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Testimony of Rep. Sam Zager in support of

**LD 1333 An Act Concerning the Dispensation of Naloxone Hydrochloride by
Emergency Medical Services Providers**

Before the Joint Standing Committee on Health and Human Services

Good morning Senator Claxton, Representative Meyer, and esteemed colleagues on Health and Human Services. For the record, I am Representative Sam Zager of District 41 in Portland. I also am a former ambulance crew member and current family physician. Part of my practice is caring for folks coping with opioid use disorder. I am pleased to introduce this bill, which Gordon Smith, the Director of Opioid Response asked me to introduce, as amended. I thank him and Sam Hurley the EMS Director for their collaboration on this opportunity to save lives.

Unfortunately, Maine continues to be in the grips of an opioid epidemic with fatal overdoses in the first quarter of this year averaging over 10 deaths a week. L.D. 1333, as amended, is one simple step this Legislature can take to save lives. I care so much about this bill because the availability of naloxone greatly influences how many Mainers can make the journey from overdose victim to healthy, fulfilled, and productive individual. We all benefit from that.

The bill was intended to be a Governor's bill and is supported by Governor Mills and is specifically referenced in the updated Opioid Response Strategic Plan presented to the Committee by Director Smith earlier this year.¹

Under current law, police officers and fire department personnel can distribute naloxone, and many do. EMS should be allowed to do so as well, as they are frequently the first individuals at the scene of an overdose.

¹ Section on Harm Reduction, under Priority D (Reduce the number of fatal and non-fatal overdoses), Strategy #14 (Ensure the availability of naloxone for high-risk individuals via targeted distribution), Current Activity b. states, "Support legislation permitting Emergency Medical Technicians (EMTs) to distribute as well as administer naloxone."

Proposed committee amendment (A) replaces the entire bill and allows EMS personnel, ambulance services and non-transporting emergency medical services to **dispense** life-saving naloxone to an individual who is at risk of an opioid-related drug overdose or to the individual's immediate family, friend, or another person in a position to assist the individual. Currently, EMS personnel can **administer** naloxone but not send the individual home with a take home kit. I am sorry for missing this during the revision process.

The Office of Opioid Response advised me that the person most at risk of having a *fatal* overdose is the individual who overdosed this week but survived. The best chance to get this individual Narcan and to connect with them is while they are still at the scene of the overdose; 14% of these individuals refuse transport to a hospital emergency department.

Additional Points

1. While EMS carry intramuscular naloxone, administered by injection, as they are trained in doing so, the take home kits are expected to be *intranasal* Narcan, a simple nasal spray as most family members and friends are more comfortable in using the nasal spray. It is more expensive but expected to be furnished through the state's Naloxone Distribution Initiative funded by federal grant funds. The state has distributed over 60,000 doses of Narcan since September of 2019.
2. Dispensing of naloxone pursuant to the provisions of this bill requires a standing order issued in accordance with protocols developed by the Medical Direction and Practices Board, a group of medical experts, primarily physicians trained in the specialty of Emergency Medicine.

The other amendment would permit medical directors of federally qualified health centers and group practices to gain access to the prescription monitoring program for prescribers at their practices. This authority already exists for *hospital* chief medical officers. This committee expressed support for this idea, but opted not to include it in another bill because interested parties had not been notified in time for that piece to have a hearing. Interested parties were indeed notified of the amendment in relation to this bill.

I thank the committee for consideration of LD 1333 and amendments. I'd be happy to answer any questions I can, and defer those I can't answer to the directors about to testify.

**PROPOSED COMMITTEE AMENDMENT (A) TO L.D. 1333, AN ACT CONCERNING
THE DISPENSATION OF NALOXONE HYDROCHLORIDE BY EMERGENCY
MEDICAL SERVICE PROVIDERS**

**REPLACE EVERYTHING AFTER THE ENACTMENT CLAUSE AND REPLACE
WITH THE FOLLOWING**

Sec. 1. 22 MRSA §2353, sub-§ 2-A is enacted to read:

2-A. Dispensation of naloxone hydrochloride by emergency medical services persons, ambulance services and non-transporting emergency medical services. Notwithstanding any provision of law to the contrary, emergency medical services persons, ambulance services and non-transporting emergency medical services licensed under Title 32, chapter 2-B may dispense naloxone hydrochloride to an individual at risk of experiencing an opioid-related drug overdose, or to a member of that individual's immediate family, a friend of the individual or another person in a position to assist the individual, pursuant to a standard order issued in accordance with protocols developed by the Medical Direction and Practices Board established in Title 32, section 83, subsection 16-B.

Sec. 2. 32 MRSA §85, sub-§ 7 is enacted to read:

7. Naloxone hydrochloride. An emergency medical services person licensed under this chapter may dispense naloxone hydrochloride in accordance with Title 22, section 2353, subsection 2-A, and the rules adopted and protocols developed for emergency medical services persons under this chapter.

Sec. 3. 32 MRSA §86, sub-§ 4 is enacted to read:

4. Naloxone hydrochloride. An ambulance service or a nontransporting emergency medical service licensed under this chapter may dispense naloxone hydrochloride in accordance with Title 22, section 2353, subsection 2-A, and the rules adopted and protocols developed for services under this chapter.

SUMMARY

This amendment replaces the bill and will allow emergency medical services persons, ambulance services and non-transporting emergency medical services to dispense naloxone hydrochloride to an individual who is at risk of experiencing an opioid-related drug overdose or to the individual's immediate family, friend, or another person in a position to assist the individual.

PROPOSED COMMITTEE AMENDMENT (B) TO LD 1333

Sec. 2. 22 MRSA §7250, sub-§4, ¶K-1 is enacted to read:

K-1. The chief medical officer, medical director or other administrative prescriber employed by a federally qualified health center as defined in 42 United States Code, Section 1395X, subsection (aa)(1993) or a group practice of prescribers insofar as the information relates to prescriptions written by prescribers employed by the federally qualified health center or the group practice.

SUMMARY

This amendment allows the chief medical officer, medical director or other administrative prescriber employed by a federally qualified health center or group practice to access the prescription monitoring program when the access relates to the prescriptions written by the prescribers empl