

House Bill 965 (AS PASSED HOUSE AND SENATE)

By: Representatives Cooper of the 43<sup>rd</sup>, Oliver of the 82<sup>nd</sup>, Rutledge of the 109<sup>th</sup>, Watson of the 166<sup>th</sup>, Broadrick of the 4<sup>th</sup>, and others

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 Code Section 3-3-23 of the Official Code of Georgia Annotated,  
12 relating to furnishing to, purchase of, or possession by persons under 21 years of age of  
13 alcoholic beverages, use of false identification, proper identification, dispensing, serving,  
14 selling, or handling by persons under 21 years of age in the course of employment, and  
15 seller's actions upon receiving false identification, so as to provide immunities from certain  
16 arrests, charges, or prosecutions for persons seeking medical assistance for an alcohol related  
17 overdose; to provide for related matters; to provide an effective date; to provide for  
18 applicability; to repeal conflicting laws; and for other purposes.

19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

20 PART I

21 SECTION 1-1.

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

23 SECTION 1-2.

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

H. B. 965

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

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

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

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

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

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

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

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

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

49 **SECTION 1-3.**

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

53 "16-13-5.

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

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

61 (2) 'Drug violation' means:

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

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

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

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

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

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

88 (1) Penalties for a violation of a permanent or temporary protective order or restraining  
89 order; or

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

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

102 PART II

103 SECTION 2-1.

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

107 WHEREAS, Naloxone is clinically administered via intramuscular, intravenous, or  
108 subcutaneous injection; and

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

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

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

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

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

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

123 **SECTION 2-2.**

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

126 "26-4-116.2.

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

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

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

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

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

145 (5) 'Pain management clinic' means a clinic licensed pursuant to Article 10 of Chapter  
146 34 of Title 43.

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

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

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

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

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

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

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

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

172 **SECTION 2-3.**

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

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

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

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

184 **SECTION 2-4.**

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

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

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

197 **SECTION 2-5.**

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

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

212 **SECTION 2-6.**

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

215 "31-11-55.1.

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

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

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

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

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

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

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

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

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

254

## PART IIA

255

## SECTION 2A-1.

256 Code Section 3-3-23 of the Official Code of Georgia Annotated, relating to furnishing to,  
 257 purchase of, or possession by persons under 21 years of age of alcoholic beverages, use of  
 258 false identification, proper identification, dispensing, serving, selling, or handling by persons  
 259 under 21 years of age in the course of employment, and seller's actions upon receiving false  
 260 identification, is amended by adding a new subsection to read as follows:

261 "(j)(1) As used in this subsection, the term:



262 (A) 'Alcohol related overdose' means an acute condition, including, but not limited to,  
263 extreme physical illness, decreased level of consciousness, respiratory depression,  
264 coma, mania, or death, resulting from the consumption or use of alcohol or that a  
265 layperson would reasonably believe to be resulting from the consumption or use of  
266 alcohol for which medical assistance is required.

267 (B) 'Medical assistance' means aid provided to a person believed to be experiencing an  
268 alcohol related overdose by a health care professional licensed, registered, or certified  
269 under the laws of this state who, acting within his or her lawful scope of practice, may  
270 provide diagnosis, treatment, or emergency services relative to such overdose.

271 (C) 'Seeks medical assistance' means accesses or assists in accessing the 9-1-1 system  
272 or otherwise contacts or assists in contacting law enforcement or a poison control center  
273 or provides care to a person experiencing or believed to be experiencing an alcohol  
274 related overdose while awaiting the arrival of medical assistance to aid such person.

275 (2) Any person who in good faith seeks medical assistance for someone who is  
276 experiencing an alcohol related overdose shall not be arrested, charged, or prosecuted for  
277 a violation of paragraphs (2) through (5) of subsection (a) of this Code section if the  
278 evidence for the arrest, charge, or prosecution of such violation resulted from seeking  
279 such medical assistance. Any person who is experiencing an alcohol related overdose  
280 and, in good faith, seeks medical assistance for himself or herself or is the subject of such  
281 a request shall not be arrested, charged, or prosecuted for a violation of paragraphs (2)  
282 through (5) of subsection (a) of this Code section if the evidence for the arrest, charge,  
283 or prosecution of such violation resulted from seeking such medical assistance. Any such  
284 person shall also not be subject to:

285 (A) Penalties for a violation of a permanent or temporary protective order or  
286 restraining order; or

287 (B) Sanctions for a violation of a condition of pretrial release, condition of probation,  
288 or condition of parole based on a violation of paragraphs (2) through (5) of subsection  
289 (a) of this Code section.

290 (3) Nothing in this subsection shall be construed to limit the admissibility of any  
291 evidence in connection with the investigation or prosecution of a crime with regard to a  
292 defendant who does not qualify for the protections of paragraph (2) of this subsection or  
293 with regard to other crimes committed by a person who otherwise qualifies for protection  
294 pursuant to paragraph (2) of this subsection. Nothing in this subsection shall be  
295 construed to limit any seizure of evidence or contraband otherwise permitted by law.  
296 Nothing herein shall be construed to limit or abridge the authority of a law enforcement  
297 officer to detain or take into custody a person in the course of an investigation or to

298 effectuate an arrest for any offense except as provided in paragraph (2) of this subsection.”

299

**PART III**

300

**SECTION 3-1.**

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

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

304

**SECTION 3-2.**

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