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An Act To Address Preventable Deaths from Drug Overdose

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this legislation needs to take effect before the expiration of the 90-day period because the number of drug overdoses and ensuing deaths is on the rise, and this legislation is needed as soon as possible in order to save lives; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §20005, sub-§20, as amended by PL 2005, c. 674, §1, is further amended to read:

20. Review policies. Review the full range of public policies and strategies existing in State Government to identify changes that would strengthen its response, identify policies that might discourage excessive consumption of alcohol and other drugs and generate new funding for alcohol and other drug services; and

Sec. 2. 5 MRSA §20005, sub-§21, as enacted by PL 2005, c. 674, §2, is amended to read:

21. List of banned performance-enhancing substances. Develop and maintain a list of banned performance-enhancing substances in accordance with Title 20-A, section 6621-; and

Sec. 3. 5 MRSA §20005, sub-§22 is enacted to read:

22. Grants for drug overdose projects. Make grants from existing resources for:

A. Drug overdose prevention, recognition and response education projects;

B. Drug overdose prevention, recognition and response training projects for patients receiving opioids and their families and caregivers;

C. Naloxone hydrochloride prescription or distribution projects; and

D. Education and training projects on drug overdose response and treatment for emergency services and law enforcement personnel, including, but not limited to, volunteer firefighters and volunteer emergency services personnel.

Sec. 4. 5 MRSA §20010 is enacted to read:

§ 20010. Report on unintentional drug overdose

The department's office of substance abuse and mental health services shall ascertain and document and publish an annual report on the number of and trends, patterns and risk factors related to unintentional drug overdose fatalities occurring within the State each year. The report must also provide information on interventions that would be effective in reducing the rate of fatal and nonfatal unintentional drug overdose.

Sec. 5. 22 MRSA c. 556-A is enacted to read:

CHAPTER 556-A

OPIOIDS

§ 2353. Opioid antagonists

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride.

B. "Opioid-related drug overdose" means a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or a condition that a reasonable person would believe to be an opioid-related drug overdose that requires medical assistance.

2. Immunity. The following provisions govern immunity for persons who prescribe, possess or administer an opioid antagonist during an opioid-related drug overdose.

A. Notwithstanding any other provision of law, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member or friend of such a person or another person in a position to assist a person at risk of experiencing an opioid-related drug overdose. Any such prescription must be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

B. A health care professional who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist pursuant to paragraph A is not subject to criminal or civil liability or any professional disciplinary action for:

(1) Such prescribing or dispensing; or

(2) Any outcomes resulting from the administration of the opioid antagonist.

C. Notwithstanding any other provision of law, a person acting in good faith may possess an opioid antagonist.

D. A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be experiencing an opioid-related drug overdose is immune from criminal prosecution, sanction under any professional licensing statute and civil liability for such act.

3. Authorizing administration of an opioid antagonist by emergency medical personnel. An advanced emergency medical technician, basic emergency medical services person, basic emergency medical technician, first responder and emergency medical services' person as defined in Title 32, section 83 may administer an opioid antagonist as clinically indicated.

4. Medicaid coverage for naloxone hydrochloride. The department shall add naloxone hydrochloride for outpatient use to the department's formulary of prescription and over-the-counter drugs that are subject to reimbursement and coverage under the Medicaid program pursuant to section 3174-M. Reimbursement and coverage must be provided through existing resources.

5. Exemption from pharmacy license for standing orders for opioid antagonists. Notwithstanding any other provision of law, a person acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store and dispense an opioid antagonist without being subject to the provisions of Title 32, chapter 117 as long as these activities are undertaken without charge or compensation.

6. Collaborative practice. The following provisions govern collaborative practice for naloxone hydrochloride.

A. Notwithstanding any other provision of law, a licensed pharmacist may initiate naloxone hydrochloride drug therapy for a person in accordance with standardized procedures or protocols developed by the pharmacist and a health care professional authorized to prescribe an opioid antagonist.

B. For each naloxone hydrochloride drug therapy initiated pursuant to this subsection, the licensed pharmacist shall provide the recipient of the naloxone hydrochloride with a standardized fact sheet developed by the Maine Board of Pharmacy that includes, but is not limited to, the indications for use of the drug, the appropriate method for using the drug, the potential need for medical follow-up and referral information, information on opioid-related drug overdose and other appropriate information.

C. Nothing in this subsection affects the provisions of law relating to maintaining the confidentiality of medical records.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

SUMMARY

This bill authorizes the prescription, possession and administration of opioid antagonists under certain circumstances and provides criminal and civil immunities for such prescription, possession and

administration; provides for Medicaid coverage of naloxone hydrochloride using existing resources; authorizes standing orders and collaborative practice agreements for the dispensing of opioid antagonists; provides for an annual report on unintentional drug overdose; and directs the Department of Health and Human Services to make grants from existing resources for various drug overdose prevention projects.