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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. **2307**

02/25/2014 Authored by Schoen, Liebling, Huntley, Abeler, Paymar and others

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

03/03/2014 Adoption of Report: Amended and re-referred to the Committee on Judiciary Finance and Policy

1.1 A bill for an act  
1.2 relating to health; providing for drug and alcohol overdose prevention and  
1.3 medical assistance; limiting liability; amending Minnesota Statutes 2012,  
1.4 sections 144E.101, subdivision 6; 151.37, by adding a subdivision; proposing  
1.5 coding for new law in Minnesota Statutes, chapter 604A.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2012, section 144E.101, subdivision 6, is amended to  
1.8 read:

1.9 Subd. 6. **Basic life support.** (a) Except as provided in paragraphs (e) and (f), a  
1.10 basic life-support ambulance shall be staffed by at least two EMTs, one of whom must  
1.11 accompany the patient and provide a level of care so as to ensure that:

- 1.12 (1) life-threatening situations and potentially serious injuries are recognized;  
1.13 (2) patients are protected from additional hazards;  
1.14 (3) basic treatment to reduce the seriousness of emergency situations is administered;

1.15 and

1.16 (4) patients are transported to an appropriate medical facility for treatment.

1.17 (b) A basic life-support service shall provide basic airway management.

1.18 (c) A basic life-support service shall provide automatic defibrillation.

1.19 (d) A basic life-support service licensee's medical director may authorize ambulance  
1.20 service personnel to perform intravenous infusion and use equipment that is within the  
1.21 licensure level of the ambulance service, including administration of an opiate antagonist.

1.22 Ambulance service personnel must be properly trained. Documentation of authorization  
1.23 for use, guidelines for use, continuing education, and skill verification must be maintained  
1.24 in the licensee's files.

2.1 (e) Upon application from an ambulance service that includes evidence demonstrating  
2.2 hardship, the board may grant a variance from the staff requirements in paragraph (a) and  
2.3 may authorize a basic life-support ambulance to be staffed by one EMT and one registered  
2.4 emergency medical responder driver for all emergency ambulance calls and interfacility  
2.5 transfers. The variance shall apply to basic life-support ambulances operated by the  
2.6 ambulance service until the ambulance service renews its license. When a variance expires,  
2.7 an ambulance service may apply for a new variance under this paragraph. For purposes of  
2.8 this paragraph, "ambulance service" means either an ambulance service whose primary  
2.9 service area is mainly located outside the metropolitan counties listed in section 473.121,  
2.10 subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St.  
2.11 Cloud; or an ambulance service based in a community with a population of less than 1,000.

2.12 (f) After an initial emergency ambulance call, each subsequent emergency ambulance  
2.13 response, until the initial ambulance is again available, and interfacility transfers, may  
2.14 be staffed by one registered emergency medical responder driver and an EMT. The  
2.15 EMT must accompany the patient and provide the level of care required in paragraph  
2.16 (a). This paragraph applies only to an ambulance service whose primary service area is  
2.17 mainly located outside the metropolitan counties listed in section 473.121, subdivision  
2.18 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an  
2.19 ambulance based in a community with a population of less than 1,000 persons.

2.20 Sec. 2. Minnesota Statutes 2012, section 151.37, is amended by adding a subdivision  
2.21 to read:

2.22 Subd. 12. Administration of opiate antagonists for drug overdose. (a) A licensed  
2.23 physician, a licensed advanced practice registered nurse authorized to prescribe drugs  
2.24 pursuant to section 148.235, or a licensed physician assistant authorized to prescribe drugs  
2.25 pursuant to section 147A.18, may authorize the following individuals to administer opiate  
2.26 antagonists, as defined in section 604A.04, subdivision 1:

2.27 (1) an emergency medical responder registered pursuant to section 144E.27;

2.28 (2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and  
2.29 (d); and

2.30 (3) staff of community-based health disease prevention or social service programs.

2.31 (b) For the purposes of this subdivision, opiate antagonists may be administered by  
2.32 one of these individuals only if:

2.33 (1) the licensed physician, licensed physician assistant, or licensed advanced  
2.34 practice registered nurse has issued a standing order to, or entered into a protocol with,  
2.35 the individual; and

3.1 (2) the individual has training in the recognition of signs of opiate overdose and the  
3.2 use of opiate antagonists as part of the emergency response to opiate overdose.

3.3 (c) Nothing in this section prohibits the possession and administration of naloxone  
3.4 pursuant to section 604A.04.

3.5 **Sec. 3. [604A.04] GOOD SAMARITAN OVERDOSE PREVENTION.**

3.6 Subdivision 1. **Definitions; opiate antagonist.** For purposes of this section, "opiate  
3.7 antagonist" means naloxone hydrochloride or any similarly acting drug approved by the  
3.8 federal Food and Drug Administration for the treatment of a drug overdose.

3.9 Subd. 2. **Authority to possess and administer opiate antagonists; release from**  
3.10 **liability.** (a) A person who is not a health care professional may possess or administer  
3.11 an opiate antagonist that is prescribed, dispensed, or distributed by a licensed health  
3.12 care professional pursuant to subdivision 3.

3.13 (b) A person who is not a health care professional who acts in good faith in  
3.14 administering an opiate antagonist to another person whom the person believes in good  
3.15 faith to be suffering a drug overdose is immune from criminal prosecution for the act and  
3.16 is not liable for any civil damages for acts or omissions resulting from the act.

3.17 Subd. 3. **Health care professionals; release from liability.** A licensed health  
3.18 care professional who is permitted by law to prescribe an opiate antagonist, if acting  
3.19 in good faith, may directly or by standing order prescribe, dispense, distribute, or  
3.20 administer an opiate antagonist to a person without being subject to civil liability or  
3.21 criminal prosecution for the act. This immunity applies even when the opiate antagonist  
3.22 is eventually administered in either or both of the following instances: (1) by someone  
3.23 other than the person to whom it is prescribed; or (2) to someone other than the person  
3.24 to whom it is prescribed.

3.25 **EFFECTIVE DATE.** This section is effective August 1, 2014, and applies to  
3.26 actions arising from incidents occurring on or after that date.

3.27 **Sec. 4. [604A.05] GOOD SAMARITAN OVERDOSE MEDICAL ASSISTANCE.**

3.28 Subdivision 1. **Person seeking medical assistance; immunity from prosecution.**  
3.29 A person acting in good faith who seeks medical assistance for another person who  
3.30 is experiencing an alcohol or drug overdose may not be arrested, charged, prosecuted,  
3.31 penalized, or have that person's property subject to civil forfeiture for: (1) the possession,  
3.32 sharing, or use of a controlled substance or drug paraphernalia; (2) the procurement,  
3.33 purchase, possession, or consumption of alcohol by someone under age 21; (3) providing  
3.34 to or enabling consumption of alcohol by someone under age 21; or (4) a violation

4.1 of a condition of pretrial release, probation, furlough, or parole. A person qualifies for  
4.2 the immunities provided in this subdivision only if the evidence for the arrest, charge,  
4.3 prosecution, seizure, or penalty was obtained as a result of the person's seeking medical  
4.4 assistance for another person.

4.5 **Subd. 2. Person experiencing an overdose; immunity from prosecution.** A  
4.6 person who experiences an alcohol or drug overdose and is in need of medical assistance  
4.7 may not be arrested, charged, prosecuted, penalized, or have that person's property subject  
4.8 to civil forfeiture for: (1) the possession of a controlled substance or drug paraphernalia;  
4.9 (2) the procurement, purchase, possession, or consumption of alcohol by someone under  
4.10 age 21; (3) providing to or enabling consumption of alcohol by someone under age 21; or  
4.11 (4) a violation of a condition of pretrial release, probation, furlough, or parole. A person  
4.12 qualifies for the immunities provided in this subdivision only if the evidence for the arrest,  
4.13 charge, prosecution, seizure, or penalty was obtained as a result of the alcohol or drug  
4.14 overdose and the need for medical assistance.

4.15 **Subd. 3. Effect on other criminal prosecutions.** (a) The immunity provisions of  
4.16 this section do not preclude prosecution of the person on the basis of evidence obtained  
4.17 from an independent source.

4.18 (b) The act of providing first aid or other medical assistance to someone who is  
4.19 experiencing an alcohol or drug overdose may be used as a mitigating factor in a criminal  
4.20 prosecution for which immunity is not provided.

4.21 **EFFECTIVE DATE.** This section is effective August 1, 2014, and applies to  
4.22 actions arising from incidents occurring on or after that date.

4.23 **Sec. 5. CITATION.**

4.24 Sections 3 and 4 may be known and cited as "Steve's Law."