



### UPDATE ON THE IMPLEMENTATION OF PA99-0480 (HEROIN & OPIOID OVERDOSE PREVENTION)

On September 9<sup>th</sup>, 2015, Illinois passed a new law, **P.A. 99-0480** (http://www.ilga.gov/legislation/publicacts/99/099-0480.htm). Among the many actions addressed by the Act, expanding access to the opioid antagonist, Naloxone, is a cornerstone in working to address the prevention of opioid overdose deaths. Naloxone may be used to reverse overdoses to opioid medications, as well as heroin. In expanding access, the new law provides that a variety of first responders and others will, after proper training, be allowed or directed to carry the medication.

In order to implement all of the provisions of the law, a number of changes will need to be made to current administrative rules or, new standards will need to be implemented to ensure consistency in education, processes and application. While the effective date of the statute was the date the law was passed (9/9/15), <u>administrative rules and special policies are still being</u> <u>developed</u>, <u>discussed</u>, <u>and prepared for dissemination</u>.

Information related to implementation of the Act will be made available on this website as it happens, and will be shared with statewide professional organizations that have membership impacted by the changes in the law including, but not limited to: the Illinois Hospital Association; the Illinois Association of Chiefs of Police; the Illinois Sheriff's Association; Associated Firefighters of Illinois; all Emergency Medical Services Systems; and, the Illinois Coroner's Association.

#### Important Note: The Act mandates that approved training programs must be established and conducted prior to Naloxone being dispensed or acquired.

As a result of the new law, the following are some of the issues currently under development:

# • Dispensing of Naloxone by Pharmacists to first responders and other non-health care providers

- Prior to pharmacists dispensing Naloxone to a non-medical person, the statute requires development, delivery and passage of approved education courses for pharmacists and those that might administer Naloxone.
- DHS is working with IDPH and DFPR to finalize the training. The State is working with the state pharmacy association to develop an electronic table of those trained individuals for submission to the Prescription Monitoring Program. Based upon the trained list of pharmacists, pharmacies may request the standardized procedures from the PMP. Part of the request from the pharmacy will include the names of those pharmacists on staff who took and passed the

training. As part of the authority to collect data on select, non-controlled medications, the PMP will require those pharmacies who request the procedures to report on all dispensing of Naloxone for overdose prevention.

# ➢ We are anticipating initiation of the approved training programs in early Spring 2016.

## • Requirement for law enforcement agencies and fire departments to possess the antiopioid antagonist and to adopt policies for maintenance and administration of Naloxone

- State and local law enforcement agencies are required to possess Naloxone and must establish policies for the acquisition, storage, transport and administration of the drug. Agencies will also be expected to provide training to officers on the proper administration of the drug.
- DHS is currently reviewing already existing training curriculum to ensure it is up to date and applicable and will work to coordinate training with State Police and regional local law enforcement training boards.

## Requirements for reporting by coroners, medical examiners and hospitals related to OD treatment and deaths

- Current information collected from coroners has space for the information required by the statute and IDPH has sent out reminder information.
- IDPH is working to develop reporting requirements for hospitals regarding treatment of overdoses.

### Development of regional standing orders for use of Naloxone by emergency medical services vehicles within EMS Systems

In conjunction with the development of orders for use of Naloxone, changes will need to be made to current administrative rules related to scope of practice, education and available medications for EMT's and First Responders who are not currently able to administer this type of medication. IDPH is in the process of working with local EMS System Medical Directors and amending the administrative rules to accommodate the change.

Please Note: Currently there are no set timelines in place for implementation of the law enforcement training, acquisition, insurance or third party payer coverage for the acquisition or administration of Naloxone. Announcements will be posted on this and the respective agency websites, as well as the ILPMP website as changes are made.