

Arnold I. Palacios
Governor



GOV. COMM: **23-116**
(HOUSE)

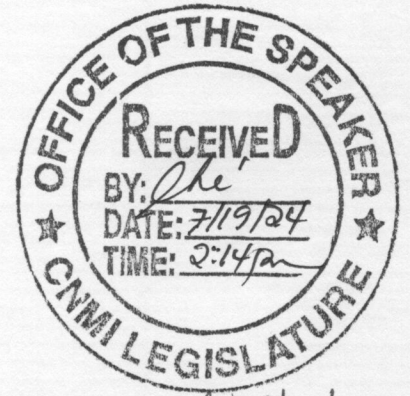
David M. Apatang
Lieutenant Governor

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
OFFICE OF THE GOVERNOR

18 JUL 2024

GOV2024-516

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



7/19/24

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

Dear Mr. Speaker and Madame President:

This is to inform you that I have signed into law **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.”, which was passed by the House of Representatives and the Senate of the Twenty-Third Northern Marianas Commonwealth Legislature.

This bill becomes **Public Law No. 23-23**. Copies bearing my signature are forwarded for your reference.

Sincerely,

ARNOLD I. PALACIOS
Governor

HOUSE CLERK'S OFFICE
RECEIVED BY
DATE 7/31/2024 TIME 10:16a

cc: Lieutenant Governor; Attorney General; Commonwealth Law Revision; Public Auditor;
Special Assistant for Administration; CEO, CHCC; Commissioner, DPS;
Commissioner, DFEMS; Programs and Legislative Review Office



**TWENTY-THIRD NORTHERN MARIANA COMMONWEALTH LEGISLATURE
IN THE HOUSE OF REPRESENTATIVES**

FIRST REGULAR SESSION

MARCH 9, 2023

REPRESENTATIVE MALCOLM J. OMAR OF SAIPAN, PRECINCT 4 (*for himself*, Representatives Julie M. A. Ogo) in an open and public meeting with an opportunity for the public to comment, introduced the following Bill:

H. B. No. 23-23

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.

IN THE HOUSE OF REPRESENTATIVES

The Bill was referred to the House Committee on Health and Welfare, which submitted Standing Committee Report 23-62; adopted 12/27/2023.

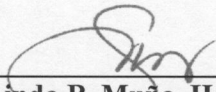
THE BILL WAS PASSED BY THE HOUSE OF REPRESENTATIVES ON FIRST AND FINAL READING, DECEMBER 27, 2023;
without amendments and transmitted to **THE SENATE.**

IN THE SENATE

The Bill was referred to the Senate Committee on Health, Education and Welfare, which submitted Standing Committee Report 23-92; adopted 6/7/2024.

THE BILL WAS PASSED BY THE SENATE ON FIRST AND FINAL READING, JUNE 7, 2024;
without amendments and returned to **THE HOUSE OF REPRESENTATIVES.**

H. B. NO. 23-23 IS DULY PASSED BY THE TWENTY-THIRD NORTHERN MARIANAS COMMONWEALTH LEGISLATURE.


Linda B. Muña, House Clerk



TWENTY-THIRD NORTHERN MARIANAS COMMONWEALTH LEGISLATURE
IN THE HOUSE OF REPRESENTATIVES

ELEVENTH DAY, SECOND REGULAR SESSION

DECEMBER 27, 2023

H. B. No. 23-23

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 TWENTY-THIRD NORTHERN MARIANAS COMMONWEALTH LEGISLATURE:

1 **SECTION 1. FINDINGS AND PURPOSES.**

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

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1 According to the Centers for Disease Control and Prevention, more than 750,000 people
2 have died since 1999 from a drug overdose. Two out of three drug overdose deaths in 2018
3 involved an opioid. Overdose deaths involving opioids, including prescription opioids, heroin,
4 and synthetic opioids (like fentanyl), have increased almost six times since 1999. Overdoses
5 involving opioids killed nearly 47,000 people in 2018, and 32% of those deaths involved
6 prescription opioids.

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

13 However, access to naloxone is limited by laws and regulations that pre-date the overdose
14 epidemic. In an attempt to reverse the unprecedented increase in preventable overdose deaths,
15 all fifty states and the District of Columbia have now modified their laws to increase access to
16 opioid overdose reversal medication including naloxone, the standard first-line treatment for
17 opioid overdose. Largely because of these legal changes, over 150,000 laypeople had received
18 training and 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 access laws are
20 associated with increases in the dispensing of naloxone from retail pharmacies, the dispensing
21 of naloxone paid for by Medicaid, and the number of community programs that distribute
22 naloxone. Perhaps more importantly, naloxone laws are associated with decreases in opioid
23 overdose deaths by approximately 14%.

24 In the CNMI, first responders are not specifically authorized or required to possess opioid
25 overdose reversal medication. Moreover, the community does not have access to such lifesaving
26 medication. The Legislature intends to establish a CNMI Drug Overdose policy to increase
27 access to opioid overdose medications by authorizing and mandating first responders and
28 emergency service employees to possess opioid overdose reversal medication and permitting
29 health care practitioners and pharmacists to administer, prescribe, and dispense, directly or by
30 collaborative drug therapy agreement or standing order, opioid overdose medication to any

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1 person who may be present at an overdose, law enforcement, emergency medical personnel,
2 family members, or service providers and to permit those individuals to possess and administer
3 opioid overdose medications prescribed by an authorized health care provider. The Legislature
4 further intends to provide limited immunity for health care practitioners for prescribing or
5 dispensing opioid overdose reverse medication as well as for first responders and emergency
6 service employees for administering opioid overdose reverse medication.

7 **SECTION 2. ENACTMENT.**

8 Subject to codification by the CNMI Law Revision Commission, the following
9 provisions are hereby enacted:

10 “§ 101. CNMI Drug Overdose Policy; First Responders to Possess &
11 Administer Opioid Overdose Reversal Medication.

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

17 (b) All CNMI government agencies that employ first responders including
18 emergency service employees, firefighters, police officers or other law enforcement
19 officers, emergency medical services personnel, EMT, Advanced EMT, and
20 paramedics and other emergency responders who render emergency medical services
21 at the scene of an emergency must provide opioid overdose reversal medication rescue
22 kits to their first responders, require first responders to successfully complete the
23 training required under this Act, and require the first responders to carry the opioid
24 overdose reversal medication rescue kits in accordance with agency procedures so as
25 to optimize the first responders’ capacity to timely assist in the prevention of opioid
26 overdoses. Provided, that a CNMI government agency has designated sufficient
27 funding or supplies of opioid overdose reversal medication rescue kits. A CNMI
28 government agency that employs a firefighter or law enforcement officer that does not
29 respond to emergency medical calls or provide medical services shall be exempt from
30 this subsection.

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

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

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

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

18 § 102. Training Mandate; Opioid Overdose Reversal Medication.

19 (a) The Commonwealth Healthcare Corporation shall conduct or approve a
20 training program in the administration of opioid overdose reversal medication for the
21 Department of Fire & Emergency Medical Services, the Department of Public Safety,
22 and any other CNMI government agency that employs first responders, including
23 emergency service employees, firefighters, police officers or other law enforcement
24 officers, emergency medical services personnel, EMT, Advanced EMT, and
25 paramedics and other emergency responders who render emergency medical services
26 at the scene of an emergency.

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

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SECTION 3. AMENDMENT.

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

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

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

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

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

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

29 (d) The following individuals, if acting in good faith and with reasonable care,
30 are not subject to criminal or civil liability or disciplinary action under Health Care

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1 Professions Licensing Act for any actions authorized by this section or the outcomes
2 of any actions authorized by this section:

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

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

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

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

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

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

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1 (3) This subsection (e) does not create a private cause of action.
2 Notwithstanding any other provision of law, neither the CNMI nor the Chief Medical
3 Officer has any civil liability for issuing standing orders or for any other actions taken
4 pursuant to this chapter or for the outcomes of issuing standing orders or any other
5 actions taken pursuant to this chapter. Neither the Chief Medical Officer is subject to
6 any criminal liability or professional disciplinary action for issuing standing orders or
7 for any other actions taken pursuant to this section.

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

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

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

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

21 (2) "First responder" means: emergency service employees, firefighters, police
22 officers or other law enforcement officers, emergency medical services personnel,
23 EMT, Advanced EMT, and paramedics and other emergency responders who render
24 emergency medical services at the scene of an emergency."

25 (3) "Opioid overdose reversal medication" means any drug used to reverse an
26 opioid overdose that binds to opioid receptors and blocks or inhibits the effects of
27 opioids acting on those receptors. It does not include intentional administration via the
28 intravenous route.

29 (4) "Opioid-related overdose" means a condition including, but not limited to,
30 decreased level of consciousness, non-responsiveness, respiratory depression, coma, or

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1 death that: (i) Results from the consumption or use of an opioid or another substance
2 with which an opioid was combined; or (ii) a lay person would reasonably believe to
3 be an opioid-related overdose requiring medical assistance.

4 (5) "Practitioner" means a health care practitioner who is authorized under
5 6 CMC § 2138 to prescribe controlled substances.

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

11 **SECTION 4. SEVERABILITY.**

12 If any provisions of this Act or the application of any such provision to any person or
13 circumstance should be held invalid by a court of competent jurisdiction, the remainder of this
14 Act or the application of its provisions to persons or circumstances other than those to which it
15 is held invalid shall not be affected thereby.

16 **SECTION 5. SAVINGS CLAUSE.**

17 This Act and any repealer contained herein shall not be construed as affecting any
18 existing right acquired under contract or acquired under statutes repealed or under any rule,
19 regulation, or order adopted under the statutes. Repealers contained in this Act shall not affect
20 any proceeding instituted under or pursuant to prior law. The enactment of the Act shall not have
21 the effect of terminating, or in any way modifying, any liability, civil or criminal, which shall
22 already be in existence on the date this Act becomes effective.


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SECTION 6. EFFECTIVE DATE.


This Act shall take effect upon its approval by the Governor, or it becoming law without such approval.

Attested to by:



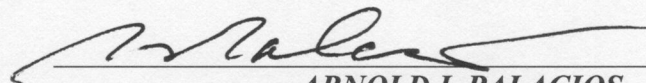
Linda B. Muña, House Clerk

Certified by:



SPEAKER EDMUND S. VILLAGOMEZ
House of Representatives
23rd Northern Marianas Commonwealth Legislature

Approved this 18th day of July, 2024



ARNOLD I. PALACIOS
Governor
Commonwealth of the Northern Mariana Islands