

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 certified by the Cabinet for*  
7 *Health and Family Services to:*

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

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

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

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

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

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

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

19 *(b) "Emergency medical services provider" means police officer, firefighter, or*  
20 *emergency medical services personnel, as defined in KRS 61.315;*

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

25 *(d) "Opioid assessment detention form" means written documentation of a*  
26 *reasonable belief that a person who has had an opioid overdose is at serious*  
27 *risk of injury or death due to use of opioids, and is in need of treatment;*

1           and

2           (e) "Opioid overdose" means that:

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

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

8           (2) (a) When an emergency medical services provider treats a person for opioid  
9                 overdose within a fifty (50) mile radius of an appropriate facility, the  
10                 emergency medical services provider shall initiate an opioid assessment  
11                 detention.

12           (b) If the emergency medical services provider is not a peace officer with arrest  
13                 powers, the emergency medical services provider shall contact law  
14                 enforcement for an opioid assessment detention.

15           (c) 1. The peace officer who detains the person who has overdosed shall  
16                 accompany the emergency medical services provider and the person  
17                 who has overdosed to an appropriate facility.

18                 2. The peace officer shall complete an opioid assessment detention form,  
19                 take any steps prescribed by the Justice and Public Safety Cabinet for  
20                 entry of the completed form into the Law Information Network of  
21                 Kentucky, and provide the facility with a copy of the opioid assessment  
22                 detention form for inclusion in the overdose patient's medical  
23                 information.

24           (3) The opioid assessment detention form shall document:

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

- 1        (b) Other information as prescribed by the Justice and Public Safety Cabinet  
2                    through administrative regulation under KRS Chapter 13A.
- 3        (4) Before a person brought to an appropriate facility under this section can be  
4                    discharged:
- 5                    (a) An assessment for substance use disorders shall be conducted by a qualified  
6                    health professional as defined under KRS 222.005, and if appropriate, the  
7                    qualified health professional shall make a referral to a clinically  
8                    appropriate evidence-based substance use disorder treatment program;
- 9                    (b) The treating physician may, if appropriate, prescribe or make a referral for  
10                    medication-assisted treatment for the treatment of opioid use disorders, in  
11                    coordination with patient; and
- 12                    (c) The qualified health professional conducting the evaluation shall develop a  
13                    discharge plan which includes a referral to an alcohol and drug peer  
14                    support specialist registered under KRS Chapter 309.
- 15        (5) An authorized staff physician, as defined in Chapter 202A, may order an  
16                    emergency admission under KRS 202A.031 in order to allow a qualified health  
17                    professional to complete the assessment and discharge plan required by this  
18                    section.
- 19        (6) The Justice and Public Safety Cabinet and Office of Drug Control Policy may  
20                    promulgate administrative regulations in accordance with KRS Chapter 13A to  
21                    administer and implement the provisions of this section.
- 22        (7) Persons carrying out duties or rendering professional opinions as provided in this  
23                    section shall be free of personal liability for such actions, provided that such  
24                    activities are performed in good faith within the scope of their professional duties  
25                    and in a manner consistent with accepted professional practices.
- 26        (8) For persons who are Medicaid-eligible, transportation to and treatment in an  
27                    appropriate facility for opioid overdose under this section shall be authorized by

1        *the Department for Medicaid Services and its contractors as Medicaid-eligible*  
2        *services, and shall be subject to the same medical necessity criteria and*  
3        *reimbursement methodology as for all other covered behavioral health services.*