

2013 DRAFTING REQUEST

Bill

Received: **9/27/2013** Received By: **mduchek**
Wanted: **As time permits** Same as LRB:
For: **John Nygren (608) 266-2343** By/Representing: **Jennifer Malcore**
May Contact: Drafter: **mduchek**
Subject: **Health - emergency med services** Addl. Drafters:
Extra Copies:

Submit via email: **YES**
Requester's email: **Rep.Nygren@legis.wisconsin.gov**
Carbon copy (CC) to: **tamara.dodge@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Allow all EMTs to administer naloxone; allow police and fire fighters to administer naloxone

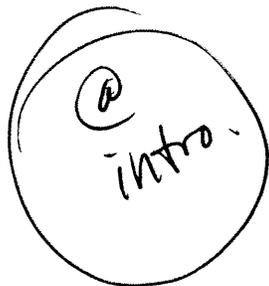
Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	mduchek 10/3/2013			_____			
/P1	mduchek 10/4/2013	evinz 10/4/2013	jfrantze 10/3/2013	_____	sbasford 10/3/2013		
/1			jfrantze 10/4/2013	_____	srose 10/4/2013	srose 10/4/2013	State S&L

FE Sent For:



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Instructions:

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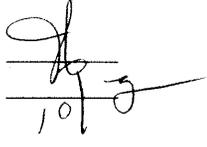
Topic:

Allow all EMTs to administer naloxone; allow police and firefighters to administer naloxone
~~immunity for AIDS resource center distributing naloxone~~

Instructions:

See attached

Drafting History:

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1/?	mduchek	pl eev 10/3/13	pl eev 10/3/13	 10/3/13			

FE Sent For:

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Volume 2 No 12

December 2008

Thomas E. Quinn, APRN, MSN & Ken Miller, MD, Editors

Opioid, Opiate, Narcotic?

What's in a name? A lot, actually. Opioid, opiate, and narcotic are often used interchangeably, but usually incorrectly, in conversation, patient teaching, and medical literature. "Narcotic" is used almost exclusively in lay media, even when the focus is medically prescribed opioid analgesics for pain management.

'Narcotic' is an archaic term when used medically. Its origin is in the Greek word 'narcos' meaning sleep or stupor, which is rarely a primary intent in pain management, and may be considered a dose-limiting side effect. Even more importantly, 'narcotic' is irredeemably associated with illicit use of opioids, cannabinoids, stimulants such as cocaine and methamphetamine, sedative-hypnotics, and even (in some state regulations) anabolic steroids. The only common feature of this list is that these substances are potentially subject to abuse. However, most of them have legitimate medical uses and, when appropriately prescribed and used, do not lead to abuse.

'Opiates' are medications derived from the opium poppy, *Papaver somniferum*. They include opium, codeine, and morphine. Opiate is precise, but refers to only a limited number of drugs. 'Opioids' are all substances that bind to the opioid receptors present in many tissues. They include endogenous substances such as endorphins as well as all exogenous opium-derived and synthetic drugs that interact with opioid receptors. So morphine is both an opiate and an opioid, but fentanyl and methadone are only opioids. 'Opioid' is therefore a very useful generic term in medical parlance that includes all prescription

analgesics that bind to opioid receptors. This should be the preferred term for use by medical professionals, whether in conversation or journal articles. It should also be used with patients and families in making a distinction between appropriate medical use ("this is medicine that is important in relieving your pain") and the more common term 'narcotic' with its attendant stigma that may be a barrier to effective pain management.

Finally, as health professionals, we should lobby our professional journals and the lay media to upgrade their terminology. The lay media has been helpful in recent years in publicizing the serious public health problem of pain, but indiscriminate use of 'narcotic' is confusing and undercuts an otherwise valuable message.

In the News

- **Connecticut End-of-Life Education Needs Survey.** The Connecticut Comprehensive Cancer Control Program has awarded a grant to the [Connecticut Coalition to Improve End-of-Life Care](#) to conduct a [state-wide survey](#) of the professional educational needs of clinicians who care for patients near the end of life. Discipline-specific confidential online questionnaires have been developed for nurses, physicians, pharmacists, social workers, pastoral care clinicians and others (see [web site](#) for complete list) across all settings throughout the state. **Please complete the [survey](#) & forward the link to clinicians who care for patients at the end of life.**
- The Connecticut Pain Initiative meets on the first Wednesday of even-numbered months at the American Cancer Society in Meriden. 6:15pm. Info: Pat Trotta: Patricia.Trotta@cancer.org
- The [Oncology Nursing Society](#) has announced that it is taking pre-publication orders for *Chemotherapy & Biotherapy Guidelines* (3rd Ed.), available in mid-January.



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3274/P1

MED:.....

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PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

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1 AN ACT .;. relating to: administration in the case of an opioid-related drug
2 overdose of the drug naloxone by and immunity for certain individuals.

Analysis by the Legislative Reference Bureau

✓ This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

3 SECTION 1. 256.15^x (8) (e) of the statutes is amended to read:
4 256.15 (8) (e) A certified first responder is authorized to use an automated
5 external defibrillator, as prescribed for first responders in rules promulgated by the
6 department. The rules shall set forth authorization for the use of an automated
7 external defibrillator or, for a defibrillator that may be operated in more than one
8 mode, use as an automated external defibrillator only. A certified first responder is
9 authorized to administer naloxone if the first responder has received training

1 necessary to safely administer naloxone, as determined by the department. A
 2 certified first responder is also authorized to employ other techniques, including the
 3 administration of nonvisualized advanced airways, and the administration of
 4 medications that are specified by the department by rule. In promulgating the rules
 5 under this paragraph, the department shall consult with the state medical director
 6 for emergency medical services and the emergency medical services board. The rule
 7 shall include those techniques that are specified in the most current guidelines
 8 issued by the National Highway Traffic Safety Administration under 23 CFR 1205.3
 9 (a) (5).

History: 1973 c. 321; 1975 c. 39 ss. 645 to 647d, 732 (2); 1975 c. 224; 1977 c. 29, 167; 1979 c. 321; 1981 c. 73, 380; 1981 c. 391 s. 211; 1983 a. 189; 1985 a. 120, 135; 1987 a. 70, 399; 1989 a. 31; 1989 a. 102 ss. 20, 21, 36 to 59; 1991 a. 39, 238; 1993 a. 27, 29, 105, 183, 251, 399; 1997 a. 79, 191, 237; 1999 a. 7, 56; 2001 a. 109; 2005 a. 25, 486; 2007 a. 104; 2007 a. 130 ss. 50 to 52, 55 to 57, 63 to 66, 69, 71 to 104; Stats. 2007 s. 256.15; 2009 a. 28, 42; 2009 a. 180 s. 123; 2009 a. 209; 2011 a. 120, 209.

10 **SECTION 2.** 256.40 of the statutes is created to read:

11 **256.40 Administration of naloxone in cases of opioid-related drug**

12 ~~overdoses.~~ (1) In this section:

13 (b) "Fire fighter" means any person employed by the state or any political
 14 subdivision as a member or officer of a fire department or a member of a volunteer *fire*
 15 department, including the state fire marshal and deputies.

16 (c) "Law enforcement agency" means an agency of a federally recognized Indian
 17 tribe or band or a state or political subdivision of a state, whose purpose is the
 18 detection and prevention of crime and enforcement of laws or ordinances.

19 (d) "Law enforcement officer" means any person employed by a law
 20 enforcement agency who is authorized to make arrests for violations of the laws or
 21 ordinances that the person is employed to enforce.

22 (e) "Opioid-related drug overdose" means a condition including extreme
 23 physical illness, decreased level of consciousness, respiratory depression, coma, or

1 the ceasing of respiratory or circulatory function resulting from the consumption or
2 use of an opioid, or another substance with which an opioid was combined.

****NOTE: I borrowed this definition from some of the model legislation you sent, which does not define "opioid" but I believe covers the drugs that would be implicated in an overdose. Let me know if this term needs to be further refined or whether other words are necessary. I eliminated a reference to a layperson since the bill does not provide for administration of naloxone by laypersons. Note that the definition also mentioned death. I changed this to a ceasing of respiratory or circulatory function to be more specific and to clarify that naloxone would not be provided to someone who is truly dead.

3 (2) (a) Subject to par. (b), the department shall permit all emergency medical
4 technicians to administer the drug naloxone to individuals who are undergoing or
5 who are believed to be undergoing an opioid-related drug overdose.

6 (b) The department shall require licensed emergency medical technicians
7 basic to undergo any training necessary to safely administer naloxone as specified
8 under par. (a).

9 (3) (a) A law enforcement agency or fire department may enter into a written
10 agreement to affiliate with an ambulance service provider or a physician for all of the
11 following purposes:

- 12 1. Obtaining a supply of naloxone.
- 13 2. Allowing law enforcement officers and fire fighters to obtain the training
- 14 necessary to safely and properly administer naloxone to individuals who are
- 15 undergoing or who are believed to be undergoing an opioid-related drug overdose.

16 (b) A law enforcement officer or fire fighter who, acting in good faith,
17 administers naloxone to an individual who^m the officer or fire fighter reasonably
18 believes to be undergoing an opioid-related drug overdose may not be subject to any
19 criminal or civil liability in connection with administering naloxone to the
20 individual, if the law enforcement officer or fire fighter is acting pursuant to an
21 agreement and any training obtained under par. (a).

****NOTE: This seems to be what was discussed, but please review this carefully and let me know what changes are needed.

1

(END)



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-3274/PS

MED:eev

PS

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PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

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Ins Rel

1 AN ACT *to amend* 256.15 (8) (e); and *to create* 256.40 of the statutes; relating
 2 to: administration in the case of an opioid-related drug overdose of the drug
 3 naloxone by and immunity for certain individuals, ~~and requiring emergency medical~~
 technicians to carry naloxone

Analysis by the Legislative Reference Bureau

Ins Analysis

✓ This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

4 SECTION 1. 256.15 (8) (e) of the statutes is amended to read:
 5 256.15 (8) (e) A certified first responder is authorized to use an automated
 6 external defibrillator, as prescribed for first responders in rules promulgated by the
 7 department. The rules shall set forth authorization for the use of an automated
 8 external defibrillator or, for a defibrillator that may be operated in more than one
 9 mode, use as an automated external defibrillator only. A certified first responder is

1 authorized to administer ^{the drug} naloxone ^{the drug} if the first responder has received training
 2 necessary to safely administer naloxone, as determined by the department. A
 3 certified first responder is also authorized to employ other techniques, including the
 4 administration of nonvisualized advanced airways, and the administration of
 5 medications that are specified by the department by rule. In promulgating the rules
 6 under this paragraph, the department shall consult with the state medical director
 7 for emergency medical services and the emergency medical services board. The rule
 8 shall include those techniques that are specified in the most current guidelines
 9 issued by the National Highway Traffic Safety Administration under 23 CFR 1205.3
 10 (a) (5).

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12 **256.40 Administration of naloxone in cases of opioid-related drug**
 13 **overdose.** (1) In this section:

14 ^{e (a)} (b) "Fire fighter" means any person employed by the state or any political
 15 subdivision as a member or officer of a fire department or a member of a volunteer
 16 fire department, including the state fire marshal and deputies.

17 ^{e (b)} (c) "Law enforcement agency" means an agency of a federally recognized Indian
 18 tribe or band or a state or political subdivision of a state, whose purpose is the
 19 detection and prevention of crime and enforcement of laws or ordinances.

20 ^{e (c)} (d) "Law enforcement officer" means any person employed by a law
 21 enforcement agency who is authorized to make arrests for violations of the laws or
 22 ordinances that the person is employed to enforce.

23 ^{e (d)} (e) "Opioid-related drug overdose" means a condition including extreme
 24 physical illness, decreased level of consciousness, respiratory depression, coma, or

1 the ceasing of respiratory or circulatory function resulting from the consumption or
2 use of an opioid, or another substance with which an opioid was combined.

****NOTE: I borrowed this definition from some of the model legislation you sent, which does not define "opioid" but I believe covers the drugs that would be implicated in an overdose. Let me know if this term needs to be further refined or whether other words are necessary. I eliminated a reference to a layperson since the bill does not provide for administration of naloxone by laypersons. Note that the definition also mentioned death. I changed this to a ceasing of respiratory or circulatory function to be more specific and to clarify that naloxone would not be provided to someone who is truly dead.

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4 technicians to administer the drug naloxone to individuals who are undergoing or
5 who are believed to be undergoing an opioid-related drug overdose.

6 (b) The department shall require emergency medical technicians to undergo
7 any training necessary to safely and properly administer ^{the drug}naloxone as specified under
8 par. (a).

Ins
3-8

9 (3) (a) A law enforcement agency or fire department may enter into a written
10 agreement to affiliate with an ambulance service provider or a physician for all of the
11 following purposes:

- 12 1. Obtaining a supply of ^{the drug}naloxone.
- 13 2. Allowing law enforcement officers and ^{the drug}fire fighters to obtain the training
14 necessary to safely and properly administer naloxone to individuals who are
15 undergoing or who are believed to be undergoing an opioid-related drug overdose.

16 (b) A law enforcement officer or fire fighter who, acting in good faith,
17 administers ^{the drug}naloxone to an individual whom the officer or fire fighter reasonably
18 believes to be undergoing an opioid-related drug overdose may not be subject to any
19 criminal or civil liability in connection with administering ^{the drug}naloxone to the
20 individual, if the law enforcement officer or fire fighter is acting pursuant to an
21 agreement and any training obtained under par. (a).

****NOTE: This seems to be what was discussed, but please review this carefully and let me know what changes are needed.

1

(END)

Insert Rel

1 training and agreements for administering the drug naloxone, requiring
2 emergency medical technicians to carry naloxone, and immunity for certain
3 individuals who administer naloxone.

Insert Analysis

Under current law, the Department of Health Services (DHS) serves as the lead state agency for emergency medical services and has various duties relating to the provision of emergency medical services, including:

1) Certifying first responders, which are individuals who, as a condition of employment or as members of an organization that provides emergency medical care before hospitalization, provide emergency medical care to sick, disabled, or injured individuals before the arrival of an ambulance. In order to become certified as a first responder, an individual must satisfy certain criteria, including completing a first responder course that meets certain specified criteria. Certified first responders may undertake only certain actions specified under current law, including administering medications that are specified by DHS by rule.

2) Licensing emergency medical technicians (EMTs), which are individuals who may provide emergency medical services ranging from basic life support and patient handling and transportation to emergency cardiac, trauma, and other lifesaving or emergency procedures, depending on the level of EMT licensure. Current law specifies three levels of EMT licensure, known as EMT - basic, EMT - intermediate, and EMT - paramedic (advanced). In order to become licensed as an EMT, an individual must satisfy certain criteria, including obtaining training commensurate with the level of EMT licensure that is sought. EMTs may, under current law, undertake only those actions that are authorized in rules promulgated by DHS for their level of licensure.

This bill provides that certified first responders may administer the drug naloxone if they have received training necessary to safely administer naloxone, as determined by DHS. Naloxone is a prescription drug which, when administered to a person undergoing an opioid-related drug overdose, can have the effect of countering the effects of the overdose. The bill also requires that DHS permit EMTs at all levels of licensure to administer naloxone to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose. DHS must, under the bill, require EMTs to undergo any training necessary to safely and properly administer naloxone. The bill also requires each EMT so trained to, at all times when performing his or her duties as an emergency medical technician, carry or have available for administration a supply of naloxone.

In addition, the bill allows a law enforcement agency or fire department to enter into a written agreement to affiliate with an ambulance service provider or a physician for the purposes of: 1) obtaining a supply of naloxone; and 2) allowing law

enforcement officers and fire fighters to obtain the training necessary to safely and properly administer naloxone to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose. The bill provides that a law enforcement officer or fire fighter who, acting in good faith, administers naloxone to an individual whom the officer or fire fighter reasonably believes to be undergoing an opioid-related drug overdose may not be subject to any criminal or civil liability in connection with administering naloxone to the individual, if the law enforcement officer or fire fighter is acting pursuant to a written agreement described above.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

Insert Analysis

- 1 (c) Every emergency medical technician who has obtained the training
- 2 necessary to safely and properly administer the drug naloxone shall, at all times
- 3 when performing his or her duties as an emergency medical technician, carry or have
- 4 available for administration a supply of ^{the drug} naloxone.