

The Senate Health and Human Services Committee offered the following substitute to HB 965:

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 1 of Chapter 13 of Title 16 of the Official Code of Georgia Annotated,
2 relating to general provisions relative to controlled substances, so as to provide immunities
3 from certain arrests, charges, or prosecutions for persons seeking medical assistance for a
4 drug overdose; to provide for a short title; to provide for legislative findings; to amend
5 Article 6 of Chapter 4 of Title 26 of the Official Code of Georgia Annotated, relating to
6 pharmacies, so as to authorize licensed health practitioners to prescribe opioid antagonists
7 to certain individuals and entities pursuant to a protocol; to provide for legislative findings;
8 to amend Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to
9 emergency medical services, so as to authorize emergency medical services personnel to
10 administer opioid antagonists; to authorize first responders to maintain and administer opioid
11 antagonists; to amend Chapter 64 of Title 33 of the Official Code of Georgia Annotated,
12 relating to regulation and licensure of pharmacy benefit managers, so as to provide that a
13 pharmacy or facility that is under common ownership or control with an entity licensed under
14 Title 33 or with an institution licensed under Article 1 of Chapter 7 of Title 31 shall not be
15 required to hold a nonresident pharmacy permit; to provide for related matters; to provide an
16 effective date; to provide for applicability; to repeal conflicting laws; and for other purposes.

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

PART I

SECTION 1-1.

18 This part shall be known and may be cited as the "Georgia 9-1-1 Medical Amnesty Law."
19

SECTION 1-2.

20 WHEREAS, according to the Atlanta Journal Constitution ("AJC"), more than 600,000
21 Americans used heroin in 2012, which is nearly double the number from five years earlier
22 according to health officials; and
23
24

25 WHEREAS, the AJC article states that "[t]he striking thing about heroin's most recent
26 incarnation is that a drug that was once largely confined to major cities is spreading into
27 suburban and rural towns across America, where it is used predominantly by young adults
28 between the ages of 18 and 29"; and

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

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

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

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

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

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

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

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

47 **SECTION 1-3.**

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

51 "16-13-5.

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

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

59 (2) 'Drug violation' means:

60 (A) A violation of subsection (a) of Code Section 16-13-30 for possession of a
61 controlled substance if the aggregate weight, including any mixture, is less than four
62 grams of a solid substance, less than one milliliter of liquid substance, or if the
63 substance is placed onto a secondary medium with a combined weight of less than four
64 grams;

65 (B) A violation of paragraph (1) of subsection (j) of Code Section 16-13-30 for
66 possession of less than one ounce of marijuana; or

67 (C) A violation of Code Section 16-13-32.2, relating to possession and use of drug
68 related objects.

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

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

77 (b) Any person who in good faith seeks medical assistance for a person experiencing or
78 believed to be experiencing a drug overdose shall not be arrested, charged, or prosecuted
79 for a drug violation if the evidence for the arrest, charge, or prosecution of such drug
80 violation resulted solely from seeking such medical assistance. Any person who is
81 experiencing a drug overdose and, in good faith, seeks medical assistance for himself or
82 herself or is the subject of such a request shall not be arrested, charged, or prosecuted for
83 a drug violation if the evidence for the arrest, charge, or prosecution of such drug violation
84 resulted solely from seeking such medical assistance. Any such person shall also not be
85 subject to, if related to the seeking of such medical assistance:

86 (1) Penalties for a violation of a permanent or temporary protective order or restraining
87 order; or

88 (2) Sanctions for a violation of a condition of pretrial release, condition of probation, or
89 condition of parole based on a drug violation.

90 (c) Nothing in this Code section shall be construed to limit the admissibility of any
 91 evidence in connection with the investigation or prosecution of a crime with regard to a
 92 defendant who does not qualify for the protections of subsection (b) of this Code section
 93 or with regard to other crimes committed by a person who otherwise qualifies for
 94 protection pursuant to subsection (b) of this Code section. Nothing in this Code section
 95 shall be construed to limit any seizure of evidence or contraband otherwise permitted by
 96 law. Nothing in this Code section shall be construed to limit or abridge the authority of a
 97 law enforcement officer to detain or take into custody a person in the course of an
 98 investigation or to effectuate an arrest for any offense except as provided in subsection (b)
 99 of this Code section."

100 PART II

101 SECTION 2-1.

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

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

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

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

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

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

116 WHEREAS, the National Institutes of Health found that Naloxone "lacks any psychoactive
 117 or addictive qualities ... without any potential for abuse...[and] medical side-effects or other
 118 problematic unintended consequences associated with Naloxone have not been reported"; and

119 WHEREAS, any administration of Naloxone to an individual experiencing an opioid
120 overdose must be followed by professional medical attention and treatment.

121 **SECTION 2-2.**

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

124 "26-4-116.2.

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

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

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

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

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

143 (5) 'Pain management clinic' means a clinic licensed pursuant to Article 10 of Chapter
144 34 of Title 43.

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

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

152 (c) A pharmacist acting in good faith and in compliance with the standard of care
153 applicable to pharmacists may dispense opioid antagonists pursuant to a prescription issued
154 in accordance with subsection (b) of this Code section.

155 (d) A person acting in good faith and with reasonable care to another person whom he or
 156 she believes to be experiencing an opioid related overdose may administer an opioid
 157 antagonist that was prescribed pursuant to subsection (b) of this Code section in accordance
 158 with the protocol specified by the practitioner.

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

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

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

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

170 **SECTION 2-3.**

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

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

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

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

182 **SECTION 2-4.**

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

185 "(a) Upon certification by the department, paramedics may perform any service that a
 186 cardiac technician is permitted to perform. In addition, upon the order of a duly licensed
 187 physician and subject to the conditions set forth in paragraph (2) of subsection (a) of Code
 188 Section 31-11-55, paramedics may perform any other procedures which they have been
 189 both trained and certified to perform, including, but not limited to:

- 190 (1) Administration of parenteral injections of diuretics, anticonvulsants, hypertonic
 191 glucose, antihistamines, bronchodilators, emetics, narcotic antagonists, and others, and
 192 administration of opioid antagonists;
 193 (2) Cardioversion; and
 194 (3) ~~Gastric suction by intubation~~ Endotracheal suction."

195 **SECTION 2-5.**

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

- 199 "(a) Upon certification by the department, cardiac technicians may do any of the following:
 200 (1) Render first-aid and resuscitation services;
 201 (2) Upon the order of a duly licensed physician and as recommended by the Georgia
 202 Emergency Health Medical Services Advisory Council and approved by the department:
 203 (A) Perform cardiopulmonary resuscitation and defibrillation in a ~~pulseless,~~
 204 ~~nonbreathing~~ hemodynamically unstable patient;
 205 (B) Administer approved intravenous solutions;
 206 (C) Administer parenteral injections of antiarrhythmic agents, vagolytic agents,
 207 chronotropic agents, alkalizing agents, analgesic agents, and vasopressor agents or
 208 administer opioid antagonists; and
 209 (D) Perform pulmonary ventilation by esophageal airway and endotracheal intubation."

210 **SECTION 2-6.**

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

213 "31-11-55.1.

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

- 215 (1) 'First responder' means any person or agency who provides on-site care until the
 216 arrival of a duly licensed ambulance service. This shall include, but not be limited to,
 217 persons who routinely respond to calls for assistance through an affiliation with law
 218 enforcement agencies, fire departments, and rescue agencies.
 219 (2) 'Opioid antagonist' means any drug that binds to opioid receptors and blocks or
 220 inhibits the effects of opioids acting on those receptors and that is approved by the federal
 221 Food and Drug Administration for the treatment of an opioid related overdose.
 222 (3) 'Opioid related overdose' means an acute condition, including, but not limited to,
 223 extreme physical illness, decreased level of consciousness, respiratory depression, coma,
 224 mania, or death, resulting from the consumption or use of an opioid or another substance

225 with which an opioid was combined or that a layperson would reasonably believe to be
 226 resulting from the consumption or use of an opioid or another substance with which an
 227 opioid was combined.

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

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

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

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

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

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

252 PART III

253 SECTION 3-1.

254 Chapter 64 of Title 33 of the Official Code of Georgia Annotated, relating to regulation and
 255 licensure of pharmacy benefit managers, is amended by adding a new Code section to read
 256 as follows:

257 "33-64-9.

258 A pharmacy or facility that is under common ownership or control with an entity licensed
 259 under Title 33 or with an institution licensed under Article 1 of Chapter 7 of Title 31 shall

260 not be required to hold a nonresident pharmacy permit under Article 6 of Chapter 4 of
261 Title 26."

262 **PART IV**

263 **SECTION 4-1.**

264 (a) This Act shall become effective upon its approval by the Governor or upon its becoming
265 law without such approval.

266 (b) Parts I and II of this Act shall apply to all acts committed on or after such effective date.

267 **SECTION 4-2.**

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