recommendations for policy changes on a state or local level,
2 including statutory law and administrative regulations.
- 3 (7) The commission shall:
- 4 (a) Create and maintain a website~~[Web-site]~~ on which it shall publish its minutes,
5 attendance rolls, funding awards, and reports of funding by recipients; and
- 6 (b) Promulgate administrative regulations ***in accordance with KRS Chapter 13A***
7 to implement this section. The commission may promulgate emergency
8 administrative regulations to take effect immediately so that funds may be
9 distributed more quickly and efficiently to combat the opioid epidemic.