

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH SESSION

S.F. No. 1900

(SENATE AUTHORS: EATON, Dziedzic, Rosen, Latz and Marty)

DATE	D-PG	OFFICIAL STATUS
02/25/2014	5845	Introduction and first reading Referred to Health, Human Services and Housing
03/12/2014	6138	Comm report: To pass and re-referred to Judiciary
03/17/2014	6257a	Comm report: To pass as amended
	6274	Second reading
03/26/2014	6867	Author added Marty
04/08/2014	7832	Special Order
	7832	Third reading Passed
05/07/2014	8867	Returned from House with amendment
	8868	Senate concurred and repassed bill
	8868	Third reading
		Presentment date 05/08/14
05/12/2014	9022	Governor's action Approval 05/09/14
	9023	Secretary of State Chapter 232 05/09/14
		Effective date Sec. 1-2 08/01/14; Sec. 3 05/10/14; Sec. 4 07/01/14

A bill for an act

1.1
 1.2 relating to health; providing for drug overdose prevention and medical assistance;
 1.3 limiting liability; amending Minnesota Statutes 2012, sections 144E.101,
 1.4 subdivision 6; 151.37, by adding a subdivision; proposing coding for new law
 1.5 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's assistant authorized to prescribe
2.25 drugs pursuant to section 147A.18, may authorize the following individuals to administer
2.26 opiate 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's 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 the day following final enactment,
3.26 and applies to 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 is
3.30 experiencing a drug-related overdose may not be charged or prosecuted for the possession,
3.31 sharing, or use of a controlled substance under sections 152.023, subdivision 2, clauses (4)
3.32 and (6), 152.024, or 152.025, or possession of drug paraphernalia. A person qualifies for
3.33 the immunities provided in this subdivision only if:

4.1 (1) the evidence for the charge or prosecution was obtained as a result of the person's
4.2 seeking medical assistance for another person; and

4.3 (2) the person seeks medical assistance for another person who is in need of medical
4.4 assistance for an immediate health or safety concern, provided that the person who seeks
4.5 the medical assistance is the first person to seek the assistance, provides a name and
4.6 contact information, remains on the scene until assistance arrives or is provided, and
4.7 cooperates with the authorities.

4.8 Good faith does not include seeking medical assistance during the course of the
4.9 execution of an arrest warrant or search warrant or a lawful search.

4.10 Subd. 2. **Person experiencing an overdose; immunity from prosecution.** A
4.11 person who experiences a drug-related overdose and is in need of medical assistance may
4.12 not be charged or prosecuted for possession of a controlled substance under sections
4.13 152.023, subdivision 2, clauses (4) and (6), 152.024, or 152.025, or possession of drug
4.14 paraphernalia. A person qualifies for the immunities provided in this subdivision only
4.15 if the evidence for the charge or prosecution was obtained as a result of the drug-related
4.16 overdose and the need for medical assistance.

4.17 Subd. 3. **Persons on probation or release.** A person's pretrial release, probation,
4.18 furlough, supervised release, or parole shall not be revoked based on an incident for which
4.19 the person would be immune from prosecution under subdivision 1 or 2.

4.20 Subd. 4. **Effect on other criminal prosecutions.** (a) The act of providing first aid or
4.21 other medical assistance to someone who is experiencing a drug-related overdose may be
4.22 used as a mitigating factor in a criminal prosecution for which immunity is not provided.

4.23 (b) Nothing in this section shall:

4.24 (1) be construed to bar the admissibility of any evidence obtained in connection with
4.25 the investigation and prosecution of other crimes or violations committed by a person who
4.26 otherwise qualifies for limited immunity under this section;

4.27 (2) preclude prosecution of a person on the basis of evidence obtained from an
4.28 independent source;

4.29 (3) be construed to limit, modify, or remove any immunity from liability currently
4.30 available to public entities, public employees by law, or prosecutors; or

4.31 (4) prevent probation officers from conducting drug testing of persons on pretrial
4.32 release, probation, furlough, supervised release, or parole.

4.33 Subd. 5. **Drug-related overdose defined.** As used in this section, "drug-related
4.34 overdose" means an acute condition, including mania, hysteria, extreme physical illness,
4.35 or coma, resulting from the consumption or use of a controlled substance, or another

5.1 substance with which a controlled substance was combined, and that a layperson would
5.2 reasonably believe to be a drug overdose that requires immediate medical assistance.

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

5.5 Sec. 5. **CITATION.**

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