

SENATE BILL 1631

By Norris

AN ACT to amend Tennessee Code Annotated, Title 63,
Chapter 1, Part 1, relative to health.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following language as a new, appropriately designated section:

(a) As used in this section, "drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, coma, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be an opioid related drug overdose that requires medical assistance.

(b) As used in this section, "opioid antagonist" means naloxone hydrochloride which is approved by the federal Food and Drug Administration for the treatment of a drug overdose.

(c) A licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist acting in good faith and exercising reasonable care may, directly or by standing order, prescribe an opioid antagonist to the following persons:

(1) A person at risk of experiencing an opiate-related overdose, or

(2) A family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

(d) In order to establish good faith under subsection (c), a licensed healthcare practitioner, prior to prescribing an opioid antagonist, may require receipt of a written communication that provides a factual basis for a reasonable conclusion that:

(1) The person seeking the opioid antagonist is at risk of experiencing an opiate-related overdose; or

(2) The person seeking the opioid antagonist other than the person who is at risk of experiencing an opiate-related overdose, and who is seeking the opioid antagonist, is a family member, friend, or other person in a position to assist the person at risk of experiencing an opiate-related overdose.

(e) A person who receives an opioid antagonist that was prescribed pursuant to subsection (c) may administer an opioid antagonist to another person if:

(1) The person has a good faith belief that the other person is experiencing an opioid related drug overdose; and

(2) The person exercises reasonable care in administering the drug to the other person.

(f) Evidence of the use of reasonable care in administering the drug shall include the receipt of basic instruction and information on how to administer the opioid antagonist, including successful completion of the online overdose prevention education program offered by the department of health.

(g) The commissioner of health or the commissioner's designee, in consultation with other state, federal or local government personnel, including contractors, shall create and maintain an online education program with the goal of educating laypersons and the general public on the administration of opioid antagonists and appropriate techniques and follow-up procedures for dealing with opioid related drug- overdose.

(h) The following individuals are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section:

(1) Any licensed healthcare practitioner who prescribes or dispenses an opioid antagonist pursuant to subsection (c); and

(2) Any person who administers an opioid antagonist pursuant to subsection (e).

(i) A licensed healthcare practitioner acting in good faith and with reasonable care, who prescribes, dispenses, or administers an opioid antagonist to a person the healthcare provider believes to be experiencing or is at risk of experiencing a drug-related overdose or prescribes an opioid antagonist to a family member, friend, or other person in a position to assist a person experiencing or at risk of experiencing a drug-related overdose is immune from disciplinary or adverse administrative actions under title 63 for acts or omissions during the administration, prescription, or dispensation of an opioid antagonist

SECTION 2. This Act shall become effective on July 1, 2014, the public welfare requiring it.