

# Legislative Analysis

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## **OPIOID ANTAGONISTS: ALLOW POLICE TO POSSESS/ADMINISTER**

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**Senate Bill 1049 (Substitute S-1)**  
**Sponsor: Sen. Tonya Schuitmaker**  
**House Committee: Judiciary**  
**Senate Committee: Judiciary**

**Complete to 12-15-14**

## **A SUMMARY OF SENATE BILL 1049 AS REPORTED BY HOUSE COMMITTEE 12-11-14**

The bill creates a new act to:

- Allow peace officers, once trained, to carry and administer opioid antagonists to individuals believed to be experiencing an opioid-related overdose.
- Authorize law enforcement agencies to purchase, possess, and distribute to officers an FDA-approved opioid antagonist.
- Provide civil and criminal immunity to agencies and officers for injuries or damages caused by administering an opioid antagonist.

A law enforcement agency that purchases, possesses, or distributes any opioid antagonist under the bill, or an officer who possesses or administers an opioid antagonist in good faith under the bill, would be immune from civil liability for injuries or damages arising out of the administration of an opioid antagonist if the conduct did not amount to gross negligence as defined in the Governmental Immunity Act; that act defines the term to mean "conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results."

Further, a law enforcement agency or peace officer would not be subject to criminal prosecution for purchasing, possessing, distributing, or administering any opioid antagonist to any individual under the bill's provisions.

The terms "law enforcement," "opioid antagonist," "opioid-related overdose," and "peace officer" are defined in the bill.

## **BACKGROUND INFORMATION:**

Heroin and other narcotic use (e.g., prescription pain killers) in the state has been increasing over the past several years, and as a result, so have drug overdoses. Reportedly, there were more deaths from drug overdoses in 2011 than from vehicle accidents. Medications known as "opioid antagonists" have the ability to reverse the effects of a narcotic overdose. At least 18 states and the District of Columbia have laws allowing medical professionals to prescribe and administer such drugs (primarily, naloxone, or Narcan). Apparently, there have been tens of thousands of successful

overdose reversals. For example, one town in an Eastern state cut the overdose deaths by two-thirds in the first year law enforcement officers began to have opioid antagonists available for responding to potential overdoses, and deaths continued to decrease the following three years. With a shelf life of about two years, it would not be economically burdensome for officers and police agencies to have Narcan or similar medications available. Like legislation more than a decade ago that enabled squad cars to carry AEDs to assist persons having heart attacks, Senate Bill 1049 would equip police officers, who often are the first on the scene of an emergency, to provide potentially life-saving medication. Supporters say the ability to save a person from an otherwise deadly overdose may enable the person to live long enough to kick the addiction and once again live a productive life.

Further, the bill is a companion piece to Public Acts 311-314 of 2014 (enrolled House Bills 5407, 5404, and 5405, and Senate Bill 857, respectively) which allow doctors to prescribe; pharmacists to dispense; and first responders, family members, medical personnel, friends of addicts, and other individuals, such as staff at residential treatment facilities, to administer naloxone to a person in the throes of a drug overdose.

#### **FISCAL IMPACT:**

Senate Bill 1049 (S-1), as passed by the Senate, could have a fiscal impact on Department of State Police (MSP), county sheriffs' offices, and local law enforcement agencies if such policing entities opt to purchase opioid antagonists (e.g., naloxone; marketed as: Narcan, Nalone, Narcanti, etc.) and train officers in the proper administration of opioid antagonists.

According to the Oakland County Sheriff's Office, a single dose of Narcan costs approximately \$25, and officers would undergo approximately a 20-30 minutes of training in its proper administration.

According to data provided by the Department of Community Health, from 2010 through 2012, there was an average of 636 fatalities per annum consequent from overdoses of heroin and opioid-related pharmaceuticals; of course, that number of fatalities is not equivalent to the number of individuals who come into contact with police officers while overdosing and could benefit from administration of opioid antagonists, which is currently unknown.

#### **POSITIONS:**

A representative of the Department of State Police testified in support of the bill. (12-11-14)

The Michigan Psychiatric Society indicated support for the bill. (12-11-14)

The Michigan Sheriffs' Association indicated support for the bill. (12-11-14)

The Oakland County Sheriff's Office indicated support for the bill. (12-11-14)

The Michigan Townships Association indicated support for the bill. (12-11-14)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.