

TWENTY-THIRD NORTHERN MARIANAS COMMONWEALTH LEGISLATURE

**HOUSE OF REPRESENTATIVES  
COMMITTEE ON HEALTH AND WELFARE**

P.O. BOX 500586 SAIPAN, MP 96950

**MALCOLM J. OMAR**

CHAIRMAN

STANDING COMMITTEE REPORT NO. 27-62

DATE: November 20, 2023

RE: HOUSE BILL No. 23-23

The Honorable Edmund S. Villagomez  
Speaker of the House of Representatives  
Twenty-Third Northern Marianas  
Commonwealth Legislature  
Capitol Hill  
Saipan, MP 96950

Dear Mr. Speaker:

Your Committee on Health and Welfare to which was referred:

**House Bill No. 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."

begs leave to report as follows:

**I. RECOMMENDATION:**

After considerable discussion, your Committee recommends that the House passes H. B. NO. 23-23 in its current form.

HOUSE CLERK'S OFC  
RECEIVED BY *[Signature]*  
DATE *11/20/23* TIME *2:30*

## II. ANALYSIS:

### A. Purpose:

The purpose of this Act is 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; and to provide limited immunity for dispensing opioid overdose reversal medication.

### B. Committee Findings:

Your Committee finds that according to the Centers for Disease Control and Prevention, the number of people who died from a drug overdose in 2021 was over six times the number in 1999. The number of drug overdose deaths increased more than 16% from 2020 to 2021. Over 75% of the nearly 107,000 drug overdose deaths in 2021 involved an opioid. From 1999-2021, nearly 645,000 people died from an overdose involving any opioid, including prescriptions and illicit opioids<sup>1</sup>.

Your Committee further finds that the Overdose Data to Action (OD2A) is a program born out of a 4-year cooperative agreement (2019-2023) between the Centers for Disease Control and Prevention (CDC) and the Commonwealth Healthcare Corporation (CHCC), focusing on the complex and changing nature of the drug overdose epidemic and highlighting the need for an integrative and extensive public health approach. The OD2A program aims to prevent opioid-related harm and overdose by: Implementing a Prescription Drug Monitoring Program (PDMP) system in the CNMI; Using data to monitor emerging trends and direct prevention activities; Working with providers and health systems to reduce unsafe exposure to opioids and treat addiction; Coordinating with public safety and community-based partners to rapidly identify overdose threats, reverse overdoses, link people to effective treatment, and reduce harms associated with opioids; and Increasing public awareness about the risks of prescription and illicit opioids.

Your Committee finds that establishing a CNMI Drug Overdose Policy is a critical strategy to keep the CNMI ahead and protected from the opioid epidemic. Collaboration is vital to the prevention of opioid overdose deaths. To combat this complex and rapidly progressing epidemic, medical personnel, emergency departments, first responders, public safety officials, mental health and substance use treatment providers, community-based organizations, public health, and community members all contribute knowledge, resources, and expertise. We can prepare and enhance the coordination of endeavors aimed at averting opioid overdoses and fatalities.

---

<sup>1</sup> United States, Department of Health and Human Services, Centers for Disease Control and Prevention. Understanding the Opioid Overdose Epidemic. <https://www.cdc.gov/opioids/basics/epidemic.html>. November 30, 2023.

Your Committee further finds that many opioid overdose deaths are preventable with the timely administration of an emergency opioid antagonist, like naloxone, an FDA-approved opioid overdose reversal medication, and the provision of emergency medical care. In an effort to save lives, states have implemented laws to make it easier for first responders and the general public to obtain naloxone. Additionally, to encourage people to assist an individual who is, or may be suffering an overdose, many states have also enacted laws which protect laypeople who administer naloxone, in good faith, in an emergency from civil and/or criminal liability. In an attempt to reverse the unprecedented increase in preventable overdose deaths, all fifty states and the District of Columbia have now modified their laws to increase access to opioid overdose reversal medication including naloxone, the standard first-line treatment for opioid overdose. Naloxone will not harm someone who does not have opioids in their system. If someone is having a medical emergency other than an opioid overdose – such as a diabetic coma or cardiac arrest – giving them naloxone will generally not have any effect or cause them additional harm<sup>2</sup>.

Your Committee finds that this Act possesses the capacity to significantly influence prevention and response actions since it encompasses four crucial pillars of systemic preparedness. The Act emphasizes the importance of legal authorization for first responders to carry and administer naloxone, as well as the implementation of Good Samaritan amendments to protect individuals. This allows first responders to administer naloxone in good faith during an overdose emergency. The Act also addresses the accessibility of naloxone to ensure that it is readily available to first responders. In addition, the Act, recognizes the importance and necessity of training for first responders, which will be facilitated by CHCC. Lastly, the Act emphasizes the need for rapid response to overdoses, enabling first responders to quickly and effectively provide immediate intervention on site, rather than relying on timely transportation to the emergency room to save a life. Therefore, your Committee agrees with the intent and purpose of House Bill No. 23-23 and recommends its passage in its current form.

#### C. Public Comments/Public Hearing:

In a public meeting held on November 20, 2023, the Committee received oral testimonies from the following:

- Dr. Lily Muldoon, CHCC Emergency Room Doctor and the Medical Director of Public Health. (Provided the Committee with her comments)

“I stand before you, urging your support for the pivotal House Bills 23-23 and 23-25. These legislative measures aim to establish a comprehensive CNMI Drug Overdose Policy, a critical initiative in our collective endeavor to combat the escalating opioid epidemic.”

---

<sup>2</sup> United States Food & Drug Administration. Access to Naloxone Can Save a Life During an Opioid Overdose. <https://www.fda.gov/consumers/consumer-updates/access-naloxone-can-save-life-during-opioid-overdose>. November 30, 2023.

- Ms. Eleanor T. Cabrera, MSW, Director of Development, CHCC. (Provided the Committee with her comments)

“As the Director of Development in the Executive Office at the Commonwealth Healthcare Corporation (CHCC), I express our strong support for HB 23-23 and HB23-25 and thank you for this opportunity.”

“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 the United 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.”

- Mr. Joseph Kevin Villagomez, Administrator, Addiction Services Unit at the Community Guidance Center, CHCC.

“Like my two colleagues that have just spoken, I’m here also to ask for your support for House Bill No. 23-23 and House Bill No. 23-25.”

The Committee received comments from the following:

- Francisco D. Cabrera, Acting Secretary, Department of Commerce. Comments dated November 9, 2023.

“The Department of Commerce supports the intent of the bill to authorize and mandate the Department of Fire and Emergency Medical Services in having access to such opioid overdose reversal medication within their emergency response vehicles as approve by the Commonwealth Healthcare Corporation Chief Medical Officer.”

- Edward Manibusan, Attorney General, CNMI Office of the Attorney General. Comments dated November 13, 2023.

“H.B. No. 23-23 thoroughly describes who is permitted to administer naloxone, who is to be trained in the administration thereof, who is required to carry naloxone, who is to be exempt, and associated relief from liability when acting in good faith and in the absence of gross negligence or willful misconduct. By creating new policy, as well as amending current policy, H.B. No. 23-23 appears to be comprehensive and well planned for preliminary implementation.

The only policy decision for the Committee would be to determine whether more regulatory framework is needed at this point in time. Medical professionals on island have published information available on the number of opioid deaths and overdoses, which stands at around one death and two overdoses in the last year. In having federal funds for an intended purpose, it would be crucial to monitor the usage of those funds, particularly since the actual need for naloxone is almost non-existent compared to other states. However, the framework of H.B. 23-23 seems to be solid and any such funds would likely be used appropriately (providing naloxone, education/training, etc.)”

Comments received have been attached as part of this committee report. Oral testimonies can be made available for public inspection upon request.

D. Legislative History:

House Bill No. 23-23 was introduced by Representative Malcolm J. Omar on March 9, 2023 and was subsequently referred to the House Standing Committee on Health and Welfare for disposition.

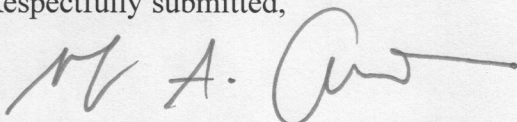
E. Cost-Benefit Analysis:

The enactment of House Bill No. 23-23 will result in additional cost to the CNMI Government to effectively carry out the intent and purpose of the proposed legislation. However, enhancing the CNMI’s ability to protect the public’s health and safety by establishing a CNMI Drug Overdose Policy will heavily outweigh such cost.

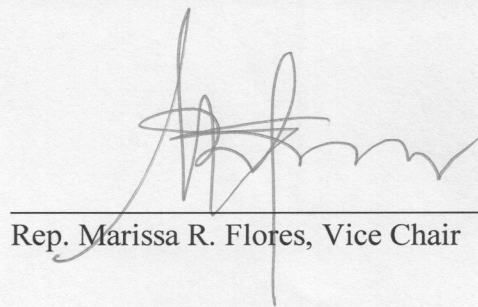
**II. CONCLUSION:**

The Committee is in accord with the intent and purpose of H. B. NO. 23-23 and recommends its passage in its current form.

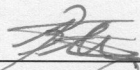
Respectfully submitted,

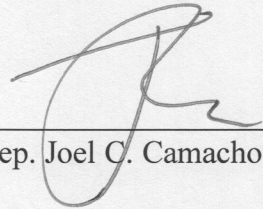


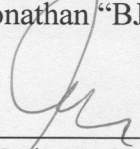
Rep. Malcolm J. Omar, Chairman




Rep. Marissa R. Flores, Vice Chair

  
\_\_\_\_\_  
Rep. Blas Jonathan "BJ" T. Attao, Member

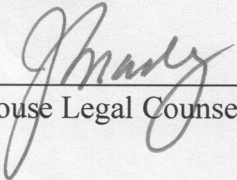
  
\_\_\_\_\_  
Rep. Joel C. Camacho, Member

  
\_\_\_\_\_  
Rep. Julie Marie A. Ogo, Member

\_\_\_\_\_  
Rep. Patrick H. San Nicolas, Member

  
\_\_\_\_\_  
Rep. Ralph N. Yumul, Member

Reviewed by:

 12-5-23  
\_\_\_\_\_  
House Legal Counsel

Attachments:

- Dr. Lilly Muldoon, CHCC Emergency Department Physician and Medical Director of Public Health. Comments dated November 20, 2023.
- Ms. Eleanor T. Cabrera, MSW, Director of Development, CHCC. Comments dated November 20, 2023.
- Mr. Francisco D. Cabrera, Acting Secretary, Department of Commerce. Comments dated November 9, 2023.
- Mr. Edward Manibusan, Attorney General, Office of the Attorney General. Comments dated November 13, 2023.

Public Comments – Dr. Lily Muldoon  
House Standing Committee on Health & Welfare  
HB 23-23 & HB 23-25

November 20, 2023

Honorable Members of the House,

I am Dr. Lily Muldoon, a CHCC Emergency Room Doctor and the Medical Director of Public Health for the CNMI. Today, I stand before you, urging your support for the pivotal House Bills 23-23 and 23-25. These legislative measures aim to establish a comprehensive CNMI Drug Overdose Policy, a critical initiative in our collective endeavor to combat the escalating opioid epidemic.

The staggering reality of drug overdose deaths reached an unprecedented high in 2022, claiming the lives of over 100,000 individuals nationwide. While the CNMI has not experienced a surge in opiate-related overdoses, we must recognize that our islands are not immune. Consider this a preemptive warning, urging us to act decisively and proactively.

Having served as an Emergency Room doctor on the US mainland before relocating to the CNMI, I have personally witnessed the devastating impact of opioid overdoses on individuals and families. The urgency of this issue cannot be overstated, demanding a swift, strategic, and unified response. The proposed bills take substantial strides by authorizing and mandating first responders to carry opioid overdose reversal medication, such as Naloxone—an indispensable tool for saving lives in the critical minutes following an overdose.

Naloxone, administered nasally, rapidly reverses the effects of opiates. Time is of the essence, and often when given in the Emergency Department, it can be too late. Authorizing pharmacies to dispense naloxone to first responders and empowering individuals, including Good Samaritans, to be equipped with naloxone can bridge the critical time gap, and save lives.

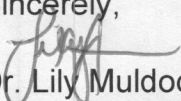
It is crucial to dispel any fears surrounding naloxone. Administered to a healthy individual, the drug has no effect; however, when given to someone experiencing an overdose, it can be a life-saving intervention.

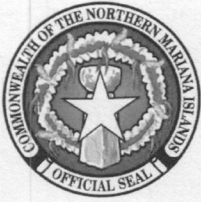
The establishment of a comprehensive drug overdose policy is not just a moral imperative; it is a public health necessity. It symbolizes our commitment to safeguarding the well-being of our residents and cultivating a community that prioritizes the health and safety of all its members.

In conclusion, I implore each esteemed member of this House to lend your support to these bills. By doing so, we demonstrate our dedication to confronting the opioid crisis head-on, providing our first responders with the necessary tools, and creating a safer, more resilient Northern Mariana Islands for generations to come.

Thank you for your attention and consideration.

Sincerely,

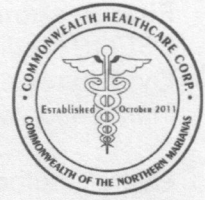
  
Dr. Lily Muldoon  
CHCC Emergency Department Physician  
Medical Director of Public Health  
Commonwealth of the Northern Mariana Islands



# Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

1178 Hinemlu' St. Garapan, Saipan, MP 96950



November 20, 2023

Honorable Representative Malcolm J. Omar  
Chair, Standing Committee on Health and Welfare  
23rd Northern Marianas Commonwealth Legislature  
Capitol Hill, Saipan MP 96950

Re: 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; **HB 23-25** To amend certain provisions of the CNMI Good Samaritan Act [7 CMC § 2801 et seq.]; and for other purposes.

Håfa Adai yan Tirow Chair Omar and Members of the Committee,

As the Director of Development in the Executive Office at the Commonwealth Healthcare Corporation (CHCC), I express our strong support for HB 23-23 and HB 23-25 and thank you for this opportunity.

Three years ago, I was privileged to be part of a team at CHCC to establish 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. Since 2020, there have been a total of **123** encounters of confirmed and suspected opioid misuse and a total of **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.

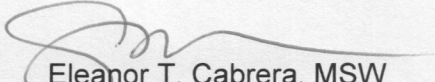
House Bills 23-23 and 23-25 have the potential for profound impact upon prevention and response measures because it addresses four significant pillars of systematic preparedness: (i) **Legal Authorization** for first responders to carry and administer naloxone, and Good Samaritan amendments to protect individuals, including first responders, to administer naloxone in good faith during an overdose emergency are critical components; (ii) **Accessibility of Naloxone** to ensure it is readily available to first responders is also addressed in the bill; (iii) **Training for**



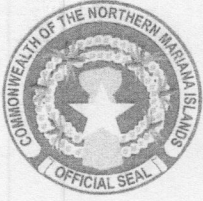
**First Responders** is a necessary step that will be made possible by CHCC Pharmacy and DFEMS Medical Director, Dr. Martin Rohringer; and ultimately, (iv) **Rapid Response to Overdoses** so first-responders are able to quickly and effectively provide immediate intervention on site without first hoping 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.

Si Yu'us ma'âsi' yan ghilisow,



Eleanor T. Cabrera, MSW  
Director of Development



Department of Commerce  
Office of the Secretary

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
P.O. Box 5795 CHR.B, 12054 Pohnpei Way Capitol Hill  
Saipan, MP 96950

Tel: (670) 664-3077 • Fax: (670) 664-3067

email: [info@commerce.gov.mp](mailto:info@commerce.gov.mp)

Web: [www.commerce.gov.mp](http://www.commerce.gov.mp)



Arnold I. Palacios, Governor • David M. Apatang, Lt. Governor • Francisco D. Cabrera, Acting Secretary

November 9, 2023

The Honorable Representative Malcolm J. Omar  
Chairman, House Standing Committee on Health & Welfare  
House of Representative  
23<sup>rd</sup> Northern Marianas Commonwealth Legislature  
Honorable Jesus M. Mafnas Building, Capitol Hill  
Saipan, MP 96950

Subject: Solicitation for Comments on House Bill No. 23-23, 23-25 and 23-39

Dear Chairman Omar:

Thank you for giving the Department of Commerce the opportunity to submit its comments to the following House Bill's:

House Bill No. 23-23: "To established 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;

House Bill No. 23-25: "To amend certain provisions of the CNMI Good Samaritan Act [7 CMC § 2801 *et seq.*]; and for other purposes." And

House Bill No. 23-39: "To establish a tax credit for monetary donations/contributions made to public hospital(s) and/or clinic(s)."

**H.B. No. 23-23**; the Department of Commerce supports the intent of the said bill and submits its comments as follows:

1. The Department of Commerce supports the intent of the bill to authorize and mandate the Department of Fire and Emergency Medical Services in having access to such opioid overdose reversal medication within their emergency response vehicles as approve by the Commonwealth Healthcare Corporation Chief Medical Officer;
2. With Opioid being such a highly addictive and control medication, having opioid overdose reversal medication available and with control amount within the EMS first responder will lead to save lives in such critical time.

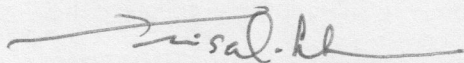
*Solicitation for Comments*  
*House Bill No. 23-23, 23-25 & 23-39*  
*Page 2 of 2.*

**H.B. No. 23-25;** The Department of Commerce supports the intent of the said bill, equally as stated under House Bill No. 23-23.

**H.B. No. 23-39;** The Department of Commerce supports the intent of the said bill so long as the donations/contributions satisfied the provision identified under § 101. Healthcare Contribution Tax Credit entirely.

Should you have any questions or concerns, please do not hesitate to contact me at (670) 664-3077.

Respectfully,



**FRANCISCO D. CABRERA**  
Acting Secretary of Commerce

xc: Comments – File (H.B. No. 23-23, 23-25 & 23-39)



Commonwealth of the Northern Mariana Islands  
**Office of the Attorney General**

2<sup>nd</sup> Floor Hon. Juan A. Sablan Memorial Bldg.  
Caller Box 10007, Capitol Hill  
Saipan, MP 96950

EDWARD MANIBUSAN  
Attorney General

LILLIAN A. TENORIO  
Deputy Attorney General

VIA EMAIL: [rep.omarm@cnmileg.net](mailto:rep.omarm@cnmileg.net)

November 13, 2023

OAGHOR: 2023-80  
LSR No. 23-518

Hon. Malcolm J. Omar  
Chairman, Standing Committee on  
Health and Welfare  
House of Representatives  
Twenty-Third Northern Marianas  
Commonwealth Legislature  
Saipan, MP 96950

**Re: H.B. 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 medication; and for other purposes.)**

Dear Chairman Omar:

Thank you for requesting comments on House Bill No. 23-23 which will authorize and mandate first responders and emergency service employees to possess opioid overdose reversal medication and will encourage the prescription, dispensing, and administration of opioid overdose medications.

**H.B. 23-23**

The bill follows the trend of many states that have granted naloxone administration authority to EMS providers. EMS authority to administer naloxone is governed largely by state scope of practice laws and protocols (collectively referred to as "policies"). These policies specify, by EMS provider level, appropriate indications and permissible dosages and routes of administration, namely, autoinjector (AI), intravenous (IV), intramuscular (IM), and intranasal (IN). As opioid-related harm has progressed, and more attention has been placed on the importance of quickly administering naloxone, the scope of practice laws has changed to facilitate increased naloxone administration.

The bill will effectively create the necessary policy to ensure that EMS, as well as others have legal authority, access, and training regarding the administration of naloxone. The authority that gives the CNMI the ability to create related policy rests with § 319 of the Public Health Service ("PHS") Act. Under the PHS Act, The Secretary of the Department of Health and Human Services (HHS) may determine that: a) a disease or disorder presents a public health emergency (PHE); or b) that a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists.

**Civil Division**

Telephone: (670) 237-7500  
Facsimile: (670) 664-2349

**Criminal Division**

Telephone: (670) 237-7600  
Facsimile: (670) 234-7016

**Attorney General's Investigation Division**

Telephone: (670) 237-7628  
Facsimile: (670) 234-7016

**Victim Witness Advocacy Unit**

Telephone: (670) 237-7602  
Facsimile: (670) 664-2349

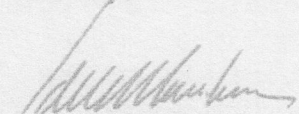
The Secretary of the Department of Health and Human Services (HHS), authorized by § 319 of the PHS Act, declared a public health emergency concerning the opioid crisis in 2017. In addition, prior to expiration of the public health emergency, it has repeatedly been reenacted by subsequent Secretaries/Acting Secretaries of HHS. Most recently, the renewal was signed into effect on September 29, 2023.

While this federal public health emergency does not in itself permit unprescribed use of naloxone, nor create legal protections for the nonprescriptive use thereof, it does in effect open the door for states to create their own legislation regarding the issue. Due to this public health emergency, states may now draft and enact standing orders similar to that desired under H.B. 23-23. The intent of the declaration was to allow individual states to control the parameters in which medications such as naloxone is to be used, by whom, and associated legal protections, as well as to receive federal funding and remove red tape in order to achieve the desired results of combatting the opioid crisis.

H.B. No 23-23 thoroughly describes who is permitted to administer naloxone, who is to be trained in the administration thereof, who is required to carry naloxone, who is to be exempt, and associated relief from liability when acting in good faith and in the absence of gross negligence or willful misconduct. By creating new policy, as well as amending current policy, H.B. No. 23-23 appears to be comprehensive and well planned for a preliminary implementation.

The only policy decision for the Committee would be to determine whether more regulatory framework is needed at this point in time. Medical professionals on island have published information available on the number of opioid deaths and overdoses, which stands at around one death and two overdoses in the last year. In having federal funds for an intended purpose, it would be crucial to monitor the usage of those funds, particularly since the actual need for naloxone is almost non-existent compared to other states. However, the framework of H.B. 23-23 seems to be solid and any such funds would likely be used appropriately (providing naloxone, education/training, etc.).

Sincerely,

  
EDWARD MANIBUSAN  
Attorney General

cc: All Members, House of Representatives

TWENTY-THIRD NORTHERN MARIANAS COMMONWEALTH

LEGISLATURE

IN THE HOUSE OF REPRESENTATIVES

---

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 23<sup>RD</sup> NORTHERN MARIANAS  
COMMONWEALTH LEGISLATURE:**

1           **Section 1. Findings and Purpose.** The Legislature intends to save lives  
2 lost to drug overdoses by authorizing and mandating first responders and  
3 emergency 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.

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



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

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

8           (b) All CNMI government agencies that employ first responders including  
9           emergency service employees, firefighters, police officers or other law enforcement  
10          officers, emergency medical services personnel, EMT, Advanced EMT, and  
11          paramedics and other emergency responders who render emergency medical  
12          services at the scene of an emergency must provide opioid overdose reversal  
13          medication rescue kits to their first responders, require first responders to  
14          successfully complete the training required under this Act, and require the first  
15          responders to carry the opioid overdose reversal medication rescue kits in  
16          accordance with agency procedures so as to optimize the first responders’ capacity  
17          to timely assist in the prevention of opioid overdoses. Provided, that a CNMI  
18          government agency has designated sufficient funding or supplies of opioid  
19          overdose reversal medication rescue kits. A CNMI government agency that  
20          employs a firefighter or law enforcement officer that does not respond to

1 emergency medical calls or provide medical services shall be exempt from this  
2 subsection.

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

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

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

16 (f) In the absence of gross negligence or willful misconduct, nothing in this  
17 section shall be construed to impose civil or criminal liability on a local or state  
18 governmental agency or a first responder acting in good faith in the administration  
19 or provision of an opioid overdose reversal medication in cases where an individual  
20 appears to be experiencing an opioid overdose.

21 **§ 102. Training Mandate; Opioid Overdose Reversal Medication.**

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

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

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

16 **“§ 2139. Opioid Overdose Reversal Medication – Standing Order**  
17 **Permitted.**

18 (a) (1) A practitioner may prescribe, dispense, distribute, and deliver an  
19 opioid overdose reversal medication: (i) directly to a person at risk of  
20 experiencing an opioid-related overdose; or (ii) by prescription,  
21 collaborative drug therapy agreement, standing order, or protocol to a first

1 responder, family member, or other person or entity in a position to assist a  
2 person at risk of experiencing an opioid-related overdose. Any such  
3 prescription, standing order, or protocol is issued for a legitimate medical  
4 purpose in the usual course of professional practice.

5 (2) At the time of prescribing, dispensing, distributing, or delivering the  
6 opioid overdose reversal medication, the practitioner shall inform the  
7 recipient that as soon as possible after administration of the opioid overdose  
8 reversal medication, the person at risk of experiencing an opioid-related  
9 overdose should be transported to a hospital or a first responder should be  
10 summoned.

11 (b) A pharmacist may dispense an opioid overdose reversal medication  
12 pursuant to a prescription, collaborative drug therapy agreement, standing order, or  
13 protocol issued in accordance with subsection (a)(1) of this section and may  
14 administer an opioid overdose reversal medication to a person at risk of  
15 experiencing an opioid-related overdose. At the time of dispensing an opioid  
16 overdose reversal medication, a pharmacist shall provide written instructions on the  
17 proper response to an opioid-related overdose, including instructions for seeking  
18 immediate medical attention. The instructions to seek immediate medical attention  
19 must be conspicuously displayed.

20 (c) Any person or entity may lawfully possess, store, deliver, distribute, or  
21 administer an opioid overdose reversal medication pursuant to a prescription,

1 collaborative drug therapy agreement, standing order, or protocol issued by a  
2 practitioner in accordance with subsection (a) of this section.

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

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

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

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

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

20 (1) A pharmacist shall dispense an opioid overdose reversal  
21 medication pursuant to a standing order issued in accordance with this

1 subsection, consistent with the pharmacist's responsibilities to dispense  
2 prescribed legend drugs, 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 (2) Any person or entity may lawfully possess, store, deliver,  
10 distribute, or administer an opioid overdose reversal medication pursuant to  
11 a standing order issued in accordance with this subsection (e). The  
12 Commonwealth Health Care Corporation, in coordination with the  
13 appropriate entity or entities, shall ensure availability of a training module  
14 that provides training regarding the identification of a person suffering from  
15 an opioid-related overdose and the use of opioid overdose reversal  
16 medications. The training must be available electronically and in a variety  
17 of media from the Commonwealth Health Care Corporation.

18 (3) This subsection (e) does not create a private cause of action.  
19 Notwithstanding any other provision of law, neither the CNMI nor the Chief  
20 Medical Officer has any civil liability for issuing standing orders or for any  
21 other actions taken pursuant to this chapter or for the outcomes of issuing

1 standing orders or any other actions taken pursuant to this chapter. Neither  
2 the Chief Medical Officer is subject to any criminal liability or professional  
3 disciplinary action for issuing standing orders or for any other actions taken  
4 pursuant to this section.

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

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

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

16 (1) "Chief Medical Officer" means the chief medical officer of the  
17 Commonwealth Health Care Corporation.

18 (2) "First responder" means: emergency service employees,  
19 firefighters, police officers or other law enforcement officers, emergency  
20 medical services personnel, EMT, Advanced EMT, and paramedics and

1 other emergency responders who render emergency medical services at the  
2 scene of an emergency.”

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

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

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

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



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

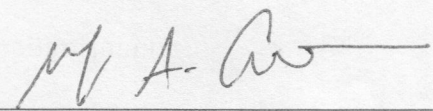
6           **Section 5. Savings Clause.** This Act and any repealer contained herein  
7 shall not be construed as affecting any existing right acquired under contract or  
8 acquired under statutes repealed or under any rule, regulation, or order adopted  
9 under the statutes. Repealers contained in this Act shall not affect any proceeding  
10 instituted under or pursuant to prior law. The enactment of the Act shall not have  
11 the effect of terminating, or in any way modifying, any liability, civil or criminal,  
12 which shall already be in existence on the date this Act becomes effective.

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

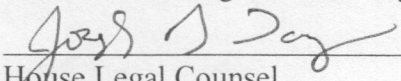
Prefiled: 3/3/2023

Date: \_\_\_\_\_

Introduced by: \_\_\_\_\_

  
Rep. Malcom J. Omar

Reviewed for Legal Sufficiency by:

  
House Legal Counsel