

1 AN ACT relating to overdose good samaritans and making an appropriation
2 therefor.

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

4 ➔Section 1. KRS 218A.133 is amended to read as follows:

5 (1) As used in this section:

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

12 (b) ***"Excluded offense" means any offense described in KRS 439.3401 or a***
13 ***sexual offense described in KRS Chapter 510;***~~["Good faith" does not include~~
14 ~~seeking medical assistance during the course of the execution of an arrest~~
15 ~~warrant, or search warrant, or a lawful search]~~

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

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

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

20 ***3. Is experiencing a possible drug overdose; and***

21 (d) ***"Rendering aid" means performing any action that involves assisting a***
22 ***person who is experiencing a possible drug overdose, including but not***
23 ***limited to calling for medical assistance, administering first aid, and***
24 ***administering or assisting in the administration of naloxone hydrochloride.***

25 (2) ***When a medical professional or law enforcement officer is dispatched to the***
26 ***location of a medical emergency in response to a call for assistance, and upon***
27 ***arrival he or she assesses the medical emergency as a possible drug overdose, the***

1 provisions of this section apply to any protected person who is at the location
 2 when the medical professional or law enforcement officer arrives. The provisions
 3 of subsections (3) and (4) of this section shall apply for the duration of the
 4 response to the medical emergency at the location thereof, and end when the
 5 medical professional or law enforcement officer leaves that location.

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

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

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

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

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

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

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

23 (b) **The identity of the protected person is learned, or the protected person is**
 24 **identified as a person subject to arrest or prosecution, as a result of a**
 25 **medical professional or law enforcement officer's response to the possible**
 26 **drug overdose and the need for medical assistance.**

27 (4) Except for an excluded offense, a protected person shall not be subject to

1 revocation or termination proceedings under KRS Chapter 439 or KRS 533.050 if
2 the protected person remains with, or is, the individual who is experiencing a
3 possible drug overdose until the requested assistance is provided; and

4 (a) The evidence for the arrest, charge or prosecution is obtained as a result of
5 a medical professional or law enforcement officer's response to the possible
6 drug overdose and the need for medical assistance; or

7 (b) The identity of the protected person is learned, or the protected person is
8 identified as a person subject to arrest or prosecution, as a result of a
9 medical professional or law enforcement officer's response to the possible
10 drug overdose and the need for medical assistance.

11 ~~(5)~~~~(3)~~ The provisions of subsections (3) and (4)~~subsection (2)~~ of this section shall
12 not apply when medical assistance is sought during the execution of an arrest
13 warrant or a search warrant, and shall not extend to the investigation and
14 prosecution of any other crimes committed by a protected person who otherwise
15 qualifies under this section.

16 ~~(6)~~~~(4)~~ When contact information is available for the person who requested
17 emergency medical assistance, it shall be reported to the local health department.
18 Health department personnel shall make contact with the person who requested
19 emergency medical assistance in order to offer referrals regarding substance abuse
20 treatment, if appropriate.

21 ~~(7)~~~~(5)~~ A law enforcement officer who makes an arrest in contravention of this
22 section shall not be criminally or civilly liable for false arrest or false imprisonment
23 if the arrest was based on probable cause.

24 ➔Section 2. KRS 15A.342 is amended to read as follows:

25 The Office of Drug Control Policy shall be responsible for all matters relating to the
26 research, coordination, and execution of drug control policy and for the management of
27 state and federal grants, including but not limited to the prevention and treatment related

1 to substance abuse. By December 31 of each year, the Office of Drug Control Policy
2 shall review, approve, and coordinate all current projects of any substance abuse program
3 which is conducted by or receives funding through agencies of the executive branch. This
4 oversight shall extend to all substance abuse programs which are principally related to the
5 prevention or treatment, or otherwise targeted at the reduction, of substance abuse in the
6 Commonwealth. The Office of Drug Control Policy shall promulgate administrative
7 regulations consistent with enforcing this oversight authority. In addition, the Office of
8 Drug Control Policy and KY-ASAP shall:

- 9 (1) Develop a strategic plan to reduce the prevalence of smoking and drug and alcohol
10 abuse among both the youth and adult populations in Kentucky;
- 11 (2) Monitor the data and issues related to youth alcohol and tobacco access, smoking
12 cessation and prevention, and substance abuse policies, their impact on state and
13 local programs, and their flexibility to adapt to the needs of local communities and
14 service providers;
- 15 (3) Make policy recommendations to be followed to the extent permitted by budgetary
16 restrictions and federal law, by executive branch agencies that work with smoking
17 cessation and prevention and alcohol and substance abuse issues to ensure the
18 greatest efficiency in agencies and to ensure that a consistency in philosophy will
19 be applied to all efforts undertaken by the administration in initiatives related to
20 smoking cessation and prevention and alcohol and substance abuse;
- 21 (4) Identify existing resources in each community that advocate or implement programs
22 for smoking cessation or prevention, or drug and alcohol abuse prevention,
23 education, or treatment;
- 24 (5) Encourage coordination among public and private, state and local, agencies,
25 organizations, and service providers, and monitor related programs;
- 26 (6) Act as the referral source of information, utilizing existing information
27 clearinghouse resources within the Department for Public Health and

- 1 CHAMPIONS for a Drug Free Kentucky Office, relating to youth tobacco access,
2 smoking cessation and prevention, and substance abuse prevention, cessation, and
3 treatment programs. The Office of Drug Control Policy and KY-ASAP shall
4 identify gaps in information referral sources;
- 5 (7) Search for grant opportunities for existing programs within the Commonwealth;
- 6 (8) Make recommendations to state and local agencies and local tobacco addiction and
7 substance abuse advisory and coordination boards;
- 8 (9) Observe programs from other states;
- 9 (10) Coordinate services among local and state agencies, including but not limited to the
10 Justice and Public Safety Cabinet, the Cabinet for Health and Family Services, the
11 Department of Agriculture, the Public Protection Cabinet, the Administrative Office
12 of the Courts, and the Education and Labor Cabinet;
- 13 (11) Ensure the availability of training, technical assistance, and consultation to local
14 service providers for programs funded by the Commonwealth that provide services
15 related to tobacco addiction, smoking cessation or prevention, or alcohol or
16 substance abuse;
- 17 (12) Review existing research on programs related to smoking cessation and prevention
18 and substance abuse prevention and treatment;
- 19 (13) Comply with any federal mandate regarding smoking cessation and prevention and
20 substance abuse, to the extent authorized by state statute;
- 21 (14) Establish a mechanism to coordinate the distribution of funds to support any local
22 prevention, treatment, and education program based on the strategic plan developed
23 in subsection (1) of this section that could encourage smoking cessation and
24 prevention through efficient, effective, and research-based strategies;
- 25 (15) Oversee a school-based initiative that links schools with community-based agencies
26 and health departments to implement School Programs to Prevent Tobacco Use,
27 based upon the model recommended by the Centers for Disease Control and

- 1 Prevention. To the extent permitted by resources, the initiative shall involve input
2 by and services from each of the family resource and youth services centers,
3 regional prevention centers, and existing school-based antidrug programs;
- 4 (16) Work with community-based organizations to encourage them to work together to
5 establish comprehensive tobacco addiction and substance abuse prevention
6 education programs and carry out the strategic plan developed in this section. These
7 organizations shall be encouraged to partner with district and local health
8 departments and community mental health centers to plan and implement
9 interventions to reach youths before tobacco addiction and substance abuse become
10 a problem in their lives;
- 11 (17) Coordinate media campaigns designed to demonstrate the negative impact of
12 smoking and the increased risk of tobacco addiction, substance abuse, and the
13 development of other disease in children, young people, and adults. To accomplish
14 this objective, KY-ASAP shall work with local media to reach all segments of the
15 community quickly and efficiently;
- 16 (18) Certify to the Governor, the secretary of the Justice and Public Safety Cabinet, and
17 the General Assembly during the budget request process established under KRS
18 Chapter 48 the extent to which each entity receiving state funds has cooperated with
19 the Office of Drug Control Policy and KY-ASAP, coordinated with community
20 resources, and vigorously pursued the philosophy of the Office of Drug Control
21 Policy and KY-ASAP;
- 22 (19) Promulgate, with the approval of the secretary of the Justice and Public Safety
23 Cabinet, any administrative regulations necessary to implement this section and
24 KRS 15A.340 and 15A.344;~~and~~
- 25 (20) Report annually to the Legislative Research Commission and Governor regarding
26 the proper organization of state government agencies that will provide the greatest
27 coordination of services, and report semiannually to the Legislative Research

1 Commission and Governor on the status of the Office of Drug Control Policy and
2 KY-ASAP programs, services, and grants, and on other matters as requested by the
3 Legislative Research Commission and Governor; and

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

9 ➔Section 3. Notwithstanding KRS 15.291 and KRS 15.293, there is hereby
10 appropriated to the Office of Drug Control Policy restricted fund moneys from the opioid
11 abatement trust fund established in KRS 15.293 in the amount of \$500,000 in fiscal year
12 2024-2025 to support the overdose good samaritan education and awareness campaign
13 directed by Section 2 of this Act.