

AMENDED IN ASSEMBLY MAY 28, 2010

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

ASSEMBLY BILL

No. 2145

Introduced by Assembly Member Ammiano

February 18, 2010

An act to amend Section 1714.22 of the Civil Code, relating to drug overdose treatment.

LEGISLATIVE COUNSEL'S DIGEST

AB 2145, as amended, Ammiano. Drug overdose treatment: liability.

Existing law authorizes a physician and surgeon to prescribe, dispense, or administer prescription drugs, including prescription-controlled substances, to an addict under his or her treatment, as specified. Existing law prohibits, except in the regular practice of his or her profession, any person from knowingly prescribing, administering, dispensing, or furnishing a controlled substance to or for any person who is not under his or her treatment for a pathology or condition other than an addiction to a controlled substance, except as specified.

Existing law authorizes, until January 1, 2011, and only in specified counties, a licensed health care provider, who is already permitted pursuant to existing law to prescribe an opioid antagonist, as defined, if acting with reasonable care, to prescribe and subsequently dispense or distribute an opioid antagonist in conjunction with an opioid overdose prevention and treatment training program, as defined, without being subject to civil liability or criminal prosecution. Existing law requires a local health jurisdiction that operates or registers an opioid overdose prevention and treatment training program to collect prescribed data and report it to the Senate and Assembly Committees on Judiciary by January 1, 2010.

This bill would delete that reporting requirement. The bill would expand the provisions to apply statewide and would also delete the repeal date, thereby extending these provisions indefinitely.

The bill would also authorize a person who is not otherwise licensed to administer an opioid antidote in an emergency without fee if the person has received specified training information and believes in good faith that the other person is experiencing a drug overdose. The bill would prohibit that person, as a result of his or her acts or omissions, from being liable for any violation of any professional licensing statute, or subject to any criminal prosecution arising from or related to the unauthorized practice of medicine or the possession of an opioid antidote.

~~The bill would also require the Director of Alcohol and Drug Programs to publish annually a report on drug overdose trends statewide that reviews state death rates from available data to ascertain changes in the causes or rates of fatal and nonfatal drug overdoses for the preceding period of not less than 5 years, as specified.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~yes~~-no. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1714.22 of the Civil Code is amended
- 2 to read:
- 3 1714.22. (a) For purposes of this section:
- 4 (1) “Opioid antagonist” means naloxone hydrochloride that is
- 5 approved by the federal Food and Drug Administration for the
- 6 treatment of a drug overdose.
- 7 (2) “Opioid overdose prevention and treatment training
- 8 program” or “program” means any program operated by a local
- 9 health jurisdiction or that is registered by a local health jurisdiction
- 10 to train individuals to prevent, recognize, and respond to an opiate
- 11 overdose, and that provides, at a minimum, training in all of the
- 12 following:
- 13 (A) The causes of an opiate overdose.
- 14 (B) Mouth to mouth resuscitation.
- 15 (C) How to contact appropriate emergency medical services.
- 16 (D) How to administer an opioid antagonist.
- 17 (b) A licensed health care provider who is permitted by law to
- 18 prescribe an opioid antagonist may, if acting with reasonable care,

1 prescribe and subsequently dispense or distribute an opioid
2 antagonist in conjunction with an opioid overdose prevention and
3 treatment training program, without being subject to civil liability
4 or criminal prosecution. This immunity shall apply to the licensed
5 health care provider even when the opioid antagonist is
6 administered by and to someone other than the person to whom it
7 is prescribed.

8 (c) A person who is not otherwise licensed to administer an
9 opioid antidote may administer an opioid antidote in an emergency
10 without fee if the person has received the training information
11 specified in paragraph (2) of subdivision (a) and believes in good
12 faith that the other person is experiencing a drug overdose. The
13 person shall not, as a result of his or her acts or omissions, be liable
14 for any violation of any professional licensing statute, or subject
15 to any criminal prosecution arising from or related to the
16 unauthorized practice of medicine or the possession of an opioid
17 antidote.

18 ~~(d) (1) The Director of Alcohol and Drug Programs shall~~
19 ~~publish annually a report on drug overdose trends statewide that~~
20 ~~reviews state death rates from available data to ascertain changes~~
21 ~~in the causes or rates of fatal and nonfatal drug overdoses for the~~
22 ~~preceding period of not less than five years. The report shall also~~
23 ~~provide information on interventions that would be effective in~~
24 ~~reducing the rate of fatal or nonfatal drug overdose.~~

25 ~~(2) The report may include:~~

26 ~~(A) Trends in drug overdose death rates, including~~
27 ~~differentiation on opiate overdoses between prescribed medication,~~
28 ~~illicitly obtained prescription medication, and heroin.~~

29 ~~(B) Trends in emergency room use related to drug overdose and~~
30 ~~the cost impact of emergency room use.~~

31 ~~(C) Trends in the use of prehospital and emergency services~~
32 ~~and the cost impact of emergency services use.~~

33 ~~(D) Suggested improvements in data collection.~~

34 ~~(E) A description of other interventions effective in reducing~~
35 ~~the rate of fatal or nonfatal drug overdose.~~

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