

SESSION OF 2025

**SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2159**

As Amended by House Committee on Health  
and Human Services

**Brief\***

HB 2159, as amended, would exempt law enforcement agencies from certain requirements of the State Board of Pharmacy's statewide emergency opioid antagonist protocol (EOA protocol) and create the Emergency Opioid Antagonists Assistance Grant Program and Fund. [Note: The requirement for an EOA protocol was established by 2017 HB 2217.]

***Emergency Opioid Antagonists Assistance Grant  
Program and Fund (New Section One)***

The bill would create the Emergency Opioid Antagonists Assistance Grant Program (Program) and Fund (Fund), administered by the Attorney General (AG), and available to all Kansas law enforcement agencies to use to purchase emergency opioid antagonists. The bill would direct an annual transfer of \$500,000 from the State General Fund (SGF) to the Fund beginning on July 1, 2025.

The bill would direct the AG to develop and implement the Program with the goal of providing financial assistance to law enforcement agencies across the state to purchase emergency opioid antagonists to carry while on duty. The bill would state that in order to participate in the Program, a law enforcement agency would be required to adopt a policy regarding the administration of emergency opioid antagonists. The bill would prioritize small law enforcement agencies in the distribution of funds.

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\*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

### ***Medical Director Exemption (Section 2)***

The bill would exempt law enforcement agencies from the requirement that first responder agencies have a physician medical director or licensed pharmacist on their staff for the purposes of administering the EOA protocol.

### **Background**

The bill was introduced by Representatives Proctor and Hoheisel.

### ***House Committee on Health and Human Services***

In the House Committee hearing, two private citizens and a representative of Kansas Association of Chiefs of Police, Kansas Peace Officers Association, and Kansas Sheriffs Association provided **proponent** testimony, stating generally that with the availability of naloxone as an over-the-counter item, law enforcement agencies of all sizes have an extra expense of utilizing a medical director or pharmacist under the EOA protocol. By eliminating that requirement, law enforcement agencies of all sizes may be able to procure and readily use emergency opioid antagonists. The two private citizens spoke of their personal experiences with law enforcement not having an emergency opioid antagonist to use as the first responders to arrive at the scene of a drug overdose.

No other testimony was provided.

The House Committee removed the amendments in the bill as introduced that would have excluded law enforcement from the definitions of “first responder” and “first responder agency” for this purpose, added language specifically exempting a law enforcement agency from the EOA protocol’s requirement to use a physician medical director or a licensed pharmacist, and reduced the amount of the annual

transfer from the SGF to the Fund from \$4.0 million to \$500,000.

### **Fiscal Information**

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, the Office of the Attorney General states that any additional workload created by the bill would be absorbed within existing resources. The Judicial Branch, the Kansas Bureau of Investigation, and the Kansas Highway Patrol state that the bill would not have a fiscal effect on agency operations.

First responder; law enforcement officer; Emergency Opioid Antagonist Protocol; Board of Pharmacy; Emergency Opioid Antagonists Assistance Grant Fund; opioids