

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

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

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

5 (1) There is hereby established the Kentucky Opioid Abatement Advisory Commission.  
6 The commission shall be attached to the Department of Law for administrative  
7 purposes.

8 (2) (a) The commission shall consist of the following voting members:

- 9 1. The Attorney General or his or her designee, who shall act as chair;
- 10 2. The State Treasurer or his or her designee;
- 11 3. The secretary of the Cabinet for Health and Family Services or his or her  
12 designee;
- 13 4. One (1) member appointed by the University of Kentucky from the  
14 HEALing Communities Study Team;
- 15 5. One (1) member appointed by the Attorney General representing victims  
16 of the opioid crisis;
- 17 6. One (1) member appointed by the Attorney General representing the  
18 drug treatment and prevention community;
- 19 7. One (1) member appointed by the Attorney General representing law  
20 enforcement; and
- 21 8. Two (2) citizens at large appointed by the Attorney General.

22 (b) The commission shall consist of the following nonvoting members who shall  
23 serve at the pleasure of their appointing authority:

- 24 1. One (1) member appointed by the Speaker of the House of  
25 Representatives; and
- 26 2. One (1) member appointed by the President of the Senate.

27 (3) (a) Members of the commission appointed under subsection (2)(a)1. to 3. of this

1 section shall serve terms concurrent with holding their respective offices or  
2 positions.

3 (b) The remaining members of the commission shall serve staggered two (2) year  
4 terms as follows:

5 1. Members of the commission appointed under subsection (2)(a)4. to 6. of  
6 this section shall serve an initial term of two (2) years; and

7 2. Members of the commission appointed under subsection (2)(a)7. to 8. of  
8 this section shall serve an initial term of one (1) year.

9 (c) Members of the commission shall not receive compensation for their services  
10 but may be reimbursed for necessary travel and lodging expenses incurred in  
11 the performance of their duties.

12 (4) (a) Meetings of the commission shall be conducted according to KRS 61.800 to  
13 61.850.

14 (b) The commission shall meet at least twice within each calendar year.

15 (c) Five (5) voting members of the commission shall constitute a quorum for the  
16 transaction of business.

17 (d) Each member of the commission shall have one (1) vote, with all actions  
18 being taken by an affirmative vote of the majority of members present.

19 (5) The commission shall award moneys from the opioid abatement trust fund  
20 established in KRS 15.293 to reimburse prior expenses or to fund projects  
21 according to the following criteria related to opioid use disorder (OUD) or any co-  
22 occurring substance use disorder or mental health (SUD/MH) issues:

23 (a) Reimbursement for:

24 1. Any portion of the cost related to outpatient and residential treatment  
25 services, including:

26 a. Services provided to incarcerated individuals;

27 b. Medication-assisted treatment;

- 1 c. Abstinence-based treatment; and
- 2 d. Treatment, recovery, or other services provided by community
- 3 health centers or not-for-profit providers;
- 4 2. Emergency response services provided by law enforcement or first
- 5 responders; or
- 6 3. Any portion of the cost of administering an opioid antagonist as
- 7 defined in Section 3 of this Act~~naloxone~~; or
- 8 (b) Provide funding for any project which:
- 9 1. Supports intervention, treatment, and recovery services provided to
- 10 persons:
- 11 a. With OUD or co-occurring SUD/MH issues; or
- 12 b. Who have experienced an opioid overdose;
- 13 2. Supports detoxification services, including:
- 14 a. Medical detoxification;
- 15 b. Referral to treatment; or
- 16 c. Connections to other services;
- 17 3. Provides access to opioid-abatement-related housing, including:
- 18 a. Supportive housing; or
- 19 b. Recovery housing;
- 20 4. Provides or supports transportation to treatment or recovery programs or
- 21 services;
- 22 5. Provides employment training or educational services for persons in
- 23 treatment or recovery;
- 24 6. Creates or supports centralized call centers that provide information and
- 25 connections to appropriate services;
- 26 7. Supports crisis stabilization centers that serve as an alternative to
- 27 hospital emergency departments for persons with OUD and any co-

- 1 occurring SUD/MH issues or persons that have experienced an opioid  
2 overdose;
- 3 8. Improves oversight of opioid treatment programs to ensure evidence-  
4 based and evidence-informed practices;
- 5 9. Provides scholarships and support for certified addiction counselors and  
6 other mental and behavioral health providers, including:
- 7 a. Training scholarships;
- 8 b. Fellowships;
- 9 c. Loan repayment programs; or
- 10 d. Incentives for providers to work in rural or underserved areas of  
11 the Commonwealth;
- 12 10. Provides training on medication-assisted treatment for health care  
13 providers, students, or other supporting professionals;
- 14 11. Supports efforts to prevent over-prescribing and ensures appropriate  
15 prescribing and dispensing of opioids;
- 16 12. Supports enhancements or improvements consistent with state law for  
17 prescription drug monitoring programs;
- 18 13. Supports the education of law enforcement or other first responders  
19 regarding appropriate practices and precautions when dealing with  
20 opioids or individuals with OUD or co-occurring SUD/MH issues;
- 21 14. Supports opioid-related emergency response services provided by law  
22 enforcement or first responders;
- 23 15. Treats mental health trauma issues resulting from the traumatic  
24 experiences of opioid users or their family members;
- 25 16. Engages nonprofits, the faith community, and community coalitions to  
26 support prevention and treatment, and to support family members in  
27 their efforts to care for opioid users in their family;

- 1 17. Provides recovery services, support, and prevention services for women  
2 who are pregnant, may become pregnant, or who are parenting with  
3 OUD or co-occurring SUD/MH issues;
- 4 18. Trains healthcare providers that work with pregnant or parenting women  
5 on best practices for compliances with federal requirements that children  
6 born with Neonatal Abstinence Syndrome get referred to appropriate  
7 services and receive a plan of care;
- 8 19. Addresses Neonatal Abstinence Syndrome, including prevention,  
9 education, and treatment of OUD and any co-occurring SUD/MH issues;
- 10 20. Offers home-based wrap-around services to persons with OUD and any  
11 co-occurring SUD/MH issues, including parent-skills training;
- 12 21. Supports positions and services, including supportive housing and other  
13 residential services relating to children being removed from the home or  
14 placed in foster care due to custodial opioid use;
- 15 22. Provides public education about opioids or opioid disposal;
- 16 23. Provides drug take-back disposal or destruction programs;
- 17 24. Covers the cost of administering an opioid antagonist as defined in  
18 Section 3 of this Act~~[naloxone]~~;
- 19 25. Supports pre-trial services that connect individuals with OUD and any  
20 co-occurring SUD/MH issues to evidence-informed treatment and  
21 related services;
- 22 26. Supports treatment and recovery courts for persons with OUD and any  
23 co-occurring SUD/MH issues, but only if they provide referrals to  
24 evidence-informed treatment;
- 25 27. Provides evidence-informed treatment, recovery support, harm  
26 reduction, or other appropriate services to individuals with OUD and  
27 any co-occurring SUD/MH issues who are incarcerated, leaving jail or

1                   prison, have recently left jail or prison, are on probation or parole, are  
2                   under community corrections supervision, or are in re-entry programs or  
3                   facilities;

4                   28. Meets the criteria included in any settlement agreement or judgment  
5                   between the parties listed in KRS 15.293(3)(a); or

6                   29. Any other project deemed appropriate for opioid-abatement purposes by  
7                   the commission.

8       (6) The commission may identify additional duties or responsibilities, including:

9           (a) Reporting on projects and programs related to addressing the opioid epidemic;

10          (b) Developing priorities, goals, and recommendations for spending on the  
11             projects and programs;

12          (c) Working with state agencies or outside entities to develop measures for  
13             projects and programs that address substance use disorders; or

14          (d) Making recommendations for policy changes on a state or local level,  
15             including statutory law and administrative regulations.

16       (7) The commission shall:

17           (a) Create and maintain a Web site on which it shall publish its minutes,  
18             attendance rolls, funding awards, and reports of funding by recipients; and

19           (b) Promulgate administrative regulations to implement this section. The  
20             commission may promulgate emergency administrative regulations to take  
21             effect immediately so that funds may be distributed more quickly and  
22             efficiently to combat the opioid epidemic.

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

24       (1) No person engaged in sales at retail shall display hypodermic syringes or needles in  
25             any portion of the place of business which is open or accessible to the public.

26       (2) Pharmacies offering retail sale of hypodermic syringes or needles shall make  
27             available:

- 1 (a) Written or electronic educational materials on safe and proper disposal of  
2 hypodermic needles and syringes;
- 3 (b) Written or electronic educational or referral information for syringe exchange  
4 service programs and substance use disorder treatment; and
- 5 (c) A verbal, physical, or electronic offer to provide a prescription for an opioid  
6 antagonist as defined in Section 3 of this Act~~[naloxone prescription for~~  
7 ~~opioid overdose]~~.
- 8 (3) Nothing in this section shall apply to the sale of hypodermic syringes or  
9 needles dispensed as a prescription or in conjunction with a prescription  
10 medication that requires reconstitution or administration with a syringe.
- 11 (4) Any physician, other licensed medical person, hospital, or clinic disposing of  
12 hypodermic syringes or needles shall render the instrument incapable of further use.
- 13 ➔Section 3. KRS 217.186 is amended to read as follows:
- 14 (1) As used this section, "opioid antagonist" means naloxone or any other United  
15 States Food and Drug Administration-approved drug designed to reverse the  
16 effects of an opioid overdose.
- 17 (2) A licensed health-care provider who, acting in good faith, directly or by standing  
18 order, prescribes or dispenses an opioid antagonist~~[the drug naloxone]~~ to a person  
19 or agency who, in the judgment of the health-care provider, is capable of  
20 administering the drug for an emergency opioid overdose, shall not, as a result of  
21 his or her acts or omissions, be subject to disciplinary or other adverse action under  
22 KRS Chapter 311, 311A, 314, or 315 or any other professional licensing statute. As  
23 used in this subsection, "licensed health-care provider" includes a pharmacist as  
24 defined in KRS 315.010 who holds a separate certification issued by the Kentucky  
25 Board of Pharmacy authorizing the initiation of the dispensing of an opioid  
26 antagonist~~[naloxone]~~ under subsection (6)~~[(5)]~~ of this section.
- 27 (3)~~[(2)]~~ A prescription for an opioid antagonist~~[naloxone]~~ may include authorization

1 for administration of the drug to the person for whom it is prescribed by a third  
2 party, if the prescribing instructions indicate the need for the third party, upon  
3 administering the drug, to immediately notify a local public safety answering point  
4 of the situation necessitating the administration.

5 ~~(4)~~~~(3)~~ A person or agency, including a peace officer, jailer, firefighter, paramedic, or  
6 emergency medical technician or a school employee authorized to administer  
7 medication under KRS 156.502, may:

- 8 (a) Receive a prescription for an opioid antagonist~~[the drug naloxone]~~;
- 9 (b) Possess an opioid antagonist ~~[naloxone]~~ pursuant to this subsection and any  
10 equipment needed for its administration; and
- 11 (c) Administer an opioid antagonist~~[naloxone]~~ to an individual suffering from an  
12 apparent opiate-related overdose.

13 ~~(5)~~~~(4)~~ A person acting in good faith who administers an opioid  
14 antagonist~~[naloxone]~~ received under this section shall be immune from criminal  
15 and civil liability for the administration, unless personal injury results from the  
16 gross negligence or willful or wanton misconduct of the person administering the  
17 drug.

18 ~~(6)~~~~(5)~~ (a) The Board of Pharmacy, in consultation with the Kentucky Board of  
19 Medical Licensure, shall promulgate administrative regulations to establish  
20 certification, educational, operational, and protocol requirements to  
21 implement this section.

- 22 (b) Administrative regulations promulgated under this subsection shall:
- 23 1. Require that any dispensing under this section be done only in  
24 accordance with a physician-approved protocol and specify the  
25 minimum required components of any such protocol;
- 26 2. Require~~[Include a required mandatory]~~ education ~~[requirement]~~ as to the  
27 mechanism and circumstances for the administration of an opioid



1                    antagonist~~[naloxone]~~ for the person to whom an opioid antagonist~~[the~~  
2                    ~~naloxone]~~ is dispensed; and

3                    3. Require that a record of the dispensing be made available to a physician  
4                    signing a protocol under this subsection, if desired by the physician.

5                    (c) Administrative regulations promulgated under this subsection may include:

6                    1. A supplemental educational or training component for a pharmacist  
7                    seeking certification under this subsection; and

8                    2. A limitation on the forms of the opioid antagonist~~[naloxone]~~ and means  
9                    of its administration that may be dispensed pursuant to this subsection.

10                    ~~(7)(6)~~ (a) The board of each local public school district and the governing body of  
11                    each private and parochial school or school district may permit a school to  
12                    keep an opioid antagonist~~[naloxone]~~ on the premises and regulate the  
13                    administration of an opioid antagonist~~[naloxone]~~ to any individual suffering  
14                    from an apparent opiate-related overdose.

15                    (b) In collaboration with local health departments, local health providers, and  
16                    local schools and school districts, the Kentucky Department for Public Health  
17                    shall develop clinical protocols to address supplies of an opioid antagonist~~[~~  
18                    ~~naloxone]~~ kept by schools under this section and to advise on the clinical  
19                    administration of an opioid antagonist~~[naloxone]~~.

20                    ~~(8)(7)~~ Notwithstanding any provision of law to the contrary, a pharmacist may utilize  
21                    the protocol established by this section to dispense an opioid antagonist~~[naloxone]~~  
22                    to any person or agency who, as part of a harm reduction program, provides  
23                    training to the public on the mechanism and circumstances for the administration of  
24                    an opioid antagonist~~[naloxone to the public as part of a harm reduction program]~~,  
25                    regardless of whom the ultimate user of the opioid antagonist~~[naloxone]~~ may be.  
26                    The documentation of the dispensing of an opioid antagonist~~[naloxone]~~ to any  
27                    person or agency operating a harm reduction program shall satisfy any general

- 1 documentation or recording requirements found in administrative regulations
- 2 regarding legend drugs promulgated pursuant to this chapter.