

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1376 Session of  
2014

INTRODUCED BY DINNIMAN, RAFFERTY, STACK, SCHWANK, KASUNIC,  
FONTANA, SMITH, GREENLEAF AND HUGHES, JUNE 3, 2014

REFERRED TO PUBLIC HEALTH AND WELFARE, JUNE 3, 2014

AN ACT

1 Amending the act of April 14, 1972 (P.L.221, No.63), entitled,  
2 as amended, "An act establishing the Pennsylvania Advisory  
3 Council on Drug and Alcohol Abuse; imposing duties on the  
4 Department of Health to develop and coordinate the  
5 implementation of a comprehensive health, education and  
6 rehabilitation program for the prevention and treatment of  
7 drug and alcohol abuse and drug and alcohol dependence;  
8 providing for emergency medical treatment; providing for  
9 treatment and rehabilitation alternatives to the criminal  
10 process for drug and alcohol dependence; and making repeals,"  
11 further providing for definitions; providing for opioid-  
12 related drug overdose death prevention programs; imposing  
13 duties on the Department of Drug and Alcohol Programs and the  
14 Department of Health; and making editorial changes.

15 The General Assembly of the Commonwealth of Pennsylvania  
16 hereby enacts as follows:

17 Section 1. The title of the act of April 14, 1972 (P.L.221,  
18 No.63), known as the Pennsylvania Drug and Alcohol Abuse Control  
19 Act, amended December 20, 1985 (P.L.529, No.119), is amended to  
20 read:

AN ACT

22 Establishing the Pennsylvania Advisory Council on Drug and  
23 Alcohol Abuse; imposing duties on the Department of [Health]

1     Drug and Alcohol Programs to develop and coordinate the  
2     implementation of a comprehensive health, education and  
3     rehabilitation program for the prevention and treatment of  
4     drug and alcohol abuse and drug and alcohol dependence;  
5     providing for emergency medical treatment; providing for  
6     treatment and rehabilitation alternatives to the criminal  
7     process for drug and alcohol dependence; and making repeals.

8     Section 2. The definition of "department" in section 2(b) of  
9     the act, amended December 20, 1985 (P.L.529, No.119), is amended  
10    and subsection (b) is amended by adding definitions to read:

11    Section 2. Definitions:

12    \* \* \*

13    (b) As used in this act:

14    \* \* \*

15    "Department" means the Department of [Health] Drug and  
16    Alcohol Programs.

17    \* \* \*

18    "Drug overdose" means a condition that:

19    (1) may include, but is not limited to, extreme physical  
20    illness, decreased level of consciousness, respiratory  
21    depression, coma, mania, hysteria or death resulting from the  
22    consumption or use of a drug or controlled substance, or another  
23    substance with which a drug or controlled substance is combined;  
24    or

25    (2) a layperson would reasonably believe to be a drug  
26    overdose that requires medical assistance.

27    \* \* \*

28    "Emergency medical services agency" means any emergency  
29    medical services agency as defined in 35 Pa.C.S. § 8103  
30    (relating to definitions).

1 "Emergency medical services provider" means any emergency  
2 medical services provider as defined in 35 Pa.C.S. § 8103  
3 (relating to definitions).

4 "Fire company" means a fire company as defined in 35 Pa.C.S.  
5 § 7802 (relating to definitions).

6 "Firefighter" means a person who is a member of:

7 (1) a fire company organized and existing under the laws of  
8 this Commonwealth;

9 (2) a fire police unit, rescue squad, ambulance corps or  
10 other like organization affiliated with one or more fire  
11 companies; or

12 (3) a fire company or affiliated organization which  
13 participates in the fire service but does not look to that  
14 service as the person's primary means of livelihood.

15 \* \* \*

16 "Law enforcement agency" means an agency or office that  
17 employs a law enforcement officer.

18 "Law enforcement officer" means a peace officer or any other  
19 person who by virtue of the person's office or public employment  
20 is vested by law with a duty to maintain public order or to make  
21 arrests for offenses, whether that duty extends to all offenses  
22 or is limited to specific offenses. The term includes a sheriff  
23 and deputy sheriff.

24 \* \* \*

25 "Opioid antagonist" means any drug, including, but not  
26 limited to, naloxone, that binds to opioid receptors and blocks  
27 or disinhibits the effects of opioids acting on those receptors.

28 "Opioid-related drug overdose" means a condition that:

29 (1) may include, but is not limited to, extreme physical  
30 illness, decreased level of consciousness, respiratory

depression, coma or death resulting from the consumption or use  
of an opioid, or another substance with which an opioid is  
combined; or

(2) a layperson would reasonably believe to be an opioid-  
related drug overdose that requires medical assistance.

\* \* \*

"Secretary" means the Secretary of Drug and Alcohol Programs  
of the Commonwealth.

\* \* \*

Section 3. The act is amended by adding a section to read:

Section 6.1. Opioid-related Drug Overdose Death Prevention  
Programs.--(a) It is the intent of the General Assembly that  
the Commonwealth agencies and municipalities shall cooperate and  
coordinate with each other to further the purposes of this  
section.

(b) The department shall include information about the  
following as part of the department's preparation of a broad  
variety of educational, prevention and intervention material for  
use in all media, to reach all segments of the population and  
that can be utilized by public and private entities in  
educational programs with respect to drug and alcohol abuse and  
dependence:

(1) The significant threat of opioid-related drug overdose  
deaths.

(2) Ways that Pennsylvania families can seek drug treatment  
for their loved ones.

(3) Programs under the department's jurisdiction that are  
established under this section.

(c) The following apply to the development or approval of  
training and instructional materials:

1     (1) The department and the Department of Health shall  
2 coordinate in the development or approval of training and  
3 instructional materials for the purposes of:

4     (i) Providing a police officer, law enforcement officer or  
5 firefighter with information on how to:

6     (A) Identify a person who is undergoing or who is believed  
7 to be undergoing an opioid-related drug overdose.

8     (B) Properly administer naloxone to the person undergoing or  
9 believed to be undergoing an opioid-related drug overdose.

10    (C) Promptly seek additional medical assistance for the  
11 person undergoing or believed to be undergoing an opioid-related  
12 drug overdose.

13    (ii) Providing a person at risk of undergoing an opioid-  
14 related overdose or a family member, friend or other person in a  
15 position to assist a person at risk of undergoing an opioid-  
16 related overdose with information on how to:

17    (A) Identify a person who is undergoing or who is believed  
18 to be undergoing an opioid-related drug overdose.

19    (B) Properly administer naloxone to the person undergoing or  
20 believed to be undergoing an opioid-related drug overdose.

21    (C) Promptly seek additional medical assistance for the  
22 person undergoing or believed to be undergoing an opioid-related  
23 drug overdose.

24    (2) Training and instructional materials developed or  
25 approved under paragraph (1) shall be finalized within sixty  
26 days of the effective date of this section.

27    (3) Additional training or instructional materials may be  
28 developed or approved after the deadline in paragraph (2).

29    (d) The Department of Health shall amend the Prehospital  
30 Practitioner Scope of Practice, by December 31, 2014, to add

administration of naloxone to the scope of practice of each emergency medical services provider and, in consultation with the Pennsylvania Emergency Health Services Council, shall develop or amend any training, treatment protocols, equipment lists or other policies as necessary, which may differ by type of emergency medical services provider.

(e) A police department, law enforcement agency or fire company may enter into a written agreement with an emergency medical services agency, with the consent of that agency's medical director or a physician, to:

(1) Obtain a supply of naloxone.

(2) Authorize a police officer, law enforcement officer or firefighter who has completed training approved under this section to administer naloxone to a person undergoing or believed to be undergoing an opioid-related drug overdose under the standing order of the medical director or physician.

(f) Notwithstanding any other law or regulation, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe, dispense and distribute an opioid antagonist to an authorized police officer, authorized law enforcement officer, authorized firefighter, person at risk of experiencing an opioid-related overdose or family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose. The following apply:

(1) A licensed health care professional who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist shall not be subject to any criminal or civil liability or any professional disciplinary action for:

(i) such prescribing or dispensing; and

1 (ii) any outcomes resulting from the eventual administration  
2 of the opioid antagonist.

3 (2) Notwithstanding any other law, any person or  
4 organization may possess, hold and deliver an opioid antagonist.

5 (3) A person who, acting in good faith and with reasonable  
6 care, administers an opioid antagonist to another person whom  
7 the person believes to be suffering an opioid-related drug  
8 overdose:

9 (i) Shall be immune from criminal prosecution, sanction  
10 under any professional licensing statute and civil liability for  
11 such act.

12 (ii) Shall not be subject to professional review for such  
13 act.

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

16 (4) Provision of training or instructional materials that  
17 meet the criteria of subsection (c)(1) shall create a rebuttable  
18 presumption that the person acted with reasonable care in  
19 prescribing and dispensing an opioid antagonist.

20 (5) Receipt of training or instructional materials that meet  
21 the criteria of subsection (c)(1) and the prompt seeking of  
22 additional medical assistance shall create a rebuttable  
23 presumption that the person acted with reasonable care in  
24 administering an opioid antagonist.

25 (g) To encourage good faith requests for medical assistance  
26 involving drug overdoses, the following shall be immune from  
27 being arrested, charged, prosecuted, charged with a probation or  
28 parole violation or convicted for committing a prohibited act  
29 under section 13 of the act of April 14, 1972 (P.L.233, No.64),  
30 known as The Controlled Substance, Drug, Device and Cosmetic

Act, where the evidence for the arrest, charge, prosecution, probation or parole violation charge or conviction was obtained as a result of seeking medical assistance:

(1) A person who, in good faith, seeks medical assistance for a person experiencing or whom the person reasonably believes to be experiencing a drug overdose.

(2) A person who experiences a drug overdose and seeks medical assistance.

(3) A person who is subject to a good faith request for medical assistance due to a drug overdose.

(h) Notwithstanding any other law or regulation, a person or organization acting at the direction of a health care professional authorized to prescribe naloxone may store naloxone without being subject to the provisions of the act of September 27, 1961 (P.L.1700, No.699), known as the Pharmacy Act, and may dispense naloxone under a valid prescription order, including a standing order, so long as such activities are undertaken without charge or compensation.

(i) The department shall have the power to provide grants and contracts as needed for:

(1) Drug overdose prevention, recognition and response, including naloxone administration.

(2) Training related to naloxone administration for patients receiving opioids and their families and caregivers.

(3) Naloxone prescription or distribution projects.

(j) The Department of Health shall have the power to provide grants and contracts as needed for programs authorized under subsections (d) and (e).

(k) The department shall include the following as part of its annual report to the General Assembly:



1     (1) Statistics, trends, patterns and risk factors related to  
2     unintentional drug overdose fatalities occurring within this  
3     Commonwealth each year.

4     (2) Information on interventions that would be effective in  
5     reducing the rate of fatal or nonfatal drug overdose.

6     (1) The Department of Health shall annually report to the  
7     General Assembly on the adoption, utilization and effectiveness  
8     of programs authorized under subsections (d) and (e).

9     Section 4. This act shall take effect in 60 days.