

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the bill by striking out everything after the title and before the summary and inserting the following:

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Sec. 1. 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. Authorized administration of an opioid antagonist by law enforcement officers and municipal firefighters. A law enforcement officer as defined in Title 17-A, section 2, subsection 17 and a municipal firefighter as defined in Title 30-A, section 3151, subsection 2 may administer an intranasal opioid antagonist as clinically indicated.

3. Authorized 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 in accordance with the provisions of Title 32, chapter 2-B.

4. Exemption from pharmacy license for standing orders for opioid antagonists. Notwithstanding any other provision of law, a person employed by an organization that provides a significant level of services to persons who are actively using or have a history of actively using drugs, 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.

5. Collaborative practice. The following provisions govern collaborative practice for opioid antagonists.

A. Notwithstanding any other provision of law, a licensed pharmacist may initiate opioid antagonist 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 opioid antagonist therapy initiated pursuant to this subsection, the licensed pharmacist shall provide the recipient of the opioid antagonist 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.

6. Opioid antagonist prescription, possession and administration. In addition to the provisions of subsections 2 to 5, the provisions of this subsection apply to prescribing, possessing and administering an opioid antagonist. For the purposes of this subsection, "health care professional" means a health care professional licensed under Title 32 with authority to prescribe an opioid antagonist.

A. A health care professional may prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose.

B. A health care professional may prescribe and dispense an opioid antagonist to a person who, in the judgment of the health care professional, is capable of administering the drug in an emergency and may be in a position to assist an individual during an opioid-related drug overdose.

C. A health care professional who prescribes or dispenses an opioid antagonist pursuant to paragraph A or B shall provide information regarding the opioid antagonist to the person for whom the opioid antagonist is prescribed or to whom the opioid antagonist is dispensed.

D. A person may receive a prescription for an opioid antagonist pursuant to paragraph A or B, possess an opioid antagonist and administer an opioid antagonist to an individual who the person believes in good faith may be experiencing an opioid-related drug overdose.'

SUMMARY

This amendment is the majority report of the committee. The amendment strikes the emergency preamble and emergency clause. Like the bill, the amendment defines "opioid antagonist" and "opioid-related drug overdose" and authorizes emergency medical personnel to administer opioid antagonists, but the amendment adds a provision authorizing law enforcement officers and municipal firefighters to administer intranasal opioid antagonists. Like the bill, the amendment allows the prescribing and dispensing of an opioid antagonist to a person at risk of an opioid-related drug overdose and to a person who may be in a position to assist an individual experiencing an opioid-related drug overdose and allows such persons to possess and administer opioid antagonists, but the amendment removes the provisions

regarding liability. It clarifies the provision in the bill that provides an exemption from pharmacy license requirements for a person who stores or dispenses an opioid antagonist under a standing order from an appropriate health care professional to provide that the person must be employed by an organization that provides a significant level of services to persons who are actively using drugs or have a history of actively using drugs. Like the bill, the amendment allows collaborative practice between a pharmacist and a health care professional with respect to opioid antagonist therapy, but the amendment expands the provision to include all opioid antagonists, not just naloxone hydrochloride. It removes the provisions of the bill that require the Department of Health and Human Services to make grants from existing resources for drug overdose education projects, to publish an annual report on unintentional drug overdose fatalities in the State and to add naloxone hydrochloride to the department's Medicaid drug formulary.