

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 23RD 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.

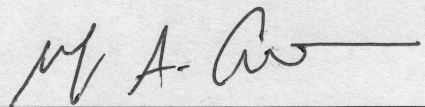
6 **Section 5. Savings Clause.** This Act and any repealer contained herein
7 shall not be construed as affecting any existing right acquired under contract or
8 acquired under statutes repealed or under any rule, regulation, or order adopted
9 under the statutes. Repealers contained in this Act shall 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.

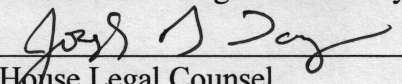
Prefiled: 3/3/2023

Date: _____

Introduced by: _____


Rep. Malcom J. Omar

Reviewed for Legal Sufficiency by:


House Legal Counsel