

HOUSE OF REPRESENTATIVES

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM
2024 REGULAR SESSION
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Amend printed copy of **HB 5**

On page 71, after line 27, insert the following:

"➔Section 51. KRS 218A.133 is amended to read as follows:

(1) As used in this section:

(a) "Drug overdose" means an acute condition of physical illness, coma, mania, hysteria, seizure, cardiac arrest, cessation of breathing, or death which reasonably appears to be or is the result of consumption or use of a controlled substance, or another substance with which a controlled substance was combined~~[, and that a layperson would reasonably believe requires medical assistance]; [and]~~

(b) "Excluded offense" means any offense described in Section 32 of this Act or a sexual offense described in KRS Chapter 510;~~["Good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant, or search warrant, or a lawful search]~~

(c) "Protected person" means a person who:

1. In good faith calls for assistance for another person experiencing a possible drug overdose;

2. Renders aid at the location of a possible drug overdose; or

3. Is experiencing a possible drug overdose; and

(d) "Rendering aid" means performing any action that involves assisting a person who

Amendment No. HFA 10

Rep. Rep. Keturah Herron

Committee Amendment _____

Signed: _____

Floor Amendment _____

LRC Drafter: _____

Adopted: _____

Date: _____

Rejected: _____

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is experiencing a possible drug overdose, including but not limited to calling for medical assistance, administering first aid, and administering or assisting in the administration of naloxone hydrochloride.

(2) When a medical professional or law enforcement officer is dispatched to the location of a medical emergency in response to a call for assistance, and upon arrival he or she assesses the medical emergency as a possible drug overdose, the provisions of this section apply to any protected person who is at the location when the medical professional or law enforcement officer arrives. The provisions of subsections (3) and (4) of this section shall apply for the duration of the response to the medical emergency at the location thereof, and end when the medical professional or law enforcement officer leaves that location.

(3) Except for an excluded offense, a **protected** person shall not be **arrested**, charged with or prosecuted for a criminal offense ~~if~~ prohibiting the possession of a controlled substance or the possession of drug paraphernalia if:

~~(a) In good faith, medical assistance with a drug overdose is sought from a public safety answering point, emergency medical services, a law enforcement officer, or a health practitioner because the person:~~

~~1. Requests emergency medical assistance for himself or herself or another person;~~

~~2. Acts in concert with another person who requests emergency medical assistance; or~~

~~3. Appears to be in need of emergency medical assistance and is the individual for whom the request was made;~~

~~(b)] the person **protected** remains with, or is, the individual who ~~is~~ [appears to be] experiencing a **possible** drug overdose until the requested assistance is provided; and~~

~~(a) [(e)] The evidence for the **arrest**, charge, or prosecution is obtained as a result of the **possible** drug overdose and the need for medical assistance; or~~

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- (b) The identity of the protected person is learned, or the protected person is identified as a person subject to arrest or prosecution, as a result of a medical professional or law enforcement officer's response to the possible drug overdose and the need for medical assistance.**
- (4) Except for an excluded offense, a protected person shall not be subject to revocation or termination proceedings under KRS Chapter 439 or KRS 533.050 if the protected person remains with, or is, the individual who is experiencing a possible drug overdose until the requested assistance is provided; and**
- (a) The evidence for the arrest, charge or prosecution is obtained as a result of a medical professional or law enforcement officer's response to the possible drug overdose and the need for medical assistance; or**
- (b) The identity of the protected person is learned, or the protected person is identified as a person subject to arrest or prosecution, as a result of a medical professional or law enforcement officer's response to the possible drug overdose and the need for medical assistance.**
- (5)(3)** The provisions of **subsections (3) and (4)** ~~[subsection (2)]~~ of this section shall not **apply when medical assistance is sought during the execution of an arrest warrant or a search warrant, and shall not** extend to the investigation and prosecution of any other crimes committed by a **protected** person who otherwise qualifies under this section.
- (6)(4)** When contact information is available for the person who requested emergency medical assistance, it shall be reported to the local health department. Health department personnel shall make contact with the person who requested emergency medical assistance in order to offer referrals regarding substance abuse treatment, if appropriate.
- (7)(5)** A law enforcement officer who makes an arrest in contravention of this section shall not be criminally or civilly liable for false arrest or false imprisonment if the arrest was

based on probable cause.

➔Section 52. KRS 15A.342 is amended to read as follows:

The Office of Drug Control Policy shall be responsible for all matters relating to the research, coordination, and execution of drug control policy and for the management of state and federal grants, including but not limited to the prevention and treatment related to substance abuse. By December 31 of each year, the Office of Drug Control Policy shall review, approve, and coordinate all current projects of any substance abuse program which is conducted by or receives funding through agencies of the executive branch. This oversight shall extend to all substance abuse programs which are principally related to the prevention or treatment, or otherwise targeted at the reduction, of substance abuse in the Commonwealth. The Office of Drug Control Policy shall promulgate administrative regulations consistent with enforcing this oversight authority. In addition, the Office of Drug Control Policy and KY-ASAP shall:

- (1) Develop a strategic plan to reduce the prevalence of smoking and drug and alcohol abuse among both the youth and adult populations in Kentucky;
- (2) Monitor the data and issues related to youth alcohol and tobacco access, smoking cessation and prevention, and substance abuse policies, their impact on state and local programs, and their flexibility to adapt to the needs of local communities and service providers;
- (3) Make policy recommendations to be followed to the extent permitted by budgetary restrictions and federal law, by executive branch agencies that work with smoking cessation and prevention and alcohol and substance abuse issues to ensure the greatest efficiency in agencies and to ensure that a consistency in philosophy will be applied to all efforts undertaken by the administration in initiatives related to smoking cessation and prevention and alcohol and substance abuse;
- (4) Identify existing resources in each community that advocate or implement programs for smoking cessation or prevention, or drug and alcohol abuse prevention, education, or

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- treatment;
- (5) Encourage coordination among public and private, state and local, agencies, organizations, and service providers, and monitor related programs;
 - (6) Act as the referral source of information, utilizing existing information clearinghouse resources within the Department for Public Health and CHAMPIONS for a Drug Free Kentucky Office, relating to youth tobacco access, smoking cessation and prevention, and substance abuse prevention, cessation, and treatment programs. The Office of Drug Control Policy and KY-ASAP shall identify gaps in information referral sources;
 - (7) Search for grant opportunities for existing programs within the Commonwealth;
 - (8) Make recommendations to state and local agencies and local tobacco addiction and substance abuse advisory and coordination boards;
 - (9) Observe programs from other states;
 - (10) Coordinate services among local and state agencies, including but not limited to the Justice and Public Safety Cabinet, the Cabinet for Health and Family Services, the Department of Agriculture, the Public Protection Cabinet, the Administrative Office of the Courts, and the Education and Labor Cabinet;
 - (11) Ensure the availability of training, technical assistance, and consultation to local service providers for programs funded by the Commonwealth that provide services related to tobacco addiction, smoking cessation or prevention, or alcohol or substance abuse;
 - (12) Review existing research on programs related to smoking cessation and prevention and substance abuse prevention and treatment;
 - (13) Comply with any federal mandate regarding smoking cessation and prevention and substance abuse, to the extent authorized by state statute;
 - (14) Establish a mechanism to coordinate the distribution of funds to support any local prevention, treatment, and education program based on the strategic plan developed in

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- subsection (1) of this section that could encourage smoking cessation and prevention through efficient, effective, and research-based strategies;
- (15) Oversee a school-based initiative that links schools with community-based agencies and health departments to implement School Programs to Prevent Tobacco Use, based upon the model recommended by the Centers for Disease Control and Prevention. To the extent permitted by resources, the initiative shall involve input by and services from each of the family resource and youth services centers, regional prevention centers, and existing school-based antidrug programs;
- (16) Work with community-based organizations to encourage them to work together to establish comprehensive tobacco addiction and substance abuse prevention education programs and carry out the strategic plan developed in this section. These organizations shall be encouraged to partner with district and local health departments and community mental health centers to plan and implement interventions to reach youths before tobacco addiction and substance abuse become a problem in their lives;
- (17) Coordinate media campaigns designed to demonstrate the negative impact of smoking and the increased risk of tobacco addiction, substance abuse, and the development of other disease in children, young people, and adults. To accomplish this objective, KY-ASAP shall work with local media to reach all segments of the community quickly and efficiently;
- (18) Certify to the Governor, the secretary of the Justice and Public Safety Cabinet, and the General Assembly during the budget request process established under KRS Chapter 48 the extent to which each entity receiving state funds has cooperated with the Office of Drug Control Policy and KY-ASAP, coordinated with community resources, and vigorously pursued the philosophy of the Office of Drug Control Policy and KY-ASAP;
- (19) Promulgate, with the approval of the secretary of the Justice and Public Safety Cabinet, any administrative regulations necessary to implement this section and KRS 15A.340 and

15A.344;[~~and~~]

(20) Report annually to the Legislative Research Commission and Governor regarding the proper organization of state government agencies that will provide the greatest coordination of services, and report semiannually to the Legislative Research Commission and Governor on the status of the Office of Drug Control Policy and KY-ASAP programs, services, and grants, and on other matters as requested by the Legislative Research Commission and Governor; and

(21) To the extent funding is provided, establish and promote an overdose good samaritan education and awareness campaign, and shall report annually to the Legislative Research Commission and the Governor regarding the strategies and components of the campaign, the effectiveness of the measures undertaken, and recommendations for additional funding to continue the campaign if warranted.

➔Section 53. Notwithstanding KRS 15.291 and KRS 15.293, there is hereby appropriated to the Office of Drug Control Policy restricted fund moneys from the opioid abatement trust fund established in KRS 15.293 in the amount of \$500,000 in fiscal year 2024-2025 to support the overdose good samaritan education and awareness campaign directed by Section 52 of this Act."; and

Renumber subsequent sections accordingly.