

"[CHAPTER 329E]
OVERDOSE PREVENTION AND EMERGENCY RESPONSE ACT

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" **[§329E-1] Definitions.** The following definitions apply throughout this chapter:

"Harm reduction organization" means an organization that provides services, including medical care, counseling, homeless services, or addiction treatment, to individuals at risk of experiencing an opioid-related drug overdose event or to the friends and family members of an at-risk individual.

"Health care professional" means a physician licensed under chapter 453, physician assistant under the authority and supervision of a physician, or advanced practice registered nurse with prescriptive authority licensed under chapter 457.

"Opioid antagonist" means any drug that binds to opioid receptors and blocks or disinhibits the effects of opioids acting on those receptors, and that is approved by the United States Food and Drug Administration for treating opioid-related drug overdose.

"Opioid-related drug overdose" means a condition including but not limited to extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or a condition that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.

"Pharmacist" means a registered pharmacist as defined in chapter 461.

"Standing order" means a prescription order for an opioid antagonist issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist that is not specific to and does not identify a particular patient and which may be applicable to more than one patient. [L 2016, c 68, pt of §2]

" **[§329E-2] Immunity.** (a) Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe, dispense, and distribute an opioid antagonist to:

- (1) An individual at risk of experiencing an opioid-related drug overdose;
- (2) Another person in a position to assist an individual at risk of experiencing an opioid-related drug overdose; or
- (3) A harm reduction organization.

Any such prescribing, dispensing, or distributing of an opioid antagonist pursuant to this chapter shall be regarded as being for a legitimate medical purpose in the usual course of professional practice.

(b) A health care professional or pharmacist who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist pursuant to this chapter shall not be subject to any criminal or civil liability or any professional disciplinary action for:

- (1) Prescribing, dispensing, or distributing the opioid antagonist; and
- (2) Any outcomes resulting from the eventual administration of the opioid antagonist.

(c) Notwithstanding any other law to the contrary, any person may lawfully possess an opioid antagonist.

(d) A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related drug overdose shall be immune from criminal prosecution, sanction under any professional licensing law, and civil liability for acts or omissions resulting from the administration. [L 2016, c 68, pt of §2]

" **[§329E-3] Opioid antagonist administration; emergency personnel and first responders.** Beginning on January 1, 2017, every emergency medical technician licensed and registered in Hawaii and all law enforcement officers, firefighters, and lifeguards shall be authorized to administer an opioid antagonist as clinically indicated. [L 2016, c 68, pt of §2]

" **[§329E-4] Medicaid coverage.** The department of human services shall ensure that opioid antagonists for outpatient use are covered by the medicaid prescription drug program on the same basis as other covered drugs. [L 2016, c 68, pt of §2]

" **[§329E-5] Harm reduction organization; opioid antagonist; exemption.** Notwithstanding any other law or regulation to the contrary, a person or harm reduction organization acting under a standing order may store an opioid antagonist without being subject to chapter 328, except part VII, and may distribute an opioid antagonist; provided that the distribution is done without charge or compensation. [L 2016, c 68, pt of §2]

" **[§329E-6] Unintentional opioid-related drug overdose; reporting.** The department of health shall ascertain, document, and publish an annual report on the number of, trends in, patterns in, and risk factors related to unintentional opioid-related drug overdose fatalities occurring each year within the State. The report shall provide information on interventions that would be effective in reducing the rate of fatal or nonfatal drug overdose. [L 2016, c 68, pt of §2]

" **[§329E-7] Opioid-related drug overdose recognition, prevention, and response.** The department of health shall work with community partners to provide or establish any of the following:

- (1) Education on opioid-related drug overdose prevention, recognition, and response, including opioid antagonist administration;
- (2) Training on opioid-related drug overdose prevention, recognition, and response, including opioid antagonist administration, for patients receiving opioids and their families and caregivers;
- (3) Opioid antagonist prescription and distribution projects; and
- (4) Education and training projects on opioid-related drug overdose response and treatment, including opioid antagonist administration, for emergency services and law enforcement personnel, including volunteer firefighters, lifeguards, and emergency services personnel. [L 2016, c 68, pt of §2]