

The House Committee on Judiciary Non-Civil offers the following substitute to HB 249:

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 13 of Title 16, Code Section 31-2A-4, and Article 2 of Chapter 16 of Title
2 45 of the Official Code of Georgia Annotated, relating to controlled substances, the
3 obligations of the Department of Public Health, and death investigations, respectively, so as
4 to change provisions relating to the use of the electronic data base; to transfer responsibilities
5 for the electronic data base of prescription information of the Georgia Drugs and Narcotics
6 Agency to the Department of Public Health; to provide for the department's authority to
7 continue the maintenance and development of the electronic data base of prescription
8 information; to provide for definitions; to collect more information regarding the dispensing
9 and use of certain controlled substances; to change the frequency of reporting certain
10 prescriptions in the electronic data base of prescription information; to clarify provisions
11 relating to confidentiality; to change provisions relating to liability and duties; to change
12 provisions relating to the definitions of dangerous drugs; to require the Department of Public
13 Health have responsibility for the electronic prescription monitoring data base; to provide for
14 information to patients by prescribers when prescribing opioids; to provide for a coroner's
15 inquest when an individual dies of a suspected drug overdose; to provide for a short title; to
16 provide for related matters; to repeal conflicting laws; and for other purposes.

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

18 **PART I**
19 **SECTION 1-1.**

20 This part shall be known and may be cited as the "Jeffrey Dallas Gay, Jr., Act."

21 **SECTION 1-2.**

22 Chapter 13 of Title 16 of the Official Code of Georgia Annotated, relating to controlled
23 substances, is amended by revising Part 2 of Article 2, relating to the electronic data base of
24 prescription information, as follows:

H. B. 249 (SUB)

"Part 2

25

26 16-13-57.

27 (a) As used in this part, the term:28 (1) 'Department' means the Department of Public Health.29 (2) 'PMDB' means the prescription monitoring data base.

30 ~~(a)~~(b) Subject to funds as may be appropriated by the General Assembly or otherwise
 31 available for such purpose, the ~~agency~~ department shall, in consultation with members of
 32 the Georgia Composite Medical Board, the State Board of Pharmacy, and the agency,
 33 establish and maintain a program to electronically record into an electronic ~~data base~~
 34 PMDB prescription information resulting from the dispensing of Schedule II, III, IV, or V
 35 controlled substances and to electronically review such prescription information that has
 36 been entered into such data base. The purpose of such ~~program~~ PMDB shall be to assist
 37 in the reduction of the abuse of controlled substances; ~~to improve, enhance, and encourage~~
 38 a better quality of health care by promoting the proper use of medications to treat pain and
 39 terminal illness, ~~and;~~ to reduce duplicative prescribing and overprescribing of controlled
 40 substance practices, for health oversight purposes; and to gather data for epidemiological
 41 research.

42 ~~(b) Such program~~ The PMDB shall be administered by the ~~agency at the direction and~~
 43 ~~oversight of the board~~ department.

44 (c) Each prescriber who has a DEA registration number shall enroll to become a user of
 45 the PMDB as soon as possible, and no later than January 1, 2018; provided, however, that
 46 prescribers who attain a DEA registration number after such date shall enroll within 30
 47 days of attaining such credentials. A prescriber who violates this subsection shall be held
 48 administratively accountable to the state regulatory board governing such prescriber for
 49 such violation.

50 (d) Between January 1, 2018, and May 31, 2018, the department shall randomly test the
 51 PMDB to determine if it is accessible and operational 99.5 percent of the time. If the
 52 department determines that the PMDB meets such standard, then between June 1, 2018,
 53 and June 20, 2018, the department shall certify in writing to each board that governs
 54 prescribers that it is operational. Each board that governs prescribers shall publish such
 55 information on its website.

56 16-13-58.

57 (a) The ~~agency~~ department shall be authorized to apply for available grants and may accept
 58 any gifts, grants, donations, and other funds to assist in developing and maintaining the
 59 ~~program established pursuant to Code Section 16-13-57~~ PMDB; provided, however, that

60 neither the ~~board, agency, department~~ nor any other state entity shall accept a grant that
 61 requires as a condition of the grant any sharing of information that is inconsistent with this
 62 part.

63 (b) The ~~agency department~~ shall be authorized to grant funds to dispensers for the purpose
 64 of covering costs for dedicated equipment and software for dispensers to use in complying
 65 with the reporting requirements of Code Section 16-13-59. Such grants to dispensers shall
 66 be funded by gifts, grants, donations, or other funds received by the ~~agency department~~ for
 67 the operation of the ~~program established pursuant to Code Section 16-13-57~~. The ~~agency~~
 68 PMDB. The ~~department~~ shall be authorized to establish standards and specifications for
 69 any equipment and software purchased pursuant to a grant received by a dispenser pursuant
 70 to this Code section. Nothing in this part shall be construed to require a dispenser to incur
 71 costs to purchase equipment or software to comply with this part.

72 (c) Nothing in this part shall be construed to require any appropriation of state funds.

73 16-13-59.

74 (a) For purposes of the ~~program established pursuant to Code Section 16-13-57~~ PMDB,
 75 each dispenser shall submit to the ~~agency department~~ by electronic means information
 76 regarding each prescription dispensed for a Schedule II, III, IV, or V controlled substance.
 77 The information submitted for each prescription shall include at a minimum, but shall not
 78 be limited to:

- 79 (1) DEA permit number or approved dispenser facility controlled substance
 80 identification number;
- 81 (2) Date the prescription was dispensed;
- 82 (3) Prescription serial number;
- 83 (4) If the prescription is new or a refill;
- 84 (5) National Drug Code (NDC) for drug dispensed;
- 85 (6) Quantity and strength dispensed;
- 86 (7) Number of days supply of the drug;
- 87 (8) Patient's name;
- 88 (9) Patient's address;
- 89 (10) Patient's date of birth;
- 90 (11) Patient gender;
- 91 (12) Method of payment;
- 92 (13) Approved prescriber identification number or prescriber's DEA permit number;
- 93 (14) Date the prescription was issued by the prescriber; and
- 94 (15) Other data elements consistent with standards established by the American Society
 95 for Automation in Pharmacy, if designated by regulations of the ~~agency department~~.

96 (b) Each dispenser shall submit the prescription information required in subsection (a) of
97 this Code section in accordance with transmission methods ~~and frequency requirements~~
98 established by the ~~agency on at least a weekly basis and shall report, at a minimum, such~~
99 ~~prescription information no later than ten days after the prescription is dispensed~~
100 department at least every 24 hours. If a dispenser is temporarily unable to comply with this
101 subsection due to an equipment failure or other circumstances, such dispenser shall
102 immediately notify the board and agency department.

103 (c) The agency department may issue a waiver to a dispenser that is unable to submit
104 prescription information by electronic means acceptable to the agency department. Such
105 waiver may permit the dispenser to submit prescription information to the agency
106 department by paper form or other means, provided all information required in
107 subsection (a) of this Code section is submitted in this alternative format and in accordance
108 with the frequency requirements established pursuant to subsection (b) of this Code section.
109 Requests for waivers shall be submitted in writing to the agency department.

110 (d) The agency department shall not revise the information required to be submitted by
111 dispensers pursuant to subsection (a) of this Code section more frequently than annually.
112 Any such change to the required information shall neither be effective nor applicable to
113 dispensers until six months after the adoption of such changes.

114 (e) The agency department shall not access or allow others to access any identifying
115 prescription information from the electronic data base after two years from the date such
116 information was originally received by the agency department. The agency department
117 may retain ~~aggregated~~ prescription information ~~for a period of two years from the date the~~
118 ~~information is received~~ that has been processed to remove personal identifiers from the
119 health information in compliance with the standard and implementation rules of the federal
120 Health Insurance Portability and Accountability Act (HIPAA) of 1996, P.L. 104-191, for
121 more than two years but shall promulgate regulations and procedures that will ensure that
122 any identifying information the agency department receives from any dispenser or
123 reporting entity that is two years old or older is deleted or destroyed on an ongoing basis
124 in a timely and secure manner.

125 (f) A dispenser may apply to the agency department for an exemption to be excluded from
126 compliance with this Code section if compliance would impose an undue hardship on such
127 dispenser. The agency department shall provide guidelines and criteria for what constitutes
128 an undue hardship.

129 (g) For purposes of this Code section, the term 'dispenser' shall include any pharmacy or
130 facility physically located in another state or foreign country that in any manner ships,
131 mails, or delivers a dispensed controlled substance into this state.

132 16-13-60.

133 (a) Except as otherwise provided in subsections (c), ~~(c.1)~~, and (d) of this Code section,
 134 prescription information submitted pursuant to Code Section 16-13-59 shall be confidential
 135 and shall not be subject to open records requirements, as contained in Article 4 of
 136 Chapter 18 of Title 50.

137 (b) The ~~agency~~ department, in conjunction with the board, shall establish and maintain
 138 strict procedures to ensure that the privacy and confidentiality of patients, prescribers, and
 139 patient and prescriber information collected, recorded, transmitted, and maintained
 140 pursuant to this part are protected. Such information shall not be disclosed to any person
 141 or entity except as specifically provided in this part and only in a manner which in no way
 142 conflicts with the requirements of the federal Health Insurance Portability and
 143 Accountability Act (HIPAA) of 1996, P.L. 104-191. Nothing in this subsection shall be
 144 construed to prohibit the ~~agency~~ or department from accessing prescription information as
 145 a part of an investigation into suspected or reported abuses or regarding illegal access of
 146 the data. Such information may be used in the prosecution of an offender who has illegally
 147 obtained prescription information.

148 (c) The ~~agency~~ department shall be authorized to provide requested prescription
 149 information collected pursuant to this part only as follows:

150 (1) To persons authorized to prescribe or dispense controlled substances for the sole
 151 purpose of providing medical or pharmaceutical care to a specific patient ~~or to delegates~~
 152 ~~of such persons authorized to prescribe or dispense controlled substances in accordance~~
 153 ~~with the following:~~

154 ~~(A) Such delegates are members of the prescriber or dispenser's staff and retrieve and~~
 155 ~~review information and reports strictly for purposes of determining misuse, abuse, or~~
 156 ~~underutilization of prescribed medication;~~

157 ~~(B) Such delegates are licensed, registered, or certified by the state regulatory board~~
 158 ~~governing the delegating prescriber or dispenser, and the delegating prescriber or~~
 159 ~~dispenser shall be held responsible for the use of the information and data by their~~
 160 ~~delegates, and~~

161 ~~(C) All information and reports retrieved and reviewed by delegates shall be~~
 162 ~~maintained in a secure and confidential manner in accordance with the requirements of~~
 163 ~~subsection (f) of this Code section;~~

164 (2) Upon the request of a patient, prescriber, or dispenser about whom the prescription
 165 information requested concerns or upon the request on his or her behalf of his or her
 166 attorney;

167 (3) To local or state law enforcement or prosecutorial officials pursuant to the issuance
 168 of a search warrant from an appropriate court or official in the county in which the office

169 of such law enforcement or prosecutorial officials are located pursuant to Article 2 of
 170 Chapter 5 of Title 17 or to federal law enforcement or prosecutorial officials pursuant to
 171 the issuance of a search warrant pursuant to 21 U.S.C. or a grand jury subpoena pursuant
 172 to 18 U.S.C.; ~~and~~

173 (4) To the agency, the Georgia Composite Medical Board or any other state regulatory
 174 board governing prescribers or dispensers in this state, or the Department of Community
 175 Health for purposes of the state Medicaid program, for health oversight purposes, or upon
 176 the issuance of a subpoena by such agency, board, or ~~department~~ Department of
 177 Community Health pursuant to their existing subpoena power or to the federal Centers
 178 for Medicare and Medicaid Services upon the issuance of a subpoena by the federal
 179 government pursuant to its existing subpoena powers;

180 (5)(A) To not more than two individuals who are members of the prescriber's or
 181 dispenser's staff or employed at the health care facility in which the prescriber is
 182 practicing, provided that such individuals:

183 (i) Are licensed under Chapter 11, 30, 34, or 35 of Title 43;

184 (ii) Are registered under Title 26;

185 (iii) Are licensed under Chapter 26 of Title 43 and submit to the annual registration
 186 process required by subsection (a) Code Section 16-13-35, and for purposes of this
 187 Code section, such individuals shall not be deemed exempted from registration as set
 188 forth in subsection (g) of Code Section 16-13-35; or

189 (iv) Submit to the annual registration process required by subsection (a) Code Section
 190 16-13-35, and for purposes of this Code section, such individuals shall not be deemed
 191 exempted from registration as set forth in subsection (g) of Code Section 16-13-35;

192 (B) Such individuals may retrieve and review such information strictly for the purpose
 193 of:

194 (i) Providing medical or pharmaceutical care to a specific patient; or

195 (ii) Informing the prescriber or dispenser of a patient's potential use, misuse, abuse,
 196 or underutilization of prescribed medication;

197 (C) All information retrieved and reviewed by such individuals shall be maintained in
 198 a secure and confidential manner in accordance with the requirements of subsection (f)
 199 of this Code section; and

200 (D) The delegating prescriber or dispenser may be held civilly liable and criminally
 201 responsible for the misuse of the prescription information obtained by such individuals;

202 (6) To not more than two individuals, per shift, who are employed or contracted by the
 203 health care facility in which the prescriber is practicing so long as the medical director
 204 of such health care facility has authorized the particular individuals for such access; and

205 (7) In any hospital which provides emergency services, each prescriber may designate
 206 two individuals, per shift, who are employed or contracted by such hospital so long as the
 207 medical director of such hospital has authorized the particular individuals for such access.

208 (c.1) An individual authorized to access electronic data base prescription information
 209 pursuant to this part may:

210 (1) Communicate concerns about a patient's potential usage, misuse, abuse, or
 211 underutilization of a controlled substance with ~~other~~ prescribers and dispensers that are
 212 involved in the patient's health care; ~~or~~

213 (2) Report potential violations of this article to the agency for review or investigation.
 214 Following such review or investigation, the agency ~~may~~ shall:

215 (A) Refer instances of a patient's possible personal misuse or abuse of controlled
 216 substances to the patient's primary prescriber to allow for potential intervention and
 217 impairment treatment;

218 (B) Refer probable violations of controlled substances being acquired for illegal
 219 distribution, and not solely for a patient's personal use, to the appropriate authorities for
 220 further investigation and potential prosecution; or

221 (C) Refer probable regulatory violations by prescribers or dispensers to the regulatory
 222 board governing such person; or

223 (3) Include electronic data base prescription information in a patient's electronic health
 224 or medical record.

225 (d) The ~~board~~ department may provide ~~statistical~~ data that has been processed to remove
 226 personal identifiers from the health information in compliance with the standard and
 227 implementation rules of the federal Health Insurance Portability and Accountability Act
 228 (HIPAA) of 1996, P.L. 104-191, to government entities and other entities for statistical,
 229 research, educational, instructional, drug abuse prevention, or grant application purposes
 230 after removing information that could be used to identify prescribers ~~or individual patients~~
 231 or persons who received prescriptions from dispensers; the board may provide nonpatient
 232 specific data to the agency for instructional, drug abuse prevention, and research purposes.

233 (e) Any person or entity ~~who~~ that receives electronic data base prescription information
 234 or related reports relating to this part from the ~~agency~~ department shall not ~~provide~~ disclose
 235 such information or reports to any other person or entity except by order of a court of
 236 competent jurisdiction or as otherwise permitted pursuant to this part.

237 (f) Any permissible user identified in this part who directly accesses electronic data base
 238 prescription information shall implement and maintain a comprehensive information
 239 security program that contains administrative, technical, and physical safeguards that are
 240 substantially equivalent to the security measures of the ~~agency~~ department. The
 241 permissible user shall identify reasonably foreseeable internal and external risks to the

242 security, confidentiality, and integrity of personal information that could result in the
 243 unauthorized disclosure, misuse, or other compromise of the information and shall assess
 244 the sufficiency of any safeguards in place to control the risks.

245 (g) No provision in this part shall be construed to modify, limit, diminish, or impliedly
 246 repeal any authority ~~existing on June 30, 2011~~, of a licensing or regulatory board or any
 247 other entity so authorized to obtain prescription information from sources other than the
 248 data base maintained pursuant to this part; provided, however, that the agency department
 249 shall be authorized to release information from the data base only in accordance with the
 250 provisions of this part.

251 16-13-61.

252 (a) There is established an Electronic Database Review Advisory Committee for the
 253 purposes of consulting with and advising the agency department on matters related to the
 254 establishment, maintenance, and operation of how prescriptions are electronically reviewed
 255 pursuant to this part. This shall include, but shall not be limited to, data collection,
 256 regulation of access to data, evaluation of data to identify benefits and outcomes of the
 257 reviews, communication to prescribers and dispensers as to the intent of the reviews and
 258 how to use the data base, and security of data collected.

259 (b) The advisory committee shall consist of ~~ten~~ 11 members as follows:

- 260 (1) A representative from the agency;
- 261 (2) A representative from the Georgia Composite Medical Board;
- 262 (3) A representative from the Georgia Board of Dentistry;
- 263 (4) A representative with expertise in personal privacy matters, appointed by the
 264 president of the State Bar of Georgia;
- 265 (5) A representative from a specialty profession that deals in addictive medicine,
 266 appointed by the Georgia Composite Medical Board;
- 267 (6) A pain management specialist, appointed by the Georgia Composite Medical Board;
- 268 (7) An oncologist, appointed by the Georgia Composite Medical Board;
- 269 (8) A representative from a hospice or hospice organization, appointed by the Georgia
 270 Composite Medical Board;
- 271 (9) A representative from the State Board of Optometry; ~~and~~
- 272 (10) The consumer member appointed by the Governor to the State Board of Pharmacy
 273 pursuant to subsection (b) of Code Section 26-4-21; and
- 274 (11) A representative from the agency.

275 (c) Each member of the advisory committee shall serve a three-year term or until the
 276 appointment and qualification of such member's successor.

277 (d) The advisory committee shall elect a chairperson and vice chairperson from among its
 278 membership to serve a term of one year. The vice chairperson shall serve as the
 279 chairperson at times when the chairperson is absent.

280 (e) The advisory committee shall meet at the call of the chairperson or upon request by at
 281 least three of the members and shall meet at least one time per year. Five members of the
 282 committee shall constitute a quorum.

283 (f) The members shall receive no compensation or reimbursement of expenses from the
 284 state for their services as members of the advisory committee.

285 16-13-62.

286 The agency department shall establish rules and regulations to implement the requirements
 287 of this part. Nothing in this part shall be construed to authorize the agency department to
 288 establish policies, rules, or regulations which limit, revise, or expand or purport to limit,
 289 revise, or expand any prescription or dispensing authority of any prescriber or dispenser
 290 subject to this part. Nothing in this part shall be construed to impede, impair, or limit a
 291 prescriber from prescribing pain medication in accordance with the pain management
 292 guidelines developed and adopted by the Georgia Composite Medical Board.

293 16-13-63.

294 (a)(1) Nothing in this part shall require a dispenser ~~or prescriber~~ to obtain information
 295 about a patient from the ~~program established pursuant to this part PMDB;~~ provided,
 296 however, that dispensers are encouraged to obtain such information while keeping in
 297 mind that the purpose of such data base includes reducing duplicative prescribing and
 298 overprescribing of controlled substances. A dispenser ~~or prescriber~~ shall not have a duty
 299 and shall not be held civilly liable for damages to any person in any civil or
 300 administrative action or criminally responsible for injury, death, or loss to person or
 301 property on the basis that the dispenser ~~or prescriber~~ did or did not seek or obtain
 302 information from the ~~electronic data base established pursuant to Code Section 16-13-57.~~
 303 ~~Nothing in this part shall create a private cause of action against a prescriber or dispenser~~
 304 PMDB.

305 (2)(A) On and after July 1, 2018, when a prescriber is prescribing a controlled
 306 substance listed in paragraph (1) or (2) of Code Section 16-13-26 or benzodiazepines,
 307 including only diazepam, alprazolam, or lorazepam, he or she shall seek and review
 308 information from the PMDB, unless the:

309 (i) Prescription is for no more than a three-day supply of such substance and no more
 310 than 26 pills;

311 (ii) Patient is in a hospital or health care facility, including, but not limited to, a
 312 nursing home, an intermediate care home, a personal care home, or a hospice
 313 program, which provides patient care and prescriptions to be administered and used
 314 by a patient on the premises of the facility;

315 (iii) Patient has had outpatient surgery at a hospital or ambulatory surgical center and
 316 the prescription is for no more than a ten-day supply of such substance and no more
 317 than 40 pills;

318 (iv) Patient is in an outpatient hospice program; or

319 (v) Patient is receiving treatment for cancer.

320 (B) This paragraph shall not become effective unless the department's certification
 321 required by subsection (d) of Code Section 16-13-57 has been issued.

322 (C) A prescriber who violates this paragraph shall be held administratively accountable
 323 to the state regulatory board governing such prescriber but shall not be held civilly
 324 liable for damages to any person in any civil or administrative action or criminally
 325 responsible for injury, death, or loss to person or property on the basis that such
 326 prescriber did or did not seek or obtain information from such data base when
 327 prescribing such substance.

328 (3) A prescriber who has reviewed information from the PMDB shall make or cause to
 329 be made a notation in the patient's medical record stating the date and time upon which
 330 such inquiry was made and identifying the individual's name who made such search and
 331 review. If the PMDB does not allow access to such individual, a notation to that effect
 332 shall also be made containing the same information of date, time, and individual's name.

333 (4) Nothing in this part shall require a prescriber to obtain information from the PMDB
 334 when he or she is prescribing a controlled substance that is classified as a Schedule II, III,
 335 IV, or V controlled substance for a patient other than those controlled substances listed
 336 in paragraph (1) or (2) of Code Section 16-13-26 and benzodiazepines, including only
 337 diazepam, alprazolam, or lorazepam. Such prescriber shall not have a duty and shall not
 338 be held civilly liable for damages to any person in any civil or administrative action or
 339 criminally responsible for injury, death, or loss to person or property on the basis that the
 340 prescriber did or did not seek or obtain information from such data base when prescribing
 341 such a substance.

342 (b) Except as provided in paragraphs (2) and (4) of subsection (a) of this Code section, a
 343 person who is injured by reason of any violation of this part shall have a cause of action for
 344 the actual damages sustained and, when appropriate, punitive damages; provided, however,
 345 that a ~~A~~ dispenser or prescriber acting in good faith shall not be held civilly liable for
 346 damages to any person in any civil or administrative action or criminally responsible for
 347 injury, death, or loss to person or property for receiving or using information from the

348 ~~electronic data base established pursuant to Code Section 16-13-57: PMDB. Such injured~~
 349 ~~person may also recover attorney's fees in the trial and appellate courts and the costs of~~
 350 ~~investigation and litigation reasonably incurred.~~

351 16-13-64.

352 (a) A dispenser who knowingly and intentionally fails to submit prescription information
 353 to the ~~agency~~ department as required by this part or knowingly and intentionally submits
 354 incorrect prescription information shall be guilty of a felony and, upon conviction thereof,
 355 shall be punished for each such offense by imprisonment for not less than one year nor
 356 more than five years, a fine not to exceed \$50,000.00, or both, and such actions shall be
 357 reported to the licensing board responsible for issuing such dispenser's dispensing license
 358 for action to be taken against such dispenser's license.

359 (b) An individual authorized to access electronic data base prescription information
 360 pursuant to this part who negligently uses, releases, or discloses such information in a
 361 manner or for a purpose in violation of this part shall be guilty of a misdemeanor. Any
 362 person who is convicted of negligently using, releasing, or disclosing such information in
 363 violation of this part shall, upon the second or subsequent conviction, be guilty of a felony
 364 and shall be punished by imprisonment for not less than one nor more than three years, a
 365 fine not to exceed \$5,000.00, or both.

366 (c)(1) An individual authorized to access electronic data base prescription information
 367 pursuant to this part who knowingly obtains or discloses such information in a manner
 368 or for a purpose in violation of this part shall be guilty of a felony and, upon conviction
 369 thereof, shall be punished by imprisonment for not less than one year nor more than five
 370 years, a fine not to exceed \$50,000.00, or both.

371 (2) Any person who knowingly obtains, attempts to obtain, or discloses electronic data
 372 base prescription information pursuant to this part under false pretenses shall be guilty
 373 of a felony and, upon conviction thereof, shall be punished by imprisonment for not less
 374 than one year nor more than five years, a fine not to exceed \$100,000.00, or both.

375 (3) Any person who obtains or discloses electronic data base prescription information
 376 not specifically authorized ~~herein in this part~~ with the intent to sell, transfer, or use such
 377 information for commercial advantage, personal gain, or malicious harm shall be guilty
 378 of a felony and, upon conviction thereof, shall be punished by imprisonment for not less
 379 than two years nor more than ten years, a fine not to exceed \$250,000.00, or both.

380 ~~(d) Any person who is injured by reason of any violation of this part shall have a cause of~~
 381 ~~action for the actual damages sustained and, where appropriate, punitive damages. Such~~
 382 ~~person may also recover attorney's fees in the trial and appellate courts and the costs of~~
 383 ~~investigation and litigation reasonably incurred.~~

384 ~~(e)~~(d) The penalties provided by this Code section are intended to be cumulative of other
385 penalties which may be applicable and are not intended to repeal such other penalties.

386 16-13-65.

387 (a) This part shall not apply to any veterinarian.

388 (b) This part shall not apply to any drug, substance, or immediate precursor classified as
389 an exempt over the counter (OTC) Schedule V controlled substance pursuant to this chapter
390 or pursuant to board rules established in accordance with Code Section 16-13-29.2."

391 **SECTION 1-3.**

392 Said chapter is further amended by revising paragraph (635) of subsection (b) of Code
393 Section 16-13-71, relating to the definition of a dangerous drug, as follows:

394 "(635) Naloxone — See exceptions;"

395 **SECTION 1-4.**

396 Said chapter is further amended by adding a new paragraph to subsection (c) of Code Section
397 16-13-71, relating to the definition of a dangerous drug, to read as follows:

398 "(14.25) Naloxone — shall also be exempt from subsections (a) and (b) of this Code
399 section when used for drug overdose prevention and when supplied by a dispenser as
400 follows:

401 (A) Nasal adaptor rescue kits containing a minimum of two prefilled 2 ml. luer-lock
402 syringes with each containing 1 mg./ml. of naloxone;

403 (B) Prepackaged nasal spray rescue kits containing single-use spray devices with each
404 containing up to 4 mg./0.1 ml. of naloxone;

405 (C) Muscle rescue kits containing a 10 ml. multidose fliptop vial or two 1 ml. vials
406 with a strength of 0.4 mg./ml. of naloxone; or

407 (D) Prepackaged kits of two muscle autoinjectors with each containing up to 0.4
408 mg./ml. of naloxone;"

409 **SECTION 1-5.**

410 Code Section 31-2A-4 of the Official Code of Georgia Annotated, relating to the Department
411 of Public Health obligation to safeguard and promote health of people of this state, is
412 amended by deleting "and" at the end of paragraph (13), by replacing the period with "; and"
413 at the end of paragraph (14), and by adding a new paragraph to read as follows:

414 "(15) Maintain and administer the electronic prescription monitoring data base established
415 under Code Section 16-13-57."

416

PART II

417

SECTION 2-1.

418 Said chapter is further amended by adding a new Code section to read as follows:

419 "16-13-56.1.

420 (a) As used in this Code section, the term 'opioids' means opiates, opioids, opioid
 421 analgesics, and opioid derivatives.

422 (b) A prescriber who issues a prescription for an opioid shall provide the patient receiving
 423 the prescription information on the addictive risks of using opioids and information on
 424 options available for safely disposing of any unused opioids where such options exist.
 425 Such information may be provided verbally or in writing."

426

PART III

427

SECTION 3-1.

428 Article 2 of Chapter 16 of Title 45 of the Official Code of Georgia Annotated, relating to
 429 death investigations, is amended by revising subsection (a) of Code Section 45-16-24,
 430 relating to notification of suspicious or unusual deaths, as follows:

431 "(a) When any ~~person~~ individual dies in any county in this state:

432 (1) As a result of violence;

433 (2) By suicide or casualty;

434 (3) Suddenly when in apparent good health;

435 (4) When unattended by a physician;

436 (5) In any suspicious or unusual manner, with particular attention to those ~~persons~~
 437 individuals 16 years of age and under;

438 (6) After birth but before seven years of age if the death is unexpected or unexplained;

439 (7) As a result of an execution carried out pursuant to the imposition of the death penalty
 440 under Article 2 of Chapter 10 of Title 17;

441 (8) When an inmate of a state hospital or a state, county, or city penal institution; ~~or~~

442 (9) After having been admitted to a hospital in an unconscious state and without
 443 regaining consciousness within 24 hours of admission; or

444 (10) As a result of an apparent drug overdose,

445 it shall be the duty of any law enforcement officer or other person having knowledge of
 446 such death to notify immediately the coroner or county medical examiner of the county in
 447 which the acts or events resulting in the death occurred or the body is found. For the
 448 purposes of this Code section, no ~~person~~ individual shall be deemed to have died

449 unattended when the death occurred while ~~the person~~ he or she was a patient of a hospice
 450 licensed under Article 9 of Chapter 7 of Title 31."

451 **SECTION 3-2.**

452 Said article is further amended by revising subsection (a) of Code Section 45-16-27, relating
 453 to when an inquest is to be held, as follows:

454 "(a) Coroners shall require an inquest to be conducted in their respective counties as
 455 follows:

456 (1) When any ~~person~~ individual dies under any circumstances specified in paragraphs (1)
 457 through ~~(8)~~ (10) of subsection (a) of Code Section 45-16-24; provided, however, that an
 458 inquest is shall not be required to be held, although the coroner is shall be authorized to
 459 hold an inquest, under the following circumstances:

460 (A) When upon the completion of the medical examiner's inquiry the peace officer in
 461 charge and the medical examiner are satisfied that, even though death resulted from
 462 violence, no foul play was involved. In this event, the peace officer in charge and the
 463 medical examiner shall make a written report of their investigation and findings to the
 464 division as set forth in Code Section 45-16-32, and upon their recommendation, the
 465 coroner shall make and file a proper death certificate;

466 (B) When there is sufficient evidence to establish the cause and manner of death, even
 467 though the medical examiner's inquiry revealed that death resulted from foul play;

468 (C) When no demand for an inquest is made within 30 days after the filing of the death
 469 certificate. However, if such demand is made by the party or parties affected by the
 470 death, the coroner is shall be authorized to hold the inquest;

471 (D) When upon the completion of the medical examiner's inquiry the medical examiner
 472 and peace officer in charge are sufficiently satisfied that death resulted from natural
 473 causes, and that medical examiner or coroner is willing to and does sign and file a
 474 proper death certificate, and no demand for an inquest is made within 30 days
 475 thereafter;

476 (D.1) In cases of deaths resulting from an accident involving any civil aircraft, it shall
 477 be the responsibility of the peace officer in charge to notify the National Transportation
 478 Safety Board or the Federal Aviation Administration of such accident, to proceed to the
 479 scene and guard the area in such manner that no bodies, wreckage, cargo, or mail shall
 480 be moved or disturbed until authorized by a representative of the National
 481 Transportation Safety Board or the Federal Aviation Administration except to the extent
 482 necessary to remove ~~persons~~ individuals injured or trapped, to protect the wreckage
 483 from further damage, or to protect the public from injury. When ~~Where~~ it is necessary
 484 to move aircraft wreckage, mail, or cargo, sketches, descriptive notes, and photographs

485 shall be made, if possible, of the original positions and condition of the wreckage and
 486 any significant impact marks. The coroner or medical examiner shall assist
 487 investigators from the National Transportation Safety Board or the Federal Aviation
 488 Administration as authorized by federal law;

489 (E) When after full and complete investigation no evidence of foul play is found in
 490 cases of hidden cause of death which fall under the jurisdiction of the coroner. The
 491 coroner shall be authorized to sign the death certificate on the basis of the information
 492 given to him or her in the reports of the peace officer in charge and the medical
 493 examiner, provided that, in such hidden causes of death, after a complete investigation,
 494 if sufficient medical history is obtained by the coroner, the peace officer in charge, or
 495 the medical examiner to disclose the cause of death and if the attending physician will
 496 sign the death certificate, such cases shall not come under the jurisdiction of the
 497 coroner; provided, further, that, if there are sufficient competent eyewitnesses to an act
 498 in the opinion of the peace officer in charge, such cases shall not come under the
 499 jurisdiction of the coroner; or

500 (F) In cases of deaths of personnel in the armed forces of the United States government
 501 resulting from airplane disasters involving airplanes of the armed forces, including
 502 crashes or explosions, which deaths shall not come under the jurisdiction of the coroner.
 503 It shall be the responsibility of the peace officer in charge to notify the proper armed
 504 forces of the United States government immediately of such airplane crashes or
 505 explosions in order that they may send their trained forces to the scene for investigation.
 506 It shall be the duty of the peace officer in charge, when notified of such crashes or
 507 explosions, to proceed to the scene and guard the area in such manner that no bodies
 508 or parts of said airplanes shall be moved or disturbed until the arrival of proper
 509 investigating officers from the armed forces of the United States government;

510 (2) When an inmate of a state hospital or a state, county, or city penal institution dies
 511 unexpectedly without an attending physician or as a result of violence. The chief medical
 512 examiner or his or her designee, regional medical examiner, or local medical examiner
 513 shall perform all medical examiners' inquiries. The coroner, in those counties in which
 514 such office has not been replaced by a local medical examiner, shall hold an inquest after
 515 receiving the written reports as set forth in Code Section 45-16-32;

516 (3) When ordered by a court in connection with a medical examiner's inquiry ordered by
 517 that court pursuant to subsection (c) of Code Section 45-16-24; or

518 (4) Notwithstanding any other provisions of this subsection, no ~~person~~ individual shall
 519 be deemed to have died unattended by a physician when the death occurred while ~~the~~
 520 person he or she was a patient of a hospice licensed under Article 9 of Chapter 7 of
 521 Title 31."

522

PART IV

523

SECTION 4-1.

524 All laws and parts of laws in conflict with this Act are repealed.