

**CHAPTER 154****( SB 56 )**

AN ACT relating to opioid antagonists designed to reverse the effects of an opioid overdose.

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

➔Section 1. KRS 15.291 is amended to read as follows:

- (1) There is hereby established the Kentucky Opioid Abatement Advisory Commission. The commission shall be attached to the Department of Law for administrative purposes.
- (2) (a) The commission shall consist of the following voting members:
  1. The Attorney General or his or her designee, who shall act as chair;
  2. The State Treasurer or his or her designee;
  3. The secretary of the Cabinet for Health and Family Services or his or her designee;
  4. One (1) member appointed by the University of Kentucky from the HEALing Communities Study Team;
  5. One (1) member appointed by the Attorney General representing victims of the opioid crisis;
  6. One (1) member appointed by the Attorney General representing the drug treatment and prevention community;
  7. One (1) member appointed by the Attorney General representing law enforcement; and
  8. Two (2) citizens at large appointed by the Attorney General.
- (b) The commission shall consist of the following nonvoting members who shall serve at the pleasure of their appointing authority:
  1. One (1) member appointed by the Speaker of the House of Representatives; and
  2. One (1) member appointed by the President of the Senate.
- (3) (a) Members of the commission appointed under subsection (2)(a)1. to 3. of this section shall serve terms concurrent with holding their respective offices or positions.
- (b) The remaining members of the commission shall serve staggered two (2) year terms as follows:
  1. Members of the commission appointed under subsection (2)(a)4. to 6. of this section shall serve an initial term of two (2) years; and
  2. Members of the commission appointed under subsection (2)(a)7. to 8. of this section shall serve an initial term of one (1) year.
- (c) Members of the commission shall not receive compensation for their services but may be reimbursed for necessary travel and lodging expenses incurred in the performance of their duties.
- (4) (a) Meetings of the commission shall be conducted according to KRS 61.800 to 61.850.
- (b) The commission shall meet at least twice within each calendar year.
- (c) Five (5) voting members of the commission shall constitute a quorum for the transaction of business.
- (d) Each member of the commission shall have one (1) vote, with all actions being taken by an affirmative vote of the majority of members present.
- (5) The commission shall award moneys from the opioid abatement trust fund established in KRS 15.293 to reimburse prior expenses or to fund projects according to the following criteria related to opioid use disorder (OUD) or any co-occurring substance use disorder or mental health (SUD/MH) issues:
  - (a) Reimbursement for:
    1. Any portion of the cost related to outpatient and residential treatment services, including:

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- a. Services provided to incarcerated individuals;
  - b. Medication-assisted treatment;
  - c. Abstinence-based treatment; and
  - d. Treatment, recovery, or other services provided by community health centers or not-for-profit providers;
2. Emergency response services provided by law enforcement or first responders; or
  3. Any portion of the cost of administering *an opioid antagonist as defined in Section 3 of this Act* ~~naloxone~~; or
- (b) Provide funding for any project which:
1. Supports intervention, treatment, and recovery services provided to persons:
    - a. With OUD or co-occurring SUD/MH issues; or
    - b. Who have experienced an opioid overdose;
  2. Supports detoxification services, including:
    - a. Medical detoxification;
    - b. Referral to treatment; or
    - c. Connections to other services;
  3. Provides access to opioid-abatement-related housing, including:
    - a. Supportive housing; or
    - b. Recovery housing;
  4. Provides or supports transportation to treatment or recovery programs or services;
  5. Provides employment training or educational services for persons in treatment or recovery;
  6. Creates or supports centralized call centers that provide information and connections to appropriate services;
  7. Supports crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH issues or persons that have experienced an opioid overdose;
  8. Improves oversight of opioid treatment programs to ensure evidence-based and evidence-informed practices;
  9. Provides scholarships and support for certified addiction counselors and other mental and behavioral health providers, including:
    - a. Training scholarships;
    - b. Fellowships;
    - c. Loan repayment programs; or
    - d. Incentives for providers to work in rural or underserved areas of the Commonwealth;
  10. Provides training on medication-assisted treatment for health care providers, students, or other supporting professionals;
  11. Supports efforts to prevent over-prescribing and ensures appropriate prescribing and dispensing of opioids;
  12. Supports enhancements or improvements consistent with state law for prescription drug monitoring programs;
  13. Supports the education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with opioids or individuals with OUD or co-occurring SUD/MH issues;

14. Supports opioid-related emergency response services provided by law enforcement or first responders;
  15. Treats mental health trauma issues resulting from the traumatic experiences of opioid users or their family members;
  16. Engages nonprofits, the faith community, and community coalitions to support prevention and treatment, and to support family members in their efforts to care for opioid users in their family;
  17. Provides recovery services, support, and prevention services for women who are pregnant, may become pregnant, or who are parenting with OUD or co-occurring SUD/MH issues;
  18. Trains healthcare providers that work with pregnant or parenting women on best practices for compliances with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of care;
  19. Addresses Neonatal Abstinence Syndrome, including prevention, education, and treatment of OUD and any co-occurring SUD/MH issues;
  20. Offers home-based wrap-around services to persons with OUD and any co-occurring SUD/MH issues, including parent-skills training;
  21. Supports positions and services, including supportive housing and other residential services relating to children being removed from the home or placed in foster care due to custodial opioid use;
  22. Provides public education about opioids or opioid disposal;
  23. Provides drug take-back disposal or destruction programs;
  24. Covers the cost of administering *an opioid antagonist as defined in Section 3 of this Act*~~naloxone~~;
  25. Supports pre-trial services that connect individuals with OUD and any co-occurring SUD/MH issues to evidence-informed treatment and related services;
  26. Supports treatment and recovery courts for persons with OUD and any co-occurring SUD/MH issues, but only if they provide referrals to evidence-informed treatment;
  27. Provides evidence-informed treatment, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH issues who are incarcerated, leaving jail or prison, have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities;
  28. Meets the criteria included in any settlement agreement or judgment between the parties listed in KRS 15.293(3)(a); or
  29. Any other project deemed appropriate for opioid-abatement purposes by the commission.
- (6) The commission may identify additional duties or responsibilities, including:
- (a) Reporting on projects and programs related to addressing the opioid epidemic;
  - (b) Developing priorities, goals, and recommendations for spending on the projects and programs;
  - (c) Working with state agencies or outside entities to develop measures for projects and programs that address substance use disorders; or
  - (d) Making recommendations for policy changes on a state or local level, including statutory law and administrative regulations.
- (7) The commission shall:
- (a) Create and maintain a Web site on which it shall publish its minutes, attendance rolls, funding awards, and reports of funding by recipients; and
  - (b) Promulgate administrative regulations to implement this section. The commission may promulgate emergency administrative regulations to take effect immediately so that funds may be distributed more quickly and efficiently to combat the opioid epidemic.

➔Section 2. KRS 217.177 is amended to read as follows:

- (1) No person engaged in sales at retail shall display hypodermic syringes or needles in any portion of the place of business which is open or accessible to the public.
- (2) Pharmacies offering retail sale of hypodermic syringes or needles shall make available:
  - (a) Written or electronic educational materials on safe and proper disposal of hypodermic needles and syringes;
  - (b) Written or electronic educational or referral information for syringe exchange service programs and substance use disorder treatment; and
  - (c) A verbal, physical, or electronic offer to provide a **prescription for an opioid antagonist as defined in Section 3 of this Act**~~{naloxone prescription for opioid overdose}~~.
- (3) Nothing in this section shall apply to the sale of hypodermic syringes or needles dispensed as a prescription or in conjunction with a prescription medication that requires reconstitution or administration with a syringe.
- (4) Any physician, other licensed medical person, hospital, or clinic disposing of hypodermic syringes or needles shall render the instrument incapable of further use.

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

- (1) **As used in this section, "opioid antagonist" means naloxone or any other United States Food and Drug Administration-approved drug designed to reverse the effects of an opioid overdose.**
- (2) A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses **an opioid antagonist**~~{the drug naloxone}~~ to a person or agency who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under KRS Chapter 311, 311A, 314, or 315 or any other professional licensing statute. As used in this subsection, "licensed health-care provider" includes a pharmacist as defined in KRS 315.010 who holds a separate certification issued by the Kentucky Board of Pharmacy authorizing the initiation of the dispensing of **an opioid antagonist**~~{naloxone}~~ under subsection ~~(6)~~~~{(5)}~~ of this section.
- ~~(3)~~~~{(2)}~~ A prescription for **an opioid antagonist**~~{naloxone}~~ may include authorization for administration of the drug to the person for whom it is prescribed by a third party, if the prescribing instructions indicate the need for the third party, upon administering the drug, to immediately notify a local public safety answering point of the situation necessitating the administration.
- ~~(4)~~~~{(3)}~~ A person or agency, including a peace officer, jailer, firefighter, paramedic, or emergency medical technician or a school employee authorized to administer medication under KRS 156.502, may:
  - (a) Receive a prescription for **an opioid antagonist**~~{the drug naloxone}~~;
  - (b) Possess **an opioid antagonist** ~~{naloxone}~~ pursuant to this subsection and any equipment needed for its administration;~~{and}~~
  - (c) Administer **an opioid antagonist**~~{naloxone}~~ to an individual suffering from an apparent **opioid-related**~~{opiate-related}~~ overdose; **and**
  - (d) **Provide, as part of a harm reduction program, an opioid antagonist to persons who have been trained on the mechanism and circumstances of its administration.**
- ~~(5)~~~~{(4)}~~ A person acting in good faith who **provides or** administers **an opioid antagonist**~~{naloxone}~~ received under this section shall be immune from criminal and civil liability for the **provision or** administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person **providing or** administering the drug.
- ~~(6)~~~~{(5)}~~
  - (a) The Board of Pharmacy, in consultation with the Kentucky Board of Medical Licensure, shall promulgate administrative regulations to establish certification, educational, operational, and protocol requirements to implement this section.
  - (b) Administrative regulations promulgated under this subsection shall:
    1. Require that any dispensing under this section be done only in accordance with a physician-approved protocol and specify the minimum required components of any such protocol;

2. ~~Require~~ ~~Include a required mandatory~~ education ~~requirement~~ as to the mechanism and circumstances for the administration of *an opioid antagonist* ~~naloxone~~ for the person to whom *an opioid antagonist* ~~the naloxone~~ is dispensed; and
  3. Require that a record of the dispensing be made available to a physician signing a protocol under this subsection, if desired by the physician.
- (c) Administrative regulations promulgated under this subsection may include:
1. A supplemental educational or training component for a pharmacist seeking certification under this subsection; and
  2. A limitation on the forms of *the opioid antagonist* ~~naloxone~~ and means of its administration that may be dispensed pursuant to this subsection.
- (7)(6) (a) The board of each local public school district and the governing body of each private and parochial school or school district may permit a school to keep *an opioid antagonist* ~~naloxone~~ on the premises and regulate the administration of *an opioid antagonist* ~~naloxone~~ to any individual suffering from an apparent opiate-related overdose.
- (b) In collaboration with local health departments, local health providers, and local schools and school districts, the Kentucky Department for Public Health shall develop clinical protocols to address supplies of *an opioid antagonist* ~~naloxone~~ kept by schools under this section and to advise on the clinical administration of *an opioid antagonist* ~~naloxone~~.
- (8)(7) Notwithstanding any provision of law to the contrary, a *licensed health care provider, including a pharmacist who is utilizing a protocol established by this section, may* ~~pharmacist may utilize the protocol established by this section to~~ dispense *an opioid antagonist* ~~naloxone~~ to any person or agency who, *as part of a harm reduction program*, provides training *to the public* on the mechanism and circumstances for the administration of *an opioid antagonist* ~~naloxone to the public as part of a harm reduction program~~, regardless of whom the ultimate user of the *opioid antagonist* ~~naloxone~~ may be. The documentation of the dispensing of *an opioid antagonist* ~~naloxone~~ to any person or agency operating a harm reduction program shall satisfy any general documentation or recording requirements found in administrative regulations regarding legend drugs promulgated pursuant to this chapter.

Signed by Governor April 8, 2022.