

SENATE BILL NO. 309—SENATOR KIECKHEFER

MARCH 16, 2015

Referred to Committee on Health and Human Services

SUMMARY—Enacts the Good Samaritan Drug Overdose Act.
(BDR 40-214)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

~

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to controlled substances; enacting the Good Samaritan Drug Overdose Act; authorizing certain health care professionals to prescribe and dispense an opioid antagonist to certain persons under certain circumstances; providing immunity from civil and criminal liability and professional discipline for such prescribing and dispensing of an opioid antagonist; providing criminal and other immunity for persons who seek medical assistance for a person who is experiencing a drug or alcohol overdose under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

This bill enacts the Good Samaritan Drug Overdose Act, the provisions of which have been enacted in part or in entirety by at least 28 other states.

Under existing law, certain health care professionals may prescribe, dispense or otherwise furnish an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose. (Chapter 454 of NRS) **Section 7** of this bill authorizes certain physicians, physician assistants and advanced practice registered nurses to prescribe and dispense an opioid antagonist to a family member, friend or other person who is in a position to assist a person at risk of experiencing an opioid-related drug overdose and provides immunity from civil and criminal liability and professional discipline for doing so. **Section 8** of this bill authorizes the storage and dispensing of opioid antagonists by certain persons who are not registered or licensed by the State Board of Pharmacy. **Section 9** of this bill provides for the development of standardized procedures and protocols under which a registered pharmacist may furnish an opioid antagonist.

Existing law establishes criminal liability for various activities relating to controlled substances. (Chapter 453 of NRS) **Section 12** of this bill provides that a person who, in good faith, seeks medical assistance for a person who is



* S B 3 0 9 *

18 experiencing a drug or alcohol overdose or other medical emergency or who seeks
19 such assistance for himself or herself, or who is the subject of a good faith request
20 for such assistance may not be arrested, charged, prosecuted or convicted, or have
21 his or her property subjected to forfeiture, or be otherwise penalized for violating:
22 (1) a provision of existing law governing controlled substances; (2) a restraining
23 order; or (3) a condition of the person's parole or probation, if the evidence to
24 support the arrest, charge, prosecution, conviction, seizure or penalty was gained as
25 a result of the person's seeking such medical assistance. **Section 12** also provides
26 that the act of seeking such assistance may be raised as an affirmative defense or in
27 mitigation in connection with certain other crimes.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** Title 40 of NRS is hereby amended by adding
2 thereto a new chapter to consist of the provisions set forth as
3 sections 2 to 12, inclusive, of this act.

4 **Sec. 2.** *This chapter may be cited as the Good Samaritan*
5 *Drug Overdose Act.*

6 **Sec. 3.** *As used in this chapter, unless the context otherwise*
7 *requires, the words and terms defined in sections 4, 5 and 6 of this*
8 *act have the meanings ascribed to them in those sections.*

9 **Sec. 4. 1.** *"Health care professional" means a physician, a*
10 *physician assistant or an advanced practice registered nurse.*

11 **2.** *As used in this section:*

12 *(a) "Advanced practice registered nurse" has the meaning*
13 *ascribed to it in NRS 632.012.*

14 *(b) "Physician" means a physician licensed pursuant to*
15 *chapter 630 or 633 of NRS.*

16 *(c) "Physician assistant" means a physician assistant licensed*
17 *pursuant to chapter 630 or 633 of NRS.*

18 **Sec. 5.** *"Opioid antagonist" means any drug that binds to*
19 *opioid receptors and blocks or disinhibits the effects of opioids*
20 *acting on those receptors. The term includes, without limitation,*
21 *naloxone hydrochloride.*

22 **Sec. 6.** *"Opioid-related drug overdose" means a condition*
23 *including, without limitation, extreme physical illness, a decreased*
24 *level of consciousness, respiratory depression, coma or death*
25 *resulting from the consumption or use of an opioid, or another*
26 *substance with which an opioid was combined, or that an ordinary*
27 *layperson would reasonably believe to be an opioid-related drug*
28 *overdose that requires medical assistance.*

29 **Sec. 7. 1.** *Notwithstanding any other provision of law, a*
30 *health care professional otherwise authorized to prescribe an*
31 *opioid antagonist may, directly or by standing order, prescribe and*
32 *dispense an opioid antagonist to a person at risk of experiencing*



1 an opioid-related drug overdose or to a family member, friend or
2 other person in a position to assist a person at risk of experiencing
3 an opioid-related drug overdose. Any such prescription must be
4 regarded as being issued for a legitimate medical purpose in the
5 usual course of professional practice.

6 2. A person who, acting in good faith and with reasonable
7 care, prescribes or dispenses an opioid antagonist pursuant to
8 subsection 1, is not subject to any criminal or civil liability or any
9 professional disciplinary action for:

10 (a) Such prescribing or dispensing; or

11 (b) Any outcomes that result from the eventual administration
12 of the opioid antagonist.

13 3. Notwithstanding any other provision of law:

14 (a) Any person, including, without limitation, a law
15 enforcement officer, acting in good faith, may possess and
16 administer an opioid antagonist to another person whom he or she
17 reasonably believes to be experiencing an opioid-related drug
18 overdose.

19 (b) An emergency medical technician, advanced emergency
20 medical technician or paramedic, as defined in chapter 450B of
21 NRS, is authorized to administer an opioid antagonist as clinically
22 indicated.

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

28 **Sec. 8.** Notwithstanding any other provision of law, a person
29 acting under a standing order issued by a health care professional
30 who is otherwise authorized to prescribe an opioid antagonist may
31 store an opioid antagonist without being subject to the registration
32 and licensing provisions of chapter 639 of NRS and may dispense
33 an opioid antagonist if those activities are undertaken without
34 charge or compensation.

35 **Sec. 9. 1.** Notwithstanding any other provision of law, a
36 registered pharmacist may furnish an opioid antagonist in
37 accordance with standardized procedures or protocols developed
38 and approved by the State Board of Pharmacy pursuant to this
39 section.

40 2. The State Board of Pharmacy may, in consultation with
41 representatives of the Nevada Pharmacist Association, other
42 appropriate professional licensing boards, state agencies and other
43 interested parties, develop standardized procedures or protocols to
44 enable a registered pharmacist and other appropriate entities to
45 furnish an opioid antagonist pursuant to this section.



3. Standardized procedures or protocols adopted pursuant to this section must ensure that a person receive education before being furnished with an opioid antagonist pursuant to this section. The education must include, without limitation:

(a) Information concerning the prevention and recognition of and responses to opioid-related drug overdoses;

(b) Methods for the safe administration of opioid antagonists to a person experiencing an opioid-related drug overdose;

(c) Potential side effects and adverse events connected with the administration of opioid antagonists;

(d) The importance of seeking emergency medical assistance for a person experiencing an opioid-related drug overdose even after the administration of an opioid antagonist; and

(e) Information concerning the provisions of section 12 of this act.

4. A pharmacist shall, before furnishing an opioid antagonist pursuant to this section, complete a training program on the use of opioid antagonists. The program must include at least 1 hour of approved continuing education on the use of opioid antagonists.

5. This section does not:

(a) Affect any provision of law concerning the confidentiality of medical information.

(b) Confer any authority on a registered pharmacist to prescribe an opioid antagonist or any other prescription medication or controlled substance.

Sec. 10. 1. The Department of Health and Human Services may engage in efforts to ascertain and document the number, trends, patterns and risk factors related to fatalities caused by unintentional opioid-related drug overdoses and other drug overdoses.

2. The Department of Health and Human Services may publish an annual report that:

(a) Presents the information acquired pursuant to subsection 1; and

(b) Provides information concerning interventions that may be effective in reducing fatal and nonfatal opioid-related drug overdoses and other drug overdoses.

Sec. 11. The Department of Health and Human Services may, within the limits of available money, award grants for:

1. Educational programs for the prevention and recognition of and responses to opioid-related drug overdoses and other drug overdoses;

2. Training programs for patients who receive opioid antagonists and for the families and caregivers of such patients



concerning the prevention and recognition of and responses to opioid-related drug overdoses and other drug overdoses;

3. Projects to encourage, when appropriate, the prescription and distribution of opioid antagonists; and

4. Education and training programs on the prevention and recognition of and responses to opioid-related drug overdoses and other drug overdoses for members and volunteers of law enforcement agencies and agencies that provide emergency medical services and other emergency services.

Sec. 12. 1. Notwithstanding any other provision of law, a person who, in good faith, seeks medical assistance for a person who is experiencing a drug or alcohol overdose or other medical emergency or who seeks such assistance for himself or herself, or who is the subject of a good faith request for such assistance may not be arrested, charged, prosecuted or convicted, or have his or her property subjected to forfeiture, or be otherwise penalized for violating:

(a) A provision of chapter 453 of NRS;

(b) A restraining order; or

(c) A condition of the person's parole or probation,

↪ if the evidence to support the arrest, charge, prosecution, conviction, seizure or penalty was obtained as a result of the person seeking medical assistance.

2. It is an affirmative defense to a charge of murder for making available a controlled substance that is the proximate cause of the death of a person in violation of NRS 453.333 that the defendant, in good faith, sought medical assistance for the deceased while he or she was still alive.

3. A court, before sentencing a person who has been convicted of a violation of chapter 453 of NRS for which neither immunity nor an affirmative defense is provided by this section, shall consider in mitigation any evidence or information that the defendant, in good faith, sought medical assistance for a person who was experiencing a drug or alcohol overdose or other life-threatening emergency in connection with the events that constituted the violation.

4. For the purposes of this section, a person seeks medical assistance if the person:

(a) Reports a drug or alcohol overdose or other medical emergency to a member of a law enforcement agency, a 911 emergency service, a poison control center, a medical facility or a provider of emergency medical services;

(b) Assists another person making such a report;



1 (c) Provides care to a person who is experiencing a drug or
2 alcohol overdose or other medical emergency while awaiting the
3 arrival of medical assistance; or

4 (d) Delivers a person who is experiencing a drug or alcohol
5 overdose or other medical emergency to a medical facility and
6 notifies the appropriate authorities.

7 5. As used in this section, “drug or alcohol overdose” means
8 a condition, including, without limitation, extreme physical illness,
9 a decreased level of consciousness, respiratory depression, coma,
10 mania or death which is caused by the consumption or use of a
11 controlled substance or alcohol, or another substance with which
12 a controlled substance or alcohol was combined, or that an
13 ordinary layperson would reasonably believe to be a drug or
14 alcohol overdose that requires medical assistance.

15 **Sec. 13.** 1. The Department of Health and Human Services
16 shall, not later than October 1, 2015, add naloxone hydrochloride for
17 outpatient use to the list of preferred prescription drugs to be used
18 for the Medicaid program established by the Division pursuant to
19 NRS 422.4025.

20 2. Any expenses incurred by the Department to provide
21 naloxone hydrochloride must be paid for through the existing
22 resources of the Medicaid program.

23 **Sec. 14.** This act becomes effective:

24 1. Upon passage and approval for the purpose of adopting any
25 regulations and performing any other preparatory administrative
26 tasks that are necessary to carry out the provisions of this act; and

27 2. On October 1, 2015, for all other purposes.

