



State of Tennessee

PUBLIC CHAPTER NO. 749

SENATE BILL NO. 2572

By Crowe, Yarbrow, Walley

Substituted for: House Bill No. 2465

By Leatherwood, Clemmons, Hardaway, Freeman, Todd, Terry, Ragan, Littleton

AN ACT to amend Tennessee Code Annotated, Title 63, Chapter 1 and Title 68, relative to the use of opioid antagonists for drug-related overdoses.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 63-1-152, is amended by deleting the section and substituting:

(a) As used in this section:

(1) "Drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, coma, unresponsiveness, decreased level of consciousness, respiratory depression, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires medical assistance; and

(2) "Opioid antagonist" means a formulation of naloxone hydrochloride or another similarly acting and equally safe drug approved by the United States food and drug administration for the treatment of a drug-related overdose.

(b) A licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist acting in good faith and exercising reasonable care may, directly or by standing order, prescribe an opioid antagonist to the following:

(1) An individual at risk of experiencing a drug-related overdose;

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

(3) An organization, municipal or county entity, including, but not limited to, a center, recovery organization, hospital, school, harm reduction organization, homeless services organization, county jail, shelter, AIDS service organization, federally qualified health center, rural health clinic, health department, or treatment resource, for the purpose of providing an opioid antagonist to an individual who meets the criteria of subdivision (b)(1) or (b)(2).

(c) Notwithstanding another law or rule, an individual or entity acting under a standing order may:

(1) Receive and store an opioid antagonist; and

(2) Provide the opioid antagonist, directly or indirectly, and at no cost to the recipient, to an individual described in subdivision (b)(1) or (b)(2).

(d) An individual may administer an opioid antagonist to another individual if:

(1) The individual has a good faith belief that the other individual is experiencing a drug-related overdose; and

(2) The individual exercises reasonable care in administering the opioid antagonist to the other individual.

(e) The commissioner of health or the commissioner's designee, in consultation with other state, federal, or local government personnel, including contractors, shall create and maintain an online education program with the goal of educating laypersons and the general public on the administration of opioid antagonists and appropriate techniques and follow-up procedures for dealing with a drug-related overdose.

(f) The following individuals and entities are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section:

(1) A licensed healthcare practitioner who prescribes, dispenses, or issues a standing order for an opioid antagonist pursuant to subsection (b);

(2) An individual or entity that provides an opioid antagonist pursuant to subsection (c); and

(3) A licensed healthcare practitioner or other individual who administers an opioid antagonist pursuant to subsection (d).

(g) A licensed healthcare practitioner is immune from disciplinary or adverse administrative action under this title in the absence of gross negligence or willful misconduct for an act or omission during the administration of, prescription of, issuance of a standing order for, or dispensing of an opioid antagonist.

(h) The commissioner of health or the commissioner's designee shall make available recommendations for training of first responders, as defined in § 29-34-203, in the appropriate use of opioid antagonists. The recommendations must include a provision concerning the appropriate supply of opioid antagonists to first responders to administer consistent with this section.

(i) Notwithstanding another law or rule, a first responder acting under a standing order may receive and store an opioid antagonist and may provide an opioid antagonist to an individual described in subdivision (b)(1) or (b)(2).

(j) Emergency medical services shall take an individual treated for a drug-related overdose with an opioid antagonist by a first responder to a medical facility for evaluation, unless the individual is competent to refuse medical treatment and chooses to refuse treatment.

SECTION 2. Tennessee Code Annotated, Section 63-1-157(a)(2), is amended by deleting the subdivision and substituting:

(2) "Opioid antagonist" means a formulation of naloxone hydrochloride or another similarly acting and equally safe drug approved by the United States food and drug administration for the treatment of a drug-related overdose;


SECTION 3. Tennessee Code Annotated, Section 63-1-157(b)(3), is amended by deleting the language "an opiate-related overdose" wherever it appears and substituting the language "a drug-related overdose".

SECTION 4. This act takes effect July 1, 2022, the public welfare requiring it.

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PASSED: March 10, 2022


RANDY MCNALLY
SPEAKER OF THE SENATE


CAMERON SEXTON, SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 24th day of March 2022


BILL LEE, GOVERNOR