

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 staff member of a recovery house in accordance  
27 with an agreement under subsection (b) or to a person at risk of  
28 experiencing an opioid-related overdose or family member, friend  
29 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.