

1 AN ACT relating to opioid overdose.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 222 IS CREATED TO
4 READ AS FOLLOWS:

5 *(1) As used in this section:*

6 *(a) "Appropriate facility" means a medical facility within a service area*
7 *defined by this section, which is certified by the Cabinet for Health and*
8 *Family Services to:*

9 *1. Have emergency services available on a twenty-four (24) hours per*
10 *day basis;*

11 *2. Be equipped to manage an acute opioid overdose; and*

12 *3. Be directly affiliated with a drug treatment clinic offering:*

13 *a. Transitional, evidence-based care for opioid users who have*
14 *survived an opioid overdose;*

15 *b. Medication-assisted treatment for opioid use disorder, as needed;*

16 *c. Services directly from alcohol and drug peer support specialists*
17 *registered under KRS Chapter 309; and*

18 *d. Referrals to longer-term treatment outside of the clinic, as*
19 *needed;*

20 *(b) "Emergency medical services provider" means a police officer, firefighter,*
21 *or emergency medical services personnel as defined in KRS 61.315 who are*
22 *working within the service area;*

23 *(c) "Immediate detention" means a period in which a person who has had an*
24 *opioid overdose is detained by a peace officer for transport by an emergency*
25 *medical services provider to an appropriate facility for assessment and a*
26 *referral to treatment under this section;*

27 *(d) "Immediate detention form" means written documentation of a reasonable*

1 belief that a person who has had an opioid overdose is at serious risk of
2 injury or death due to use of opioids, and is in need of treatment;

3 (e) "Opioid overdose" means that:

4 1. A person suffered respiratory or central nervous system depression
5 consistent with an acute opioid overdose; and

6 2. The person's symptoms were significantly alleviated by naloxone or
7 another opioid overdose intervention drug administered by an
8 emergency medical services provider; and

9 (f) "Service area" means a county containing:

10 1. An urban-county government;

11 2. A consolidated local government; or

12 3. A population of greater than ninety thousand (90,000) if any
13 adjoining county also has a population of greater than ninety
14 thousand (90,000) based upon the most recent federal decennial
15 census.

16 (2) (a) 1. When an emergency medical services provider treats a person for
17 opioid overdose within a service area, the person treated for opioid
18 overdose shall be immediately detained for transportation to an
19 appropriate facility within the service area.

20 2. If the emergency medical services provider is not a peace officer with
21 arrest powers, the emergency medical services provider shall contact a
22 peace officer with arrest powers to initiate an immediate detention.

23 (b) A peace officer shall complete an immediate detention form, take any steps
24 prescribed by the Justice and Public Safety Cabinet for entry of the
25 completed form into the Law Information Network of Kentucky, and
26 provide the facility with a copy of the immediate detention form for
27 inclusion in the overdose patient's medical information.

1 (c) Unless the peace officer determines that is necessary for the safety of the
2 person who overdosed or for public safety, the peace officer is not required
3 to accompany the person who overdosed to the appropriate facility.

4 (3) The immediate detention form shall document:

5 (a) Reasonable grounds to believe that the person is at serious risk of injury or
6 death due to abuse of opioids and in need of treatment. Evidence of an
7 opioid overdose serves as reasonable grounds under this section; and

8 (b) Other information as prescribed by the Justice and Public Safety Cabinet
9 through administrative regulation promulgated under KRS Chapter 13A.

10 (4) Before a person brought to an appropriate facility under this section can be
11 discharged:

12 (a) An assessment for substance use disorders shall be conducted by a qualified
13 health professional as defined under KRS 222.005, and if appropriate, the
14 qualified health professional shall make a referral to a clinically
15 appropriate evidence-based substance use disorder treatment program;

16 (b) The treating physician may, if appropriate, prescribe or make a referral for
17 medication-assisted treatment for the treatment of opioid use disorders, in
18 coordination with patient; and

19 (c) The qualified health professional conducting the evaluation shall develop a
20 discharge plan which includes a referral to an alcohol and drug peer
21 support specialist registered under KRS Chapter 309.

22 (5) The Justice and Public Safety Cabinet and Office of Drug Control Policy:

23 (a) May promulgate administrative regulations in accordance with KRS
24 Chapter 13A to administer and implement this section; and

25 (b) Shall collect data, in compliance with the federal Health Insurance
26 Portability and Accountability Act of 1996, Pub. L. No. 104-191, as
27 amended, on immediate detention and the resulting treatment provided by

1 appropriate facilities. This data shall be reported by December 31 of each
2 year to the Legislative Program Review and Investigations Committee of the
3 Kentucky General Assembly for analysis.

4 (6) Persons carrying out duties or rendering professional opinions as provided in this
5 section shall be free of personal liability for such actions, provided that such
6 activities are performed in good faith within the scope of their professional duties
7 and in a manner consistent with accepted professional practices.

8 (7) For persons who are Medicaid-eligible, transportation to and treatment in an
9 appropriate facility for opioid overdose under this section shall be reimbursed by
10 a health benefit plan, as deemed medically necessary in accordance with the
11 Social Security Act as defined in KRS 61.420.

12 (8) The provisions of this section shall be subject to available funding.