

AMENDED IN SENATE JUNE 24, 2013

AMENDED IN ASSEMBLY APRIL 11, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 635

Introduced by Assembly Member Ammiano

February 20, 2013

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

LEGISLATIVE COUNSEL'S DIGEST

AB 635, 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, 2016, 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, and who is 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, 2015.

Existing law authorizes, until January 1, 2016, and only in specified counties, a person who is not licensed to administer an opioid antagonist to do so 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. Existing law prohibits 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 antagonist.

This bill would revise and recast these provisions to instead authorize a licensed health care provider who is permitted by law to prescribe an opioid antagonist and is acting with reasonable care to prescribe and subsequently dispense or distribute an opioid antagonist for the treatment of an opioid overdose to a person at risk of an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. The bill would authorize these licensed health care providers to issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist the person at risk. The bill would authorize these licensed health care providers to issue standing orders for the administration of an opioid antagonist by a family member, friend, or other person in a position to assist a person experiencing or suspected of experiencing an opioid overdose. The bill would provide that a person who acts with reasonable care and issues a prescription for, or an order for the administration of, an opioid antagonist to a person experiencing or suspected of experiencing an opioid overdose is not subject to professional review, liable in a civil action, or subject to criminal prosecution for issuing the prescription or order. The bill would also delete the repeal date and reporting requirements and expand the applicability of these provisions statewide.

Vote: majority. Appropriation: no. Fiscal committee: 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:

1 1714.22. (a) For purposes of this section, the following
2 definitions shall apply:

3 (1) “Opioid antagonist” means naloxone hydrochloride that is
4 approved by the federal Food and Drug Administration for the
5 treatment of an opioid overdose.

6 (2) “Opioid overdose prevention and treatment training
7 program” means any program operated by a local health
8 jurisdiction or that is registered by a local health jurisdiction to
9 train individuals to prevent, recognize, and respond to an opiate
10 overdose, and that provides, at a minimum, training in all of the
11 following:

12 (A) The causes of an opiate overdose.

13 (B) Mouth to mouth resuscitation.

14 (C) How to contact appropriate emergency medical services.

15 (D) How to administer an opioid antagonist.

16 (b) A licensed health care provider who is authorized by law to
17 prescribe an opioid antagonist may, if acting with reasonable care,
18 prescribe and subsequently dispense or distribute an opioid
19 antagonist to a person at risk of an opioid-related overdose or to
20 a family member, friend, or other person in a position to assist a
21 person at risk of an opioid-related overdose.

22 (c) (1) A licensed health care provider who is authorized by
23 law to prescribe an opioid antagonist may issue standing orders
24 for the distribution of an opioid antagonist to a person at risk of
25 an opioid-related overdose or to a family member, friend, or other
26 person in a position to assist a person at risk of an opioid-related
27 overdose.

28 (2) A licensed health care provider who is authorized by law to
29 prescribe an opioid antagonist may issue standing orders for the
30 administration of an opioid antagonist to a person at risk of an
31 opioid-related overdose by a family member, friend, or other person
32 in a position to assist a person experiencing or reasonably suspected
33 of experiencing an opioid overdose.

34 (d) A person who is prescribed an opioid antagonist or possesses
35 it pursuant to a standing order shall receive the training provided
36 by an opioid overdose prevention and treatment training program.

37 (e) A licensed health care provider who acts with reasonable
38 care shall not be subject to professional review, be ~~found~~ liable in
39 a civil action, or be subject to criminal prosecution for issuing a
40 prescription or order pursuant to subdivision (b) or (c).

1 (f) Notwithstanding any other law, a person who possesses or
2 distributes an opioid antagonist pursuant to a prescription or
3 standing order shall not be subject to professional review, be found
4 liable in a civil action, or be subject to criminal prosecution for
5 this possession or distribution. Notwithstanding any other law, a
6 ~~person who acts with reasonable care and administers an opioid~~
7 ~~antagonist~~ *not otherwise licensed to administer an opioid*
8 *antagonist, but trained as required under subdivision (d), who*
9 *acts with reasonable care in administering an opioid antagonist,*
10 *in good faith and not for compensation,* to a person who is
11 experiencing or is suspected of experiencing an overdose shall not
12 be subject to professional review, be liable in a civil action, or be
13 subject to criminal prosecution for this administration.

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