

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas
90th General Assembly
Regular Session, 2015

As Engrossed: S3/12/15 H3/25/15
A Bill

SENATE BILL 880

By: Senator Rapert

By: Representative Bragg

For An Act To Be Entitled

AN ACT TO ENHANCE THE EMERGENCY SERVICES OF FIRST RESPONDERS; TO CREATE THE NALOXONE ACCESS ACT; TO PROVIDE IMMUNITY FOR PRESCRIBING, DISPENSING, AND ADMINISTERING NALOXONE AND OTHER OPIOID ANTAGONISTS; AND FOR OTHER PURPOSES.

Subtitle

TO ENHANCE THE EMERGENCY SERVICES OF FIRST RESPONDERS; TO CREATE THE NALOXONE ACCESS ACT; AND TO PROVIDE IMMUNITY FOR PRESCRIBING, DISPENSING, AND ADMINISTERING NALOXONE AND OTHER OPIOID ANTAGONISTS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 13, Subchapter 1, is amended to add an additional section to read as follows:

20-13-106. Tourniquet access and use by first responders – Immunity.

(a) As used in this section, “first responders” means state and local law enforcement personnel, fire department personnel, and emergency medical personnel who will be deployed to bioterrorism attacks, terrorist attacks, catastrophic or natural disasters, and emergencies;

(b) The Arkansas Commission on Law Enforcement Standards and Training may certify training for law enforcement officers for approved methods and techniques on the use of mechanical and other tourniquets as recommended by



the Committee on Tactical Combat Casualty Care or the Committee on Tactical Emergency Casualty Care, or both.

(c) A law enforcement officer and a first responder is immune from civil liability, criminal liability, or professional sanctions for administering a mechanical tourniquet or other tourniquet under this section if he or she is acting in good faith.

SECTION 2. Arkansas Code Title 20, Chapter 13, is amended to add an additional subchapter to read as follows:

Subchapter 16 – Naloxone Access Act

20-13-1601. Title.

This subchapter shall be known and may be cited as the "Naloxone Access Act".

20-13-1602. Legislative findings.

The General Assembly finds that:

(1) Naloxone is a relatively inexpensive opioid antagonist developed to counter the effects of opiate overdose, specifically the life-threatening depression of the central nervous and respiratory systems;

(2) Naloxone will not adversely affect the human body if the person who receives Naloxone is suffering from an overdose of a drug that is not an opioid;

(3) Naloxone is clinically administered via intramuscular, intravenous, or subcutaneous injection;

(4) Naloxone is administered outside of a clinical setting or facility intranasally via a nasal atomizer, similar to the use of a common, over-the-counter anticongestion nasal spray;

(5) The American Medical Association has supported the lay administration of this lifesaving drug since 2012;

(6) Similar Naloxone access laws have reversed more than ten thousand (10,000) opioid overdoses by lay people in other states;

(7) The American Medical Association has acknowledged that more must be done to prevent these unnecessary opioid overdose fatalities that devastate families and communities;

(8) The National Institutes of Health have found that Naloxone

lacks any addictive qualities that could lead to potential abuse and that medical side effects or unintended consequences associated with the drug have not been reported; and

(9) Any administration of Naloxone to an individual experiencing an opioid overdose must be followed by professional medical attention and treatment.

20-13-1603. Definitions.

As used in this subchapter:

(1) "Emergency medical services technician" means an individual licensed by the Department of Health at any level established by the rules adopted by the State Board of Health under § 20-13-301 et seq. and authorized to perform emergency medical services, including without limitation EMT, Advanced EMT, paramedic, EMS-Instructor, or EMS Instructor Trainer;

(2) "First responders" means state and local law enforcement personnel, fire department personnel, and emergency medical personnel who will be deployed to bioterrorism attacks, terrorist attacks, catastrophic or natural disasters, and emergencies;

(3) "Harm reduction organization" means an organization that provides direct assistance and services such as syringe exchanges, counseling, homeless services, advocacy, and drug treatment and screening to individuals at risk of experiencing a drug overdose;

(4) "Healthcare professional" means a person or entity that is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of the practice of his or her profession or as a function of an entity's administration of the practice of medicine;

(5) "Opioid" means a drug or medication that relieves pain, including without limitation:

(A) Hydrocodone;

(B) Oxycodone;

(C) Morphine;

(D) Codeine;

(E) Heroin; and

(F) Fentanyl;

(6) "Opioid antagonist" means any drug that binds to opioid

receptors and blocks or inhibits the effects of opioids acting on the receptors and that is approved by the United States Food and Drug Administration for the treatment of an opioid-related drug overdose; and

(7) "Opioid-related drug overdose" means an acute condition resulting from, or that a reasonable person would believe to be resulting from, the consumption or use of an opioid or another substance with which an opioid was combined by an individual with signs and symptoms that include without limitation:

- (A) Extreme physical illness;
- (B) Decreased level of consciousness;
- (C) Respiratory depression;
- (D) Coma;
- (E) Mania; or
- (F) Death.

20-13-1604. Opioid antagonist – Immunity.

(a) A healthcare professional acting in good faith may directly or by standing order prescribe and dispense an opioid antagonist to:

(1) A person at risk of experiencing an opioid-related drug overdose;

(2) A pain management clinic;

(3) A harm reduction organization;

(4) An emergency medical services technician;

(5) A first responder;

(6) A law enforcement officer or agency; or

(7) A family member or friend of a person at risk of experiencing an opioid-related drug overdose.

(b) A person acting in good faith who reasonably believes that another person is experiencing an opioid-related drug overdose may administer an opioid antagonist that was prescribed and dispensed under section (a) of this section.

(c) The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, or dispensing an opioid antagonist under this section:

(1) A healthcare professional who prescribes an opioid antagonist under subsection (a) of this section;

(2) A healthcare professional or pharmacist who acts in good faith and in compliance with the standard of care that dispenses an opioid antagonist under subsection (a) of this section; and

(3) A person other than a healthcare professional who administers an opioid antagonist under subsection (b) of this section.

/s/Rapert