H.212

Introduced by Representatives Rachelson of Burlington, Cina of Burlington, James of Manchester, Lippert of Hinesburg, Stebbins of Burlington, and Troiano of Stannard

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 of opioid antagonists.

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

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

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

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

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

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

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

(4)(A) educate substance abuse treatment providers on methods to 
prevent opioid overdoses;
(B) provide education and training on overdose prevention, intervention, and response to individuals living with opioid addiction and participating in opioid treatment programs, syringe exchange programs, residential drug treatment programs, or correctional services;

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

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

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

(B) a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose, including:

(i) emergency medical responders;

(ii) law enforcement officers;

(iii) community agencies serving individuals with a history of opioid misuse;

(iv) school nurses; and

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

(2) A health care professional who prescribes, dispenses, or distributes an opioid antagonist in accordance with subdivision (1) of this subsection shall be immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the health professional’s actions with regard to prescribing, dispensing, or distributing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed.
(d)(1) A person may administer an opioid antagonist to a victim if he or she believes, in good faith, that the victim is experiencing an opioid-related overdose.

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

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

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

(f) Any health care professional who treats a victim and who has knowledge that the victim has been administered an opioid antagonist within
the preceding 30 days shall refer the victim to professional substance abuse

treatment services.

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2021.