To amend Article 1 of Chapter 13 of Title 16 of the Official Code of Georgia Annotated, relating to general provisions relative to controlled substances, so as to provide immunities from certain arrests, charges, or prosecutions for persons seeking medical assistance for a drug overdose; to provide for a short title; to provide for legislative findings; to amend Article 6 of Chapter 4 of Title 26 of the Official Code of Georgia Annotated, relating to pharmacies, so as to authorize licensed health practitioners to prescribe opioid antagonists to certain individuals and entities pursuant to a protocol; to provide for legislative findings; to amend Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency medical services, so as to authorize emergency medical services personnel to administer opioid antagonists; to authorize first responders to maintain and administer opioid antagonists; to amend Code Section 3-3-23 of the Official Code of Georgia Annotated, relating to furnishing to, purchase of, or possession by persons under 21 years of age of alcoholic beverages, use of false identification, proper identification, dispensing, serving, selling, or handling by persons under 21 years of age in the course of employment, and seller's actions upon receiving false identification, so as to provide immunities from certain arrests, charges, or prosecutions for persons seeking medical assistance for an alcohol related overdose; to provide for related matters; to provide an effective date; to provide for applicability; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

PART I

SECTION 1-1.

This part shall be known and may be cited as the "Georgia 9-1-1 Medical Amnesty Law."

SECTION 1-2.

WHEREAS, according to the Atlanta Journal Constitution ("AJC"), more than 600,000 Americans used heroin in 2012, which is nearly double the number from five years earlier according to health officials; and
WHEREAS, the AJC article states that "[t]he striking thing about heroin's most recent incarnation is that a drug that was once largely confined to major cities is spreading into suburban and rural towns across America, where it is used predominantly by young adults between the ages of 18 and 29"; and

WHEREAS, the Drug Enforcement Agency has noted that the "skyrocketing" increase in the availability of cheap heroin is a direct reaction by cartels to legislative efforts to regulate and restrict access to opiate prescription painkillers; and

WHEREAS, Stephen Cardiges of Lawrenceville died of an accidental heroin overdose; and

WHEREAS, Randall Brannen of McDonough died of an accidental overdose; and

WHEREAS, Stephen and Randall are a part of a growing trend of drug overdose victims in Georgia; and

WHEREAS, those who were with them did not call 9-1-1 to seek medical assistance, which could have saved their lives, because of a fear of prosecution for the possession and use of illegal drugs; and

WHEREAS, Overdose Reporting/Medical Amnesty legislation, or "9-1-1 Good Samaritan Laws," have been passed in 14 states, including Florida and North Carolina, and is under consideration in several more; and

WHEREAS, in North Carolina, it is believed that at least 20 lives have been saved since passage last year of similar legislation, and in Massachusetts it is believed that more than 120 lives have been saved since passage of similar legislation in that state in 2012; and

WHEREAS, overdose deaths result from a variety of substances, including prescription painkillers, heroin, methamphetamine, designer drugs, and alcohol.

SECTION 1-3.

Article 1 of Chapter 13 of Title 16 of the Official Code of Georgia Annotated, relating to general provisions relative to controlled substances, is amended by adding a new Code section to read as follows:

16-13-5.

(a) As used in this Code section, the term:

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(1) 'Drug overdose' means an acute condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania, or death, resulting from the consumption or use of a controlled substance or dangerous drug by the distressed individual in violation of this chapter or that a reasonable person would believe to be resulting from the consumption or use of a controlled substance or dangerous drug by the distressed individual.

(2) 'Drug violation' means:
   (A) A violation of subsection (a) of Code Section 16-13-30 for possession of a controlled substance if the aggregate weight, including any mixture, is less than four grams of a solid substance, less than one milliliter of liquid substance, or if the substance is placed onto a secondary medium with a combined weight of less than four grams;
   (B) A violation of paragraph (1) of subsection (j) of Code Section 16-13-30 for possession of less than one ounce of marijuana; or
   (C) A violation of Code Section 16-13-32.2, relating to possession and use of drug related objects.

(3) 'Medical assistance' means aid provided to a person by a health care professional licensed, registered, or certified under the laws of this state who, acting within his or her lawful scope of practice, may provide diagnosis, treatment, or emergency medical services.

(4) 'Seeks medical assistance' means accesses or assists in accessing the 9-1-1 system or otherwise contacts or assists in contacting law enforcement or a poison control center and provides care to a person while awaiting the arrival of medical assistance to aid such person.

(b) Any person who in good faith seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of such drug violation resulted solely from seeking such medical assistance. Any person who is experiencing a drug overdose and, in good faith, seeks medical assistance for himself or herself or is the subject of such a request shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of such drug violation resulted solely from seeking such medical assistance. Any such person shall also not be subject to, if related to the seeking of such medical assistance:
   (1) Penalties for a violation of a permanent or temporary protective order or restraining order; or
   (2) Sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on a drug violation.
(c) Nothing in this Code section shall be construed to limit the admissibility of any
evidence in connection with the investigation or prosecution of a crime with regard to a
defendant who does not qualify for the protections of subsection (b) of this Code section
or with regard to other crimes committed by a person who otherwise qualifies for
protection pursuant to subsection (b) of this Code section. Nothing in this Code section
shall be construed to limit any seizure of evidence or contraband otherwise permitted by
law. Nothing in this Code section shall be construed to limit or abridge the authority of a
law enforcement officer to detain or take into custody a person in the course of an
investigation or to effectuate an arrest for any offense except as provided in subsection (b)
of this Code section."

PART II

SECTION 2-1.

WHEREAS, Naloxone is an opioid antagonist developed to counter the effects of opiate
overdose, specifically the life-threatening depression of the central nervous and respiratory
systems; and

WHEREAS, Naloxone is clinically administered via intramuscular, intravenous, or
subcutaneous injection; and

WHEREAS, Naloxone is administered outside of a clinical setting or facility intranasally via
nasal atomizer; and

WHEREAS, the American Medical Association supported the lay administration of this
life-saving drug in 2012; and

WHEREAS, similar Naloxone access laws have reversed more than 10,000 opioid overdoses
by lay people in other states; and

WHEREAS, the American Medical Association acknowledged that "fatalities caused by
opioid overdose can devastate families and communities, and we must do more to prevent
these unnecessary deaths"; and

WHEREAS, the National Institutes of Health found that Naloxone "lacks any psychoactive
or addictive qualities ... without any potential for abuse...[and] medical side-effects or other
problematic unintended consequences associated with Naloxone have not been reported"; and
WHEREAS, any administration of Naloxone to an individual experiencing an opioid overdose must be followed by professional medical attention and treatment.

SECTION 2-2.

Article 6 of Chapter 4 of Title 26 of the Official Code of Georgia Annotated, relating to pharmacies, is amended by adding a new Code section to read as follows:

"26-4-116.2.

(a) As used in this Code section, the term:

(1) 'First responder' means any person or agency who provides on-site care until the arrival of a duly licensed ambulance service. This shall include, but not be limited to, persons who routinely respond to calls for assistance through an affiliation with law enforcement agencies, fire departments, and rescue agencies.

(2) 'Harm reduction organization' means an organization which provides direct assistance and services, such as syringe exchanges, counseling, homeless services, advocacy, drug treatment, and screening, to individuals at risk of experiencing an opioid related overdose.

(3) 'Opioid antagonist' means any drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors and that is approved by the federal Food and Drug Administration for the treatment of an opioid related overdose.

(4) 'Opioid related overdose' means an acute condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania, or death, resulting from the consumption or use of an opioid or another substance with which an opioid was combined or that a layperson would reasonably believe to be resulting from the consumption or use of an opioid or another substance with which an opioid was combined for which medical assistance is required.

(5) 'Pain management clinic' means a clinic licensed pursuant to Article 10 of Chapter 34 of Title 43.

(6) 'Practitioner' means a physician licensed to practice medicine in this state.

(b) A practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner may prescribe an opioid antagonist for use in accordance with a protocol specified by such practitioner to a person at risk of experiencing an opioid related overdose or to a pain management clinic, first responder, harm reduction organization, family member, friend, or other person in a position to assist a person at risk of experiencing an opioid related overdose.

(c) A pharmacist acting in good faith and in compliance with the standard of care applicable to pharmacists may dispense opioid antagonists pursuant to a prescription issued in accordance with subsection (b) of this Code section.
(d) A person acting in good faith and with reasonable care to another person whom he or she believes to be experiencing an opioid related overdose may administer an opioid antagonist that was prescribed pursuant to subsection (b) of this Code section in accordance with the protocol specified by the practitioner.

(e) The following individuals are immune from any civil or criminal liability or professional licensing sanctions for the following actions authorized by this Code section:

(1) Any practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this Code section;

(2) Any practitioner or pharmacist acting in good faith and in compliance with the standard of care applicable to that practitioner or pharmacist who dispenses an opioid antagonist pursuant to a prescription issued in accordance with subsection (b) of this Code section; and

(3) Any person acting in good faith, other than a practitioner, who administers an opioid antagonist pursuant to subsection (d) of this Code section.

SECTION 2-3.

Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency medical services, is amended in Code Section 31-11-53, relating to services which may be rendered by certified emergency medical technicians and trainees, by revising subsection (a) as follows:

“(a) Upon certification by the department, emergency medical technicians may do any of the following:

(1) Render first-aid and resuscitation services as taught in the United States Department of Transportation basic training courses for emergency medical technicians or an equivalent course approved by the department; and

(2) Upon the order of a duly licensed physician, administer approved intravenous solutions and opioid antagonists.”

SECTION 2-4.

Said chapter is further amended in Code Section 31-11-54, relating to services which may be rendered by paramedics and paramedic trainees, by revising subsection (a) as follows:

“(a) Upon certification by the department, paramedics may perform any service that a cardiac technician is permitted to perform. In addition, upon the order of a duly licensed physician and subject to the conditions set forth in paragraph (2) of subsection (a) of Code Section 31-11-55, paramedics may perform any other procedures which they have been both trained and certified to perform, including, but not limited to:
(1) Administration of parenteral injections of diuretics, anticonvulsants, hypertonic glucose, antihistamines, bronchodilators, emetics, narcotic antagonists, and others, and administration of opioid antagonists;

(2) Cardioversion; and

(3) Gastric suction by intubation Endotracheal suction.

SECTION 2-5.

Said chapter is further amended in Code Section 31-11-55, relating to services which may be rendered by certified cardiac technicians and trainees, by revising subsection (a) as follows:

“(a) Upon certification by the department, cardiac technicians may do any of the following:

(1) Render first-aid and resuscitation services;

(2) Upon the order of a duly licensed physician and as recommended by the Georgia Emergency Health Medical Services Advisory Council and approved by the department:

(A) Perform cardiopulmonary resuscitation and defibrillation in a pulseless, nonbreathing hemodynamically unstable patient;

(B) Administer approved intravenous solutions;

(C) Administer parenteral injections of antiarrhythmic agents, vagolytic agents, chronotropic agents, alkalinizing agents, analgesic agents, and vasopressor agents or administer opioid antagonists; and

(D) Perform pulmonary ventilation by esophageal airway and endotracheal intubation.”

SECTION 2-6.

Said chapter is further amended in Article 3, relating to emergency medical services personnel, by adding a new Code section to read as follows:

“31-11-55.1. (a) As used in this Code section, the term:

(1) 'First responder' means any person or agency who provides on-site care until the arrival of a duly licensed ambulance service. This shall include, but not be limited to, persons who routinely respond to calls for assistance through an affiliation with law enforcement agencies, fire departments, and rescue agencies.

(2) 'Opioid antagonist' means any drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors and that is approved by the federal Food and Drug Administration for the treatment of an opioid related overdose.

(3) 'Opioid related overdose' means an acute condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania, or death, resulting from the consumption or use of an opioid or another substance.
with which an opioid was combined or that a layperson would reasonably believe to be resulting from the consumption or use of an opioid or another substance with which an opioid was combined.

(b) An opioid antagonist may be administered or provided by any first responder for the purpose of saving the life of a person experiencing an opioid related overdose. In order to ensure public health and safety:

(1) All first responders who have access to or maintain an opioid antagonist obtain appropriate training as set forth in the rules and regulations of the Department of Public Health;

(2) All law enforcement agencies, fire departments, rescue agencies, and other similar entities shall notify the appropriate emergency medical services system of the possession and maintenance of opioid antagonists by its personnel; and

(3) Within a reasonable period of time, all first responders who administer or provide an opioid antagonist shall make available a printed or electronically stored report to the licensed ambulance service which transports the patient.

(c) A pharmacy licensed in this state may issue opioid antagonists to first responders for use pursuant to this Code section in the same manner and subject to the same requirements as provided in Code Section 26-4-116.

(d) Any first responder who gratuitously and in good faith renders emergency care or treatment by administering or providing an opioid antagonist shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts without gross negligence or intent to harm or as an ordinary reasonably prudent person would have acted under the same or similar circumstances, even if such individual does so without benefit of the appropriate training. This subsection includes paid persons who extend care or treatment without expectation of remuneration from the patient or victim for receiving the opioid antagonist.*

PART IIA

SECTION 2A-1.

Code Section 3-3-23 of the Official Code of Georgia Annotated, relating to furnishing to, purchase of, or possession by persons under 21 years of age of alcoholic beverages, use of false identification, proper identification, dispensing, serving, selling, or handling by persons under 21 years of age in the course of employment, and seller's actions upon receiving false identification, is amended by adding a new subsection to read as follows:

"(j)(1) As used in this subsection, the term:
(A) 'Alcohol related overdose' means an acute condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania, or death, resulting from the consumption or use of alcohol or that a layperson would reasonably believe to be resulting from the consumption or use of alcohol for which medical assistance is required.

(B) 'Medical assistance' means aid provided to a person believed to be experiencing an alcohol related overdose by a health care professional licensed, registered, or certified under the laws of this state who, acting within his or her lawful scope of practice, may provide diagnosis, treatment, or emergency services relative to such overdose.

(C) 'Seeks medical assistance' means accesses or assists in accessing the 9-1-1 system or otherwise contacts or assists in contacting law enforcement or a poison control center or provides care to a person experiencing or believed to be experiencing an alcohol related overdose while awaiting the arrival of medical assistance to aid such person.

(2) Any person who in good faith seeks medical assistance for someone who is experiencing an alcohol related overdose shall not be arrested, charged, or prosecuted for a violation of paragraphs (2) through (5) of subsection (a) of this Code section if the evidence for the arrest, charge, or prosecution of such violation resulted from seeking such medical assistance. Any person who is experiencing an alcohol related overdose and, in good faith, seeks medical assistance for himself or herself or is the subject of such a request shall not be arrested, charged, or prosecuted for a violation of paragraphs (2) through (5) of subsection (a) of this Code section if the evidence for the arrest, charge, or prosecution of such violation resulted from seeking such medical assistance. Any such person shall also not be subject to:

(A) Penalties for a violation of a permanent or temporary protective order or restraining order; or

(B) Sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on a violation of paragraphs (2) through (5) of subsection (a) of this Code section.

(3) Nothing in this subsection shall be construed to limit the admissibility of any evidence in connection with the investigation or prosecution of a crime with regard to a defendant who does not qualify for the protections of paragraph (2) of this subsection or with regard to other crimes committed by a person who otherwise qualifies for protection pursuant to paragraph (2) of this subsection. Nothing in this subsection shall be construed to limit any seizure of evidence or contraband otherwise permitted by law. Nothing herein shall be construed to limit or abridge the authority of a law enforcement officer to detain or take into custody a person in the course of an investigation or to
effectuate an arrest for any offense except as provided in paragraph (2) of this subsection."