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H.393

Introduced by Representatives Rachelson of Burlington and Colburn of  
Burlington

Referred to Committee on

Date:

Subject: Human services; substance use disorder; opioid antagonist

Statement of purpose of bill as introduced: This bill proposes to expand the  
distribution and availability to opioid antagonists within a community.

An act relating to expanding the distribution and availability of opioid  
antagonists

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 18 V.S.A. § 4240 is amended to read:

§ 4240. PREVENTION AND TREATMENT OF OPIOID-RELATED  
OVERDOSES

(a) As used in this section:

(1) “Health care professional” means a physician licensed pursuant to  
26 V.S.A. chapter 23 or 33, a physician assistant licensed to prescribe and  
dispense prescription drugs pursuant to 26 V.S.A. chapter 31, an advanced  
practice registered nurse authorized to prescribe and dispense prescription

1 drugs pursuant to 26 V.S.A. chapter 28, or a pharmacist licensed pursuant to  
2 26 V.S.A. chapter 36.

3 (2) "Opioid antagonist" means a drug that, when administered, negates  
4 or neutralizes in whole or part the pharmacological effects of an opioid in the  
5 body.

6 (3) "Victim" means the person who has overdosed on an opioid drug or  
7 who is believed to have overdosed on an opiate drug.

8 (b) For the purpose of addressing prescription and nonprescription opioid  
9 overdoses in Vermont, the Department shall develop and implement a  
10 prevention, intervention, and response strategy, depending on available  
11 resources, that shall:

12 (1) provide educational materials on opioid overdose prevention to the  
13 public free of charge, including to substance abuse treatment providers, health  
14 care providers, opioid users, and family members of opioid users;

15 (2) increase community-based prevention programs aimed at reducing  
16 risk factors that lead to opioid overdoses;

17 (3) increase timely access to treatment services for opioid users,  
18 including medication-assisted treatment;

19 (4)(A) educate substance abuse treatment providers on methods to  
20 prevent opioid overdoses;

1           (B) provide education and training on overdose prevention,  
2           intervention, and response to individuals living with opioid addiction and  
3           participating in opioid treatment programs, syringe exchange programs,  
4           residential drug treatment programs, or correctional services;

5           (5) facilitate overdose prevention, drug treatment, and addiction  
6           recovery services by implementing and expanding hospital referral services for  
7           individuals treated for an opioid overdose; and

8           (6) develop a statewide opioid antagonist ~~pilot~~ program for the benefit  
9           of individuals with a history of opioid misuse that emphasizes access to opioid  
10           antagonists ~~to and for the benefit of individuals with a history of opioid use by~~  
11           individuals with a history of opioid misuse, friends and family members of an  
12           individual with a history of opioid misuse, emergency medical responders, law  
13           enforcement officers, community agencies serving individuals with a history of  
14           opioid misuse, school nurses, and employees of private businesses and  
15           government entities who are likely to serve or come in contact with individuals  
16           who have a history of opioid misuse.

17           (c)(1) A health care professional acting in good faith and within his or her  
18           scope of practice may directly or by standing order prescribe, dispense, and  
19           distribute an opioid antagonist to the following persons, provided the person  
20           has been educated about opioid-related overdose prevention and treatment in a  
21           manner approved by the Department:

1 (A) a person at risk of experiencing an opioid-related overdose; or

2 (B) a family member, friend, or other person in a position to assist a

3 person at risk of experiencing an opioid-related overdose, including:

4 (i) emergency medical responders;

5 (ii) law enforcement officers;

6 (iii) community agencies serving individuals with a history of

7 opioid misuse;

8 (iv) school nurses; and

9 (v) employees of private businesses and government entities who  
10 are likely to serve or come in contact with individuals who have a history of  
11 opioid misuse.

12 (2) A health care professional who prescribes, dispenses, or distributes  
13 an opioid antagonist in accordance with subdivision (1) of this subsection shall  
14 be immune from civil or criminal liability with regard to the subsequent use of  
15 the opioid antagonist, unless the health professional's actions with regard to  
16 prescribing, dispensing, or distributing the opioid antagonist constituted  
17 recklessness, gross negligence, or intentional misconduct. The immunity  
18 granted in this subdivision shall apply whether or not the opioid antagonist is  
19 administered by or to a person other than the person for whom it was  
20 prescribed.

1           (d)(1) A person may administer an opioid antagonist to a victim if he or she  
2 believes, in good faith, that the victim is experiencing an opioid-related  
3 overdose.

4           (2) After a person has administered an opioid antagonist pursuant to  
5 subdivision (1) of this subsection (d), he or she shall immediately call for  
6 emergency medical services if medical assistance has not yet been sought or is  
7 not yet present.

8           (3) A person shall be immune from civil or criminal liability for  
9 administering an opioid antagonist to a victim pursuant to subdivision (1) of  
10 this subsection unless the person's actions constituted recklessness, gross  
11 negligence, or intentional misconduct. The immunity granted in this  
12 subdivision shall apply whether or not the opioid antagonist is administered by  
13 or to a person other than the person for whom it was prescribed.

14           (e) A person acting on behalf of a community-based overdose prevention  
15 program or a licensed pharmacist shall be immune from civil or criminal  
16 liability for providing education on opioid-related overdose prevention or for  
17 purchasing, acquiring, distributing, or possessing an opioid antagonist unless  
18 the person's actions constituted recklessness, gross negligence, or intentional  
19 misconduct.

20           (f) Any health care professional who treats a victim and who has  
21 knowledge that the victim has been administered an opioid antagonist within

1 the preceding 30 days shall refer the victim to professional substance abuse  
2 treatment services.

3 Sec. 2. EFFECTIVE DATE

4 This act shall take effect on July 1, 2019.