

I MINA'TRENTAI SAIS NA LIHESLATURAN GUÁHAN
2022 (SECOND) Regular Session

Bill No. ____-36 ()

Introduced by: _____

AN ACT TO _____

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section I. Legislative findings and purpose.

(a) Legislative findings.

- (1) The United States is in the midst of the worst opioid epidemic in history;
- (2) In the United States, researchers estimate that over 934,000 individuals died from a fatal overdose involving an opioid between 1999 and 2020;
- (3) Experts believe that this staggering number of overdose deaths is based on several factors, including an increase in illicitly manufactured fentanyl and other synthetic opioids;
- (4) Opioid antagonists, such as naloxone, can be used during emergencies to reverse opioid overdoses and are effective at preventing fatal drug overdoses;
- (5) The Centers for Disease Control and Prevention reported that despite an increase in prescriptions for emergency opioid antagonists, not enough of the medication is getting into the hands of those who need it most;
- (6) Expanding access to emergency opioid antagonists and encouraging citizens of Guam to obtain emergency opioid antagonists are in Guam's best interests.

(b) Purpose. It is the intent of *i Liheslaturan* through this Act to:

- (1) Potentially save the lives of individuals who experience an opioid overdose by expanding access to, and availability of, emergency opioid antagonists within the state;
- (2) Address the critical need to provide uniformity in the ability of citizens of Guam to access emergency opioid antagonists;
- (3) Encourage citizens to obtain emergency opioid antagonists;
- (4) Grant immunity to individuals administering opioid antagonists;
- (5) Establish a pilot program for bystander access; and
- (6) Promote initiatives that educate citizens on the life-saving potential of emergency opioid antagonists.

Section II. A new _____ is hereby *added* _____, to read:

§ 1. Definitions.

(a) For the purposes of this section, the term:

(1) "Community-based organization" means a public or private organization that is representative of a community or significant segments of a community that provides educational, health, or social services to individuals in the community. This definition also includes local health departments.

(2) "First responder" means a law enforcement officer, firefighter, emergency medical services provider, or other individual who, in an official capacity, responds to an emergency or critical incident. This includes individuals working in an official or volunteer capacity;

(3) "Health care professional" means a physician, pharmacist, or nurse practitioner licensed under Chapter 12 of Title 10 Guam Code Annotated practicing within the scope of practice for his or her profession.

(4) "Opioid antagonist" means a drug, including but not limited to naloxone, approved by the United States Food and Drug Administration for the complete or partial reversal of an opioid overdose.

(5) "Standing order" means a prewritten, non-individual specific order issued by a prescriber that authorizes the dispensing of a drug to, or administration of the drug by, any individual.

(b) Except as provided in subsection (d) of this section, a health care professional acting in good faith may directly or by standing order prescribe, dispense, and distribute an opioid antagonist to the following persons:

(1) A person at risk of experiencing an opioid-related overdose;

(2) A family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose;

(3) A first responder; or

(4) An employee or volunteer of a community-based organization.

(c) Except as provided in subsection (d) of this section, an employee or volunteer of a community-based organization acting in good faith and in accordance with a standing order or under a health care professional's prescriptive authority may dispense and distribute an opioid antagonist to the following persons:

(1) A person at risk of experiencing an opioid-related overdose; or

(2) A family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.

(d)

(1) A pharmacist may dispense or distribute, but not prescribe, an opioid antagonist pursuant to a written protocol and standing order.

(2) An employee or volunteer of a community-based organization shall not dispense or distribute an opioid antagonist under this section unless he or she completes training conducted by the Department of Public Health and Social Services (or Guam Behavioral Health and Wellness).

(3) The training required by this subsection shall include:

(a) How to screen a patient for being at risk of an opioid-related overdose;

(b) How opioid antagonists operate to stop an opioid-related overdose;

(c) When the administration of an opioid antagonist is medically indicated;

(d) How to properly administer an opioid antagonist and circumstances under which administration of an opioid antagonist is contraindicated; and

(e) Precautions, warnings, and potential adverse reactions related to the administration of an opioid antagonist.

(e) Upon prescribing, dispensing, or distributing an opioid antagonist, the health care professional or employee or volunteer of a community-based organization shall provide education and training to the recipient of an opioid antagonist. The education and training shall include:

- (1) How to identify an opioid-related overdose;
- (2) How to properly administer the prescribed opioid antagonist and circumstances under which administration is contraindicated;
- (3) Precautions, warnings, and potential adverse reactions related to administration of the prescribed opioid antagonist;
- (4) How opioid antagonists operate to stop an opioid-related overdose;
- (5) The importance of seeking medical care for the person experiencing the opioid-related overdose immediately after the opioid antagonist is administered; and
- (6) Information on how to access substance abuse treatment services.

(f)(1) A health care professional or an employee or volunteer of a community-based organization who prescribes, dispenses, or distributes an opioid antagonist in accordance with this section shall be immune from civil or criminal liability for the subsequent use of the opioid antagonist, unless the health care professional's actions or the actions of the employee or volunteer of a community-based organization with regard to prescribing, dispensing, or distributing the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct.

(2) The immunity granted pursuant to paragraph (1) of this subsection shall apply whether or not the opioid antagonist is administered by or to the person for whom it was prescribed, dispensed, or distributed.

(3)

(a) Nothing in this section shall be construed to require a health care professional to prescribe, dispense, or distribute an opioid antagonist to a person at risk of experiencing an opioid related overdose or a family member, or friend, or other person in a position to assist a person at risk of experiencing an opioid related overdose, or an employee or volunteer of a community based organization.

(b) A health care professional that does not prescribe, dispense, or distribute an opioid antagonist based upon his or her professional judgment shall be immune from civil or criminal liability, unless the health care professional's decision not to prescribe, dispense, or distribute an opioid antagonist constitutes recklessness, gross negligence, or intentional misconduct.

(4) Nothing in this section shall be construed to expand the scope of practice of a health care professional.

§ 2. Furnishing naloxone hydrochloride or other opioid antagonist to law enforcement agency; conditions; records.

Notwithstanding any other law, a pharmacy, wholesaler, or manufacturer may furnish naloxone or other opioid antagonists to a law enforcement agency if both of the following are met:

(a) The naloxone or other opioid antagonist is furnished exclusively for use by employees of the law enforcement agency who have completed training in administering naloxone or other opioid antagonists.

(b) Records regarding the acquisition and disposition of naloxone or other opioid antagonists furnished pursuant to this section shall be maintained by the law enforcement agency for a period of three years from the date the records were created. The law enforcement agency shall be responsible for monitoring the supply of naloxone or other opioid antagonists and ensuring the destruction of expired naloxone or other opioid antagonists.

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