



COPY

THE SENATE
Twenty-Third Northern Marianas Commonwealth Legislature
P. O. Box 500129
Saipan, MP 96950

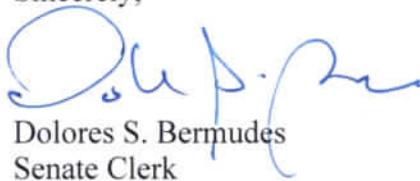
June 10, 2024

The Honorable Edmund S. Villagomez
Speaker
House of Representatives
23rd Northern Marianas Commonwealth Legislature
Saipan, MP 96950

Dear Speaker Villagomez:

I have the honor of returning without amendments House Bill No. 23-23, entitled – To establish a CNMI Drug Overdose Policy; to authorize and mandate first responders to possess opioid overdose reversal medication; to authorize standing orders for opioid overdose reversal medication; to provide limited immunity for dispensing opioid overdose reversal medication; and for other purposes.” The Senate passed H.B. No. 23-23 by the unanimous vote, a quorum being present, in its 1st Day, Third Special Session on June 07, 2024.

Sincerely,



Dolores S. Bermudes
Senate Clerk

Transmitted to HOUSE:

Received by: Lela S. Date: 6/10/2024 Time: 10:15 am



The Senate

NORTHERN MARIANAS COMMONWEALTH LEGISLATURE

P.O. BOX 500129

SAIPAN, MP 96950

STANDING COMMITTEE REPORT NO. 23-92

Date: April 25, 2024

RE: House Bill No. 23-23

Honorable Edith E. DeLeon Guerrero
President of the Senate
Twenty-Third Northern Marianas
Commonwealth Legislature
Saipan, MP 96950

Dear Madam President:

Your Committee on Health, Education and Welfare, to which was referred House Bill No. 23-23, entitled:

“To establish a CNMI Drug Overdose Policy; to authorize and mandate first responders to possess opioid overdose reversal medication; to authorize standing orders for opioid overdose reversal medication; to provide limited immunity for dispensing opioid overdose reversal medication; and for other purposes.”

begs leave to report as follows:

I. RECOMMENDATION:

After considerable discussion and deliberation, your Committee recommends passage of the proposed legislation in its original form of House Bill No. 23-23.

II. ANALYSIS:

A) Purpose:

The purpose of House Bill No. 23-23 is to provide ample authorization and to require first responders to carry opioid reversal medication as well as to authorize standing orders on opioid reversal medication. Furthermore, it provides limited immunity for dispensing opioid reversal medication.

B) Committee Findings:

Your Committee finds that opioids, sometimes known as narcotics, are substances that include strong pain relievers. These substances affect the body's nervous system in brain receptors to aid in reducing the intensity of pain. Your Committee finds that drug overdose is a growing crisis worldwide and its prevalence has been the cause of many deaths in the past two decades. Your Committee finds that there is a need to prevent the loss of lives resulting from this issue through the authorization and mandating of first responders to carry opioid reversal medication as well as advocating for the prescription, dispensing, and administration of such medication. Opioid reversal medication can aid persons experiencing opioid overdose through the restoration of respiration upon being administered the medication. Increased access to such medication may save lives through its aiding medical properties.

Your Committee finds that because access to naloxone is bounded by laws and regulations that pre-date the opioid overdose medical crisis, all fifty states and the District of Columbia have modified their laws in an effort to provide better access to opioid reversal medication to include naloxone. Studies show that efforts such as having laws that provide better access to these medications assist in the dispensing of naloxone in pharmacies, dispensing of naloxone being paid for by Medicaid, and community programs that also dispense the medication. Your Committee finds that these changes in laws and regulations are associated with a significant decrease in deaths caused by opioid overdose.

Your Committee finds that first responders in the CNMI are not specifically authorized or required to carry opioid overdose reversal medication. Therefore, the proposed legislation seeks to establish a CNMI Drug Overdose Policy in an effort to provide ample access to opioid overdose medications. Your Committee finds that the proposed legislation seeks to authorize and mandate first responders and emergency service employees to possess opioid overdose reversal medication and permit health care practitioners and pharmacists to administer, prescribe, and dispense, directly or by collaborative drug therapy agreement or standing order, opioid overdose medication to any person who may be present at an overdose, law enforcement, emergency medical personnel, family members, or service providers and to permit those individuals to possess and administer opioid overdose medications prescribed by an authorized health care provider. Furthermore, the proposed legislation seeks to provide limited immunity for healthcare practitioners for prescribing or dispensing opioid overdose reverse medication as well as for first responders and emergency service employees for administering opioid overdose reverse medication.

Your Committee met on April 25, 2024, to discuss the provisions of the proposed legislation. Your Committee agreed that the House of Representatives had reached out to the necessary entities associated with the proposed legislation and did not offer further amendments. No member objected to the passage of House Bill No. 23-23 in its original form.

C) Legislative History:

House Bill No. 23-23 was formally introduced by Representative Malcolm J. Omar and Representative Julie A. Ogo on March 3, 2023, and was passed by the House of Representatives on First and Final Reading during its Eleventh Day, Second Regular Session on December 27, 2023. House Bill No. 23-23 was transmitted to the Senate on December 28, 2023, and referred to the Senate Standing Committee on Health, Education and Welfare for disposition.

D) Public Hearing and Comment:

1. Public Hearing. No public hearing was scheduled for House Bill No. 23-23. However, a committee meeting, which is open to the public, was held to receive written and oral testimonies on any proposed legislation appearing on the agenda. See below for further details.
2. Committee Meeting. The proposed legislation made its first appearance during the scheduled committee meeting on April 25, 2024, in which your Committee deliberated on the provisions stated in the proposed legislation and the comments provided to the Committee for review.

The respective Committee Meeting notices and agendas were officially posted on various legislative forums and social media sites in accordance with the Open Government Act to invite members of the general public to provide comments as indicated under Item No. III. Public Comment of the Committee Agenda. During the committee meeting, public comments were provided in support of the proposed legislation by the following:

1. Joseph Kevin Villagomez, Administrator, Addiction Services Unit, Community Guidance Center, Commonwealth Healthcare Corporation
 2. Richard Hofschneider, personal testimony
3. Written Comment. To date, the status of comments received from the foregoing government agencies are as follows:
 - a. *Esther L. Muna, PhD, MHA, FACHE, Chief Executive Officer, Commonwealth Healthcare Corporation, letter dated March 22, 2024*

E) Estimated Fiscal Cost:

The enactment of House Bill No. 23-23 will result in additional costs to the CNMI government for the purpose of funding adequate medical supply and implementation of training. However, the strengthening of the protection of the Commonwealth community's health and safety through the establishment of a CNMI Overdose Policy outweighs the cost.


F) Summary of Committee Amendments:

Your Committee made no amendments to the proposed legislation.


III. CONCLUSION:

Your Committee agrees with the intent and purpose of the proposed legislation and recommends passage in the form of House Bill No. 23-23 in its original form.


Respectfully submitted,



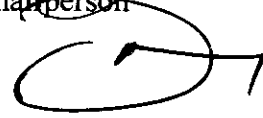
Senator Donald M. Mangiona
Chairperson



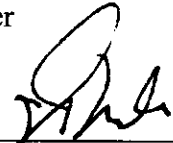
Senator Corina L. Magofna
Vice Chairperson



Senator Celina R. Babauta
Member

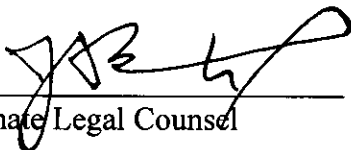


Senator Francisco Q. Cruz
Member



Senator Dennis C. Mendiola
Member

Reviewed by:



Senate Legal Counsel

Attachment(s):

● *Written Comment(s):*

1. *Esther L. Muna, PhD, MHA, FACHE, Chief Executive Officer, Commonwealth Healthcare Corporation, letter dated March 22, 2024*

TWENTY-THIRD NORTHERN MARIANAS COMMONWEALTH

LEGISLATURE

IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2023

First Regular Session, 2023

H. B. 23-23

A BILL FOR AN ACT

To establish a CNMI Drug Overdose Policy; to authorize and mandate first responders to possess opioid overdose reversal medication; to authorize standing orders for opioid overdose reversal medication; to provide limited immunity for dispensing opioid overdose reversal medication; and for other purposes.

**BE IT ENACTED BY THE 23RD NORTHERN MARIANAS
COMMONWEALTH LEGISLATURE:**

1 **Section 1. Findings and Purpose.** The Legislature intends to save lives lost
2 to drug overdoses by authorizing and mandating first responders and emergency
3 services employees to possess opioid overdose reversal medication and
4 encouraging the prescription, dispensing, and administration of opioid overdose
5 medications. Opioids are substances that work in the nervous system of the body
6 or in specific receptors in the brain to reduce the intensity of pain. Overdoses of
7 opioids, such as heroin and prescription painkillers, cause brain injury and death by
8 slowing and eventually stopping a person's breathing.

9 According to the Centers for Disease Control and Prevention, more than
10 750,000 people have died since 1999 from a drug overdose. Two out of three drug
11 overdose deaths in 2018 involved an opioid. Overdose deaths involving opioids,

1 including prescription opioids, heroin, and synthetic opioids (like fentanyl), have
2 increased almost six times since 1999. Overdoses involving opioids killed nearly
3 47,000 people in 2018, and 32% of those deaths involved prescription opioids.

4 Many of these negative outcomes are preventable. Opioid overdose is
5 reversible through the timely administration of an opioid overdose reversal
6 medication including naloxone and, where needed, the provision of other
7 emergency care. When administered to a person experiencing an opioid-related
8 drug overdose, an opioid overdose medication can save the person's life by
9 restoring respiration. Increased access to opioid overdose medications reduces the
10 time between when a victim is discovered and when he or she receives lifesaving
11 assistance.

12 However, access to naloxone is limited by laws and regulations that pre-
13 date the overdose epidemic. In an attempt to reverse the unprecedented increase in
14 preventable overdose deaths, all fifty states and the District of Columbia have now
15 modified their laws to increase access to opioid overdose reversal medication
16 including naloxone, the standard first-line treatment for opioid overdose. Largely
17 because of these legal changes, over 150,000 laypeople had received training and
18 naloxone kits as of 2014, and naloxone program participants reported reversing
19 more than 26,000 overdoses in the United States. Research shows that naloxone
20 access laws are associated with increases in the dispensing of naloxone from retail
21 pharmacies, the dispensing of naloxone paid for by Medicaid, and the number of

1 community programs that distribute naloxone. Perhaps more importantly, naloxone
2 laws are associated with decreases in opioid overdose deaths by approximately
3 14%.

4 In the CNMI, first responders are not specifically authorized or required to
5 possess opioid overdose reversal medication. Moreover, the community does not
6 have access to such lifesaving medication. The Legislature intends to establish a
7 CNMI Drug Overdose policy to increase access to opioid overdose medications by
8 authorizing and mandating first responders and emergency service employees to
9 possess opioid overdose reversal medication and permitting health care
10 practitioners and pharmacists to administer, prescribe, and dispense, directly or by
11 collaborative drug therapy agreement or standing order, opioid overdose
12 medication to any person who may be present at an overdose, law enforcement,
13 emergency medical personnel, family members, or service providers and to permit
14 those individuals to possess and administer opioid overdose medications prescribed
15 by an authorized health care provider. The Legislature further intends to provide
16 limited immunity for health care practitioners for prescribing or dispensing opioid
17 overdose reverse medication as well as for first responders and emergency service
18 employees for administering opioid overdose reverse medication.

1 **Section 2. Enactment.** Subject to codification by the CNMI Law Revision
2 Commission, the following provisions are hereby enacted:

3 **“§ 101. CNMI Drug Overdose Policy; First Responders to**
4 **Possess & Administer Opioid Overdose Reversal Medication.**

5 (a) First responders including emergency service employees,
6 firefighters, police officers or other law enforcement officers, emergency
7 medical services personnel, EMT, Advanced EMT, and paramedics and
8 other emergency responders who render emergency medical services at the
9 scene of an emergency are authorized to possess, store, and administer
10 opioid overdose reversal medication.

11 (b) All CNMI government agencies that employ first responders
12 including emergency service employees, firefighters, police officers or
13 other law enforcement officers, emergency medical services personnel,
14 EMT, Advanced EMT, and paramedics and other emergency responders
15 who render emergency medical services at the scene of an emergency must
16 provide opioid overdose reversal medication rescue kits to their first
17 responders, require first responders to successfully complete the training
18 required under this Act, and require the first responders to carry the opioid
19 overdose reversal medication rescue kits in accordance with agency
20 procedures so as to optimize the first responders’ capacity to timely assist
21 in the prevention of opioid overdoses. Provided, that a CNMI government

1 agency has designated sufficient funding or supplies of opioid overdose
2 reversal medication rescue kits. A CNMI government agency that employs
3 a firefighter or law enforcement officer that does not respond to emergency
4 medical calls or provide medical services shall be exempt from this
5 subsection.

6 (c) Every publicly or privately owned ambulance, special
7 emergency medical services vehicle, non-transport vehicle, or ambulance
8 assist vehicle, which responds to requests for emergency services or
9 transports patients to the hospital in emergency situations must possess
10 opioid overdose reversal medication.

11 (d) CNMI government agencies that are required under sections (a)
12 and (b) to possess opioid overdose reversal medication may coordinate with
13 the Commonwealth Healthcare Corporation for the acquisition of opioid
14 overdose reversal medication and for training programs on the
15 administration of opioid overdose reversal medication.

16 (e) "Opioid overdose reversal medication" means any drug used to
17 reverse an opioid overdose that binds to opioid receptors and blocks or
18 inhibits the effects of opioids acting on those receptors. It does not include
19 intentional administration via the intravenous route.

20 (f) In the absence of gross negligence or willful misconduct, nothing
21 in this section shall be construed to impose civil or criminal liability on a

1 local or state governmental agency or a first responder acting in good faith
2 in the administration or provision of an opioid overdose reversal medication
3 in cases where an individual appears to be experiencing an opioid overdose.

4 **§ 102. Training Mandate; Opioid Overdose Reversal**
5 **Medication.**

6 (a) The Commonwealth Healthcare Corporation shall conduct or
7 approve a training program in the administration of opioid overdose reversal
8 medication for the Department of Fire & Emergency Medical Services, the
9 Department of Public Safety, and any other CNMI government agency that
10 employs first responders, including emergency service employees,
11 firefighters, police officers or other law enforcement officers, emergency
12 medical services personnel, EMT, Advanced EMT, and paramedics and
13 other emergency responders who render emergency medical services at the
14 scene of an emergency.

15 (b) For purposes of this section, “Opioid overdose reversal
16 medication” means any drug used to reverse an opioid overdose that binds
17 to opioid receptors and blocks or inhibits the effects of opioids acting on
18 those receptors. It does not include intentional administration via the
19 intravenous route.”

1 **Section 3. Amendment.** Title 6, Division 2, Chapter 1, Article 3 of the
2 Commonwealth Code is hereby amended by adding a new section 2139 to read as
3 follows:

4 **“§ 2139. Opioid Overdose Reversal Medication – Standing**
5 **Order Permitted.**

6 (a) (1) A practitioner may prescribe, dispense, distribute, and
7 deliver an opioid overdose reversal medication: (i) directly to a person at
8 risk of experiencing an opioid-related overdose; or (ii) by prescription,
9 collaborative drug therapy agreement, standing order, or protocol to a first
10 responder, family member, or other person or entity in a position to assist a
11 person at risk of experiencing an opioid-related overdose. Any such
12 prescription, standing order, or protocol is issued for a legitimate medical
13 purpose in the usual course of professional practice.

14 (2) At the time of prescribing, dispensing, distributing, or delivering
15 the opioid overdose reversal medication, the practitioner shall inform the
16 recipient that as soon as possible after administration of the opioid overdose
17 reversal medication, the person at risk of experiencing an opioid-related
18 overdose should be transported to a hospital or a first responder should be
19 summoned.

20 (b) A pharmacist may dispense an opioid overdose reversal
21 medication pursuant to a prescription, collaborative drug therapy

1 agreement, standing order, or protocol issued in accordance with subsection
2 (a)(1) of this section and may administer an opioid overdose reversal
3 medication to a person at risk of experiencing an opioid-related overdose.
4 At the time of dispensing an opioid overdose reversal medication, a
5 pharmacist shall provide written instructions on the proper response to an
6 opioid-related overdose, including instructions for seeking immediate
7 medical attention. The instructions to seek immediate medical attention
8 must be conspicuously displayed.

9 (c) Any person or entity may lawfully possess, store, deliver,
10 distribute, or administer an opioid overdose reversal medication pursuant to
11 a prescription, collaborative drug therapy agreement, standing order, or
12 protocol issued by a practitioner in accordance with subsection (a) of this
13 section.

14 (d) The following individuals, if acting in good faith and with
15 reasonable care, are not subject to criminal or civil liability or disciplinary
16 action under Health Care Professions Licensing Act for any actions
17 authorized by this section or the outcomes of any actions authorized by this
18 section:

19 (1) A practitioner who prescribes, dispenses, distributes, or delivers
20 an opioid overdose reversal medication pursuant to subsection (a) of this
21 section;

1 (2) A pharmacist who dispenses an opioid overdose reversal
2 medication pursuant to subsection (b) or (e)(1) of this section;

3 (3) A person who possesses, stores, distributes, or administers an
4 opioid overdose reversal medication pursuant to subsection (c) of this
5 section.

6 (e) The Chief Medical Officer may issue a standing order
7 prescribing opioid overdose reversal medications to any person at risk of
8 experiencing an opioid-related overdose or any person or entity in a position
9 to assist a person at risk of experiencing an opioid-related overdose. The
10 standing order may be limited to specific areas in the CNMI or CNMI wide.

11 (1) A pharmacist shall dispense an opioid overdose reversal
12 medication pursuant to a standing order issued in accordance with this
13 subsection, consistent with the pharmacist's responsibilities to dispense
14 prescribed legend drugs, and may administer an opioid overdose reversal
15 medication to a person at risk of experiencing an opioid-related overdose.
16 At the time of dispensing an opioid overdose reversal medication, a
17 pharmacist shall provide written instructions on the proper response to an
18 opioid-related overdose, including instructions for seeking immediate
19 medical attention. The instructions to seek immediate medical attention
20 must be conspicuously displayed.

1 (2) Any person or entity may lawfully possess, store, deliver,
2 distribute, or administer an opioid overdose reversal medication pursuant to
3 a standing order issued in accordance with this subsection (e). The
4 Commonwealth Health Care Corporation, in coordination with the
5 appropriate entity or entities, shall ensure availability of a training module
6 that provides training regarding the identification of a person suffering from
7 an opioid-related overdose and the use of opioid overdose reversal
8 medications. The training must be available electronically and in a variety
9 of media from the Commonwealth Health Care Corporation.

10 (3) This subsection (e) does not create a private cause of action.
11 Notwithstanding any other provision of law, neither the CNMI nor the Chief
12 Medical Officer has any civil liability for issuing standing orders or for any
13 other actions taken pursuant to this chapter or for the outcomes of issuing
14 standing orders or any other actions taken pursuant to this chapter. Neither
15 the Chief Medical Officer is subject to any criminal liability or professional
16 disciplinary action for issuing standing orders or for any other actions taken
17 pursuant to this section.

18 (4) For purposes of this subsection (e), "standing order" means an
19 order prescribing medication by the Chief Medical Officer. Such standing
20 order can only be issued by a practitioner as defined in this chapter.

1 (f) The labeling requirements of 3 CMC § 2733 do not apply to
2 opioid overdose reversal medications dispensed, distributed, or delivered
3 pursuant to a prescription, collaborative drug therapy agreement, standing
4 order, or protocol issued in accordance with this section. The individual or
5 entity that dispenses, distributes, or delivers an opioid overdose reversal
6 medication as authorized by this section shall ensure that directions for use
7 are provided.

8 (g) For purposes of this section, the following terms have the
9 following meanings unless the context clearly requires otherwise:

10 (1) “Chief Medical Officer” means the chief medical officer of the
11 Commonwealth Health Care Corporation.

12 (2) “First responder” means: emergency service employees,
13 firefighters, police officers or other law enforcement officers, emergency
14 medical services personnel, EMT, Advanced EMT, and paramedics and
15 other emergency responders who render emergency medical services at the
16 scene of an emergency.”

17 (3) “Opioid overdose reversal medication” means any drug used to
18 reverse an opioid overdose that binds to opioid receptors and blocks or
19 inhibits the effects of opioids acting on those receptors. It does not include
20 intentional administration via the intravenous route.

1 (4) “Opioid-related overdose” means a condition including, but not
2 limited to, decreased level of consciousness, non-responsiveness,
3 respiratory depression, coma, or death that: (i) Results from the
4 consumption or use of an opioid or another substance with which an opioid
5 was combined; or (ii) a lay person would reasonably believe to be an opioid-
6 related overdose requiring medical assistance.

7 (5) “Practitioner” means a health care practitioner who is authorized
8 under 6 CMC § 2138 to prescribe controlled substances.

9 (6) “Standing order” or “protocol” means written or electronically
10 recorded instructions, prepared by a prescriber, for distribution and
11 administration of a drug by designated and trained staff or volunteers of an
12 organization or entity, as well as other actions and interventions to be used
13 upon the occurrence of clearly defined clinical events in order to improve
14 patients’ timely access to treatment.”

15 **Section 4. Severability.** If any provisions of this Act or the application of
16 any such provision to any person or circumstance should be held invalid by a court
17 of competent jurisdiction, the remainder of this Act or the application of its
18 provisions to persons or circumstances other than those to which it is held invalid
19 shall not be affected thereby.

20 **Section 5. Savings Clause.** This Act and any repealer contained herein
21 shall not be construed as affecting any existing right acquired under contract or

HOUSE BILL 23-23

1 acquired under statutes repealed or under any rule, regulation, or order adopted
2 under the statutes. Repealers contained in this Act shall not affect any proceeding
3 instituted under or pursuant to prior law. The enactment of the Act shall not have
4 the effect of terminating, or in any way modifying, any liability, civil or criminal,
5 which shall already be in existence on the date this Act becomes effective.

6 **Section 6. Effective Date.** This Act shall take effect upon its approval by
7 the Governor, or it becoming law without such approval.

Prefiled: 3/3/2023

Date: _____ Introduced by: /s/ Rep. Malcom J. Omar
/s/ Rep. Julie M.A. Ogo

Reviewed for Legal Sufficiency by:
/s/ Joseph L.G. Taijeron, Jr.
House Legal Counsel



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950



CEO-L24-537

March 22, 2024

Honorable Donald Manglona
Chair, Senate Standing Committee on Health, Education and Welfare
23rd Commonwealth Legislature
Capitol Hill, Saipan MP 96950

Re: Commonwealth Healthcare Corporation (CHCC Public Comments for HB 23-23 - *To establish a CNMI Drug Overdose Policy; to authorize and mandate first responders to possess opioid overdose reversal medication; to authorize standing orders for opioid overdose reversal medication; to provide limited immunity for dispensing opioid overdose reversal medication; and for other purposes*

Håfa Adai yan Tirow Senator Manglona,

The CHCC has made great strides since 2020 in establishing CNMI-wide prevention and surveillance measures of opioid and other substances misuse, abuse, and overdose. Essential public education campaigns were initiated to raise awareness about the dangers of opioids, risk of overdose, and the availability of naloxone. Systems were put in place to track and monitor encounters in emergency rooms and health centers across the CNMI involving opioid and other drug misuse and overdose, as well as the administration of naloxone to reverse symptoms of opioid overdose. Between 2020 and 2023, there have been over 120 encounters of confirmed and suspected opioid misuse and at least 6 overdoses involving opioids. Out of these encounters, naloxone was administered for 5 overdose cases and 2 misuse cases. While there has not been a surge and we have fortunately not been a jurisdiction struck by opioid-only overdose fatalities, these are definite indicators that the CNMI is not unaffected by these concerns and should enable our healthcare system and first responders to be prepared in critical gaps of time to reverse an opioid overdose and save a life. We can all agree that even one single-substance opioid overdose fatality in our small community will be too many.

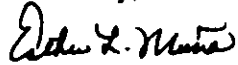
House Bill 23-23 has the potential for profound impact upon prevention and response measures because it addresses four significant pillars of systematic preparedness: (i) Legal Authorization for first responders to carry and administer naloxone; (ii) Accessibility of Naloxone to ensure it is readily available to first responders is also addressed in the bill; (iii) Training for First Responders is a necessary step that will be made possible by CHCC Pharmacy and DFEMS Medical Director, Dr. Martin Rohringer; and ultimately, (iv) Rapid Response to Overdoses so first-responders are able to quickly and effectively provide immediate intervention on site without first hoping to beat the clock to the emergency room to save a life.

Overall, authorizing the use of naloxone is a critical strategy in the broader effort to keep the CNMI ahead and protected from the opioid epidemic that has claimed too many lives in US

states and other territories. It represents a proactive approach to emergency medical care and underscores the importance of coordinated response among our healthcare corporation, law enforcement, and emergency services.

Thank you for your consideration.

Sincerely,



Esther Lizama Muña, PhD, MHA, FACHE
Chief Executive Officer
State/Territorial Health Official