

House Bill 249 (AS PASSED HOUSE AND SENATE)

By: Representatives Tanner of the 9th, Newton of the 123rd, Burns of the 159th, Jones of the 47th, Welch of the 110th, and others

A BILL TO BE ENTITLED
AN ACT

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

29 external defibrillators in schools; to provide for a short title; to provide for related matters;
 30 to repeal conflicting laws; and for other purposes.

31 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

32 **PART I**

33 **SECTION 1-1.**

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

35 **SECTION 1-2.**

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

39 "Part 2

40 16-13-57.

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

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

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

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

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

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

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

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

70 16-13-58.

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

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

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

87 16-13-59.

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

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

- 95 (2) Date the prescription was dispensed;
- 96 (3) Prescription serial number;
- 97 (4) If the prescription is new or a refill;
- 98 (5) National Drug Code (NDC) for drug dispensed;
- 99 (6) Quantity and strength dispensed;
- 100 (7) Number of days supply of the drug;
- 101 (8) Patient's name;
- 102 (9) Patient's address;
- 103 (10) Patient's date of birth;
- 104 (11) Patient gender;
- 105 (12) Method of payment;
- 106 (13) Approved prescriber identification number or prescriber's DEA permit number;
- 107 (14) Date the prescription was issued by the prescriber; and
- 108 (15) Other data elements consistent with standards established by the American Society
109 for Automation in Pharmacy, if designated by regulations of the agency department.
- 110 (b) Each dispenser shall submit the prescription information required in subsection (a) of
111 this Code section in accordance with transmission methods ~~and frequency requirements~~
112 established by the ~~agency on at least a weekly basis and shall report, at a minimum, such~~
113 ~~prescription information no later than ten days after the prescription is dispensed~~
114 department at least every 24 hours. If a dispenser is temporarily unable to comply with this
115 subsection due to an equipment failure or other circumstances, such dispenser shall
116 immediately notify the board and agency department.
- 117 (c) The agency department may issue a waiver to a dispenser that is unable to submit
118 prescription information by electronic means acceptable to the agency department. Such
119 waiver may permit the dispenser to submit prescription information to the agency
120 department by paper form or other means, provided all information required in
121 subsection (a) of this Code section is submitted in this alternative format and in accordance
122 with the frequency requirements established pursuant to subsection (b) of this Code section.
123 Requests for waivers shall be submitted in writing to the agency department.
- 124 (d) The agency department shall not revise the information required to be submitted by
125 dispensers pursuant to subsection (a) of this Code section more frequently than annually.
126 Any such change to the required information shall neither be effective nor applicable to
127 dispensers until six months after the adoption of such changes.
- 128 (e) The agency department shall not access or allow others to access any identifying
129 prescription information from the ~~electronic data base~~ PDMP after two years from the date
130 such information was originally received by the agency department. The agency
131 department may retain ~~aggregated~~ prescription information for a period of two years from

132 ~~the date the information is received that has been processed to remove personal identifiers~~
 133 ~~from the health information in compliance with the standard and implementation rules of~~
 134 ~~the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, P.L.~~
 135 ~~104-191, for more than two years~~ but shall promulgate regulations and procedures that will
 136 ensure that any identifying information the agency department receives from any dispenser
 137 or reporting entity that is two years old or older is deleted or destroyed on an ongoing basis
 138 in a timely and secure manner.

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

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

146 16-13-60.

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

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

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

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

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

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

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

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

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

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

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

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

198 (ii) Are registered under Title 26;

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

203 (iv) Submit to the annual registration process required by subsection (a) Code Section
 204 16-13-35, and for purposes of this Code section, such individuals shall not be deemed
 205 exempted from registration as set forth in subsection (g) of Code Section 16-13-35;

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

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

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

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

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

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

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

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

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

229 (2) Report potential violations of this article to the agency for review or investigation.

230 Following such review or investigation, the agency ~~may~~ shall:

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

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

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

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

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

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

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

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

267 16-13-61.

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

- 275 (b) The advisory committee shall consist of ~~ten~~ 12 members as follows:
- 276 (1) A representative from the agency;
- 277 (2) A representative from the Georgia Composite Medical Board;
- 278 (3) A representative from the Georgia Board of Dentistry;
- 279 (4) A representative with expertise in personal privacy matters, appointed by the
- 280 president of the State Bar of Georgia;
- 281 (5) A representative from a specialty profession that deals in addictive medicine,
- 282 appointed by the Georgia Composite Medical Board;
- 283 (6) A pain management specialist, appointed by the Georgia Composite Medical Board;
- 284 (7) An oncologist, appointed by the Georgia Composite Medical Board;
- 285 (8) A representative from a hospice or hospice organization, appointed by the Georgia
- 286 Composite Medical Board;
- 287 (9) A representative from the State Board of Optometry; ~~and~~
- 288 (10) The consumer member appointed by the Governor to the State Board of Pharmacy
- 289 pursuant to subsection (b) of Code Section 26-4-21;
- 290 (11) A pharmacist from the State Board of Pharmacy; and
- 291 (12) A representative from the Department of Public Health.
- 292 (c) Each member of the advisory committee shall serve a three-year term or until the
- 293 appointment and qualification of such member's successor.
- 294 (d) The advisory committee shall elect a chairperson and vice chairperson from among its
- 295 membership to serve a term of one year. The vice chairperson shall serve as the
- 296 chairperson at times when the chairperson is absent.
- 297 (e) The advisory committee shall meet at the call of the chairperson or upon request by at
- 298 least three of the members and shall meet at least one time per year. Five members of the
- 299 committee shall constitute a quorum.
- 300 (f) The members shall receive no compensation or reimbursement of expenses from the
- 301 state for their services as members of the advisory committee.
- 302 16-13-62.
- 303 The ~~agency~~ department shall establish rules and regulations to implement the requirements
- 304 of this part. Nothing in this part shall be construed to authorize the ~~agency~~ department to
- 305 establish policies, rules, or regulations which limit, revise, or expand or purport to limit,
- 306 revise, or expand any prescription or dispensing authority of any prescriber or dispenser
- 307 subject to this part. Nothing in this part shall be construed to impede, impair, or limit a
- 308 prescriber from prescribing pain medication in accordance with the pain management
- 309 guidelines developed and adopted by the Georgia Composite Medical Board.

310 16-13-63.

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

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

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

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

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

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

338 (v) Patient is receiving treatment for cancer.

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

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

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

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

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

369 16-13-64.

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

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

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

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

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

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

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

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

404 16-13-65.

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

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

409 **SECTION 1-3.**

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

412 "(635) Naloxone — See exceptions;"

413 **SECTION 1-4.**

414 Said chapter is further amended by adding a new paragraph to subsection (c) of Code Section
415 16-13-71, relating to the definition of a dangerous drug, to read as follows:

416 "(14.25) Naloxone — shall also be exempt from subsections (a) and (b) of this Code
 417 section when used for drug overdose prevention and when supplied by a dispenser as
 418 follows:

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

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

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

425 (D) Prepackaged kits of two muscle autoinjectors with each containing a minimum of
 426 0.4 mg./ml. of naloxone;"

427 **SECTION 1-5.**

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

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

434 **PART II**

435 **SECTION 2-1.**

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

438 "16-13-56.1.

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

441 (b) A prescriber who issues a prescription for an opioid shall provide the patient receiving
 442 the prescription information on the addictive risks of using opioids and information on
 443 options available for safely disposing of any unused opioids where such options exist.

444 Such information may be provided verbally or in writing."

445

PART III

446

SECTION 3-1.

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

451 "(c) A pharmacist acting in good faith and in compliance with the standard of care
 452 applicable to pharmacists may dispense opioid antagonists pursuant to a prescription issued
 453 in accordance with subsection (b) of this Code section or Code Section 31-1-10.

454 (d) A person acting in good faith and with reasonable care to another person whom he or
 455 she believes to be experiencing an opioid related overdose may administer an opioid
 456 antagonist that was prescribed pursuant to subsection (b) of this Code section in accordance
 457 with the protocol specified by the practitioner or pursuant to Code Section 31-1-10.

458 (e) The following individuals ~~are~~ shall be immune from any civil ~~or criminal~~ liability,
 459 criminal responsibility, or professional licensing sanctions for the following actions
 460 authorized by this Code section:

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

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

468 (3) The state health officer acting in good faith and as provided in Code Section 31-1-10;
 469 and

470 ~~(3)~~(4) Any person acting in good faith, other than a practitioner, who administers an
 471 opioid antagonist pursuant to subsection (d) of this Code section.

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

474

SECTION 3-2.

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

478 "31-1-10.

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

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

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

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

490 **PART IV**

491 **SECTION 4-1.**

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

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

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

509

PART V.

510

SECTION 5-1.

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

514 "26-5-22.

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

520 26-5-23.

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

527

PART VI

528

SECTION 6-1.

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

532 "(a) When any person individual dies in any county in this state:533 (1) As a result of violence;534 (2) By suicide or casualty;535 (3) Suddenly when in apparent good health;536 (4) When unattended by a physician;537 (5) In any suspicious or unusual manner, with particular attention to those ~~persons~~
538 individuals 16 years of age and under;539 (6) After birth but before seven years of age if the death is unexpected or unexplained;540 (7) As a result of an execution carried out pursuant to the imposition of the death penalty
541 under Article 2 of Chapter 10 of Title 17;

542 (8) When an inmate of a state hospital or a state, county, or city penal institution; ~~or~~
 543 (9) After having been admitted to a hospital in an unconscious state and without
 544 regaining consciousness within 24 hours of admission; or
 545 (10) As a result of an apparent drug overdose,
 546 it shall be the duty of any law enforcement officer or other person having knowledge of
 547 such death to notify immediately the coroner or county medical examiner of the county in
 548 which the acts or events resulting in the death occurred or the body is found. For the
 549 purposes of this Code section, no ~~person~~ individual shall be deemed to have died
 550 unattended when the death occurred while ~~the person~~ he or she was a patient of a hospice
 551 licensed under Article 9 of Chapter 7 of Title 31."

552 SECTION 6-2.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

623 PART VII

624 SECTION 7-1.

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

629 "20-2-149.1.

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

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

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

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

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

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

649 ~~(d)~~(e) This Code section shall not be construed to require students to become certified in
650 cardiopulmonary resuscitation and the use of an automated external defibrillator; provided,
651 however, that if a local board of education chooses to offer courses which result in
652 certification being earned, such courses shall be taught by instructors in cardiopulmonary
653 resuscitation and the use of an automated external defibrillator authorized to conduct an
654 instructional program included in paragraph (1) or (2) of subsection ~~(b)~~(c) of this Code
655 section.
656 ~~(e)~~(f) The Department of Education shall establish a procedure to monitor adherence by
657 local boards of education."

658

PART VIII

659

SECTION 8-1.

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