

**A-Engrossed**  
**Senate Bill 384**

Ordered by the Senate March 6  
Including Senate Amendments dated March 6

Sponsored by Senators BATES, KRUSE; Senators BURDICK, COURTNEY, DEVLIN, DINGFELDER, GIROD, HASS, MONNES ANDERSON, MONROE, ROBLAN, ROSENBAUM, STEINER HAYWARD, THOMSEN, WINTERS (Presession filed.)

**SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires Oregon Health Authority to prescribe criteria for training on treatment of opiate overdose and specifies requirements for training. Allows person successfully completing training to possess and administer naloxone for treatment of opiate overdose. Makes person providing treatment immune from civil liability except for wanton misconduct.

Declares emergency, effective on passage.

**A BILL FOR AN ACT**

1  
2 Relating to opiate overdose treatment; and declaring an emergency.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. Section 2 of this 2013 Act is added to and made a part of ORS chapter 689.**

5 **SECTION 2. (1) As used in this section:**

6 **(a) "Opiate" means a narcotic drug that contains:**

7 **(A) Opium;**

8 **(B) Any chemical derivative of opium; or**

9 **(C) Any synthetic or semisynthetic drug with opium-like effects.**

10 **(b) "Opiate overdose" means a medical condition that causes depressed consciousness**  
11 **and mental functioning, decreased movement, depressed respiratory function and the**  
12 **impairment of the vital functions as a result of ingesting opiates in an amount larger than**  
13 **can be physically tolerated.**

14 **(2) The Oregon Health Authority shall establish by rule protocols and criteria for training**  
15 **on lifesaving treatments for opiate overdose. The criteria must specify:**

16 **(a) The frequency of required retraining or refresher training; and**

17 **(b) The curriculum for the training, including:**

18 **(A) The recognition of symptoms and signs of opiate overdose;**

19 **(B) Nonpharmaceutical treatments for opiate overdose, including rescue breathing and**  
20 **proper positioning of the victim;**

21 **(C) Obtaining emergency medical services;**

22 **(D) The proper administration of naloxone to reverse opiate overdose; and**

23 **(E) The observation and follow-up that is necessary to avoid the recurrence of overdose**  
24 **symptoms.**

25 **(3) Training that meets the protocols and criteria established by the authority under**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 subsection (2) of this section must be subject to oversight by a licensed physician or certified  
2 nurse practitioner and may be conducted by public health authorities, organizations or other  
3 appropriate entities that provide services to individuals who take opiates.

4 (4) Notwithstanding any other provision of law, a pharmacy, a health care professional  
5 with prescription and dispensing privileges or any other person designated by the State  
6 Board of Pharmacy by rule may distribute unit-of-use packages of naloxone, and the neces-  
7 sary medical supplies to administer the naloxone, to a person who:

8 (a) Conducts training that meets the protocols and criteria established by the authority  
9 under subsection (2) of this section, so that the person may possess and distribute naloxone  
10 and necessary medical supplies to persons who successfully complete the training; or

11 (b) Has successfully completed training that meets the protocols and criteria established  
12 by the authority under subsection (2) of this section, so that the person may possess and  
13 administer naloxone to any individual who appears to be experiencing an opiate overdose.

14 (5) A person who has successfully completed the training described in this section is  
15 immune from civil liability for any act or omission committed during the course of providing  
16 the treatment pursuant to the authority granted by this section, if the person is acting in  
17 good faith and the act or omission does not constitute wanton misconduct.

18 **SECTION 3.** This 2013 Act being necessary for the immediate preservation of the public  
19 peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect  
20 on its passage.

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