



Reprinted
April 14, 2015

ENGROSSED SENATE BILL No. 406

DIGEST OF SB 406 (Updated April 13, 2015 5:48 pm - DI 104)

Citations Affected: IC 16-18; IC 16-31; IC 16-42; IC 34-30.

Synopsis: Overdose intervention drugs. Requires certain emergency personnel to report to the state department of health the number of times an overdose intervention medication is administered. Allows specified health care professionals with prescriptive authority to dispense, write a prescription, or prepare a standing order for an overdose intervention drug without examining the individual to whom it may be administered if specified conditions are met. Allows for an individual who is a person at risk, a family member, friend, or other individual or entity in a position to assist another individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose, to obtain and administer an overdose intervention drug if certain conditions are met. Provides for civil immunity.

Effective: Upon passage.

**Merritt, Ford, Crider, Leising,
Breux, Mrvan, Charbonneau, Becker,
Randolph**

(HOUSE SPONSORS — MCMILLIN, ZIEMKE, DAVISSON, CLERE,
MACER, BROWN C, SHACKLEFORD)

January 12, 2015, read first time and referred to Committee on Health & Provider Services.
February 5, 2015, amended, reported favorably — Do Pass.
February 9, 2015, read second time, amended, ordered engrossed.
February 10, 2015, engrossed. Read third time, passed. Yeas 50, nays 0.

HOUSE ACTION

March 3, 2015, read first time and referred to Committee on Public Health.
April 2, 2015, amended, reported — Do Pass.
April 13, 2015, read second time, amended, ordered engrossed.

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Reprinted
April 14, 2015

First Regular Session 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

ENGROSSED SENATE BILL No. 406

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-18-2-263.9, AS ADDED BY P.L.156-2014,
2 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 UPON PASSAGE]: Sec. 263.9. "Overdose intervention drug", for
4 purposes of IC 16-31 **and IC 16-42-27**, means naloxone or any other
5 drug that:

- 6 (1) is an opioid, opiate, or morphine antagonist; and
7 (2) prevents or reverses the effects of:
8 (A) opioids;
9 (B) opiates; or
10 (C) morphine;
11 including respiratory depression, sedation, and hypotension.

12 SECTION 2. IC 16-18-2-291.5 IS ADDED TO THE INDIANA
13 CODE AS A **NEW SECTION** TO READ AS FOLLOWS
14 [EFFECTIVE UPON PASSAGE]: **Sec. 291.5. "Prescriber", for**
15 **purposes of IC 16-42-27, has the meaning set forth in**
16 **IC 16-42-27-1.**

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1 SECTION 3. IC 16-18-2-338.3 IS ADDED TO THE INDIANA
 2 CODE AS A NEW SECTION TO READ AS FOLLOWS
 3 [EFFECTIVE UPON PASSAGE]: **Sec. 338.3. "Standing order", for**
 4 **purposes of IC 16-31 and IC 16-42-27, means:**

5 (1) a written order; or

6 (2) an order transmitted by other means of communication;
 7 that is prepared by a person authorized to write a prescription for
 8 the distribution and administration of an overdose intervention
 9 drug, including any actions and interventions to be used in order
 10 to ensure timely access to treatment.

11 SECTION 4. IC 16-31-3-23.5, AS ADDED BY P.L.156-2014,
 12 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 13 UPON PASSAGE]: Sec. 23.5. (a) The following may administer an
 14 overdose intervention drug to an individual who is suffering from an
 15 overdose:

16 (1) An advanced emergency medical technician.

17 (2) An emergency medical responder.

18 (3) An emergency medical technician.

19 (4) A firefighter or volunteer firefighter.

20 (5) A law enforcement officer.

21 (6) A paramedic.

22 (b) A health care provider who is licensed in Indiana and whose
 23 scope of practice includes the prescribing of medication may write a
 24 prescription, drug order, **standing order**, or protocol for an overdose
 25 intervention drug for any of the following:

26 (1) An advanced emergency medical technician.

27 (2) An emergency medical responder.

28 (3) An emergency medical technician.

29 (4) A fire department or volunteer fire department.

30 (5) A law enforcement agency.

31 (6) A paramedic.

32 (c) A pharmacist licensed under IC 25-26 may dispense a valid
 33 prescription, drug order, **standing order**, or protocol for an overdose
 34 intervention drug issued in the name of any of the following:

35 (1) An advanced emergency medical technician.

36 (2) An emergency medical responder.

37 (3) An emergency medical technician.

38 (4) A fire department or volunteer fire department.

39 (5) A law enforcement agency.

40 (6) A paramedic.

41 SECTION 5. IC 16-31-3-23.7 IS ADDED TO THE INDIANA
 42 CODE AS A NEW SECTION TO READ AS FOLLOWS



[EFFECTIVE UPON PASSAGE]: **Sec. 23.7. An advanced emergency medical technician, an emergency medical responder, an emergency medical technician, a firefighter, a volunteer firefighter, a law enforcement officer, or a paramedic who:**

(1) **administers an overdose intervention drug; or**

(2) **is summoned immediately after administering the overdose intervention drug;**

shall report the number of times an overdose intervention drug is dispensed to the state department under the state trauma registry in compliance with rules adopted by the state department.

SECTION 6. IC 16-31-6-2.5, AS ADDED BY P.L.156-2014, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2.5. (a) Except for an act of gross negligence or willful misconduct, an advanced emergency medical technician, an emergency medical responder, an emergency medical technician, a firefighter or volunteer firefighter, a law enforcement officer, or a paramedic who administers an overdose intervention drug according to standards established by:

(1) the department or agency that oversees the individual's employment in providing emergency medical services; or

(2) the commission under IC 16-31-2-9;

to an individual suffering from an overdose is immune from civil liability for acts or omissions when administering the drug.

(b) If:

(1) an advanced emergency medical technician;

(2) an emergency medical responder;

(3) an emergency medical technician;

(4) a firefighter or volunteer firefighter;

(5) a law enforcement officer; or

(6) a paramedic;

is immune from civil liability for the individual's act or omission **when administering an overdose intervention drug**, a person who has only an agency relationship with the advanced emergency medical technician, emergency medical responder, emergency medical technician, firefighter or volunteer firefighter, law enforcement officer, or paramedic is also immune from civil liability for the act or omission.

SECTION 7. IC 16-42-27 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Chapter 27. Drugs: Overdose Intervention Drugs

Sec. 1. As used in this chapter, "prescriber" means any of the following:



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- (1) A physician licensed under IC 25-22.5.
- (2) A physician assistant licensed under IC 25-27.5 and granted the authority to prescribe by the physician assistant's supervisory physician and in accordance with IC 25-27.5-5-4.
- (3) An advanced practice nurse licensed and granted the authority to prescribe drugs under IC 25-23.

Sec. 2. (a) A prescriber may, directly or by standing order, prescribe or dispense an overdose intervention drug without examining the individual to whom it may be administered if all of the following conditions are met:

- (1) The overdose intervention drug is dispensed or prescribed to:
 - (A) a person at risk of experiencing an opioid-related overdose; or
 - (B) a family member, a friend, or any other individual or entity in a position to assist an individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose.
- (2) The prescriber instructs the individual receiving the overdose intervention drug or prescription to summon emergency services either immediately before or immediately after administering the overdose intervention drug to an individual experiencing an opioid-related overdose.
- (3) The prescriber provides education and training on drug overdose response and treatment, including the administration of an overdose intervention drug.
- (4) The prescriber provides drug addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.

(b) A prescriber may provide a prescription of an overdose intervention drug to an individual as a part of the individual's addiction treatment plan.

(c) An individual described in subsection (a)(1) may administer an overdose intervention drug to an individual who is suffering from an overdose.

(d) An individual described in subsection (a)(1) may not be considered to be practicing medicine without a license in violation of IC 25-22.5-8-2, if the individual, acting in good faith, does the following:



1 (1) Obtains the overdose intervention drug from a prescriber.

2 (2) Administers the overdose intervention drug to an
3 individual who is experiencing an apparent opioid-related
4 overdose.

5 (3) Attempts to summon emergency services either
6 immediately before or immediately after administering the
7 overdose intervention drug.

8 (e) An entity acting under a standing order issued by a
9 prescriber must do the following:

10 (1) Annually register with either the:

11 (A) state department; or

12 (B) local health department in the county where services
13 will be provided by the entity;

14 in a manner prescribed by the state department.

15 (2) Provide education and training on drug overdose response
16 and treatment, including the administration of an overdose
17 intervention drug.

18 (3) Provide drug addiction treatment information and
19 referrals to drug treatment programs, including programs in
20 the local area and programs that offer medication assisted
21 treatment that includes a federal Food and Drug
22 Administration approved long acting, nonaddictive
23 medication for the treatment of opioid or alcohol dependence.

24 Sec. 3. (a) Except for an act of gross negligence or willful
25 misconduct, a prescriber who dispenses or prescribes an overdose
26 intervention drug in compliance with this chapter is immune from
27 civil liability arising from those actions.

28 (b) Except for an act of gross negligence or willful misconduct,
29 a pharmacist who dispenses an overdose intervention drug in
30 compliance with this chapter is immune from civil liability arising
31 from those actions.

32 (c) Except for an act of gross negligence or willful misconduct,
33 an individual or entity described in section 2(a)(1) of this chapter
34 is immune from civil liability for the following actions:

35 (1) Obtaining an overdose intervention drug under this
36 chapter.

37 (2) Administering an overdose intervention drug in good faith.

38 (3) Acting under a standing order under this chapter.

39 SECTION 8. IC 34-30-2-84.1 IS ADDED TO THE INDIANA
40 CODE AS A NEW SECTION TO READ AS FOLLOWS
41 [EFFECTIVE UPON PASSAGE]: Sec. 84.1. IC 16-42-27-3
42 (Concerning physicians, pharmacists, and other individuals or



1 entities and the prescribing, dispensing, or administering of an
2 overdose intervention drug).

3 SECTION 9. An emergency is declared for this act.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 406, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 3, line 10, after "to" insert ":

(A) a person at risk of experiencing an opioid-related overdose; or

(B)".

Page 3, delete lines 18 through 22.

Page 3, line 36, after "." insert "**The pharmacy shall report the dispensing of the overdose intervention drug and the information required under IC 35-48-7-8.1 to the INSPECT program.**".

Page 3, line 40, after "(b)" insert "**A pharmacist who dispenses an overdose intervention drug in compliance with this chapter is immune from both criminal and civil liability arising from those actions.**

(c)".

Page 4, line 8, after "physicians" insert ", **pharmacists,**".

Page 4, line 8, after "prescribing" insert ", **dispensing,**".

and when so amended that said bill do pass.

(Reference is to SB 406 as introduced.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 11, Nays 0.

 SENATE MOTION

Madam President: I move that Senate Bill 406 be amended to read as follows:

Page 3, line 22, delete "of this chapter".

Page 4, after line 13, begin a new paragraph and insert:

"SECTION 6. IC 35-48-7-8.1, AS AMENDED BY P.L.131-2014, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 8.1. (a) The board shall provide for a controlled substance prescription monitoring program that includes the following components:

(1) Each time a controlled substance designated by the board

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under IC 35-48-2-5 through IC 35-48-2-10 is dispensed, the dispenser shall transmit to the INSPECT program the following information:

- (A) The controlled substance recipient's name.
 - (B) The controlled substance recipient's or the recipient representative's identification number or the identification number or phrase designated by the INSPECT program.
 - (C) The controlled substance recipient's date of birth.
 - (D) The national drug code number of the controlled substance dispensed.
 - (E) The date the controlled substance is dispensed.
 - (F) The quantity of the controlled substance dispensed.
 - (G) The number of days of supply dispensed.
 - (H) The dispenser's United States Drug Enforcement Agency registration number.
 - (I) The prescriber's United States Drug Enforcement Agency registration number.
 - (J) An indication as to whether the prescription was transmitted to the pharmacist orally or in writing.
 - (K) Other data required by the board.
- (2) The information required to be transmitted under this section must be transmitted as follows:
- (A) Before July 1, 2015, not more than seven (7) days after the date on which a controlled substance is dispensed.
 - (B) Beginning July 1, 2015, and until December 31, 2015, not more than three (3) days after the date on which a controlled substance is dispensed.
 - (C) Beginning January 1, 2016, and thereafter, not more than twenty-four (24) hours after the date on which a controlled substance is dispensed.
- (3) A dispenser shall transmit the information required under this section by:
- (A) uploading to the INSPECT web site;
 - (B) a computer diskette; or
 - (C) a CD-ROM disk;
- that meets specifications prescribed by the board.
- (4) The board may require that prescriptions for controlled substances be written on a one (1) part form that cannot be duplicated. However, the board may not apply such a requirement to prescriptions filled at a pharmacy with a Category II permit (as described in IC 25-26-13-17) and operated by a hospital licensed under IC 16-21, or prescriptions ordered for and dispensed to



bona fide enrolled patients in facilities licensed under IC 16-28. The board may not require multiple copy prescription forms for any prescriptions written. The board may not require different prescription forms for any individual drug or group of drugs. Prescription forms required under this subdivision must be approved by the Indiana board of pharmacy established by IC 25-26-13-3.

(5) The costs of the program.

(6) Each time naloxone is dispensed, the dispenser shall transmit to the INSPECT program the following information:

(A) The recipient's name.

(B) The recipient's or the recipient representative's identification number or the identification number or phrase designated by the INSPECT program.

(C) The recipient's date of birth.

(D) The date the naloxone is dispensed.

(E) The quantity of naloxone dispensed.

(F) The dispenser's United States Drug Enforcement Agency registration number.

(G) An indication as to whether the prescription was transmitted to the pharmacist orally or in writing.

(H) Other data required by the board.

(b) This subsection applies only to a retail pharmacy. A pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance may not dispense a controlled substance to a person who is not personally known to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance unless the person taking possession of the controlled substance provides documented proof of the person's identification to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance.

SECTION 7. IC 35-48-7-10.1, AS AMENDED BY P.L.84-2010, SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 10.1. (a) The INSPECT program must do the following:

(1) Create a data base for information required to be transmitted under section 8.1 of this chapter in the form required under rules adopted by the board, including search capability for the following:

(A) A ~~controlled substance~~ recipient's name.

(B) A ~~controlled substance~~ recipient's or recipient representative's identification number.



- (C) A ~~controlled substance~~ recipient's date of birth.
 - (D) The national drug code number of a controlled substance dispensed.
 - (E) The dates a controlled substance **or naloxone** is dispensed.
 - (F) The quantities of a controlled substance **or naloxone** dispensed.
 - (G) The number of days of supply dispensed.
 - (H) A dispenser's United States Drug Enforcement Agency registration number.
 - (I) A prescriber's United States Drug Enforcement Agency registration number.
 - (J) Whether a prescription was transmitted to the pharmacist orally or in writing.
 - (K) A controlled substance recipient's method of payment for the controlled substance **or naloxone** dispensed.
- (2) Provide the board with continuing twenty-four (24) hour a day online access to the data base.
- (3) Secure the information collected and the data base maintained against access by unauthorized persons.
- (b) The board may execute a contract with a vendor designated by the board to perform any function associated with the administration of the INSPECT program.
- (c) The INSPECT program may gather prescription data from the Medicaid retrospective drug utilization review (DUR) program established under IC 12-15-35.
- (d) The board may accept and designate grants, public and private financial assistance, and licensure fees to provide funding for the INSPECT program."
- Renumber all SECTIONS consecutively.
- (Reference is to SB 406 as printed February 6, 2015.)

MERRITT



SENATE MOTION

Madam President: I move that Senate Bill 406 be amended to read as follows:

Page 4, between lines 8 and 9, begin a new paragraph and insert:

"Sec. 4. After December 31, 2015, each ambulance providing emergency ambulance service and each emergency medical services vehicle must be equipped with an overdose intervention drug."

(Reference is to SB 406 as printed February 6, 2015.)

MRVAN

 COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 406, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 4, delete "IC 16-42-26," and insert "**IC 16-42-27**,".

Page 1, line 14, delete "IC 16-42-26," and insert "**IC 16-42-27**,".

Page 1, line 14, delete "IC 16-42-26-1." and insert "**IC 16-42-27-1**,".

Page 1, between lines 14 and 15, begin a new paragraph and insert:

"SECTION 3. IC 16-18-2-338.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 338.3. "Standing order", for purposes of IC 16-31 and IC 16-42-27, means:

(1) a written order; or

(2) an order transmitted by other means of communication; that is prepared by a person authorized to write a prescription for the distribution and administration of an overdose intervention drug, including any actions and interventions to be used in order to ensure timely access to treatment."

Page 2, delete lines 10 through 15.

Page 2, line 18, after "order," insert "**standing order**,".

Page 2, line 27, after "order," insert "**standing order**,".

Page 2, delete line 35, begin a new paragraph and insert:

"SECTION 5. IC 16-31-3-23.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 23.7. An advanced emergency medical technician, an emergency medical responder, an

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emergency medical technician, a firefighter, a volunteer firefighter, a law enforcement officer, or a paramedic who:

- (1) administers an overdose intervention drug; or**
- (2) is summoned immediately after administering the overdose intervention drug;**

shall report the number of times an overdose intervention drug is dispensed to the state department under the state trauma registry in compliance with rules adopted by the state department.

SECTION 6. IC 16-31-6-2.5, AS ADDED BY P.L.156-2014, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2.5. (a) Except for an act of gross negligence or willful misconduct, an advanced emergency medical technician, an emergency medical responder, an emergency medical technician, a firefighter or volunteer firefighter, a law enforcement officer, or a paramedic who administers an overdose intervention drug according to standards established by:

- (1) the department or agency that oversees the individual's employment in providing emergency medical services; or
- (2) the commission under IC 16-31-2-9;

to an individual suffering from an overdose is immune from **criminal and** civil liability for acts or omissions when administering the drug.

(b) If:

- (1) an advanced emergency medical technician;
- (2) an emergency medical responder;
- (3) an emergency medical technician;
- (4) a firefighter or volunteer firefighter;
- (5) a law enforcement officer; or
- (6) a paramedic;

is immune from **criminal or** civil liability for the individual's act or omission **when administering an overdose intervention drug**, a person who has only an agency relationship with the advanced emergency medical technician, emergency medical responder, emergency medical technician, firefighter or volunteer firefighter, law enforcement officer, or paramedic is also immune from **criminal or** civil liability for the act or omission."

Page 2, line 36, delete "IC 16-42-26" and insert "IC 16-42-27".

Page 2, line 39, delete "26." and insert "27."

Page 3, line 6, after "may" insert ", **directly or by standing order**,".

Page 3, line 13, after "member," insert "**a**".

Page 3, line 13, after "or" insert "**any**".

Page 3, line 13, after "individual" insert "**or entity**".

Page 3, between lines 21 and 22, begin a new line block indented



and insert:

"(3) An entity acting under a standing order issued by a prescriber must do the following:

(A) Annually register with either the:

(i) state department; or

(ii) local health department in the county where services will be provided by the entity.

(B) Provide drug addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that include a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.

(C) Provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug.

(b) A prescriber may provide a prescription of an overdose intervention drug to an individual as a part of the individual's addiction treatment plan.

(c) An individual described in subsection (a)(1) may administer an overdose intervention drug to an individual who is suffering from an overdose."

Page 3, line 22, delete "(b)" and insert "(d)".

Page 3, delete lines 33 through 37.

Page 4, delete lines 2 through 12, begin a new paragraph and insert:

"(c) An individual or entity described in section 2(a)(1) of this chapter is immune from both criminal and civil liability for the following actions:

(1) Obtaining an overdose intervention drug under this chapter.

(2) Administering an overdose intervention drug in good faith.

(3) Acting under a standing order under this chapter."



Page 4, line 15, delete "IC 16-42-26-3" and insert "**IC 16-42-27-3**".

Page 4, delete lines 18 through 42.

Delete pages 5 through 7.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 406 as reprinted February 10, 2015.)

CLERE

Committee Vote: yeas 8, nays 0.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 406 be amended to read as follows:

Replace the effective dates in SECTIONS 1 through 8 with "[EFFECTIVE UPON PASSAGE]".

Page 3, line 20, delete "criminal".

Page 3, line 21, delete "and".

Page 3, line 29, delete "criminal or".

Page 3, line 34, delete "criminal or".

Page 4, delete lines 23 through 38, begin a new line block indented and insert:

"(3) The prescriber provides education and training on drug overdose response and treatment, including the administration of an overdose intervention drug.

(4) The prescriber provides drug addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence."

Page 5, between lines 13 and 14, begin a new paragraph and insert:

"(e) An entity acting under a standing order issued by a prescriber must do the following:

(1) Annually register with either the:

(A) state department; or

(B) local health department in the county where services will be provided by the entity;

in a manner prescribed by the state department.



(2) Provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug.

(3) Provide drug addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence."

Page 5, line 14, delete "A" and insert "**Except for an act of gross negligence or willful misconduct, a**".

Page 5, line 16, delete "both criminal and".

Page 5, line 17, delete "A" and insert "**Except for an act of gross negligence or willful misconduct, a**".

Page 5, line 18, delete "both criminal and".

Page 5, line 20, delete "An" and insert "**Except for an act of gross negligence or willful misconduct, an**".

Page 5, line 21, delete "both criminal and".

Page 5, line 30, after "individuals" insert "**or entities**".

Page 5, after line 31, begin a new paragraph and insert:
"**SECTION 9. An emergency is declared for this act.**".

(Reference is to ESB 406 as printed April 3, 2015.)

MCMILLIN

