

REPORT OF CONFERENCE COMMITTEE

MR. SPEAKER AND MR. PRESIDENT:

We, the undersigned conferees, have had under consideration the amendments to the following entitled BILL:

H. B. No. 1137: Opioid antagonists; authorize community organization to receive and administer.

We, therefore, respectfully submit the following report and recommendation:

1. That the Senate recede from its Amendment No. 1.
2. That the House and Senate adopt the following amendment:

Amend by striking all after the enacting clause and inserting in lieu thereof the following:

26 **SECTION 1.** Section 41-29-319, Mississippi Code of 1972, is
27 amended as follows:

28 41-29-319. (1) This section shall be known as the
29 "Emergency Response and Overdose Prevention Act."

30 (2) As used in this section, the following terms shall be
31 defined as provided in this subsection:

32 (a) "Administer" means the direct application of a drug
33 to the body of an individual by injection, inhalation, ingestion
34 or any other means.

35 (b) "Community organization" means an organization
36 aimed at making desired improvements to a community's social
37 health, well-being, and overall functioning. "Community
38 organization" may include organizations that participate in social
39 work, and that are related to the organized development of



40 community social welfare through coordination of public and
41 private agencies. Community organizations may exist in
42 geographically, culturally, spiritually, and digitally bounded
43 communities.

44 (* * *c) "Distribute" means to deliver an opioid
45 antagonist drug or opioid antagonist device by means other than by
46 administering.

47 (* * *d) "Education employee" means an employee of any
48 school district, public charter school, private school, public or
49 private university, community college or junior college.

50 (e) "High-risk opioid overdose touchpoint" means a
51 health care entity, public health program, criminal justice system
52 or hospitality industry that may interact with individuals that
53 are considered high risk of experiencing or witnessing an opioid
54 overdose, or deliver harm-reduction services, or engage in
55 treatment of substance use disorders.

56 (* * *f) "Possess" means to have physical control or
57 custody of an opioid antagonist.

58 (* * *g) "Practitioner" means a physician licensed to
59 practice medicine in this state or any licensed health care
60 provider who is authorized to prescribe an opioid antagonist.

61 (* * *h) "Opioid antagonist" means any drug that binds
62 to opioid receptors and blocks or inhibits the effects of opioids
63 acting on those receptors and that is approved by the federal Food



64 and Drug Administration for the treatment of an opioid-related
65 overdose.

66 (* * *i) "Opioid-related overdose" means an acute
67 condition, including, but not limited to, extreme physical
68 illness, decreased level of consciousness, respiratory depression,
69 coma, mania or death, resulting from the consumption or use of an
70 opioid or another substance with which an opioid was combined or
71 that a layperson would reasonably believe to be resulting from the
72 consumption or use of an opioid or another substance with which an
73 opioid was combined for which medical assistance is required.

74 (* * *j) "Emergency medical technician" means an
75 individual who possesses a valid emergency medical technician's
76 certificate issued under Section 41-59-33.

77 (* * *k) "Storage" means possession of an opioid
78 antagonist with the intent to distribute or administer the opioid
79 antagonist.

80 (3) (a) A practitioner acting in good faith and in
81 compliance with the standard of care applicable to that
82 practitioner may directly, or by standing order, prescribe an
83 opioid antagonist to a person at risk of experiencing an
84 opioid-related overdose, or to a registered pain management
85 clinic, community organization, family member, friend or other
86 person in a position to assist such person at risk of experiencing
87 an opioid-related overdose.



88 (b) A practitioner acting in good faith and in
89 compliance with the standard of care applicable to that
90 practitioner may issue a standing order to one or more individual
91 pharmacies that authorizes the pharmacy to dispense an opioid
92 antagonist to a person at risk of experiencing an opioid-related
93 overdose or to a community organization, family member, friend or
94 other person in a position to assist such person at risk of
95 experiencing an opioid-related overdose, without the person to
96 whom the opioid antagonist is dispensed needing to have an
97 individual prescription.

98 (4) A pharmacist acting in good faith and in compliance with
99 the standard of care applicable to pharmacists may dispense opioid
100 antagonists under a prescription or a standing order issued in
101 accordance with subsection (3) of this section. However, before a
102 pharmacist may dispense an opioid antagonist under the authority
103 of subsection (3) (b) of this section, the pharmacist must complete
104 a training program approved by the State Board of Pharmacy on
105 opioid antagonists.

106 (5) (a) A person acting in good faith and with reasonable
107 care to another person whom he or she believes to be experiencing
108 an opioid-related overdose may administer an opioid antagonist
109 that was prescribed or authorized by a standing order in
110 accordance with subsection (3) of this section.

111 (b) A person acting in good faith and with reasonable
112 care to another person whom he or she believes to be experiencing



113 an opioid-related overdose may administer an opioid antagonist
114 that was distributed by an education employee, community
115 organization or high-risk opioid overdose touchpoint. Failure of
116 an education employee, community organization or high-risk opioid
117 overdose touchpoint, or a member or personnel of such
118 organization, to act shall not expose such organization, member,
119 or personnel to any criminal or civil liability.

120 (6) Emergency medical technicians, firefighters and law
121 enforcement officers acting in good faith shall be authorized and
122 permitted to administer an opioid antagonist as clinically
123 indicated. Failure of an emergency medical technician,
124 firefighter or law enforcement officer to act shall not expose
125 such person to any criminal or civil liability.

126 (7) (a) An education employee, community organization or
127 high-risk opioid overdose touchpoint may store or distribute an
128 opioid antagonist.

129 (b) An education employee, community organization or
130 high-risk opioid overdose touchpoint may administer an opioid
131 antagonist to another person if the education employee, community
132 organization or high-risk opioid overdose touchpoint:

133 (i) In good faith, believes the other person is
134 experiencing a drug overdose; and

135 (ii) Acts with reasonable care in administering
136 the opioid antagonist to the other person.



137 (c) The Department of Health may distribute an opioid
138 antagonist to any education employee, community organization or
139 high-risk opioid overdose touchpoint upon a request made in
140 writing by the education employee, community organization or
141 high-risk opioid overdose touchpoint.

142 (d) A person may store an opioid antagonist that is
143 distributed by an education employee, community organization or
144 high-risk opioid overdose touchpoint.

145 (e) Failure of an education employee, community
146 organization, high-risk opioid overdose touchpoint or a member or
147 personnel of such organization, to act shall not expose such
148 organization, member, or personnel to any criminal or civil
149 liability.

150 * * *

151 (* * *8) The following individuals are immune from any
152 civil or criminal liability or professional licensing sanctions
153 for the following actions authorized by this section:

154 (a) Any practitioner who prescribes or issues a
155 standing order for an opioid antagonist in accordance with
156 subsection (3) of this section;

157 (b) Any practitioner or pharmacist acting in good faith
158 and in compliance with the standard of care applicable to that
159 practitioner or pharmacist who dispenses an opioid antagonist
160 under a prescription or standing order issued in accordance with
161 subsection (3) of this section;



162 (c) (i) Any person other than a practitioner who
163 administers an opioid antagonist in accordance with subsection (5)
164 of this section; and

165 (ii) Any person other than a practitioner who
166 stores an opioid antagonist distributed by an education employee,
167 community organization or high-risk opioid overdose touchpoint;

168 (d) Any emergency medical technician, firefighters and
169 law enforcement officers who administers an opioid antagonist in
170 accordance with subsection (6) of this section.

171 (e) Any education employee, community organization or
172 high-risk opioid overdose touchpoint who stores, distributes or
173 administers an opioid antagonist under subsection (7) of this
174 section.

175 **SECTION 2.** This act shall take effect and be in force from
176 and after its passage.

**Further, amend by striking the title in its entirety and
inserting in lieu thereof the following:**

1 AN ACT TO AMEND SECTION 41-29-319, MISSISSIPPI CODE OF 1972,
2 TO DEFINE THE TERMS "COMMUNITY ORGANIZATION" AND "HIGH-RISK OPIOID
3 OVERDOSE TOUCHPOINT" FOR THE PURPOSE OF THE EMERGENCY RESPONSE AND
4 OVERDOSE PREVENTION ACT; TO AUTHORIZE A PRACTITIONER ACTING IN
5 GOOD FAITH TO DIRECTLY, OR BY STANDING ORDER, PRESCRIBE AN OPIOID
6 ANTAGONIST TO A COMMUNITY ORGANIZATION; TO AUTHORIZE A PERSON
7 ACTING IN GOOD FAITH AND WITH REASONABLE CARE TO ADMINISTER AN
8 OPIOID ANTAGONIST THAT WAS DISTRIBUTED BY A COMMUNITY ORGANIZATION
9 OR HIGH-RISK OPIOID OVERDOSE TOUCHPOINT TO ANOTHER PERSON WHOM HE
10 OR SHE BELIEVES TO BE EXPERIENCING AN OPIOID-RELATED OVERDOSE; TO
11 AUTHORIZE A COMMUNITY ORGANIZATION OR HIGH-RISK OPIOID OVERDOSE
12 TOUCHPOINT TO STORE AND DISTRIBUTE AN OPIOID ANTAGONIST; TO
13 AUTHORIZE A MEMBER OF A COMMUNITY ORGANIZATION OR HIGH-RISK OPIOID
14 OVERDOSE TOUCHPOINT TO ADMINISTER AN OPIOID ANTAGONIST TO ANOTHER



15 PERSON; TO AUTHORIZE THE DEPARTMENT OF HEALTH TO DISTRIBUTE AN
16 OPIOID ANTAGONIST TO ANY MEMBER OF A COMMUNITY ORGANIZATION OR
17 HIGH-RISK OPIOID OVERDOSE TOUCHPOINT UPON A REQUEST MADE IN
18 WRITING BY THE COMMUNITY ORGANIZATION OR HIGH-RISK OPIOID OVERDOSE
19 TOUCHPOINT; TO AUTHORIZE A PERSON TO STORE AN OPIOID ANTAGONIST
20 THAT IS DISTRIBUTED BY A COMMUNITY ORGANIZATION OR HIGH-RISK
21 OPIOID OVERDOSE TOUCHPOINT; TO PROVIDE CERTAIN CRIMINAL AND CIVIL
22 LIABILITY PROTECTION TO A COMMUNITY ORGANIZATION OR HIGH-RISK
23 OPIOID OVERDOSE TOUCHPOINT AND MEMBERS AND PERSONNEL OF SUCH
24 ORGANIZATION; AND FOR RELATED PURPOSES.

CONFEREES FOR THE HOUSE

X (SIGNED)
Creekmore IV

X (SIGNED)
Waldo

X (SIGNED)
Nelson

CONFEREES FOR THE SENATE

X (SIGNED)
Wiggins

X (SIGNED)
Boyd

X (SIGNED)
Barrett

