

1 State of Arkansas
2 90th General Assembly
3 Regular Session, 2015

A Bill

SENATE BILL 880

4
5 By: Senator Rapert

For An Act To Be Entitled

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

Subtitle

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

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

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

28 20-13-106. Tourniquet access and use by first responders.

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

33 (b) A first responder may use a mechanical tourniquet or any
34 tourniquet that has been approved by the Arkansas Commission on Law
35 Enforcement Standards and Training.

36 (c) The Arkansas Commission on Law Enforcement Standards and Training



1 shall take into consideration recommendations or approved methods,
2 techniques, or devices from the Committee on Tactical Combat Casualty Care.

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

6 Subchapter 16 – Naloxone Access Act

7
8 20-13-1601. Title.

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

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12 20-13-1602. Legislative findings.

13 The General Assembly finds that:

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

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

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

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

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

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

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

32 (8) The National Institutes of Health have found that Naloxone
33 lacks any addictive qualities that could lead to potential abuse and that
34 medical side effects or unintended consequences associated with the drug have
35 not been reported; and

36 (9) Any administration of Naloxone to an individual experiencing

1 an opioid overdose must be followed by professional medical attention and
2 treatment.

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4 20-13-1603. Definitions.

5 As used in this subchapter:

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

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

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

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

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

- 26 (A) Hydrocodone;
- 27 (B) Oxycodone;
- 28 (C) Morphine;
- 29 (D) Codeine;
- 30 (E) Heroin; and
- 31 (F) Fentanyl;

32 (6) "Opioid antagonist" means any drug that binds to opioid
33 receptors and blocks or inhibits the effects of opioids acting on the
34 receptors and that is approved by the United States Food and Drug
35 Administration for the treatment of an opioid-related drug overdose; and

36 (7) "Opioid-related drug overdose" means an acute condition

1 resulting from, or that a reasonable person would believe to be resulting
2 from, the consumption or use of an opioid or another substance with which an
3 opioid was combined by an individual with signs and symptoms that include
4 without limitation:

- 5 (A) Extreme physical illness;
- 6 (B) Decreased level of consciousness;
- 7 (C) Respiratory depression;
- 8 (D) Coma;
- 9 (E) Mania; or
- 10 (D) Death.

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12 20-13-1604. Opioid antagonist – Immunity.

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

- 15 (1) A person at risk of experiencing an opioid-related drug
16 overdose;
- 17 (2) A pain management clinic;
- 18 (3) A harm reduction organization;
- 19 (4) An emergency medical services technician;
- 20 (5) A first responder;
- 21 (6) A law enforcement officer or agency; or
- 22 (7) A family member or friend of a person at risk of
23 experiencing an opioid-related drug overdose.

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

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

- 31 (1) A healthcare professional who prescribes an opioid
32 antagonist under subsection (a) of this section;
- 33 (2) A healthcare professional or pharmacist who acts in good
34 faith and in compliance with the standard of care that dispenses an opioid
35 antagonist under subsection (a) of this section; and
- 36 (3) A person other than a healthcare professional who

1 administers an opioid antagonist under subsection (b) of this section.

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