
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2128 Session of
2015

INTRODUCED BY HEFFLEY, BAKER, READSHAW, TAYLOR, R. BROWN,
DiGIROLAMO, V. BROWN, ROZZI, STEPHENS, COX, WATSON, PHILLIPS-
HILL, MILNE AND GABLER, JUNE 9, 2016

REFERRED TO COMMITTEE ON HUMAN SERVICES, JUNE 9, 2016

AN ACT

1 Amending the act of April 14, 1972 (P.L.233, No.64), entitled
2 "An act relating to the manufacture, sale and possession of
3 controlled substances, other drugs, devices and cosmetics;
4 conferring powers on the courts and the secretary and
5 Department of Health, and a newly created Pennsylvania Drug,
6 Device and Cosmetic Board; establishing schedules of
7 controlled substances; providing penalties; requiring
8 registration of persons engaged in the drug trade and for the
9 revocation or suspension of certain licenses and
10 registrations; and repealing an act," further providing for
11 drug overdose medication and providing for requirements.

12 The General Assembly of the Commonwealth of Pennsylvania
13 hereby enacts as follows:

14 Section 1. Section 13.8 of the act of April 14, 1972
15 (P.L.233, No.64), known as The Controlled Substance, Drug,
16 Device and Cosmetic Act, added September 30, 2014 (P.L.2487,
17 No.139), is amended to read:

18 Section 13.8. Drug Overdose Medication.--(a) The
19 department, in carrying out its duties under 28 Pa. Code Ch.
20 1023 (relating to personnel), shall have the following duties:

21 (1) By December 31, 2014, amend the prehospital practitioner
22 scope of practice of emergency medical services providers to

1 include the administration of naloxone.

2 (2) In consultation with the Pennsylvania Emergency Health
3 Services Council, implement training, treatment protocols,
4 equipment lists and other policies and procedures for all types
5 of emergency medical services providers and recovery houses.

6 (3) In consultation with the Department of Drug and Alcohol
7 Programs, develop or approve training and instructional
8 materials about recognizing opioid-related overdoses,
9 administering naloxone and promptly seeking medical attention.
10 The training and instruction materials shall be provided free of
11 charge on the Internet.

12 (b) A law enforcement agency, fire department [or], fire
13 company or recovery house may enter into written agreements with
14 emergency medical services agencies, with the consent of that
15 agency's medical director or a physician, to do the following:

16 (1) Obtain a supply of naloxone.

17 (2) Authorize a law enforcement officer [or], firefighter or
18 staff member of a recovery house who has completed training
19 under subsection (a)(2), or who has received the training and
20 instructional materials under subsection (a)(3), to administer
21 naloxone to an individual undergoing or believed to be
22 undergoing an opioid-related drug overdose.

23 (c) Notwithstanding any other law to the contrary, a health
24 care professional otherwise authorized to prescribe naloxone may
25 dispense, prescribe or distribute naloxone directly or by a
26 standing order to an authorized law enforcement officer [or], firefighter or
27 staff member of a recovery house in accordance
28 with an agreement under subsection (b) or to a person at risk of
29 experiencing an opioid-related overdose or family member, friend
30 or other person in a position to assist a person at risk of

1 experiencing an opioid-related overdose.

2 (d) The provisions of the act of September 27, 1961
3 (P.L.1700, No.699), known as the "Pharmacy Act," shall not apply
4 to a law enforcement officer [or], firefighter or staff member
5 of a recovery house who stores naloxone pursuant to an agreement
6 under subsection (b), and in accordance with directions from the
7 health care professional that prescribed, dispensed or
8 distributed the naloxone, or to a person or organization acting
9 at the direction of a health care professional authorized to
10 prescribe naloxone so long as such activities are undertaken
11 without charge or compensation.

12 (e) (1) A licensed health care professional who, acting in
13 good faith, prescribes or dispenses naloxone shall not be
14 subject to any criminal or civil liability or any professional
15 disciplinary action for:

16 (i) such prescribing or dispensing; or

17 (ii) any outcomes resulting from the eventual administration
18 of naloxone.

19 (2) The immunity under paragraph (1) shall not apply to a
20 health professional who acts with intent to harm or with
21 reckless indifference to a substantial risk of harm.

22 (f) (1) A person, law enforcement agency, fire department
23 [or], fire company or recovery house under subsection (b)(2) or
24 (c) who, acting in good faith and with reasonable care,
25 administers naloxone to another person whom the person believes
26 to be suffering an opioid-related drug overdose:

27 (i) Shall be immune from criminal prosecution, sanction
28 under any professional licensing statute and civil liability for
29 such act.

30 (ii) Shall not be subject to professional review for such

1 act.

2 (iii) Shall not be liable for any civil damages for acts or
3 omissions resulting from such act.

4 (2) Receipt of training and instructional materials that
5 meet the criteria of subsection (a) and the prompt seeking of
6 additional medical assistance shall create a rebuttable
7 presumption that the person acted with reasonable care in
8 administering naloxone.

9 (g) Nothing in this section shall be interpreted to limit
10 any existing immunities for emergency response providers and
11 others provided for under 42 Pa.C.S. § 8332 (relating to
12 emergency response provider and bystander good Samaritan civil
13 immunity).

14 (h) As used in this section, the term "recovery house" shall
15 mean a safe and supportive, alcohol-free and drug-free
16 environment where residents in recovery from alcohol or other
17 drug addiction live together as a community. This definition
18 shall also apply to residences described as sober houses,
19 transitional houses or houses where there are residents in
20 recovery from alcohol or other drug addiction.

21 Section 2. The act is amended by adding a section to read:

22 Section 13.9. Requirements.--(a) Every recovery house shall
23 maintain a supply of naloxone at all times for use in the case
24 of a drug overdose event.

25 (b) Staff and residents of a recovery house shall utilize
26 the training under section 13.8(a)(3).

27 (c) In any instance where naloxone is administered to an
28 individual experiencing a drug overdose event at a recovery
29 house, a staff member of the recovery house shall ensure that
30 the individual is transported to the nearest hospital emergency

1 department for medical care.

2 (d) As used in this section, the following words and phrases
3 shall have the meanings given to them in this subsection unless
4 the context clearly indicates otherwise:

5 "Drug overdose event." An acute medical condition,
6 including, but not limited to, severe physical illness, coma,
7 mania, hysteria or death, which is the result of consumption or
8 use of one or more controlled substances causing an adverse
9 reaction. A patient's condition shall be deemed to be a drug
10 overdose if a prudent layperson, possessing an average knowledge
11 of medicine and health, would reasonably believe that the
12 condition is in fact a drug overdose and requires immediate
13 medical attention.

14 "Recovery house." A safe and supportive, alcohol-free and
15 drug-free environment where residents in recovery from alcohol
16 or other drug addiction live together as a community. This
17 definition shall also apply to residences described as sober
18 houses, transitional houses or houses where there are residents
19 in recovery from alcohol or other drug addiction.

20 Section 3. This act shall take effect in 60 days.