

1 State of Arkansas
2 90th General Assembly
3 Regular Session, 2015
4

As Engrossed: S3/12/15 H3/25/15

A Bill

SENATE BILL 880

5 By: Senator Rapert
6 By: Representative Bragg
7

For An Act To Be Entitled

9 AN ACT TO ENHANCE THE EMERGENCY SERVICES OF FIRST
10 RESPONDERS; TO CREATE THE NALOXONE ACCESS ACT; TO
11 PROVIDE IMMUNITY FOR PRESCRIBING, DISPENSING, AND
12 ADMINISTERING NALOXONE AND OTHER OPIOID ANTAGONISTS;
13 AND FOR OTHER PURPOSES.
14
15

Subtitle

16 TO ENHANCE THE EMERGENCY SERVICES OF
17 FIRST RESPONDERS; TO CREATE THE NALOXONE
18 ACCESS ACT; AND TO PROVIDE IMMUNITY FOR
19 PRESCRIBING, DISPENSING, AND
20 ADMINISTERING NALOXONE AND OTHER OPIOID
21 ANTAGONISTS.
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25 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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27 SECTION 1. Arkansas Code Title 20, Chapter 13, Subchapter 1, is
28 amended to add an additional section to read as follows:

29 20-13-106. Tourniquet access and use by first responders – Immunity.

30 (a) As used in this section, “first responders” means state and local
31 law enforcement personnel, fire department personnel, and emergency medical
32 personnel who will be deployed to bioterrorism attacks, terrorist attacks,
33 catastrophic or natural disasters, and emergencies;

34 (b) The Arkansas Commission on Law Enforcement Standards and Training
35 may certify training for law enforcement officers for approved methods and
36 techniques on the use of mechanical and other tourniquets as recommended by



1 the Committee on Tactical Combat Casualty Care or the Committee on Tactical
2 Emergency Casualty Care, or both.

3 (c) A law enforcement officer and a first responder is immune from
4 civil liability, criminal liability, or professional sanctions for
5 administering a mechanical tourniquet or other tourniquet under this section
6 if he or she is acting in good faith.

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8 SECTION 2. Arkansas Code Title 20, Chapter 13, is amended to add an
9 additional subchapter to read as follows:

10 Subchapter 16 – Naloxone Access Act

11
12 20-13-1601. Title.

13 This subchapter shall be known and may be cited as the "Naloxone Access
14 Act".

15
16 20-13-1602. Legislative findings.

17 The General Assembly finds that:

18 (1) Naloxone is a relatively inexpensive opioid antagonist
19 developed to counter the effects of opiate overdose, specifically the life-
20 threatening depression of the central nervous and respiratory systems;

21 (2) Naloxone will not adversely affect the human body if the
22 person who receives Naloxone is suffering from an overdose of a drug that is
23 not an opioid;

24 (3) Naloxone is clinically administered via intramuscular,
25 intravenous, or subcutaneous injection;

26 (4) Naloxone is administered outside of a clinical setting or
27 facility intranasally via a nasal atomizer, similar to the use of a common,
28 over-the-counter anticongestion nasal spray;

29 (5) The American Medical Association has supported the lay
30 administration of this lifesaving drug since 2012;

31 (6) Similar Naloxone access laws have reversed more than ten
32 thousand (10,000) opioid overdoses by lay people in other states;

33 (7) The American Medical Association has acknowledged that more
34 must be done to prevent these unnecessary opioid overdose fatalities that
35 devastate families and communities;

36 (8) The National Institutes of Health have found that Naloxone

1 lacks any addictive qualities that could lead to potential abuse and that
2 medical side effects or unintended consequences associated with the drug have
3 not been reported; and

4 (9) Any administration of Naloxone to an individual experiencing
5 an opioid overdose must be followed by professional medical attention and
6 treatment.

7
8 20-13-1603. Definitions.

9 As used in this subchapter:

10 (1) "Emergency medical services technician" means an individual
11 licensed by the Department of Health at any level established by the rules
12 adopted by the State Board of Health under § 20-13-301 et seq. and authorized
13 to perform emergency medical services, including without limitation EMT,
14 Advanced EMT, paramedic, EMS-Instructor, or EMS Instructor Trainer;

15 (2) "First responders" means state and local law enforcement
16 personnel, fire department personnel, and emergency medical personnel who
17 will be deployed to bioterrorism attacks, terrorist attacks, catastrophic or
18 natural disasters, and emergencies;

19 (3) "Harm reduction organization" means an organization that
20 provides direct assistance and services such as syringe exchanges,
21 counseling, homeless services, advocacy, and drug treatment and screening to
22 individuals at risk of experiencing a drug overdose;

23 (4) "Healthcare professional" means a person or entity that is
24 licensed, certified, or otherwise authorized by the laws of this state to
25 administer health care in the ordinary course of the practice of his or her
26 profession or as a function of an entity's administration of the practice of
27 medicine;

28 (5) "Opioid" means a drug or medication that relieves pain,
29 including without limitation:

30 (A) Hydrocodone;

31 (B) Oxycodone;

32 (C) Morphine;

33 (D) Codeine;

34 (E) Heroin; and

35 (F) Fentanyl;

36 (6) "Opioid antagonist" means any drug that binds to opioid

1 receptors and blocks or inhibits the effects of opioids acting on the
2 receptors and that is approved by the United States Food and Drug
3 Administration for the treatment of an opioid-related drug overdose; and

4 (7) "Opioid-related drug overdose" means an acute condition
5 resulting from, or that a reasonable person would believe to be resulting
6 from, the consumption or use of an opioid or another substance with which an
7 opioid was combined by an individual with signs and symptoms that include
8 without limitation:

9 (A) Extreme physical illness;

10 (B) Decreased level of consciousness;

11 (C) Respiratory depression;

12 (D) Coma;

13 (E) Mania; or

14 (F) Death.

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16 20-13-1604. Opioid antagonist – Immunity.

17 (a) A healthcare professional acting in good faith may directly or by
18 standing order prescribe and dispense an opioid antagonist to:

19 (1) A person at risk of experiencing an opioid-related drug
20 overdose;

21 (2) A pain management clinic;

22 (3) A harm reduction organization;

23 (4) An emergency medical services technician;

24 (5) A first responder;

25 (6) A law enforcement officer or agency; or

26 (7) A family member or friend of a person at risk of
27 experiencing an opioid-related drug overdose.

28 (b) A person acting in good faith who reasonably believes that another
29 person is experiencing an opioid-related drug overdose may administer an
30 opioid antagonist that was prescribed and dispensed under section (a) of this
31 section.

32 (c) The following individuals are immune from civil liability,
33 criminal liability, or professional sanctions for administering, prescribing,
34 or dispensing an opioid antagonist under this section:

35 (1) A healthcare professional who prescribes an opioid
36 antagonist under subsection (a) of this section;

