

January 31, 2024

Honorable Members of the Kansas State House Committee on Health:

I stand before you today to advocate for a critical measure in the battle against the opioid epidemic – the practice of EMS professionals leaving behind over the counter (OTC) Naloxone for patients grappling with opioid addiction. The urgency of this matter cannot be overstated, considering the alarming rise in opioid-related emergencies. By equipping EMS professionals with the permission, under physician medical direction, to leave behind OTC Naloxone, we are not only enhancing the immediate response to overdoses but also placing an essential tool directly into the hands of individuals and their communities. This strategy aligns with evidence-based approaches to harm reduction and emergency intervention, offering a multifaceted solution to the complex challenges posed by opioid addiction.

The efficacy of naloxone in reversing opioid overdoses is well-documented, and timely access to this life-saving medication is crucial. Studies, such as the comprehensive analyses and discussions published in several medical peer-reviewed research articles, including the Journal of the American Medical Association (JAMA), underscore the importance of rapid naloxone administration in preventing fatal outcomes. Empowering EMS professionals to leave behind OTC Naloxone is not only supported by scientific evidence but is also endorsed by leading healthcare organizations and experts in the field. The Centers for Disease Control and Prevention (CDC) recognizes the significance of expanding access to naloxone and encourages a broad distribution strategy, including leaving naloxone behind for at-risk individuals (CDC, April 2023).

Legal Department Attorneys for Johnson County Government have advised the OTC naloxone product is no different than any other OTC medicine, like acetaminophen, with respect to regulations. Most OTC medicines do not have restrictions imposed by law on who may acquire or possess the medicine. Kansas or the federal government may impose additional restrictions on certain non-prescription medicines (for example, restrictions on products containing pseudoephedrine). Currently, there are no such restrictions on OTC naloxone. However, Kansas law governing EMS providers does not expressly authorize an EMS provider to leave behind OTC naloxone. House Bill No. 2579 is necessary to clarify that EMS providers may provide OTC naloxone like any other person, including persons without medical or healthcare training.

In conclusion, the practice of EMS professionals leaving behind OTC Naloxone holds immense potential in stemming the tide of opioid-related fatalities. This approach is not only rooted in scientific evidence but also aligns with national health guidelines. By granting EMS professionals the ability to leave behind this life-saving medication, we empower communities to take a proactive stance in combating the opioid epidemic, fostering a culture of resilience and responsiveness. I urge this esteemed committee to consider the testimonies affirming this amendment and the well-documented benefits of this practice and take decisive action to support implementing policies that will save lives and mitigate the devastating impact of opioid addiction on our communities.

Thank you for your attention and commitment to addressing this pressing public health issue.

Sincerely,

J. Paul Davis, Director  
Department of Emergency Services  
Johnson County, Kansas