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H.212

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

Referred to Committee on

Date:

Subject: Human services; substance use disorder; opioid antagonist

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

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

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

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

§ 4240. PREVENTION AND TREATMENT OF OPIOID-RELATED
OVERDOSES

(a) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (i) emergency medical responders;

5 (ii) law enforcement officers;

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

7 opioid misuse;

8 (iv) school nurses; and

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

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

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

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

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

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

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

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

3 Sec. 2. EFFECTIVE DATE

4 This act shall take effect on July 1, 2021.