

HARM REDUCTION AND OVERDOSE PREVENTION Fact Sheet

Tennessee's Naloxone Access Law, Explained

Background


Drug overdose is a nationwide epidemic. In 2021 alone it claimed the lives of nearly 108,000 people in the United States.¹ Opioids, either by themselves or in combination with other drugs or alcohol, were responsible for approximately 75% of these deaths. Many of these approximately 75,000 people would be alive today if they had been administered the opioid antagonist naloxone and, where needed, other emergency care.² In light of the ongoing crisis, all fifty states and the District of Columbia have modified their laws to increase access to naloxone, the standard first-line treatment for opioid overdose.³

This fact sheet discusses new amendments to Tennessee's naloxone access laws that went into effect on July 1, 2022. These amendments increase access to naloxone in several ways and remove some confusing language that previously limited the impact of state efforts to increase access to lifesaving opioid antagonist medications.¹

Summary of Tennessee naloxone access laws

Tennessee's naloxone laws, most recently amended effective July 1, 2022, provide for wide access to naloxone in a number of ways.² First, licensed healthcare practitioners acting in good faith and exercising reasonable care may prescribe naloxone or another opioid antagonist, directly or by standing order, to a person at risk of overdose or to a family member, friend, or other person in a position to assist a person experiencing an overdose.³ Licensed healthcare practitioners can also prescribe opioid antagonists to an organization or other entity for the purpose of that organization or entity providing the medication to someone at risk of overdose or to family members, friends, or other people in a position to assist in the event of an overdose.⁴ Although the law requires the commissioner of health to create and maintain an online education program to inform the public on the administration of naloxone and related matters, completion of this training is not required for healthcare practitioners to prescribe naloxone or for individuals or entities to receive, provide or administer it.⁵

Both individuals and entities acting under a standing order may receive and store naloxone or another opioid antagonist.⁶ They may also provide the naloxone, directly or indirectly, to individuals at risk of overdose or their



family, friends, or others in a position to assist in the event of an overdose, so long as the provision is done at no cost to the recipient.⁷ First responders acting under a standing order may also receive, store, and provide an opioid antagonist to a person at risk of overdose or a person in a position to assist in the event of an overdose.⁸ Any person may administer an opioid antagonist to another person if they have a good faith belief that the other person is experiencing an overdose and they exercise reasonable care in administration.⁹

Licensed healthcare providers receive civil immunity and immunity from disciplinary action when they administer, prescribe, dispense, or issue standing orders for opioid antagonists in the absence of gross negligence or willful misconduct.¹⁰ Civil immunity is also provided to individuals or entities that provide or administer opioid antagonists in the absence of gross negligence or willful misconduct.¹¹

Finally, the Department of Health's chief medical officer may implement a statewide collaborative pharmacy practice agreement allowing pharmacists licensed and practicing in Tennessee who have completed a training program in the previous two years to dispense an opioid antagonist to individuals who do not otherwise have a prescription for it.¹² Civil and administrative immunity is provided to pharmacists acting under the collaborative practice agreement and the chief medical officer who implemented the agreement, so long as they act without gross negligence or willful misconduct.¹³


Changes from previous law

S.B. 2572 changed Tennessee's naloxone access laws in several ways.¹⁴ First, while the ability of licensed healthcare practitioners to prescribe and dispense naloxone to an individual remains essentially unchanged from the previous version of the law, a previous recommendation that healthcare providers require receipt of a written communication proving that the person may need naloxone has been removed. The amendments also added the ability of healthcare practitioners to prescribe naloxone to an organization including but not limited to a center, recovery organization, hospital, school, harm reduction organization, homeless services organization, county jail, shelter, AIDS service organization, federally qualified health center, rural health clinic, health department, or treatment resource.¹⁵

Both individuals and entities acting under a standing order may now receive and store naloxone or another opioid antagonist "notwithstanding any other law or rule."¹⁶ The amendments also clarify that the organizations or entities may provide the drug, directly or indirectly, to someone at risk of overdose or to family members, friends, or other people in a position to assist in the event of an overdose, so long as the provision is done at no cost to the recipient.¹⁷

Individuals may administer opioid antagonists to others if they have a good faith belief that the other person is experiencing an overdose and they exercise reasonable care in administration.¹⁸ The 2022 amendments remove language in the previous version of the law regarding "reasonable care," including language regarding the receipt of instruction about the administration of naloxone and the completion of an overdose prevention education program. They also remove a requirement that the naloxone to be administered had been prescribed pursuant to the law.

Civil immunity and immunity from disciplinary action is provided to licensed healthcare providers who administer, prescribe, dispense, or issue standing orders for opioid antagonists in the absence of gross negligence or willful misconduct.¹⁹ This is a simplification of the wording in the previous law but provides essentially the same protections, although immunity for standing orders has been added. Civil immunity is also provided to individuals or entities providing or administering opioid antagonists in the absence of gross negligence or willful misconduct.²⁰ Previously, individuals were only protected when administering naloxone, and entities had no immunity.



First responders acting under a standing order are now explicitly permitted to receive, store, and provide an opioid antagonist to a person at risk of overdose or a person in a position to assist in the event of an overdose, “notwithstanding another law or rule.”

Other changes include an expansion of the definition of “drug-related overdose” and substituting “drug-related overdose” everywhere that the previous law specified “opioid-related overdose,” and the substitution of the word “individual” for the word “person.” Additionally, the definition of “opioid antagonist” was expanded to include any formulation of naloxone or any other federally approved, similarly acting, and equally safe drug for the treatment of a drug-related overdose.

No significant changes were made to the pharmacist collaborative practice law, but the definition of “opioid antagonist” was changed in the same manner as in the naloxone access law, and “opioid-related overdose” was changed to “drug-related overdose.”

Conclusion

Tennessee modified its laws in July 2002 to increase access to naloxone in a variety of ways. Perhaps most notably, while naloxone remains a prescription medication under federal law, these changes permit the medication to be stored and provided by any individual or organization authorized to do so by a licensed healthcare practitioner otherwise authorized to prescribe naloxone, so long as they do so at no cost to the recipient. Because nearly every witnessed opioid overdose is reversible with the timely administration of naloxone, these changes can save countless lives in the state.

SUPPORTERS

Support for the Network provided by the Robert Wood Johnson Foundation. The views expressed in this document do not necessarily reflect the views of the Foundation.

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¹ 2022 Tennessee Laws Pub. Ch. 749 (S.B. 2572).

² While the naloxone access law uses the term “opioid antagonist,” that term is defined as “naloxone hydrochloride which is approved by the federal food and drug administration for the treatment of a drug overdose.” TENN. CODE ANN. § 63-1-152(a). We therefore use the term “naloxone” in the fact sheet when referring to that law.

³ TENN. CODE ANN. § 63-1-152(b). The law defines “opioid antagonist” as “a formulation of naloxone hydrochloride or another similarly acting and equally safe drug approved by the United States food and drug administration for the treatment of a drug-related overdose.” TENN. CODE ANN. § 63-1-152(a)(2).

⁴ TENN. CODE ANN. § 63-1-152(b)(3).

⁵ See TENN. CODE ANN. § 63-1-152(e).

⁶ TENN. CODE ANN. § 63-1-152(c)(1).

⁷ TENN. CODE ANN. § 63-1-152(c)(2).


⁸ TENN. CODE ANN. § 63-1-152(i). Individuals treated with naloxone by a first responder must be transported to a medical facility, unless they are competent to refuse treatment and choose to do so. TENN. CODE ANN. § 63-1-152(j).

⁹ TENN. CODE ANN. § 63-1-152(d).

¹⁰ TENN. CODE ANN. § 63-1-152(f); (g).

¹¹ TENN. CODE ANN. § 63-1-152(f)(2); (3).

¹² TENN. CODE ANN. § 63-1-157.



¹³ TENN. CODE ANN. § 63-1-157(6); (7).

¹⁴ 2022 Tennessee Laws Pub. Ch. 749 (S.B. 2572)

¹⁵ TENN. CODE ANN. § 63-1-152(b)(3).

¹⁶ TENN. CODE ANN. § 63-1-152(c)(1).

¹⁷ TENN. CODE ANN. § 63-1-152(c)(2).

¹⁸ TENN. CODE ANN. § 63-1-152(d).

¹⁹ TENN. CODE ANN. § 63-1-152(f); (g).

²⁰ TENN. CODE ANN. § 63-1-152(f)(2).