

SB

23

<TARGET><BILL>SB 23</BILL><SUBJECT>SB
23</SUBJECT><COMM>HHSS29</COMM></TARGET>

ALASKA STATE LEGISLATURE



SENATOR JOHNNY ELLIS

SPONSOR STATEMENT – SENATE BILL 23

SB 23 – An act relating to immunity for prescribing, providing, or administering overdose drugs.

Heroin and opioid pain reliever (OPR) use and abuse constitute a dangerous and growing public health threat throughout Alaska, yet one of the medical tools to reverse opioid overdoses is currently unavailable when needed most. Senate Bill 23 removes civil liabilities from doctors who prescribe, and trained bystanders who administer naloxone, or Narcan, an opiate antidote which reverses opiate drug overdoses thereby saving the life of the victim.

Although naloxone is a prescription drug, it is not a controlled substance and has no abuse potential. It is most commonly injected intravenously for fastest action, or in a nasal spray, which usually causes the drug to act within a minute, and last up to 90 minutes. A 2002–2004 study referenced by the Centers for Disease Control (CDC) found that 50 naloxone programs nationwide had reversed more than 10,000 overdoses.

Recently, the American Medical Association endorsed the training of lay people in the use of naloxone to prevent overdoses, and the U.S. Drug Czar remarked that naloxone distribution is a key component of overdose prevention. 27 other states and the District of Columbia have passed naloxone access laws as a result of growing opioid use and overdose rates. That's up from 18 in 2013 and just eight in 2012.

OPR and heroin overdoses constitute a growing public health threat nationally, and have reached a crisis level in Alaska. According to the Alaska State Troopers' 2014 Annual Drug Report, there has been a resurgence of heroin and other opiate use and abuse in the last few years, identifying an increase in heroin abuse and the continued abuse of other opiates as significant concerns in both urban and rural Alaska. Lieutenant Rex Leath, deputy commander of the troopers' Statewide Drug Enforcement Unit commented upon reviewing the report that, "the whole state has been really adamant that they feel like heroin is taking over their neighborhoods. Heroin, it literally is killing our kids."

The Anchorage Police Department (APD) reported a 94% increase in heroin seizures in 2013, and heroin-related overdoses are now claiming more young lives than traffic fatalities.

Last year, the Legislature wisely passed HB 369 referred to as the "Make the Call" Good Samaritan bill, offering a restriction from prosecution to those who alert the authorities when someone they're with experiences an overdose. SB 23 further addresses Alaska's opioid abuse epidemic by removing some legal barriers to the timely administration of naloxone.

While rehabilitation and drug enforcement are still critical to stemming the tide of this epidemic, SB 23 gives Alaskans who need it a vital tool that could save Alaskan lives. I strongly urge you to join in support of Senate Bill 23.

ALASKA STATE LEGISLATURE

While in Session
State Capitol
Juneau, AK 99801
(907) 465-3704
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While in Anchorage
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SENATOR JOHNNY ELLIS

Senate Bill 23 - Sectional Analysis Version E

Section 1. Amends AS 09.65 by adding a new section (09.65.340) to give immunity for prescribing, providing, or administering an opioid overdose drug

Subsection (a) exempts a person from civil liability if providing or prescribing an opioid overdose drug if the prescriber or provider is a health care provider or an employee of an opioid overdose program and the person has been educated and trained in the proper emergency use and administration of the opioid overdose drug

Subsection (b) except as provided in (c) exempts a person who administers an opioid overdose drug to another person who the person reasonably believes is experiencing an opioid overdose emergency if the person

1. Was prescribed or provided the drug by a health care provider or opioid overdose program and
2. Received education and training in the proper emergency use and administration

Subsection (c) does not preclude liability for civil damages that are a result of gross negligence or reckless or intentional misconduct

Subsection (d) defines

1. "health care provider" as a licensed physician, advanced nurse practitioner, physician assistant, village health aide, or pharmacist operating within the scope of the health care provider's authority;
2. "opioid" includes the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140
3. "opioid overdose drug" means a drug that reverses in whole or part the pharmacological effects of an opioid overdose
4. "opioid overdose program" means a program operated or otherwise funded by the federal government, the state, or a municipality that provides opioid overdose drugs to persons at risk of experiencing an opioid overdose or to a family member, friend, or other person in a position to assist a person at risk of experiencing an overdose.

ALASKA STATE LEGISLATURE

While in Session
State Capitol
Juneau, AK 99801
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SENATOR JOHNNY ELLIS

Senate Bill 23 – Explanation of Changes Version A to Version E

Section 1, subsection d (4) and Section 2, subsection d (4) changed the definition of “opioid overdose program” so that it is not limited to federal, state or municipal funded programs
Added a new section

Subsection a authorizes health care providers to prescribe an opioid overdose drugs directly or by standing order or protocol to a person at risk of experiencing an opioid overdose or to a family member, friend, caregiver, or other person in a position to administer the drug to a person at risk of experiencing an overdose.

Subsection b authorizes an employee or volunteer of an opioid overdose program to receive a supply, possess and provide opioid overdose drugs to persons at risk of experiencing an opioid overdose or to a family member, friend, caregiver, or other person in a position to administer the opioid overdose drug to a person at risk of experiencing an overdose.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101


State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

March 18, 2015

SUBJECT: Department of Corrections liability
(CSSB 23(); Work Order No. 29-LS0058\W)

TO: Senator Johnny Ellis
Attn: Amory Lelake

FROM: Megan A. Wallace 
Legislative Counsel

You have asked for an opinion as to whether the Department of Corrections would benefit from the provisions of CSSB 23() if enacted.

As an initial matter, please note that AS 09.50.250 governs civil claims brought against the state. The state is immune under AS 09.50.250 for failure to exercise or perform a discretionary function. Accordingly, as it relates to administering an opioid overdose drug, the Department of Corrections may benefit from the discretionary immunity enjoyed by the state.

Under CSSB 23(), an employee working for the Department of Corrections would be able to obtain and administer an opioid overdose drug if the employee successfully completes the training program approved by the Department of Health and Social Services. (*See* sec. 1, AS 17.23.010.) Furthermore, in addition to the discretionary immunity potentially available under AS 09.50.250, if an employee working for the Department of Corrections successfully completes the training program approved by the Department of Health and Social Services, a claim may not be brought against that individual for an act or omission relating to the administration of an opioid overdose drug in good faith in an emergency situation.¹ (*See* sec. 1, AS 17.23.040(a).) An employee working for the Department of Corrections would not be immune from a claim for gross negligence or reckless or intentional misconduct. (*See* sec. 1, AS 17.23.040(c).)

In summary, so long as the Department of Corrections employees are trained under the training program approved by the Department of Health and Social Services, its employees would benefit from the provisions of CSSB 23() if enacted.

¹ A claim may also not be brought against an individual for an act or omission relating to prescribing or providing the opioid overdose drug under specified circumstances. (*See* sec. 1, AS 17.23.040(b).)

Senator Johnny Ellis
March 18, 2015
Page 2

If you have any additional questions, please advise.

MAW:lem
15-176.lem

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
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Mail Stop 3101

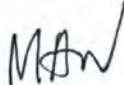
State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

January 28, 2016

SUBJECT: "Regulatory immunity"
(CSSB 23(JUD); Work Order No. 29-LS0058\E)

TO: Representative Paul Seaton
Attn: Taneeka Hansen

FROM: Megan A. Wallace 
Legislative Counsel

You have asked whether "regulatory immunity" should be added to the above-referenced bill. The bill is currently drafted to provide immunity from civil damages to any person in an action relating to an act or omission in prescribing or providing an opioid overdose drug, except if the act or omission was the result of gross negligence or reckless or intentional misconduct. As such, the bill provides immunity from civil damages to health care providers, but the bill does not address whether regulatory action may be taken.

I am unaware of any "regulatory liability" that could be imposed against a health care provider, or any other person, as the result of an act or omission in prescribing or providing an opioid overdose drug. Do you mean disciplinary action against a professional licensee? It is certainly possible that a person could file a complaint with the regulatory board or commission overseeing a health care provider relating to an incident involving an act or omission in prescribing or providing an opioid overdose drug. That complaint would be handled in the ordinary course with that board or commission. Other than an administrative action that could be imposed by a board or commission, such as disciplinary action or license suspension or revocation, I am unaware of any "regulatory liability" that could be imposed against the health care provider. Accordingly, it is my opinion that "regulatory liability" does not need to be added to the bill.

Nevertheless, if you wish to make health care providers, or other persons, immune from regulatory discipline relating to an act or omission in prescribing or providing an opioid overdose drug, it is possible to add that to the bill, but this language would likely need to be added to the statutes governing the various boards and commissions, not to AS 09.65.340.

Please let me know if you have any questions or if I can be of further assistance.

MAW:dla
16-065.dla

AMENDMENT

OFFERED IN THE HOUSE

TO: CSSB 23(JUD)

Sponsor: Representative Secaton

- 1 Page 2, line 20, following "assistant,":
- 2 Insert "nurse,"
- 3
- 4 Page 3, line 15, following "assistant,":
- 5 Insert "nurse,"

AMENDMENT

OFFERED IN THE HOUSE

TO: CSSB 23(JUD)

Sponsored by: Rep Seaton

1 Page 2, line 5, following "program":

2 Insert "; education and training under this paragraph may be provided by any
3 reasonable means, including through the use of electronic, video, or automated education or
4 training resources"

5

6 Page 2, line 15, following "program":

7 Insert "; education and training under this paragraph may be provided by any
8 reasonable means, including through the use of electronic, video, or automated education or
9 training resources"

AMENDMENT

OFFERED IN THE HOUSE

TO: CSSB 23(JUD)

Sponsored by rep Seaton

1 Page 1, line 1, following "Act":

2 Insert **"relating to the practice of pharmacy; relating to the dispensing of opioid**
3 **overdose drugs by a pharmacist; and"**

4

5 Page 1, following line 3:

6 Insert new bill sections to read:

7 **"* Section 1.** AS 08.80.030(b) is amended to read:

8 (b) In order to fulfill its responsibilities, the board has the powers necessary
9 for implementation and enforcement of this chapter, including the power to

10 (1) elect a president and secretary from its membership and adopt rules
11 for the conduct of its business;

12 (2) license by examination or by license transfer the applicants who are
13 qualified to engage in the practice of pharmacy;

14 (3) assist the department in inspections and investigations for
15 violations of this chapter, or of any other state or federal statute relating to the practice
16 of pharmacy;

17 (4) adopt regulations to carry out the purposes of this chapter;

18 (5) establish and enforce compliance with professional standards and
19 rules of conduct for pharmacists engaged in the practice of pharmacy;

20 (6) determine standards for recognition and approval of degree
21 programs of schools and colleges of pharmacy whose graduates shall be eligible for
22 licensure in this state, including the specification and enforcement of requirements for
23 practical training, including internships;

1 (7) establish for pharmacists and pharmacies minimum specifications
2 for the physical facilities, technical equipment, personnel, and procedures for the
3 storage, compounding, and dispensing of drugs or related devices, and for the
4 monitoring of drug therapy;

5 (8) enforce the provisions of this chapter relating to the conduct or
6 competence of pharmacists practicing in the state, and the suspension, revocation, or
7 restriction of licenses to engage in the practice of pharmacy;

8 (9) license and regulate the training, qualifications, and employment of
9 pharmacy interns and pharmacy technicians;

10 (10) issue licenses to persons engaged in the manufacture and
11 distribution of drugs and related devices;

12 (11) establish and maintain a controlled substance prescription
13 database as provided in AS 17.30.200;

14 (12) establish standards for the independent administration by a
15 pharmacist of vaccines and related emergency medications under AS 08.80.168,
16 including the completion of an immunization training program approved by the board;

17 **(13) establish standards for the independent dispensing by a**
18 **pharmacist of an opioid overdose drug under AS 17.20.085, including the**
19 **completion of an opioid overdose training program approved by the board.**

20 * **Sec. 2.** AS 08.80.168(b) is amended to read:

21 (b) In this section,

22 **(1) "opioid overdose drug" has the meaning given in AS 17.20.085;**

23 **(2) "related emergency medication" includes an epinephrine injection**
24 **or other medication for the treatment of a severe allergic reaction to a vaccine.**

25 * **Sec. 3.** AS 08.80.168 is amended by adding a new subsection to read:

26 (c) A pharmacist may independently dispense an opioid overdose drug if the
27 pharmacist has completed an opioid overdose drug training program approved by the
28 board and otherwise complies with the standards established by the board under
29 AS 08.80.030(b).

30 * **Sec. 4.** AS 08.80.480(27) is amended to read:

31 (27) "practice of pharmacy" means the interpretation, evaluation, and

1 dispensing of prescription drug orders in the patient's best interest; participation in
2 drug and device selection, drug administration, drug regimen reviews, and drug or
3 drug-related research; provision of patient counseling and the provision of those acts
4 or services necessary to provide pharmaceutical care; the administration of vaccines
5 and related emergency medication; **the independent dispensing of opioid overdose**
6 **drugs**; and the responsibility for compounding and labeling of drugs and devices
7 except labeling by a manufacturer, repackager, or distributor of nonprescription drugs
8 and commercially packaged legend drugs and devices; proper and safe storage of
9 drugs and devices; and maintenance of proper records for them;"

10

11 Page 1, line 4:

12 Delete "**Section 1**"

13 Insert "**Sec. 5**"

14

15 Renumber the following bill section accordingly.

29-LS1412A
Wallace
2/3/16

HOUSE CONCURRENT RESOLUTION NO.
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY

Introduced:
Referred:

A RESOLUTION

1 **Suspending Rules 24(c), 35, 41(b), and 42(e), Uniform Rules of the Alaska State**
2 **Legislature, concerning Senate Bill No. 23, relating to opioid overdose drugs and to**
3 **immunity for prescribing, providing, or administering opioid overdose drugs.**

4 **BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 That under Rule 54, Uniform Rules of the Alaska State Legislature, the provisions of
6 Rules 24(c), 35, 41(b), and 42(e), Uniform Rules of the Alaska State Legislature, regarding
7 changes to the title of a bill, are suspended in consideration of Senate Bill No. 23, relating to
8 opioid overdose drugs and to immunity for prescribing, providing, or administering opioid
9 overdose drugs.

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: SB 23
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB23CS(JUD)-DOC-HRS-01-22-16
Title: IMMUNITY FOR PROVIDING OPIOID OD DRUG
Sponsor: ELLIS
Requester: (H)Health & Social Services

Department: Department of Corrections
Appropriation: Health and Rehabilitation Services
Allocation: Health and Rehabilitation Director's Office
OMB Component Number: 3097

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2017 Appropriation Requested	Included in Governor's FY2017 Request	Out-Year Cost Estimates					
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
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Estimated SUPPLEMENTAL (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency?
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Prepared By:	April Wilkerson	Phone:	(907)465-3460
Division:	Administrative Services - Department of Corrections	Date:	01/22/2016 04:00 PM
Approved By:	Remond Henderson, Deputy Commissioner	Date:	01/22/16
Agency:	Department of Corrections		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

BILL NO. CSSB023(JUD)

Analysis

This legislation amends AS 09.65 by adding a new section to grant immunity from civil damages, except in cases of gross negligence or intentional misconduct, to persons prescribing, providing or administering an opioid overdose drug to a person at risk of experiencing an opioid overdose.

Passage of this new section will allow employees of the Department of Corrections to obtain and administer an opioid overdose drug if the employee has successfully completed a training program approved by the Department of Health and Social Services.

The Department of Corrections does not anticipate a significant fiscal impact with passage of this legislation and the additional training requirements therefore is submitting a zero fiscal note.

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: SB 23
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB23CS(JUD)-DCCED-CBPL-01-22-16
Title: IMMUNITY FOR PROVIDING OPIOID OD DRUG
Sponsor: ELLIS
Requester: (H) Health & Social Services

Department: Department of Commerce, Community and
Economic Development
Appropriation: Corporations, Business and Professional
Licensing
Allocation: Corporations, Business and Professional
Licensing
OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2017	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2017 Request	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Updated to 2016 form, updated analysis.

Prepared By: Janey Hovenden, Division Director	Phone: (907)465-2536
Division: Corporations, Business and Professional Licensing	Date: 01/22/2016 05:00 PM
Approved By: Catherine Reardon, Director	Date: 01/22/16
Agency: Division of Administrative Services, DCCED	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2016 LEGISLATIVE SESSION

BILL NO. CSSB023(JUD)

Analysis

SB23 amends AS 09.65 by adding a new section to grant immunity from civil damages, except in cases of gross negligence or intentional misconduct, to persons prescribing, providing or administering an opioid overdose drug to a person at risk of experiencing an opioid overdose.

The Division of Corporations, Business, and Professional Licensing does not anticipate fiscal impact from this legislation.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	SB 23
Fiscal Note Number:	2
(S) Publish Date:	3/25/2015

Identifier: SB023-DCCED-CBPL-03-14-15
 Title: IMMUNITY FOR PROVIDING OPIOID OD DRUG
 Sponsor: ELLIS
 Requester: (S) Health and Social Services

Department: Department of Commerce, Community and
Economic Development
 Appropriation: Corporations, Business and Professional
Licensing
 Allocation: Corporations, Business and Professional
Licensing
 OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*

(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*

(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No

If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By:	Janey Hovenden, Director	Phone: (907)465-2538
Division:	Corporations, Business, and Professional Licensing	Date: 03/14/2015 09:55 AM
Approved By:	Catherine Reardon, Director	Date: 03/14/15
Agency:	Division of Administrative Services, DCCED	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

Under SB23, a person is not liable for civil damages resulting from an act or omission in prescribing or providing an opioid overdose drug to a person at risk of experiencing an opioid overdose, under certain conditions.

The Division of Corporations, Business, and Professional Licensing does not anticipate fiscal impact from this legislation.



THE STATE
of **ALASKA**

GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2550
Fax: 907.465.2974

February 3, 2016

The Honorable Representative Paul Seaton
Chair, House Health & Social Services
State Capitol Room 102
Juneau, AK 99801

Dear Representative Seaton,

During the House Health & Social Services Committee hearings on January 26th we were asked to follow up on questions concerning SB23:

What, if any, are the regulatory impacts that would permit licensees to be disciplined for complying with the provisions of the bill?

After consulting with the Medical, Nursing, and Pharmacy Boards, they did not find any regulatory impacts that would permit licensees to be disciplined for complying with the provisions of the bill, except as allowed for under:

(c) This section does not preclude liability for civil damages that are the result of gross negligence or reckless or intentional misconduct.

We believe this completes the follow up from the questions posed to the Department. If you or any members of the committee have further questions or require additional information about anything provided here, please contact my special assistant Micaela Fowler at 465-2503.

Sincerely,

A handwritten signature in black ink, appearing to read "Janey Hevenden".

Janey Hevenden
Director, Corporations, Business, and Professional Licensing



Alaska Nurse Practitioner Association
3701 East Tudor Road, Suite #208
Anchorage, Alaska 99507
907.222.6847

Senator Johnny Ellis
State Capitol Building
Juneau, AK 99801
907-465-3704

Senator Ellis:

The Alaska Nurse Practitioner Association (ANPA) represents Alaskan nurse practitioners (NPs) who provide health care services throughout Alaska. NPs frequently work in underserved areas, both urban and rural, and are often the only health care provider in some communities. NPs are dedicated to improving the quality of health and safety for Alaskans.

ANPA members are acutely aware of the profound effects of drug/alcohol abuse and injury in their communities. ANPA strongly supports Senate bill 23 entitled "An act relating to immunity for prescribing, providing, or administering over dose drugs." These health care providers will be able to educate patients and family members on the safe and effective use of these medications such that individuals closest to the person at risk can initiate life-saving intervention if needed.

According to the U.S. Department of Justice Drug Enforcement Agency in 2015 National Drug Threat Assessment Summary over 120 people die in the US daily from drug overdose. Additionally, the number of deaths from controlled prescription drugs has increased at an alarming rate. There is evidence that individuals using controlled prescription drugs are transitioning to less expensive heroin use. For these reasons opiod prescription durgs and heroin are ranked as the most significant drug threats in the United States (US Dept. of Justice 2015 report.)

In Alaska, the problem is wide-spread and affects individuals across all socioeconomic borders, both rural and urban. A situation which poses a huge burden on our health care system, health care providers, and individuals in our communities. Senate Bill 23 will be beneficial for the individual afflicted with addiction but will also benefit health care providers who will have an effective tool to fight this life threatening disorder.



A N P A

Alaska Nurse Practitioner Association
3701 East Tudor Road, Suite #208
Anchorage, Alaska 99507
907.222.6847

We do not wait for the house to burn down before we call the fire department. We do not wait for a diabetic to be in hyperglycemic coma to initiate treatment. Addiction is a treatable disease but the patient needs to be alive to receive treatment. Passing SB 23 is a step towards providing a safe route back to a healthy, productive life for our communities.

We respectfully request that the Alaska Legislature pass SB 23. Thank you and if you have any questions please contact us.

Sincerely,

Shannon C. Hilton, ANP, ACNS
President
Alaska Nurse Practitioner Association
shannonhiltonanp@gmail.com

Hull-Jilly, D., Frasens, T., Gebru, B., &Boegli, K. (2015) Health Impacts of Heroin use in Alaska.
Released July 14, 2015

http://www.epi.alaska.gov/bulletins/docs/r2015_01.pdf

US Department of Justice Drug Enforcement Administration: 2015 National Drug Threat
Assessment Surve. <http://www.dea.gov/docs/2015%20NDTA%20report.pdf>

w w w . a l a s k a n p . o r g

Testimony for Public Hearings
House Health and Social Services Committee
25 January 2016

Megan Ritter, M.D.
UAA WWAMI School of Medical Education
3211 Providence Drive, HSB Rm 301K
Anchorage, Alaska 99508

S.B. 23 An Act relating to opioid overdose drugs and to immunity for prescribing, providing, or administering opioid overdose drugs

Good morning Health and Social Services Committee members. My name is Megan Ritter and I am an Alaskan physician and associate professor at the UAA WWAMI School of Medical Education. The Anchorage WWAMI program is the Alaska-based regional medical school for the University of Washington, School of Medicine. Future physicians of Alaska receive their training to provide healthcare for all Alaskan community members through this program. As such, the prescription drug and opiate overdose epidemic is of paramount concern to our students and myself.

We are asking for the removal of civil liability from any individual in a position to administer naloxone in cases of suspected opiate overdose. Although medical first responders currently stock this life-saving antidote, non-medical first responders (municipal police officers and state troopers) are often the first to arrive on scene and thus better positioned to first administer naloxone and reverse the deadly effects of opiate overdose.

Removal of civil liability would also allow healthcare providers and addiction treatment programs to provide naloxone to patients, family members and caregivers. Currently, patients that present emergently with accidental opiate overdose are treated and released without a provision to allow access to naloxone. Through discussions with families and loved ones of overdose patients, training and access to naloxone would be greatly appreciated and is clearly indicated. Administration at time of overdose discovery allows for maximal chance of recovery.

We just attended the funeral Thursday of a beautiful and brilliant 21 year old Dean's List UAA student who died from an accidental overdose. At his service, his mom cried "It was just one

mistake. It's not fair, everyone should get one mistake." The overdose epidemic is not confined to the indigent and impoverished. Naloxone allows for a second chance and to learn from mistakes. When given the chance, substance users have recovered and become valuable contributing members of our community with a unique ability to educate and assist others in the grips of this disease.

Passing SB 23 is an important step towards addressing the overdose epidemic gripping our state and nation. We cannot act swiftly enough to mitigate these untimely and tragic deaths.

Thank you for your time and consideration.

Sincerely,



Megan Ritter, M.D., Associate Professor UAA WWAMI School of Medical Education

Caroline Wilson
Kimiko Urata
Jan Isby
Jennifer Woolley
Parker Quimby
Monica Cox
Ellen Dore
Prishanya Pillai
SARAH POGGE
Beverly Khadra
Madigan Stauley
Priyanka Pillai
Robert Merkouris
Mariah Minder
Zachary Fitzgerald
Erik Moore
Carol Paredes
Ashlin Larsen

Caroline Wilson
Kimiko Urata
Jan Isby
Jennifer Woolley
Parker Quimby
Monica Cox
Ellen Dore
Prishanya Pillai
SARAH POGGE
Beverly Khadra
Madigan Stauley
Priyanka Pillai
Robert Merkouris
Mariah Minder
Zachary Fitzgerald
Erik Moore
Carol Paredes
Ashlin Larsen

March 16, 2015

Senator Johnny Ellis
State Capitol Building, Room #7
Juneau, Alaska 99801

RE: Senate Bill No.23 – “An Act relating to immunity for prescribing, providing, or administering Opioid overdose drugs.”

Dear Senator Ellis,

I am a citizen of Anchorage, Alaska and have family members who have substance abuse. I am writing in support of this bill. I think this should not be any further discussion and should become law ASAP. By passing this bill it could save my loved one's life and many others who are inflicted with substance abuse in our State. Most other State's have this in place already and Alaska needs this as well.

I live everyday not knowing if my loved one will be alive due to substance overdose. I need to know that I could save him/her by administering an opioid overdose drug and have immunity for doing so.

It is crystal clear that this bill needs to become law and that we need to continue our efforts to do more for those inflicted with addictions.

I look forward to working with the legislature and continue to be and an advocate for this who suffer with substance abuse in our great State. This is a small piece of much needed work that we all need to do to assist those suffering with addiction. Let's get it done and continue with our fight to help those who need it.

Thank you,

Lisa Reynolds
butter@gci.net
907-440-1179



Anchorage
Police
Department
employees
Association

PO Box 230330
Anchorage, Alaska 99523
(907) 561-7500
www.apdea.org

March 17, 2015

Senator Johnny Ellis
State Capitol Bldg., Room 7
Juneau, AK 99801

Dear Senator Ellis,

I write to you today in support of SB23, "An act relating to immunity for prescribing, providing, or administering overdose drugs."

As the President of the Anchorage Police Department Employees Association, I proudly represent more than 475 employees of the Anchorage Police Department. Our members, sworn and non-sworn alike have experienced an increasing occasion to receive and respond to calls for service involving the illegal use and overdose of opioid based prescription medications and heroin. Our emergency 911 dispatchers answer the calls from citizens whose friends and family members have had a negative affect to an excessive use of a drug. Our officers respond to the scene and either assist with the medical intervention or investigate the untimely deaths of these citizens.

Our officers have seen first hand how effective emergency administration of an opioid overdose drug can be. Many of our officers have arrived at the scene of a reported overdose to find a victim non-responsive and clearly near death. Our public safety counter parts on the paramedic side then administer the overdose drug and the person very quickly recovers; the results are astonishing. The thought of having this life saving drug available to friends and families is very compelling.

While the members of the APDEA do not see this as a final fix for this terrible epidemic, we do support the idea of providing this as an option to be made available to help those along the road to recovery from addition to these terrible drugs. Drug enforcement and rehabilitation should still be employed as a full scale response.

Thank you for your collective efforts on this important issue. Please let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gerard Asselin".

Sgt. Gerard Asselin
President
APDEA

From: Jeanne Molitor [REDACTED]
Sent: Friday, January 08, 2016 4:19 PM
To: Rep. Paul Seaton <Rep.Paul.Seaton@akleg.gov>
Subject: Support HB23

I have been a nurse for 3years. 24 of those years were spent in Emergency Rooms. 20 of those 24 years were in an Anchorage ER. The heroin epidemic has hit everyone hard on every front. From Loved ones dying, to thefts from users trying to feed their habit, to the rehab facilities that are either non-existent in Alaska or overflowing with the addicts from this epidemic. One step is to legalize and protect those that might been a situation to save a life verses watch one wither away. Intranasal Naloxone is a simple way to save a life. Save the ambulance bill, keep them out of our ER's. Support this bill. My best friend's son died of a heroin overdose. They lived across the street. Two kids two houses from me supplied him with the heroin he died using. I l've in a middle class home one block from Service High. This epidemic hits us all. This is one small step in acknowledging the problem and moving towards dealing with it; all the other actions that need to be taken are much bigger and expensive. This does not cost the State anything; it will save money in ambulance and ER visits. Jeanne

From: Meganrittermd [REDACTED]
Sent: Friday, January 15, 2016 11:26 PM
To: Rep. Paul Seaton <Rep.Paul.Seaton@akleg.gov>
Subject: SB23 support

Good evening Representative Seaton,

I am an Anchorage physician with a strong interest in advocating for SB23 and any additional legislation which addresses the current drug overdose epidemic devastating our state and nation. I am also a faculty member at the WWAMI School of Medical Education and have medical students interested in working on approaches to battle this deadly issue as well.

For prescribed drug overdoses, the initiating event is a physician prescription. Considering enacting e-prescribing for controlled substances with the intent that physicians would then prescribe smaller quantities, resulting in fewer pills in our communities, is a consideration. Patients in pain struggle to travel to physician offices for hard copy prescriptions to take to a pharmacy. And physicians are aware of this hurdle for their patients and are inclined to balance prescription quantity with compassion for their patients' pain and mobility status. With diffuse physician education and strong recommendations to prescribe smaller quantities, e-prescribing could lessen the flood of unused prescribed controlled substances into our communities.

Secured and monitored lock boxes in offices which hand out controlled substance prescriptions would allow for patients to conveniently return leftover medications to their physicians. And physicians and staff could be trained to query patients on their usage and return of leftover meds. I believe California has a system similar to this in place. Currently, there is little to no discussion with patients or convenient systems in place regarding the disposal of unused controlled substances. This an area ripe for change.

Having all state troopers and police officers carry naloxone and be trained in the simple administration could save precious time and lives in the increasing cases of opioid overdoses, as police officers are often the first to arrive on scene before paramedics and medical first responders.

Pharmacy dispensation of naloxone without a prescription would allow families of opiate users the chance to have this life-saving antidote available at home for immediate administration in overdose cases. Pharmacist counseling and educational material could be required with dispensation.

Additionally, since for many this epidemic begins with a physician's prescription, we could require physicians to educate their patients and family members on the use of naloxone and dangers of overdose whenever they prescribe opioid controlled substances. And have a naloxone prescription issued with each opiate prescription, if naloxone is not already available to them. In essence, we could be better educating the patients and families of overdose risks while removing barriers to obtaining the reversal medication.

All ER overdose patients and families could be discharged with a naloxone prescription and training in its use. After the trauma of an overdose, family members/loved ones would welcome overdose prevention management strategies and information, yet this is not done.

I recognize that not all of these suggestions may be best addressed by state legislation. For that assessment, I rely on you and your colleagues for input. I will also notify Senator Ellis of my interest in tackling this pervasive and devastating issue.

Please let me know how I can help advocate for SB23 and any associated legislation.

Thank you for your attention to this epidemic and compassion for the victims and family members affected by it.

Sincerely,

Megan Ritter, MD

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

March 16, 2015

The Honorable Bert Stedman
Alaska State Senate
State Capitol, Room
Juneau AK 99801

RE: Senate Bill 23 – Immunity for Providing Opioid Overdose Drugs

Dear Senator Stedman:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of Alaskans.

ASMA is supportive of Senate Bill 23 providing health care providers immunity from civil liability for providing, prescribing, or administering opioid overdose drugs to a patient at risk of experiencing an opioid overdose emergency. SB 23 will allow health care providers to prescribe opioid overdose drugs and provide the necessary training and education on the proper use and administration of those drugs which should increase the utilization of these lifesaving drugs.

Overdose deaths is a growing national crisis nearly tripling since 1999 and Alaska currently ranks 29th among states for the highest drug overdose mortality rate. Alaska's mortality rate due to drug overdoses was about 11.6 per 100,000 people in 2010, an increase of 55 percent from 1999. ASMA is committed to working on responsible strategies for reducing opioid abuse and respectfully request the Alaska Legislature pass SB 23.

Thank you for your consideration of our position and if you have any questions please let me know.

Sincerely,



Michael Haugen
Executive Director
Alaska State Medical Association

The TRUST

The Alaska Mental Health Trust Authority

March 6, 2015

Senator Johnny Ellis
State Capitol Bldg., Room 7
Juneau, AK 99801

RE: Senate Bill 23 – An act relating to immunity for prescribing, providing, or administering opioid overdose drugs

Dear Senator Ellis,

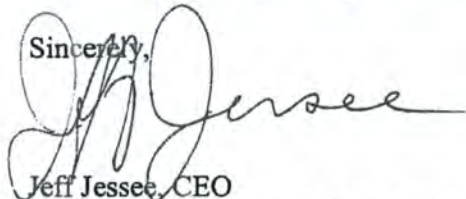
The Alaska Mental Health Trust Authority is pleased to submit this letter in support of SB23, "An act relating to immunity for prescribing, providing, or administering opioid overdose drugs."

The Trust supports programs, services and policy that positively impacts the lives of Trust beneficiaries, those Alaskans who experience a mental illness, substance abuse related disorders, traumatic brain injury, Alzheimer's and Related Dementia (ARD) or developmental disabilities.

The Trust is an advocate of community-based services, treatment and supports for Alaskan's struggling with alcoholism, drug dependence and abuse. Alaskan communities across the state are seeing a rise in the abuse of opioid based prescription medications and access to and abuse of heroin. Alaska has more than twice the rate of prescription overdose deaths in Alaska than compared to the broader U.S. While accidental overdose is an unfortunate risk of dependence and abuse, opioid overdose is reversible when naloxone is administered in a timely manner. We view SB23 as a rational approach to provide immunity for those that are adequately trained to prescribe or administer naloxone which may subsequently reduce the incidence of overdose by increasing availability and administration of this life and death intervention.

We appreciate your effort to reduce barriers to timely and effective interventions for Alaskans struggling with addictions. Thank you for your advocacy on behalf of Trust beneficiaries and we look forward to continuing to work with you on this very important issue.

Sincerely,



Jeff Jessee, CEO

The Alaska Mental Health Trust Authority

**Advisory Board on Alcoholism
and Drug Abuse**



Alaska Mental Health Board

ALASKA MENTAL HEALTH BOARD
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE
431 NORTH FRANKLIN STREET, SUITE 200
JUNEAU, ALASKA 99801
(907) 465-8920

March 17, 2015

Senator Johnny Ellis
Alaska State Capitol Room
Juneau, Alaska 99801

Re: Support for SB 23 – Immunity for Opioid Overdose Drugs

Dear Senator Ellis,

The Advisory Board on Alcoholism and Drug Abuse (ABADA) appreciates your leadership in ensuring that Alaskans experiencing substance use disorders have access to treatment and services. We appreciate that Senate Bill 23 continues those efforts by protecting physicians, emergency responders, and family members who act to prevent deaths through use of Naloxone and/or other medications that counter the effects of opioid overdose.

According to the Centers for Disease Control and Prevention, deaths due to drug overdose have risen steadily over the past twenty years. "Every day, 120 people die as a result of drug overdose, and another 6,748 are treated in emergency departments for the misuse or abuse of drugs." The Alaska Bureau of Vital Statistics reports that, since 2010, 512 people died due to poisoning (the category into which drug overdoses appear). The CDC reports that "nearly 9 out of 10 poisoning deaths are caused by drugs."

ABADA has received public comment in support of increased access to Naloxone and similar medications to prevent overdose deaths. We have also received queries from medical providers about the extent to which they can prescribe these medications under Alaska law and codes professional ethics. There being no clear guidance from the State Medical Board on these issues, we believe that the express policy and protections in Senate Bill 23 are necessary and appropriate.

We appreciate your tireless efforts on behalf of Alaskans experiencing behavioral health disorders and their families – and for all our communities affected by these issues.

Sincerely,

J. Kate Burkhart
Executive Director

cc: Bob Coghill, Chairman ABADA



NARCOTIC DRUG TREATMENT CENTER, INC.
CENTER FOR DRUG PROBLEMS
CHEMICAL SCREENING PROJECT • S.T.O.P. AIDS PROJECT

January 23, 2015

Dear Senator Ellis and colleagues,

The Narcotic Drug Treatment Center, Inc., Center for Drug Problems is a non-profit grant based program that provides opioid addiction treatment for Alaskans. Funding for NDTC, Inc. is distributed by the State of Alaska, Department of Health and Social Services, Division of Behavioral Health. Narcotic Drug Treatment Center, Inc. is accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF).

The Narcotic Drug Treatment Center, Inc. provides comprehensive substance abuse treatment services by a multi-disciplinary team, this includes medication assisted treatment.

Narcotic Drug Treatment Center, Inc. Center for Drug Problems supports Senator Ellis' SB 23, the Opioid Overdose Protection Act, to prevent Alaskans from dying of opioid addiction.

Sincerely,

Ron Greene, CDCS

Clinical Director



A United Way Agency

520 E. 4th Ave., Suite 102 • Anchorage, Alaska 99501 • Phone: (907) 276-6430 • Fax: (907) 276-3637
e-mail: ndtc@ak.net

Introduced by: Dunne
Date: 02/02/16
Action: Adopted
Vote: 9 Yes, 0 No, 0 Absent

**KENAI PENINSULA BOROUGH
RESOLUTION 2016-009**

**A RESOLUTION SUPPORTING SENATE BILL 23 RELATING TO OPIOID
OVERDOSE DRUGS AND TO IMMUNITY FOR PRESCRIBING, PROVIDING, OR
ADMINISTERING OPIOID OVERDOES DRUGS**

WHEREAS, heroin and opioid pain reliever abuse constitute a dangerous and growing public health threat in the Kenai Peninsula Borough; and

WHEREAS, naloxone is a prescription drug with no abuse potential which is extremely effective in reversing opiate overdoses and this effective medical tool is currently unavailable when needed most; and

WHEREAS, the Center for Disease Control has referenced a 2010 study which found that 48 naloxone programs in 15 states and the District of Columbia have reversed more than 10,000 overdoses since 1996; and

WHEREAS, Senate Bill 23 removes civil liabilities from doctors who prescribe and trained bystanders who administer naloxone to save the life of an opiate overdose victim; and

WHEREAS, Senate Bill 23 further addresses Alaska's opioid abuse epidemic by removing some legal barriers to the timely administration of naloxone;

**NOW, THEREFORE, BE IT RESOLVED BY THE ASSEMBLY OF THE KENAI
PENINSULA BOROUGH:**

SECTION 1. That the Kenai Peninsula Borough Assembly supports Senate Bill 23 and urges the Alaska House of Representatives to pass the bill and Governor Walker to sign the legislation when passed.

SECTION 2. That copies of this resolution shall be delivered to Governor Bill Walker and the Kenai Peninsula Borough Legislative Delegation.

SECTION 3. That this resolution takes effect immediately upon its adoption.

ADOPTED BY THE ASSEMBLY OF THE KENAI PENINSULA BOROUGH THIS 2ND DAY OF FEBRUARY, 2016.


Blaine Gilman, Assembly President

ATTEST:


John Blankenship, MMC, Borough Clerk



Yes: Bagley, Cooper, Dunne, Holmdahl, Johnson, Knopp, Ogle, Welles, Gilman
No: None
Absent: None



ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION

February 2, 2016

Senator Johnny Ellis
State Capitol Room 7
Juneau, AK 99801

Dear Senator Ellis,

The Alaska State Hospital and Nursing Home Association (ASHNHA) is writing this letter in support of SB23: An Act relating to opioid overdose drugs and immunity for prescribing, providing and administering. We are very concerned opioid abuse in Alaska and the increase in deaths from heroin overdose. We believe this bill would make lifesaving opioid overdose medications more accessible to Alaskans in need.

Hospitals are already able to provide opioid overdose drugs to patients at risk, but this law would allow and support health providers in making these medications more available to family and friends of people at risk. We would also support an amendment to allow pharmacists to prescribe and train people in the use and administration of overdose drugs along with the other health providers already included in the bill.

We hope this legislation will also open the dialogue on opioid abuse in Alaska and allow us to consider other opportunities to impact this serious problem. ASHNHA members are willing to work with others to help impact opioid abuse in Alaska.

Please let us know if there is anything we can do to support this legislation moving forward.

Sincerely,

Becky Hultberg
President/CEO

Enacted Legislation

- Controlled Substance/Paraphernalia Possession Protections (22[‡] states & DC)
- Lay Administration Criminal Liability Protections (23 states & DC)
- Lay Administration Civil Liability Protections (20 states & DC)
- Prescriber Criminal Liability Protections (14 states)
- Prescriber Civil Liability Protections (13 states)
- Allows Third Party Prescriptions (24 states)

State Naloxone and Good Samaritan Legislation

as of July 15, 2014

(Please check the individual statute as the language is nuanced and varies from state to state.)

MIDWEST

WEST

SOUTHWEST

SOUTHEAST

NORTHEAST

* Only if person has received training.

† Only applies to 1st responders.

‡ In Utah and Indiana, evidence of providing assistance to someone experiencing an overdose can be presented as a mitigating factor at sentencing to a conviction for possession of a controlled substance and/or paraphernalia. Utah allows evidence of providing assistance to someone experiencing an overdose to be used as an affirmative defense to an allegation of possession of a controlled substance and/or paraphernalia.

Source: Office of National Drug Control Policy (ONDCP) searches of state legislative information from the following online databases yielded the information on the chart, and were current as of July 15, 2014:

- <https://advance.lexis.com>
- <http://www.cqstatetrack.com/>
- <http://openstates.org/>



LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY: NALOXONE ACCESS AND OVERDOSE GOOD SAMARITAN LAWS

Background

Fatal drug overdose has increased more than six-fold in the past three decades, and now claims the lives of over 36,000 Americans every year.¹ The epidemic is largely driven by prescription opioids, which were responsible for over 16,000 deaths in 2010.² This increase is mostly driven by prescription opioids such as OxyContin and hydrocodone, which now account for more overdose deaths than heroin and cocaine combined.³ Opioid overdose is typically reversible through the timely administration of the medication naloxone and the provision of emergency care.⁴ However, access to naloxone and other emergency treatment is often limited by laws and regulations and that pre-date the overdose epidemic. In an attempt to reverse this unprecedented increase in preventable overdose deaths, a number of states have recently amended those laws to increase access to emergency care and treatment for opiate overdose.

Law as both problem and solution

Although naloxone (commonly known by its trade name, Narcan) is a prescription drug, it is not a controlled substance and has no abuse potential.⁵ It is regularly carried by medical first responders and can be administered by ordinary citizens with little or no formal training.⁶ Yet, it is often not available when and where it is needed. Because opioid overdose often occurs when the victim is with friends or family members, those people may be the best situated to act to save his or her life by administering naloxone. Unfortunately, neither the victim nor his companions typically carry the drug. Law is at least partially responsible for this lack of access. State practice laws generally discourage or prohibit the prescription of drugs to a person other than the intended recipient (a process referred to as third-party prescription) or to a person the physician has not personally examined (a process referred to as prescription via standing order). Additionally, some prescribers are wary of prescribing naloxone because of liability concerns.⁷ Likewise, even where naloxone is available, bystanders to a drug overdose may be afraid to administer it for fear of legal repercussions.⁸ Finally, overdose bystanders may fail to summon medical assistance for fear of legal consequences.⁹

Since most of these barriers are rooted in unintended consequences of laws passed for other purposes, they may be addressed through relatively simple changes to those laws. At the urging of organizations including the U.S. Conference of Mayors, the American Medical Association and the American Public Health Association, a number of states have addressed the overdose epidemic by removing some legal barriers to the seeking of emergency medical care and the timely administration of naloxone.¹⁰ These changes come in two general varieties: the first encourages the wider prescription and use of naloxone by clarifying that prescribers acting in good faith may prescribe the drug to persons who may be able to use it to reverse overdose and by removing the possibility of negative legal action against prescribers and lay administrators.¹¹ The second type encourages bystanders to become "Good Samaritans" by summoning emergency responders without fear of arrest or other negative legal consequences.¹²

Overview of naloxone access and Good Samaritan laws

In 2001, New Mexico became the first state to amend its laws to make it easier for medical professionals to prescribe and dispense naloxone, and for lay administrators to use it without fear of legal repercussions.¹³ As of December 15, 2014, twenty-six other states (NY, IL, WA, CA, RI, CT, MA, NC, OR, CO, VA, KY, MD, VT, NJ, OK, UT, TN, ME, GA, WI, MN, OH, DE, PA and MI) and the District of Columbia have made similar changes (28 total).¹⁴ Based partly on these changes, at least 188 community-based overdose prevention programs now distribute naloxone. As of 2010, those programs had provided training and naloxone to over 50,000 people, resulting in over 10,000 overdose reversals.¹⁵ A recent evaluation of one such program in Massachusetts, which trained over 2,900 potential overdose bystanders, reported that opioid overdose death rates were significantly reduced in communities in which the program was implemented compared to those in which it was not.¹⁶

In 2007, New Mexico became the first state to amend its laws to encourage Good Samaritans to summon aid in the event of an overdose. As of December 15, 2014, nineteen other states (WA, NY, CT, IL, CO, RI, FL, MA, CA, NC, NJ, VT, DE, MN, GA, WI, AK, LA, MD, and PA) and the District of Columbia have followed suit (22 total).¹⁷ Additionally, Indiana¹⁸ permits courts to consider the fact that a Good Samaritan summoned medical assistance in mitigation, and Utah law provides that a person who reports an overdose and takes other steps may use that fact as an affirmative defense to some offenses, and can be raised as a mitigating factor at sentencing for others.¹⁹ Initial evidence from Washington state, which amended its law in 2010, is positive, with 88 percent of drug users surveyed indicating that they would be more likely to summon emergency personnel during an overdose as a result of the legal change.²⁰

The following tables document laws that have been amended or enacted to increase access to naloxone and encourage bystanders to summon medical assistance in the event of overdose. Tables 1 and 1a cover laws aimed at increasing lay access to naloxone by reducing barriers to prescription and administration ("state naloxone access laws"). Tables 2 and 2a address criminal concerns for Good Samaritans who summon aid in overdose situations ("state overdose Good Samaritan laws"). Tables 1 and 2 are broken down into columns, with each column identifying whether a particular state law addresses a certain characteristic. Tables 1a and 2a provide more detailed descriptions of each law, with quotes from those laws where practicable. For those states that have passed laws too recently for those laws to have been codified, only the relevant bill is listed. This chart will be updated regularly to reflect changes in this rapidly evolving area of law.

Note that these tables cover only laws that were passed specifically to address drug overdose. That does not necessarily mean the activities covered by the laws in these tables are not permitted in other states, only that they are not explicitly authorized by laws created for that purpose. For example, North Carolina's Project Lazarus, which has seen marked success using an integrated model that includes partnering with local physicians, pharmacists and law enforcement officials, operated for many years without the benefit of explicit authorizing legislation.²¹ The categories listed were chosen because of their prevalence in existing laws and may not necessarily reflect best practices.²²

Conclusion

Opioid overdose kills thousands of Americans every year. Many of those deaths are preventable through the timely provision of a relatively cheap, safe and effective drug and the summoning of emergency responders. As with most public health problems, there is no magic bullet to preventing overdose deaths. A comprehensive solution that includes input and active involvement from medical providers, policymakers and public health, law enforcement and elected officials is likely necessary to create large-scale, lasting change. Evaluation is necessary to ensure that legal changes have the intended effect and to suggest additional amendments.²³

However, it is reasonable to believe that laws that encourage the prescription and use of naloxone and the timely seeking of emergency medical assistance will have the intended effect of reducing opioid overdose deaths. Since such laws have few if any foreseeable negative effects, can be implemented at little or no cost, and will likely save both lives and resources, they may represent some of the lowest-hanging public health fruit available to policymakers today.

Administer Naloxone

Overdose Response

Nasal Naloxone:



1. Do rescue breathing for a few quick breaths if the person is not breathing.
2. Affix the nasal atomizer (applicator) to the needleless syringe and then assemble the glass cartridge of naloxone (see diagram).
3. Tilt the head back and spray half of the naloxone up one side of the nose (1cc) and half up the other side of the nose (1cc).
4. If there is no breathing or breathing continues to be shallow, continue to perform rescue breathing for them while waiting for the naloxone to take effect.
5. If there is no change in 3-5 minutes, administer another dose of naloxone and continue to breathe for them. If the second dose of naloxone does not revive them, something else is wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, or the opioids are unusually strong and require more naloxone (can happen with Fentanyl, for example).



Nasal Naloxone – Photo: *N.O.M.A.D (Not One More Anonymous Death)*

Injectable Naloxone:

Injectable naloxone comes packaged in several different forms- a multi dose 10 mL vial and single dose 1mL flip-top vials with a pop off top. With all formulations of naloxone, it is important to check the expiration date and make sure to keep it from light if it is not stored in a box. If someone has an injectable formulation of naloxone, all of the steps in recognizing and responding to an overdose are the same except how to give the naloxone. To use injectable naloxone:



1. Do rescue breathing for a few quick breaths if the person is not breathing.
2. Use a long needle: 1 – 1 ½ inch (called an IM or intramuscular needle)- needle exchange programs and pharmacies have these needles.
3. Pop off the orange top vial
4. Draw up 1cc of naloxone into the syringe 1cc=1mL=100u.
5. Inject into a muscle – thighs, upper, outer quadrant of the butt, or shoulder are best.
6. Inject straight in to make sure to hit the muscle.
7. If there isn't a big needle, a smaller needle is OK and inject under the skin, but if possible it is better to inject into a muscle.
8. After injection, continue rescue breathing 2-3 minutes.
9. If there is no change in 2-3 minutes, administer another dose of naloxone and continue to breathe for them. If the second dose of naloxone does not revive them, something else may be wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, or the opioids are unusually strong and require more naloxone (can happen with Fentanyl, for example).



Once naloxone has been delivered and if the person is not breathing, continued rescue breathing is important until help arrives.

Naloxone only lasts between 30 – 90 minutes , while the effects of the opioids may last much longer. It is possible that after the naloxone wears off the overdose could recur. It is very important that someone stay with the person and wait out the risk period just in case another dose of naloxone is necessary. Also, naloxone can cause uncomfortable withdrawal feelings since it blocks the action of opioids in the brain. Sometimes people want to use again immediately to stop the withdrawal feelings. This could result in another overdose. Try to support the person during this time period and encourage him or her not to use for a couple of hours.

IMPORTANT!

If a victim is not responsive to stimulation, not breathing, and has no pulse after receiving naloxone and rescue breathing, then the victim needs cardiopulmonary resuscitation (CPR) via a trained bystander and the emergency medical system. **Call 911!**

Next Page: [Aftercare](#)

Juneau's heroin heartbreak

Six people have died of heroin overdoses in the Alaska capital since February, reflecting a growing crisis across the state and nation. Some Alaskans, including the police, say the time has come for a new approach.

Michelle Theriault Boots | November 7, 2015

First in an occasional series

JUNEAU -- Heroin's grip on Juneau can be felt in ways both plain and subtle.

A decade of rising abuse can be seen in syringes and foil squares dropped on dog-walking paths and in parking lots.

In grandparents raising toddlers their children are too addicted to care for.

In people shoplifting from Fred Meyer, stealing from their own families and writing bad checks to pay for drugs.

But it wasn't until people started dying that Juneau really started paying attention.

Since February, six people have died of heroin overdoses here. Most were under the age of 30.



For a city of 32,000, the one-after-another overdose deaths from heroin have been jarring and heartbreaking. Think of it as the equivalent of 60 in Anchorage, a city roughly 10 times bigger. Imagine it was caused by a kind of defective car, or at the hands of police, says Juneau police Lt. Kris Sell.

“People would be protesting in the streets.”



The lives led by the six defy Hollywood stereotypes of hollow-eyed, street corner junkies. For the most part, they were homegrown kids with tight families and dreams.

In September alone, there was [Brenyer Haffner](#), a 26-year-old who was an avid softball player. In his obituary, his parents asked for donations to the softball league instead of flowers.

Then, two weeks later, Brock Eidsness, who had earned a college degree in film production and had worked as a photographer for a TV station.

In a place isolated by its geography, with no way out except boat or plane, almost everyone has a connection to a life muddied by heroin or lost to it.

It's hardly a problem unique to Juneau, said police chief Bryce Johnson. The situation in Juneau mirrors what state public health officials say is a

larger “opiate hunger” in Alaska that is addicting and killing people [at a higher rate](#) than ever before.

Nationally, heroin is at the heart of a deadly resurgence.

Drug overdose deaths were the No. 1 cause of death by injury, killing more people than vehicle accidents or firearms, according to a [Drug Enforcement Administration survey](#) released Wednesday.

And heroin or prescription painkillers were the cause of more than half of overdose deaths, the study said.

Heroin abuse is now considered to be the top drug threat to the nation by police, surpassing methamphetamine, according to the [2015 National Drug Threat Assessment Summary](#).

“Heroin availability is up across the country, as are abuses, overdoses, and overdose deaths,” the DEA said in a summary of the report.

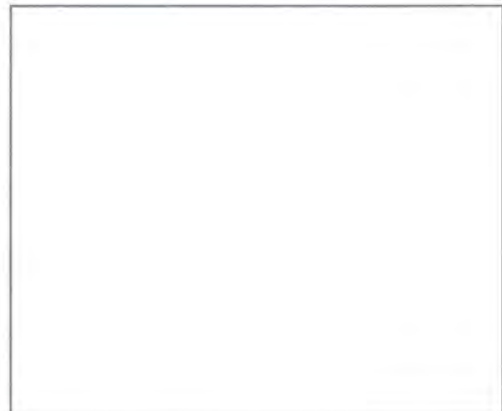
Across Alaska, 29 people have died from heroin in 2015, according to state medical examiner Dr. Gary Zientek. Another nine deaths were officially listed morphine intoxication, usually indicating a metabolized form of heroin.

That means Juneau, with just 4 percent of the state's population, accounts for 15 percent of the year's heroin overdose deaths.

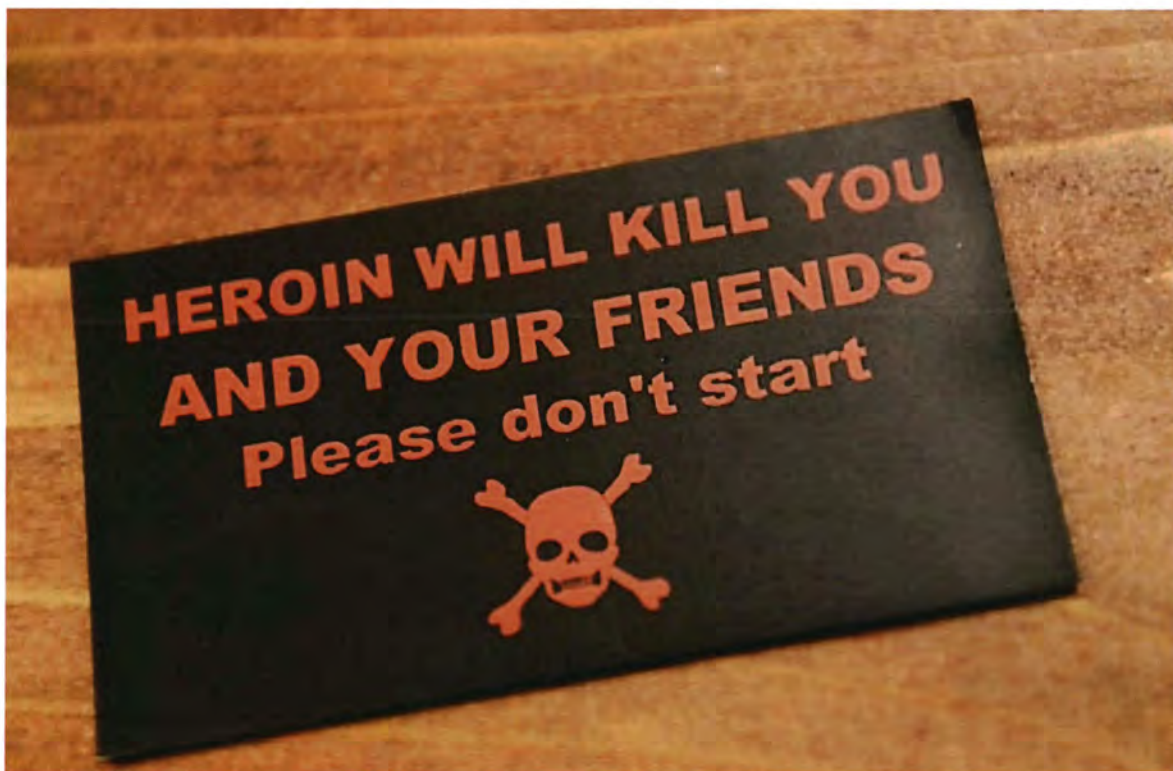
While leaders in rural Alaska say they are seeing more problems associated with the drug, deaths still tend to be clustered in the population centers of the state -- Anchorage, the Mat-Su and Fairbanks.

The deaths in Juneau this year have jump-started the beginnings of a community movement to shut down the drug's grip on addicts and prevent more people from getting hooked.

It includes the police department, which has said, in an unusual move, that it will approach heroin as first and foremost a public health crisis, to families increasingly willing to speaking openly about their loved ones' addictions.



At the same time, people here are also bracing themselves for more deaths to come.



Marc Lester / ADN

Michele Morgan began an awareness campaign in Juneau called Stop Heroin Start Talking, which distributes stickers such as this around town.

Oxy in the parking lot

Recovering addicts, family members of addicts, police and parents in Juneau point to the mid-to-late 2000s as the genesis of today's heroin crisis.

Doctors were dispensing Oxycontin and other narcotic opiates for aches and injuries of all kinds at a feverish pace, they say, and pain pills became something of a high school subculture.

Carloads of teens crushed and snorted them around town, experimenting with a euphoric high.

Sitting in a truck in the parking lot of the Nugget Mall doing Oxys was like sneaking a beer, some former addicts said.

“My friends and I didn’t really see it as a drug,” said Elisa Evenson, an inmate at Hiland Mountain Correctional Center who is serving a sentence for crimes committed while she was feeding a heroin addiction in Juneau. “It was something you could get from the doctor. It was less taboo.”

The pills could be acquired for sports injuries, wisdom teeth extractions or make-believe pains reported at urgent medical care offices. The bathroom cabinets of Juneau were full of legally prescribed narcotic opiates.

“It really felt like the Wild West back then. These drugs were just everywhere. And they were everywhere in the high school,” said Sell, the police lieutenant.

“It makes you feel like God”



Marc Lester / ADN

Chantel Epstein tends to her infant son, Jakob, in her Juneau home. Epstein said she supported her heroin addiction with criminal behavior, which led her to prison. Though she has more than five years of sobriety now, her addiction changed her life in lasting ways. “The big impact is that I’m a felon,” she said. “I’m never going to get a good job.”

Discussions about heroin in Juneau often lead back to the Juneau-Douglas High School class of 2008, the epicenter of a wave of prescription opiate use.

Several of the people who have overdosed in recent years graduated with the class.

Back in the era when the class was attending in high school, the popular kids were popping Oxys, said Larry Olson, a private substance-abuse counselor who practices in Juneau.

Some told him they were making more money than their parents by selling pills.

Chantel Epstein was part of that class. Today, Epstein is a 25-year-old staying home with her infant son.

In her new-mom uniform of sweatshirt and yoga pants, she could be a barista or a college student. She lives in a dark apartment pressed up against the mountains of Juneau's Mendenhall Valley piled with her son's baby clothes and toys.

Nearly six years clean, she's still sweeping up some of the wreckage she made of her life when she was using.

Her dependence on the drug, like other former addicts interviewed for this story who didn't want their names used, followed a familiar trajectory.

She first used Oxycontin on her 16th birthday. Before that she'd never even gotten drunk. she said.

"I tried it, and then after that I lost all control," she said.

In 2009 or 2010, the pills became harder to get in Juneau. The pharmaceutical company that makes the drug reformulated it under pressure from the federal government. It could no longer be crushed for a quick high.

By then, young adults like Epstein were paying \$300 a pill.



Another, much cheaper option was available to fill the void.

Epstein was first introduced to heroin on a trip to Arizona meant to get her sober. Soon she was doing what she said she would never do: snorting and smoking heroin.

For Evenson, the former addict who is now serving time in prison, it was possible to believe that heroin was something she could use casually.

"My form of self-deception was that it was social use."

At the outset, no one would have suspected Evenson was dabbling in the drug.

"I was going to University of Alaska Southeast. I had a really good job," she said. "I had a seemingly perfect life."



Marc Lester / ADN

Elisa Evenson listens during a discussion about prisoner reentry at Highland Mountain Correctional Center in October. Like many heroin addicts, Evenson said her addiction began when she abused prescription painkillers in Juneau years ago. "The thing about my friends and I is we really didn't see it as a drug, because it was something that you could get from a doctor," she said. "It was less taboo." Evenson said she was first arrested in 2005 for her involvement in drug store burglaries.

In Juneau, the line between user and dealer is often fuzzy.

Epstein spent the better part of two years robbing the homes of her family and close family friends, pawning DVD players and jewelry. She cleaned out checking accounts. She shrugged off car accidents. She withered to 98 pounds.

When she was high, she embraced things that repelled her when sober. She loved vomiting.

“(Heroin) makes you feel like God,” she said.

Epstein never started using needles, as many heroin addicts do to get a more concentrated high as the addiction progresses and their tolerance increases.

The risk of overdose is far higher when people inject.

“I wouldn’t be here today if I had used needles,” Epstein said.

Eventually police busted Epstein for an assortment of crimes she committed while trying to feed her habit. Initially, she was charged with 31 felonies.

In jail at Hiland Mountain Correctional Center in Eagle River she faced the excruciating physical reality of kicking the drug.

“I remember so many times just sitting there begging God to take my life because I couldn’t go through the withdrawals,” she said.

She hasn’t used since, she says. On March 19, she’ll celebrate six years drug-free.

The heroin days follow her all the same.

She is a convicted felon and paying \$30,000 in restitution to the people she stole from.

Someday she’ll have to tell her son, a chubby, smiley 6-month-old, that she is a felon.

“Life is wonderful though,” she said. “I have my baby. I have my family.”

Some of her friends are still addicted. Recently she tallied all the people she knows who’ve died.

She counted 23. More than a few are from the class of 2008.

"I always think about our 10 year reunion coming up," Epstein said. "We're going to be missing so many people."

A comeback story with a sad ending

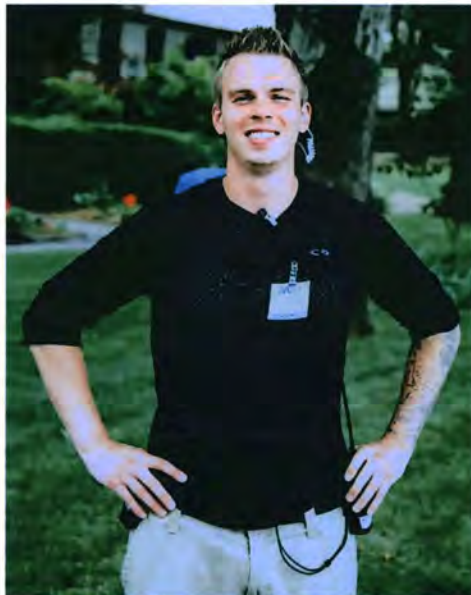
Brock Eidsness was a football player from a big blended family with a goofy, orthodontically perfect grin.

He came of age during the Oxy era, graduating with the class of 2007.

For him, the pills were a quick path to serious trouble.

Eidsness first got Oxycontin from a foot injury, said his sister, Raegan Eidsness-Haugse.

Then a co-worker at a teenage job



Eidsness family photo

Eidsness family photo Brock Eidsness was found dead of a drug overdose in Juneau in September. He had been pursuing a career in film production.

introduced him to heroin and needles. He was 15.

In 2008, when he was barely out of high school, he was indicted on federal drug charges for his role in an Oxy distribution ring operating between California's Central Valley and Juneau.

He ended up going to federal prison for 18 months.

Then Eidsness pulled off a remarkable second act: After serving his sentence, he completed a degree at Western Michigan University, discovering a passion for film production and graduating with honors.

He found work as a cameraman at a Sioux Falls, South Dakota, television station and began dating a news anchor.

Soon his sights were set on the Los Angeles film world. He was proud to have worked his first gig as a production assistant on the set of a feature film this year.

In July a friend died in a boating accident in Juneau, and Eidsness came home for the funeral.

Sometime during his visit home, he slid back into using heroin.



Marc Lester / ADN

Raegan Eidsness-Haugse has lost two brothers to drug overdoses. Her brother Brock Eidsness was found dead in Juneau in September. Now, she says she struggles to sleep, is losing hair from the stress and is looking forward to moving out of Juneau and making a new start.

His sister, who was attending college and working at a local air taxi company in Juneau, had a bad feeling.

When Brock was using, he often ignored text messages or otherwise pushed family away. She saw him only a few times over the summer. The last was to meet his visiting girlfriend over Thai food.

She felt reassured. The girlfriend seemed like a stabilizing influence.

Maybe everything will be OK, she thought.

Then a few weeks later, on the night of Sept. 17, her mom showed up unexpectedly at her apartment door. Raegan couldn't figure out what she was doing there. She'd flown up from Seattle.

Haltingly, her mother explained why she was there: Brock had overdosed the day before at a house where he was staying with buddies.

His friends were on a hunting trip in Canada at the time. He was home alone. The mother of one of the roommates found his body.

Brock was not the first Eidsness brother lost to a heroin.

The oldest son, Brock and Raegan's stepbrother, Eric Eidsness, died of an overdose in Wasilla in 2008.

"Like a pipeline draining resources"





Marc Lester / ADN

Lt. Kris Sell says drug paraphernalia can often be found in parks and public spaces in Juneau, such as around parking areas of Mendenhall Wetlands State Game Refuge. Heroin transactions, which have a huge profit margins compared to cities in the Lower 48, occur in public places like retail parking lots, she said.

It wasn't until this year that Juneau police began tracking overdoses related to heroin.

The word just kept appearing in police reports, said Sell.

After years of going after the supply of heroin, police are starting to realize they can't fix Juneau's thirst for the drug with arrests alone.

Police know heroin comes in packed on people's bodies on airplanes and ferries or via the postal service mail or freight barges. Larger, professional drug-dealing syndicates from California and Arizona have become involved, using local addicts as low-level dealers.

Police say they are still trying to stop the supply of heroin from entering Juneau. But it isn't enough.

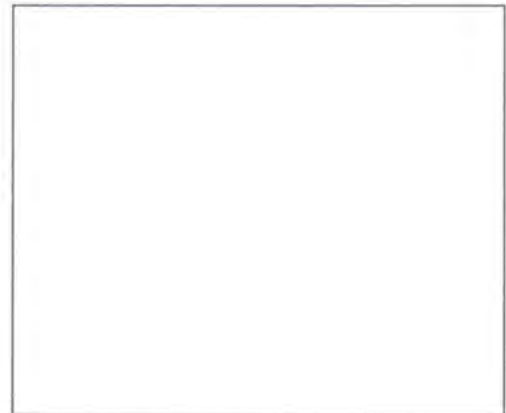
"You can't shut off an industry as profitable as that when there's still a huge amount of demand that's going on. We have to get at the demand. That means stopping people from starting to use and getting people who are treatment."

On orders from the chief, she's begun posting anonymous interviews with former and current addicts on the police Facebook page.

She wants to introduce people to addicts, in part to dispel myths but also to showcase the dark reality of addiction.

The hope is to stop people before they start using, Sell said. Some of the videos focus on the high cost of the drug and the things people will do to get it.

A conservative estimate is that Juneau has 200 active heroin addicts, she says.



Since the drug sells at an astronomical markup of street prices found, say, in Seattle, a single high can cost \$100.

If those addicts are getting high once a day, at a minimum, that adds up to \$20,000 sucked into criminal enterprise every day in Juneau, Sell says.

"It's just like a pipeline that's draining resources from the city."

"They just reminded me so much of my own sons"



Marc Lester / ADN

Michele Morgan became alarmed when kids she knew died this year of heroin overdoses. "They just reminded me so much of my own sons," she said. Morgan used money she had been saving for a vehicle to launch an awareness campaign.

Michele Morgan knew something was very wrong when the twenty-something players in Juneau's recreational softball league started dying of heroin overdoses.

"Last year was when the normal kids, the kids the police didn't know, started dying," she said.

One of them overdosed just hours after playing with Morgan in the championship "Rain Ball" league game. Then, six months later, another was gone. Then a third.

Morgan organizes the softball league and lives in a funky house in Douglas with lots of dogs and a few goats.

She hasn't lost any family members to heroin but is among the leaders of the nascent community movement to face heroin head-on anyway.

After one death last summer, she took money she'd been saving to buy a minivan and spent it on blunt bumper stickers.

"HEROIN WILL KILL YOU AND YOUR FRIENDS," they read.

She's since made others with more lighthearted sayings like, "Bacon is 100 percent healthier than heroin." She even handed out T-shirts at one overdose victim's memorial service, at the request of his parents.

An organization Morgan is involved with, [Stop Heroin Start Talking](#), drew more than 60 people to its first meeting last month. Hundreds have joined a Facebook group. They want to drop the stigma associated with heroin and get people talking openly about what it's doing to Juneau.

A group of activists including Morgan is working to get [legislation](#) passed that would make [Narcan](#), an anti-overdose medication, available at Alaska drug stores.

Putting Narcan in the hands of friends and parents could have saved some of the people who died, Morgan said.

Why is she doing all this? She's scared.

The softball players who overdosed were polite young men who had been to college, held jobs, played sports and came from loving families.

"They just reminded me so much of my own sons," she said.

What gets to her, she says, is this: Their addictions, like the kids, were homegrown.



A mother waiting for a call



Marc Lester / ADN

Shirlee Bulard, who now lives in Anchorage, said two of the three children she raised in Juneau now struggle with heroin addiction. She worries that she'll be the next parent to be notified of a heroin-related death. "I literally do not shut my phone off," she said.

Damming the flow of heroin into Juneau will involve the full involvement of the community, says Johnson, the police chief.

"We gotta do something about the demand. Waiting for people to die isn't an acceptable outcome."

It's starting to happen: There are discussions about treatment options, tougher penalties for dealers and supporting the limited options for recovery already available in town.

But if the crisis has reached a boil, there's wide agreement that it isn't over yet.

Ask parents like Shirlee Bulard, who is living in limbo in the land of heroin.

An Anchorage hairdresser and mother of three, she is part of a bleak kinship of parents whose adult children are addicts.

Her triplets -- two girls and a boy -- grew up mostly in Juneau. They were social, outgoing kids who played hockey, performed on the drill team and cultivated a large group of friends.

They too were members of the class of 2008.

She says one daughter has stayed away from drugs and is married with a steady state government job.

The other two have struggled since high school with deepening addictions.



Marc Lester / ADN

Used heroin paraphernalia is discarded at the side of Industrial Boulevard in Juneau on Tuesday, October 20, 2015.

After years of frustration, Bulard says she's desperate enough to talk publicly about her children's problems.

Her son has spent more time in jail than out, mostly for drug-related crimes. Right now, he's in a three-month long treatment program in Ketchikan.

She is hopeful that he's ready to get clean for good.

It is her other daughter that frightens her most.

On a recent visit to Juneau, Bulard barely recognized a gaunt figure walking down the street as her child.

Bulard says the daughter lost custody of her 4-year-old son to grandparents. It's unclear where she is living. Maybe she's couch-surfing.

This spring, she brought the daughter up to Anchorage in hopes of getting her into treatment.

When she seemed ready to get clean, Bulard says she was told there were wait lists for treatment beds.

Bulard ended up installing a video surveillance system in her living room after her daughter stole to buy drugs.

At one point she found the 25-year-old curled over a heating vent, shaking violently from withdrawals.

"I just put my body on top of hers," Bulard said.

She thought about going out on the streets herself to get her daughter a fix, just to keep her from getting sick.

The thought of it makes Bulard tremble with anger.

She says she has written to legislators of her family's plight.

She keeps reading the names of kids who grew up with her own in the obituary section of the newspaper.

At night, she keeps her phone turned on right beside the bed, in case the call comes telling her one of her children has overdosed on heroin.

Marc Lester contributed to this story.



Drug Overdose Immunity and Good Samaritan Laws

11/24/2015

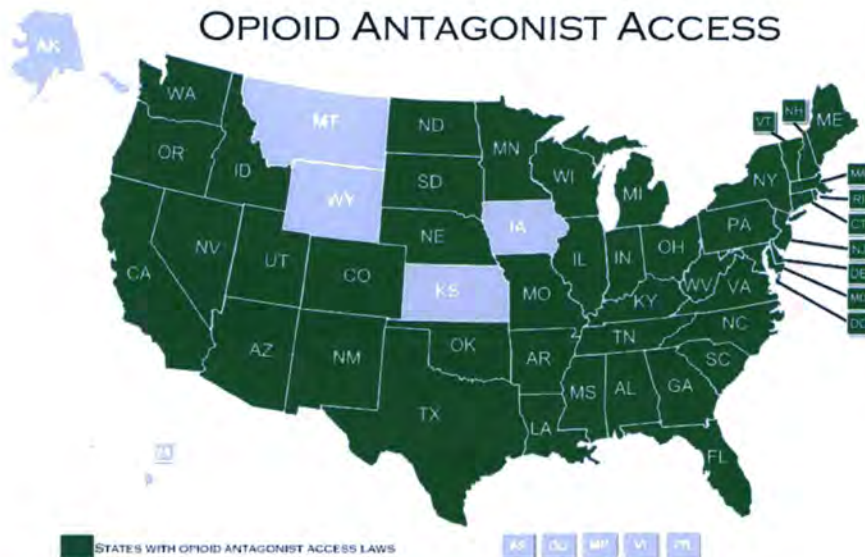


Between 2002 and 2013 the rate of heroin-related overdose deaths nearly quadrupled and almost half of all people who use heroin are addicted to prescription opioid painkillers. Prescription opioid overdoses now kill more people in the United States every year than all of drugs combined, including illicit drugs. Collectively, drug overdoses are now the leading cause of death in the majority of states and kill Americans every year than car crashes.

In 2015 nearly every state enacted legislation addressing the abuse of opioids, including heroin and prescription drugs. Policymakers have sought solutions that try to curb abuse deterring distribution, increasing treatment and diversion opportunities and expanding immunity programs to save lives.

Access to Naloxone and Immunity

Opioid overdoses can be reversed with the timely administration of an opioid antagonist, a medication more commonly called naloxone. Naloxone is a "rescue drug" that has been approved by the FDA and can be administered by injection via nasal spray. The drug has no abuse potential and counteracts the life-threatening effects of an overdose allowing victim to breathe normally after it has been administered. However, naloxone is a temporary drug that wears off in 20-90 minutes, making it essential to seek additional medical assistance after it has been administered.



Often family and friends are in the best position to administer this lifesaving drug to their loved ones who overdose because they are able to react more quickly. However, access to naloxone was limited until recent actions were taken by state legislatures to reduce restrictions. Providing medication to anyone other than the at-risk drug user (called third party prescription) was previously prohibited and laws required a doctor-patient relationship to be established prior to direct prescription. Medical professionals have been hesitant to prescribe naloxone due to concerns about criminal, civil or professional liability.

New Mexico became the first state to enact legislation to increase access to Naloxone in 2001. Forty-five states now have laws providing immunity to medical professionals who prescribe or dispense naloxone or persons who administer

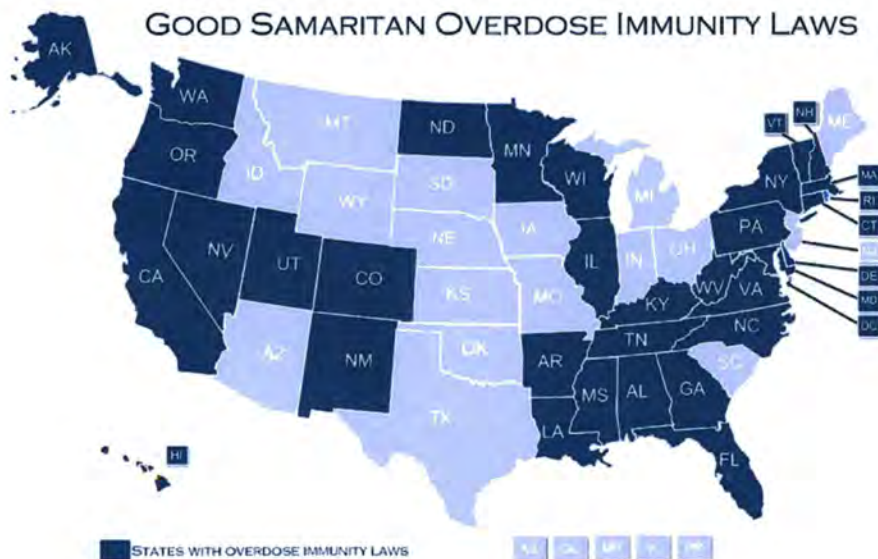
naloxone. The majority of these laws were passed within the last five years and promote the use of naloxone in addition to training and education on recognizing and preventing overdoses.

By 2014 it was reported that more than 150,000 "laypeople" had received naloxone training and rescue kits resulting more than 26,000 reported overdose reversals. Legislation and regulation has also greatly increased access to naloxone by emergency medical personnel and law enforcement.

Immunity for Calling 911 or Seeking Emergency Medical Assistance – Good Samaritan Laws

To encourage people to seek medical attention for an overdose or for follow-up care after naloxone has been administered, 34 states and the District of Columbia have enacted some form of a Good Samaritan or 911 drug immunity law. These laws generally provide immunity from supervision violations and low level drug possession and use offenses when a person who is either experiencing or observing an opiate-related overdose calls 911 for assistance or otherwise seeks medical attention for themselves or another.

For immunity to apply, these laws often require a caller to have a reasonable belief that someone is experiencing an overdose emergency and is reporting that belief in good faith. "Good faith" often excludes seeking help during the course of the execution of an arrest or search warrant. Other requirements frequently include remaining on scene until help arrives and cooperating with emergency personnel when they arrive. Some laws also specify that immunity for coverage offenses is not grounds for suppression of evidence of other crimes.



The scope of what offenses and violations are covered by immunity provisions varies by state. Some states have opted for more restricted immunity while states such as Vermont provide immunity from all controlled substance offenses.

The point at which immunity applies also varies. Some laws provide immunity from arrest for certain offenses in overdose situations while others provide immunity from charges, immunity from prosecution, or provide immunity via an affirmative defense to prosecution.

Additional Resources

NCSL Resources

- [NCSL Health Program, Prevention of Prescription Drug Overdose and Abuse](#)
- [NCSL Health Program, Prescription Drug Overdose Strategies for Prevention](#)

Centers for Disease Control (CDC) Resources

THE WALL STREET JOURNAL.

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<http://www.wsj.com/articles/states-expand-access-to-overdose-reversal-drug-1409247874>

U.S. NEWS

States Expand Access to Overdose-Reversal Drug

New Laws Put Naloxone in Hands of Abusers, Their Families and Peers



A patient is given a supply of naloxone at a clinic in Asheville, N.C. *ANDY MCMILLAN FOR THE WALL STREET JOURNAL*

By **ARIAN CAMPO-FLORES** and **ZUSHA ELINSON**

Aug. 28, 2014 1:44 p.m. ET

Faced with an unrelenting epidemic of heroin and pain-pill deaths, many states are pushing to make more widely available a drug called naloxone that can reverse overdoses from such opioid drugs within minutes.

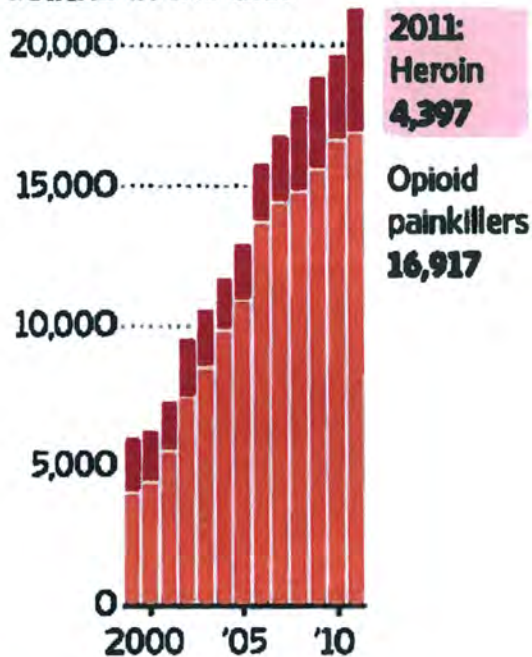
In North Carolina, Louise Vincent, an outreach worker in Greensboro, has rescued scores of opioid addicts from the brink of death by giving them naloxone.

Now, she is delivering the drug to those she says are in the best position to help overdose victims—their friends and family members—under a North Carolina law passed last year that expanded access to naloxone.

Opioid Epidemic

Overdose deaths have risen dramatically.

Drug-poisoning deaths in the U.S.



Source: Centers for Disease Control and Prevention

The Wall Street Journal

"It could be the difference between life and death," said Ms. Vincent, a contract worker for the North Carolina Harm Reduction Coalition, a not-for-profit organization that has dispensed about 3,000 naloxone kits statewide since the law took effect.

The program so far has resulted in 125 overdose reversals, said Executive Director Robert Childs. Deaths from heroin and pain medications totaled 712 in North Carolina in 2012, according to the state's Department of Health and Human Services.

Nationwide, overdose deaths from painkillers such as oxycodone rose 23% to 16,917 between 2006 and 2011, according to the Centers for Disease Control and Prevention. Those due to heroin, which is related to the opioid drugs, jumped 110% to 4,397 over the same period.

There are now 24 states, along with the District of Columbia, that have passed laws expanding access to naloxone, 17 of them in the last two years, said Corey Davis, deputy director of the Network for Public Health Law's Southeastern region, who tracks such policies. The measures

vary, but common provisions include allowing doctors to prescribe naloxone to a drug user's friends and family members, and removing legal liability for prescribers and those who administer the medication.

Meanwhile, 17 states and the District of Columbia have passed "good Samaritan" laws that provide limited legal immunity—from drug charges, for instance—to people who call for emergency help for an overdose, Mr. Davis said.

The moves are prompted in part by concerns that those present during an overdose often are reluctant to call 911 because they fear legal repercussions or may themselves be using drugs, said Traci Green, a professor of emergency medicine at Brown University who is an expert on overdose prevention.

The naloxone legislation has drawn support from a broad political spectrum. While liberal-leaning states like Massachusetts and Washington have led the way, a naloxone bill sailed through the conservative Utah legislature this year. A measure in Alabama is being promoted by a Republican lawmaker who is a police captain.

WSJ Radio

Arian Campo-Flores tells WSJ This Morning's Bruce Johnson about these efforts

00:00 |
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Still, the proposals have met some opposition, including from those who argue that making naloxone more accessible effectively condones opioid abuse, like providing clean needles to heroin users to protect them from HIV and hepatitis C.

Republican Gov. Paul LePage of Maine vetoed a naloxone bill last year, saying it would provide "a false sense of security that abusers are somehow safe from overdose." But this year, after working with lawmakers on a new naloxone bill, he allowed it to become law without his signature.

Naloxone was developed in the 1960s to counter overdoses of heroin and other opioids. It works by displacing the drugs from their receptors in the brain.

Considered safe and effective by medical experts, it has been stocked by emergency rooms and doctors' offices for decades. It is now sold as a generic by pharmaceutical companies including Hospira Inc. and Mylan Inc. and can be administered by injection or nasal spray.

Naloxone, which requires a prescription, costs about \$4 a dose for an injectable version and roughly \$45 for a nasal-spray form, said Dan Bigg, director of the Chicago Recovery Alliance.

Although legislation has paved the way for greater access to naloxone, distributing it remains a challenge.

Twenty-six states have at least one police department equipping personnel with naloxone, according to Mr. Davis. Another way to make it available is through overdose-prevention organizations like the Harm Reduction Coalition, which has offices in New York and California and has dispensed thousands of naloxone kits at needle-exchange sites and other locations.

Yet another option gaining traction is to make it easier for people to get naloxone from pharmacies.



Robert Childs of the North Carolina Harm Reduction Coalition. *ANDY MCMILLAN FOR THE WALL STREET JOURNAL*

Rhode Island, a so-called collaborative practice agreement among various parties, including the state Board of Pharmacy and Walgreen Co. made it possible for anyone to request the drug at any of the pharmacy chain's locations in the state. As part of the arrangement, a prescription written by a doctor at a local hospital applies essentially to everyone.

Under a pact announced last week, CVS Caremark Corp. said it would offer naloxone without a prescription at all 63 of its Rhode Island pharmacies.

Health officials in Kitsap County, Wash., just west of Seattle, have reached a similar agreement with Albertsons supermarket pharmacies that is slated to take effect soon. And in New Mexico, the state Board of Pharmacy this year added naloxone to a list of drugs that pharmacists may prescribe.

So far, only 10 pharmacies in the state regularly stock naloxone, said Michael Landen, state epidemiologist at the New Mexico Department of Health. But, he said, the program "has great potential."

Write to Arian Campo-Flores at arian.campo-flores@wsj.com and Zusha Elinson at zusha.elinson@wsj.com

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In one weekend, 5 drug overdoses in Juneau

• JPD: 'Strong batch' of China White heroin may be to blame • All five patients survived overdosing, CCFR chief said

Posted: November 17, 2015 - 1:28pm | Updated: November 18, 2015 - 12:07am

By EMILY RUSSO MILLER

JUNEAU EMPIRE

Juneau police suspect a strong batch of “China White” powder heroin may be to blame for a recent spike in drug overdoses this weekend.

Five people overdosed on drugs between Friday and Sunday, four on heroin and one on methamphetamine, Capital City Fire/Rescue Chief Richard Etheridge said. All five survived after receiving medical care.

Etheridge confirmed that two of the four heroin patients had used China White heroin, which Juneau Police Department Lt. Kris Sell said Juneau does not usually see.

“We usually see a tar heroin, which is a dark, kind of sticky, looks like what it’s described as — tar,” Sell said. “So it’s unusual for us to run into much powdered heroin.”

China White usually comes from Asia whereas black tar heroin usually comes from Mexico, Sell said. The difference between the two is in the level of processing — tar heroin is more crudely processed.

JPD has not made any arrests in connection to the China White heroin in Juneau.

“We would like to hear any information anyone’s willing to provide for us,” Sell said. “So far we don’t have any good tips, anything really solid. We’re still looking for information on that.”

Five overdoses in a single weekend is yet another indicator that the alarming heroin crisis in Alaska’s capital city is continuing to take its toll. Six people have died of a heroin overdose in Juneau since February of this year, mirroring a nationwide trend. The rate of heroin-related deaths has nearly quadrupled in the U.S. as heroin has emerged as the cheaper and easily available alternative to the overprescribed painkiller Oxycodone.

On Tuesday, Etheridge told the Empire the five overdose patients this weekend ranged in age from 24 to 38 years old. He said responding CCFR EMTs administered Narcan to three of the four heroin overdose patients. Narcan is a medication that instantly reverses the effects of a heroin overdose if delivered during the overdose.

Some in the community, including a local anti-heroin group called “Juneau — Stop Heroin, Start Talking,” are calling for Narcan to be in more hands in the community,

including with the families of addicts and with the police. JPD Chief Bryce Johnson previously told the Empire that JPD is considering having officers carry Narcan while on patrol.

A bill pending in the Legislature, meanwhile, would release doctors from civil liability for prescribing Narcan. The bill's sponsor, Sen. Johnny Ellis, D-Anchorage, said he hopes the bill will make Narcan more widely available in the state by making it available over the counter.