

Date: May 26, 2017 UPDATED June 8, 2017 and June 29, 2017

To: Kansas Law Enforcement

From: Ed Klumpp

Legislative Liaison

Kansas Association of Chiefs of Police;

Kansas Sheriffs Association;

Kansas Peace Officers Association

Subject: Availability of Naloxone Opioid Antagonist (Antidote) for First Responders

Disclaimer: Please remember I am not an attorney and this is not legal advice. I strongly urge you to check with your legal staff or advisors before implementing any Narcan or Naloxone program.

- The bill, [HB2217](#) has been passed and was signed by the Governor.
- The bill will become effective July 1, 2017.
- **On June 29, the Pharmacy Board's temporary regulation, KAR 68-7-23, was published in the Kansas Register and is effective July 1, 2017. This regulation is the last piece of legal authorizations required to allow all provisions of the new law to be effective and usable on July 1. You can [see it at this link](#). It is on page 20 of the pdf at that link, which is page 822 of the 2017 Kansas Register.**
- The Board of Pharmacy has published a protocol which entirely pertains to the pharmacists.
- Here is how I understand the new law and regulations work, but run this through your legal staff:
 - As of July 1, 2017, we can obtain the drug from a pharmacy without a physician's prescription.
 - **Prior to July 1 an officer may** obtain the drug with a prescription from a physician.
 - However, that prescription has to be to individuals and cannot be written to an agency.
 - Such a prescription would not allow the drug to be administered to anyone except the person to whom it is prescribed, prior to July 1.
 - **On and after July 1, 2017:**
 - **HB2217**, subsection (e) allows first responders to "possess, store, and administer" the drug, if the first responder has been properly trained covering at a minimum the points listed in the subsection and in the Board of Pharmacy regulation:
 - Techniques to recognize signs of an opioid overdose;
 - Standards and procedures to store and administer an emergency opioid antagonist;
 - Emergency follow-up procedures, including the requirement to
 - Summon emergency ambulance services either immediately before or immediately after administering an emergency opioid antagonist to a patient.
 - Notify medical first responders the opioid antagonist was administered.
 - Notify medical staff where the patient is treated the opioid antagonist was administered.
 - Notify the agency's physician medical director the opioid antagonist was administered.

- Inventory requirements and reporting any administration of an emergency opioid antagonist to a healthcare provider.
- **In addition, the regulation requires the following training:**
 - **Risk factors of opioid overdose.**
 - **Strategies to prevent opioid overdose.**
 - **Steps in responding to an overdose.**
 - **Information on emergency opioid antagonists.**
 - **Proper disposal and expiration information of emergency opioid antagonist dispensed to the agency.**
 - **Information on where to obtain a referral for substance use disorder treatment.**
- **HB2217**, subsection (f) provides, regardless of whether we obtain the drug from a pharmacy with or without a prescription, the first responder agency must “procure the services of a physician to serve as physician medical director for the first responder agency’s emergency opioid antagonist program” if the agency’s first responders are going to administer the drug.
- **HB2217**, subsection (f) provides the agency must use the physician or a pharmacist to:
 - Obtain the drug.
 - Receive assistance developing necessary policies and procedures that comply with this section and any rules and regulations adopted;
 - Training personnel; and
 - Coordinating agency activities with local emergency ambulance services and medical directors to provide quality assurance activities.
- **On and after July 1, 2017, the first responder agency may obtain the opioid antagonist directly from a pharmacist or pharmacy, or the agency’s physician medical director.**
- **Important notes:**
 - **All liability provisions in HB 2217 that state someone administering naloxone “shall not, by an act or omission, be subject to civil liability, criminal prosecution, any disciplinary or other adverse action by a professional licensure entity or any professional review” do NOT go into effect until July 1, 2017.**
 - **In my opinion, until the bill is effective on July 1, first responders are most likely not authorized to administer or distribute the drug to other persons unless they are currently authorized to do so under other medical certifications. However, I also believe individual officers could obtain a prescription from a physician for their own use in case of reaction to an exposure and that another person would be allowed to assist the afflicted person in the administration of the drug for which the afflicted person has a prescription.**

The Board of Pharmacy has also posted information at the following two links:

- <https://pharmacy.ks.gov/login/news-details/2017/06/21/naloxone-without-prescription-starting-july-1-2017>
- <http://www.pharmacy.ks.gov/resources-consumer-info/naloxone>

I also have several LE policy examples from other states which are available at links below.

I am not aware of any funding sources to help you with the implementation. I do believe it would be an excellent use of forfeiture funds that we could later site as a positive example of their use to the legislature.

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Sample Law Enforcement Procedures and Tracking Forms from Other States

[Connecticut State Police General Order](#)

[Connecticut State Police Policy](#)

[Connecticut State Police Naloxone Tracking Form](#)

[Georgia Bureau of Investigation Policy](#)

[Georgia Bureau of Investigation Form](#)

[New Mexico DPS Policy](#)

[Tennessee Bureau of Investigation Policy](#)

[Vermont State Police Policy](#)