The Senate Committee on Health and Human Services offered the following substitute to HB 249:

A BILL TO BE ENTITLED
AN ACT

To amend Chapter 13 of Title 16, Code Sections 26-4-116.2 and 31-2A-4, Article 1 of Chapter 1 of Title 31, and Article 2 of Chapter 16 of Title 45 of the Official Code of Georgia Annotated, relating to controlled substances, the authority of licensed health practitioners to prescribe opioid antagonists and immunity from liability, the obligations of the Department of Public Health, general provisions for health, and death investigations, respectively, so as to change provisions relating to the use of the electronic data base; to transfer responsibilities for the electronic data base of prescription information of the Georgia Drugs and Narcotics Agency to the Department of Public Health; to provide for the department's authority to continue the maintenance and development of the electronic data base of prescription information; to provide for definitions; to collect more information regarding the dispensing and use of certain controlled substances; to change the frequency of reporting certain prescriptions in the electronic data base of prescription information; to clarify provisions relating to confidentiality; to change provisions relating to liability and duties; to change provisions relating to the definitions of dangerous drugs; to require the Department of Public Health have responsibility for the electronic prescription monitoring data base; to provide for information to patients by prescribers when prescribing opioids; to provide for immunity for the state health officer under certain circumstances; to change provisions relating to the state health officer; to provide for his or her authority in connection to certain dangerous drugs; to provide for a coroner's inquest when an individual dies of a suspected drug overdose; to amend Code Section 31-12-2 of the Official Code of Georgia Annotated, relating to reporting disease, confidentiality, reporting required by pharmacists, immunity from liability as to information supplied, and notification of potential bioterrorism, so as to add neonatal abstinence syndrome reporting; to amend Chapter 5 of Title 26 of the Official Code of Georgia Annotated, relating to drug abuse treatment and education programs, so as to provide for annual inspection; to provide for annual reporting of certain data; to amend Part 2 of Article 6 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated, relating to competencies and core curriculum in elementary and secondary education, so as to give a short title to a Code section relating to cardiopulmonary resuscitation and use of automated

external defibrillators in schools; to provide for a short title; to provide for related matters; 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 "Jeffrey Dallas Gay, Jr., Act."

SECTION 1-2.

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

"Part 2

16-13-57.

(a) As used in this part, the term:

(1) 'Department' means the Department of Public Health.

(2) 'PDMP' means the prescription drug monitoring program data base.

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

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

(c) Each prescriber who has a DEA registration number shall enroll to become a user of the PDMP as soon as possible, and no later than January 1, 2018; provided, however, that

prescribers who attain a DEA registration number after such date shall enroll within 30 days of attaining such credentials. A prescriber who violates this subsection shall be held administratively accountable to the state regulatory board governing such prescriber for such violation.

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

16-13-58.

(a) The ~~agency~~ department shall be authorized to apply for available grants and may accept any gifts, grants, donations, and other funds to assist in developing and maintaining the ~~program established pursuant to Code Section 16-13-57~~ PDMP; provided, however, that neither the ~~board, agency,~~ department nor any other state entity shall accept a grant that requires as a condition of the grant any sharing of information that is inconsistent with this part.

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

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

16-13-59.

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

(1) DEA permit number or approved dispenser facility controlled substance identification number;

(2) Date the prescription was dispensed;

(3) Prescription serial number;

(4) If the prescription is new or a refill;

(5) National Drug Code (NDC) for drug dispensed;

(6) Quantity and strength dispensed;

(7) Number of days supply of the drug;

(8) Patient's name;

(9) Patient's address;

(10) Patient's date of birth;

(11) Patient gender;

(12) Method of payment;

(13) Approved prescriber identification number or prescriber's DEA permit number;

(14) Date the prescription was issued by the prescriber; and

(15) Other data elements consistent with standards established by the American Society for Automation in Pharmacy, if designated by regulations of the ~~agency~~ department.

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

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

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

(e) The ~~agency~~ department shall not access or allow others to access any identifying prescription information from the ~~electronic data base~~ PDMP after two years from the date such information was originally received by the ~~agency~~ department. The ~~agency~~ department may retain ~~aggregated~~ prescription information ~~for a period of two years from~~

~~the date the information is received~~ that has been processed to remove personal identifiers from the health information in compliance with the standard and implementation rules of the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, P.L. 104-191, for more than two years but shall promulgate regulations and procedures that will ensure that any identifying information the ~~agency~~ department receives from any dispenser or reporting entity that is two years old or older is deleted or destroyed on an ongoing basis in a timely and secure manner.

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

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

16-13-60.

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

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

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

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

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

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

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

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

(3) To local or state law enforcement or prosecutorial officials pursuant to the issuance of a search warrant from an appropriate court or official in the county in which the office of such law enforcement or prosecutorial officials are located pursuant to Article 2 of Chapter 5 of Title 17 or to federal law enforcement or prosecutorial officials pursuant to the issuance of a search warrant pursuant to 21 U.S.C. or a grand jury subpoena pursuant to 18 U.S.C.; ~~and~~

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

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

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

(ii) Are registered under Title 26;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Include PDMP prescription information in a patient's electronic health or medical record.

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

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

(f) Any permissible user identified in this part who directly accesses ~~electronic data base~~ PDMP prescription information shall implement and maintain a comprehensive information security program that contains administrative, technical, and physical safeguards that are substantially equivalent to the security measures of the ~~agency~~ department. The permissible user shall identify reasonably foreseeable internal and external risks to the security, confidentiality, and integrity of personal information that could result in the unauthorized disclosure, misuse, or other compromise of the information and shall assess the sufficiency of any safeguards in place to control the risks.

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

16-13-61.

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

(b) The advisory committee shall consist of ~~ten~~ 12 members as follows:

(1) A representative from the agency;

(2) A representative from the Georgia Composite Medical Board;

(3) A representative from the Georgia Board of Dentistry;

(4) A representative with expertise in personal privacy matters, appointed by the president of the State Bar of Georgia;

(5) A representative from a specialty profession that deals in addictive medicine, appointed by the Georgia Composite Medical Board;

(6) A pain management specialist, appointed by the Georgia Composite Medical Board;

(7) An oncologist, appointed by the Georgia Composite Medical Board;

(8) A representative from a hospice or hospice organization, appointed by the Georgia Composite Medical Board;

(9) A representative from the State Board of Optometry; ~~and~~

(10) The consumer member appointed by the Governor to the State Board of Pharmacy pursuant to subsection (b) of Code Section 26-4-21;

(11) A pharmacist from the State Board of Pharmacy; and

(12) A representative from the Department of Public Health.

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

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

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

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

16-13-62.

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

16-13-63.

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

(2)(A) On and after July 1, 2018, when a prescriber is prescribing a controlled substance listed in paragraph (1) or (2) of Code Section 16-13-26 or benzodiazepines, he or she shall seek and review information from the PDMP the first time he or she issues such prescription to a patient and thereafter at least once every 90 days, unless the:

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

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

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

(iv) Patient is terminally ill or under the supervised care of an outpatient hospice program; or

(v) Patient is receiving treatment for cancer.

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

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

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

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

(b) Except as provided in paragraphs (2) and (4) of subsection (a) of this Code section, a person who is injured by reason of any violation of this part shall have a cause of action for the actual damages sustained and, when appropriate, punitive damages; provided, however, that a ~~A~~ dispenser or prescriber acting in good faith shall not be held civilly liable for damages to any person in any civil or administrative action or criminally responsible for injury, death, or loss to person or property for receiving or using information from the ~~electronic data base established pursuant to Code Section 16-13-57.~~ PDMP. Such injured person may also recover attorney's fees in the trial and appellate courts and the costs of investigation and litigation reasonably incurred.

16-13-64.

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

(b) An individual authorized to access ~~electronic data base~~ PDMP prescription information pursuant to this part who negligently uses, releases, or discloses such information in a manner or for a purpose in violation of this part shall be guilty of a misdemeanor. Any person who is convicted of negligently using, releasing, or disclosing such information in violation of this part shall, upon the second or subsequent conviction, be guilty of a felony

and shall be punished by imprisonment for not less than one nor more than three years, a fine not to exceed $5,000.00, or both.

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

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

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

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

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

16-13-65.

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

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

SECTION 1-3.

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

"(635) Naloxone — See exceptions;"

SECTION 1-4.

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

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

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

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

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

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

SECTION 1-5.

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

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

PART II

SECTION 2-1.

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

"16-13-56.1.

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

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

PART III

SECTION 3-1.

Code Section 26-4-116.2 of the Official Code of Georgia Annotated, relating to the authority of licensed health practitioners to prescribe opioid antagonists and immunity from liability, is amended by revising subsections (c) through (e) and adding a new subsection to read as follows:

"(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 or Code Section 31-1-10.

(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 or pursuant to Code Section 31-1-10.

(e) The following individuals ~~are~~ shall be immune from any civil ~~or criminal~~ liability, criminal responsibility, 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) The state health officer acting in good faith and as provided in Code Section 31-1-10; and

~~(3)~~(4) Any person acting in good faith, other than a practitioner, who administers an opioid antagonist pursuant to subsection (d) of this Code section.

(f) Every pharmacy in this state shall retain a copy of the standing order issued under Code Section 31-1-10."

SECTION 3-2.

Article 1 of Chapter 1 of Title 31 of the Official Code of Georgia Annotated, relating to general provisions for health, is amended by revising Code Section 31-1-10, relating to the state health officer, as follows:

"31-1-10.

(a) The position of state health officer is created. The Governor may appoint the commissioner of public health to serve simultaneously as the state health officer or may appoint another individual to serve as state health officer. Such officer shall serve at the pleasure of the Governor. An individual appointed to serve as state health officer shall be licensed to practice medicine in this state.

(b) The state health officer shall ~~perform~~:

(1) Perform such health emergency preparedness and response duties as assigned by the Governor; and

(2) Be authorized to issue a standing order prescribing an opioid antagonist, as such term is defined in Code Section 26-4-116.2, on a state-wide basis under conditions that he or she determines to be in the best interest of this state."

PART IV

SECTION 4-1.

Code Section 31-12-2 of the Official Code of Georgia Annotated, relating to reporting disease, confidentiality, reporting required by pharmacists, immunity from liability as to information supplied, and notification of potential bioterrorism, is amended by adding a new subsection to read as follows:

"(a.1)(1) As used in this subsection, the term 'neonatal abstinence syndrome' means a group of physical problems that occur in a newborn infant who was exposed to addictive illegal or prescription drugs while in the mother's womb.

(2) The department shall require notice and reporting of incidents of neonatal abstinence syndrome. A health care provider, coroner, or medical examiner, or any other person or entity the department determines has knowledge of diagnosis or health outcomes related, directly or indirectly, to neonatal abstinence syndrome shall report incidents of neonatal abstinence syndrome to the department. The department shall provide an annual report to the President of the Senate, the Speaker of the House of Representatives, the chairperson of the House Committee on Health and Human Services, and the chairperson of the Senate Health and Human Services Committee. Such annual report shall include any department findings and recommendations on how to reduce the number of infants born with neonatal abstinence syndrome."

PART V.

SECTION 5-1.

Chapter 5 of Title 26 of the Official Code of Georgia Annotated, relating to drug abuse treatment and education programs, is amended by adding two new Code sections to read as follows:

"26-5-22.

The authorized department shall conduct an annual onsite inspection of each narcotic treatment program licensed in this state. Such inspection shall include, but shall not be limited to, the premises, staff, persons in care, and documents pertinent to the continued licensing of such narcotic treatment program so that the department may determine whether a provider is operating in compliance with licensing requirements.

26-5-23.

The Department of Community Health and the Department of Behavioral Health and Developmental Disabilities shall publish an annual report using data from the department's central registry data base on the number of patients in enrolled treatment, the number of patients discharged from treatment, patients' state of residence, and other information determined by the departments. Such published report shall exclude patient identifying information and be compliant with state and federal laws."

PART VI

SECTION 6-1.

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

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

(1) As a result of violence;

(2) By suicide or casualty;

(3) Suddenly when in apparent good health;

(4) When unattended by a physician;

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

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

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

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

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

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

it shall be the duty of any law enforcement officer or other person having knowledge of such death to notify immediately the coroner or county medical examiner of the county in which the acts or events resulting in the death occurred or the body is found. For the purposes of this Code section, no ~~person~~ individual shall be deemed to have died unattended when the death occurred while ~~the person~~ he or she was a patient of a hospice licensed under Article 9 of Chapter 7 of Title 31.″

SECTION 6-2.

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

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

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

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

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

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

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

(D.1) In cases of deaths resulting from an accident involving any civil aircraft, it shall be the responsibility of the peace officer in charge to notify the National Transportation Safety Board or the Federal Aviation Administration of such accident, to proceed to the scene and guard the area in such manner that no bodies, wreckage, cargo, or mail shall be moved or disturbed until authorized by a representative of the National Transportation Safety Board or the Federal Aviation Administration except to the extent necessary to remove ~~persons~~ individuals injured or trapped, to protect the wreckage from further damage, or to protect the public from injury. When ~~Where~~ it is necessary to move aircraft wreckage, mail, or cargo, sketches, descriptive notes, and photographs shall be made, if possible, of the original positions and condition of the wreckage and any significant impact marks. The coroner or medical examiner shall assist investigators from the National Transportation Safety Board or the Federal Aviation Administration as authorized by federal law;

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

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

(2) When an inmate of a state hospital or a state, county, or city penal institution dies unexpectedly without an attending physician or as a result of violence. The chief medical examiner or his or her designee, regional medical examiner, or local medical examiner

shall perform all medical examiners' inquiries. The coroner, in those counties in which such office has not been replaced by a local medical examiner, shall hold an inquest after receiving the written reports as set forth in Code Section 45-16-32;

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

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

PART VII

SECTION 7-1.

Part 2 of Article 6 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated, relating to competencies and core curriculum in elementary and secondary education, is amended by revising Code Section 20-2-149.1, relating to instruction in cardiopulmonary resuscitation and use of automated external defibrillators, as follows:

"20-2-149.1.

(a) This Code section shall be known and may be cited as the 'Cory Joseph Wilson Act.'

~~(a)~~(b) As used in this Code section, the term 'psychomotor skills' means skills using hands-on practice to support cognitive learning.

~~(b)~~(c) Beginning in the 2013-2014 school year, each local board of education which operates a school with grades nine through 12 shall provide instruction in cardiopulmonary resuscitation and the use of an automated external defibrillator to its students as a requirement within existing health or physical education courses. Such training shall include either of the following and shall incorporate into the instruction the psychomotor skills necessary to perform cardiopulmonary resuscitation and use an automated external defibrillator:

(1) An instructional program developed by the American Heart Association or the American Red Cross; or

(2) An instructional program which is nationally recognized and is based on the most current national evidence based emergency cardiovascular care guidelines for cardiopulmonary resuscitation and the use of an automated external defibrillator.

~~(c)~~(d) A teacher shall not be required to be a certified trainer of cardiopulmonary resuscitation or to facilitate, provide, or oversee instruction which does not result in certification in cardiopulmonary resuscitation and the use of an automated external defibrillator.

~~(d)~~(e) This Code section shall not be construed to require students to become certified in cardiopulmonary resuscitation and the use of an automated external defibrillator; provided, however, that if a local board of education chooses to offer courses which result in certification being earned, such courses shall be taught by instructors in cardiopulmonary resuscitation and the use of an automated external defibrillator authorized to conduct an instructional program included in paragraph (1) or (2) of subsection ~~(b)~~(c) of this Code section.

~~(e)~~(f) The Department of Education shall establish a procedure to monitor adherence by local boards of education."

PART VIII

SECTION 8-1.

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