House Bill 966

By: Representatives Cooper of the 43rd, Oliver of the 82nd, Rutledge of the 109th, Watson of the 166th, Weldon of the 3rd, and others

A BILL TO BE ENTITLED AN ACT

- 1 To amend Article 6 of Chapter 4 of Title 26 of the Official Code of Georgia Annotated,
- 2 relating to pharmacies, so as to authorize licensed health practitioners to prescribe opioid
- 3 antagonists to certain individuals and entities pursuant to a protocol; to provide for legislative
- 4 findings; to amend Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating
- 5 to emergency medical services, so as to provide for grants to ensure availability of opioid
- 6 antagonists; to authorize emergency medical services personnel to administer parenteral
- 7 injections of opioid antagonists; to provide for related matters; to provide an effective date;
- 8 to provide for applicability; to repeal conflicting laws; and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 SECTION 1.

- WHEREAS, Naloxone is an opioid antagonist developed to counter the effects of opiate
- 12 overdose, specifically the life-threatening depression of the central nervous and respiratory
- 13 systems; and
- 14 WHEREAS, Naloxone is clinically administered via intramuscular, intravenous, or
- 15 subcutaneous injection; and
- 16 WHEREAS, Naloxone is administered outside of a clinical setting or facility intranasally via
- 17 nasal atomizer; and
- 18 WHEREAS, the American Medical Association supported the lay administration of this
- 19 life-saving drug in 2012; and
- 20 WHEREAS, similar Naloxone access laws have reversed more than 10,000 opioid overdoses
- 21 by lay people in other states; and

22 WHEREAS, the American Medical Association acknowledged that "fatalities caused by

- 23 opioid overdose can devastate families and communities, and we must do more to prevent
- these unnecessary deaths"; and
- 25 WHEREAS, the National Institutes of Health found that Naloxone "lacks any psychoactive
- or addictive qualities ... without any potential for abuse...[and] medical side-effects or other
- 27 problematic unintended consequences associated with Naloxone have not been reported"; and
- 28 WHEREAS, any administration of Naloxone to an individual experiencing an opioid
- 29 overdose must be followed by professional medical attention and treatment.
- 30 SECTION 2.
- 31 Article 6 of Chapter 4 of Title 26 of the Official Code of Georgia Annotated, relating to
- 32 pharmacies, is amended by adding a new Code section to read as follows:
- 33 "<u>26-4-116.2.</u>
- 34 (a) As used in this Code section, the term:
- 35 (1) 'Harm reduction organization' means an organization which provides direct assistance
- and services, such as syringe exchanges, counseling, homeless services, advocacy, drug
- 37 <u>treatment, and screening, to individuals at risk of experiencing an opioid related</u>
- 38 <u>overdose.</u>
- 39 (2) 'Opioid antagonist' means any drug that binds to opioid receptors and blocks or
- 40 <u>inhibits the effects of opioids acting on those receptors and that is approved by the federal</u>
- Food and Drug Administration for the treatment of an opioid related overdose.
- 42 (3) 'Opioid related overdose' means an acute condition, including, but not limited to,
- 43 extreme physical illness, decreased level of consciousness, respiratory depression, coma,
- 44 <u>mania, or death, resulting from the consumption or use of an opioid or another substance</u>
- 45 with which an opioid was combined or that a layperson would reasonably believe to be
- 46 <u>resulting from the consumption or use of an opioid or another substance with which an</u>
- 47 <u>opioid was combined for which medical assistance is required.</u>
- 48 (4) 'Practitioner' means a physician licensed to practice medicine in this state.
- 49 (b) A practitioner acting in good faith and in compliance with the standard of care
- 50 <u>applicable to that practitioner may directly or by standing order prescribe an opioid</u>
- 51 antagonist to a person at risk of experiencing an opioid related overdose or to a pain
- 52 management clinic licensed pursuant to Article 10 of Chapter 34 of Title 43, harm
- 53 reduction organization, family member, friend, or other person in a position to assist such
- 54 person at risk of experiencing an opioid related overdose.

55 (c) A pharmacist acting in good faith and in compliance with the standard of care

- 56 applicable to pharmacists may dispense opioid antagonists pursuant to a prescription issued
- 57 <u>in accordance with subsection (b) of this Code section.</u>
- 58 (d) A person acting in good faith and with reasonable care to another person whom he or
- 59 <u>she believes to be experiencing an opioid related overdose may administer an opioid</u>
- antagonist that was prescribed pursuant to subsection (b) of this Code section.
- 61 (e) The following individuals are immune from any civil or criminal liability or
- 62 <u>professional licensing sanctions for the following actions authorized by this Code section:</u>
- 63 (1) Any practitioner who prescribes an opioid antagonist pursuant to subsection (b) of
- 64 <u>this Code section;</u>
- 65 (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
- 68 <u>Code section; and</u>
- 69 (3) Any person other than a practitioner who administers an opioid antagonist pursuant
- 70 <u>to subsection (d) of this Code section."</u>
- 71 SECTION 3.
- 72 Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency
- 73 medical services, is amended by adding a new Code section to read as follows:
- 74 "<u>31-11-13.</u>
- 75 (a) In order to encourage and ensure the provision of opioid antagonists as defined in Code
- 76 Section 26-4-116.2 by emergency services personnel, the department may award grants,
- 37 subject to appropriations from the General Assembly, to licensed ambulance services, first
- 78 responders, pain management clinics, and harm reduction organizations in order to
- 79 <u>maintain an adequate supply and availability of such opioid antagonists in the event of an</u>
- 80 <u>opioid related overdose as defined in Code Section 26-4-116.2.</u>
- 81 (b) A licensed ambulance service, first responder, pain management clinic, or harm
- 82 <u>reduction organization may apply to the department for a grant, in a manner and on a form</u>
- 83 required by the department, and provide such information as the department deems
- 84 <u>necessary to determine if such ambulance service, first responder, pain management clinic,</u>
- 85 <u>or harm reduction organization is eligible to receive a grant.</u>
- 86 (c) The department may provide grants to as many licensed ambulance services, first
- 87 <u>responders, pain management clinics, and harm reduction organizations as it deems</u>
- 88 appropriate, subject to appropriations, taking into consideration adequate geographic
- 89 <u>diversity with respect to locations.</u>

(d) For purposes of this Code section, the term 'harm reduction organization' means an
 organization which provides direct assistance and services, such as syringe exchanges,
 counseling, homeless services, advocacy, drug treatment, and screening, to individuals at
 risk of experiencing an opioid related overdose."

94 SECTION 4.

95 Said chapter is further amended in Code Section 31-11-53, relating to services which may

- 96 be rendered by certified emergency medical technicians and trainees, by revising subsection
- 97 (a) as follows:
- 98 "(a) Upon certification by the department, emergency medical technicians may do any of
- 99 the following:
- 100 (1) Render first-aid and resuscitation services as taught in the United States Department
- of Transportation basic training courses for emergency medical technicians or an
- equivalent course approved by the department; and
- 103 (2) Upon the order of a duly licensed physician, administer approved intravenous
- solutions and opioid antagonists administered intranasally or through other means."

SECTION 5.

- Said chapter is further amended in Code Section 31-11-54, relating to services which may
- be rendered by paramedics and paramedic trainees, by revising subsection (a) as follows:
- 108 "(a) Upon certification by the department, paramedics may perform any service that a
- cardiac technician is permitted to perform. In addition, upon the order of a duly licensed
- physician and subject to the conditions set forth in paragraph (2) of subsection (a) of Code
- Section 31-11-55, paramedics may perform any other procedures which they have been
- both trained and certified to perform, including, but not limited to:
- 113 (1) Administration of parenteral injections of diuretics, anticonvulsants, hypertonic
- glucose, antihistamines, bronchodilators, emetics, narcotic antagonists, and others, and
- administration of opioid antagonists intranasally or through other means;
- 116 (2) Cardioversion; and
- 117 (3) Gastric suction by incubation."

118 **SECTION 6.**

- 119 Said chapter is further amended in Code Section 31-11-55, relating to services which may
- be rendered by certified cardiac technicians and trainees, by revising subsection (a) as
- 121 follows:
- 122 "(a) Upon certification by the department, cardiac technicians may do any of the following:
- 123 (1) Render first-aid and resuscitation services;

124	(2) Upon the order of a duly licensed physician and as recommended by the <u>Georgia</u>
125	Emergency Health Medical Services Advisory Council and approved by the department:
126	(A) Perform cardiopulmonary resuscitation and defibrillation in a pulseless,
127	nonbreathing patient;
128	(B) Administer approved intravenous solutions;
129	(C) Administer parenteral injections of antiarrhythmic agents, vagolytic agents,
130	chronotropic agents, alkalizing agents, analgesic agents, and vasopressor agents or
131	administer opioid antagonists intranasally or through other means; and
132	(D) Perform pulmonary ventilation by esophageal airway and endotracheal incubation."
133	SECTION 7.
134	This Act shall become effective on July 1, 2014, and shall apply to all acts committed on or
135	after such date.
136	SECTION 8.
137	All laws and parts of laws in conflict with this Act are repealed.