

Senate Bill No. 1438

CHAPTER 491

An act to amend Sections 1797.170, 1797.197, and 11601 of the Health and Safety Code, relating to controlled substances.

[Approved by Governor September 19, 2014. Filed with
Secretary of State September 19, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1438, Pavley. Controlled substances: opioid antagonists.

(1) Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority (EMSA), which is responsible for the coordination and integration of all state agencies concerning emergency medical services. Under existing law, EMSA is required to establish training and standards, and promulgate regulations, for all prehospital emergency medical care personnel, as defined, regarding the characteristics and method of assessment and treatment of anaphylactic reactions and the use of epinephrine. Existing law also requires the EMSA to develop and adopt regulations for the training and scope of practice for emergency medical technician-I (EMT-I) certification, which includes, among other things, a specified course of training on the nature of sudden infant death syndrome. Existing law authorizes the medical director of a local EMS agency to approve or conduct any scientific or trial study of the efficacy of the prehospital emergency use of any drug, device, or treatment procedure within the local EMS system, utilizing any level of prehospital emergency medical care personnel, consistent with specified requirements.

This bill would require the EMSA to develop and adopt training and standards, and promulgate regulations, for all prehospital emergency medical care personnel, as defined, regarding the use and administration of naloxone hydrochloride and other opioid antagonists. The bill would authorize the EMSA to adopt existing training and standards for prehospital emergency medical care personnel regarding the statewide use and administration of naloxone hydrochloride or another opioid antagonist to satisfy the requirements of the bill's provisions. The bill would also authorize the medical director of a local EMS agency, pursuant to the above-described provisions relating to a scientific or trial study, to approve or conduct a trial study of the use and administration of naloxone hydrochloride or other opioid antagonists by any level of prehospital emergency medical care personnel, and would authorize the training received by prehospital emergency medical care personnel specific to the use and administration of naloxone hydrochloride or other opioid antagonists during this trial study to be used towards satisfying the training requirements established by the

EMSA pursuant to the bill's provisions. The bill would specify that both of those types of trainings satisfy specified requirements allowing for immunity from criminal and civil liability for administering an opioid antagonist.

The bill would also require the EMSA to develop and adopt regulations to include the administration of naloxone hydrochloride in the training and scope of practice of EMT-I certification, on or before July 1, 2016. The bill would require these regulations to be substantially similar to certain regulations that authorize an EMT-I to receive training for naloxone hydrochloride administration without having to complete the entire emergency medical technician-II (EMT-II) certification course.

(2) Existing law, the Uniform Controlled Substances Act, requires the Attorney General to encourage research on the misuse and abuse of controlled substances, and, in connection with that research, and in furtherance of the enforcement of the act, authorizes the Attorney General to undertake specific acts, including developing new or improved approaches, techniques, systems, equipment, and devices to strengthen the enforcement of the act.

This bill would additionally permit the Attorney General, in connection with that research, and in furtherance of the enforcement of the act, to authorize hospitals and trauma centers to share information with local law enforcement agencies, the EMSA, and local emergency medical services agencies about controlled substances. The bill would limit the data that may be provided by hospitals and trauma centers to the number of overdoses and the substances suspected as the primary cause of the overdoses. The bill would require that the information shared be shared in a manner that ensures complete patient confidentiality.

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

SECTION 1. Section 1797.170 of the Health and Safety Code is amended to read:

1797.170. (a) The authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations for the training and scope of practice for EMT-I certification.

(b) Any individual certified as an EMT-I pursuant to this division shall be recognized as an EMT-I on a statewide basis, and recertification shall be based on statewide standards.

(c) Effective July 1, 1990, any individual certified as an EMT-I pursuant to this act shall complete a course of training on the nature of sudden infant death syndrome which is developed by the California SIDS program in the State Department of Public Health in consultation with experts in the field of sudden infant death syndrome.

(d) On or before July 1, 2016, the authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations to include the administration of naloxone hydrochloride in the training and scope of practice of EMT-I certification. These regulations shall be

substantially similar to existing regulations set forth in Chapter 3 (commencing with Section 100101) of Division 9 of Title 22 of the California Code of Regulations that authorize an EMT-I to receive EMT-II training in the administration of naloxone hydrochloride without having to complete the entire EMT-II certification course. This subdivision shall be implemented in accordance with Chapter 5 (commencing with Section 1798).

SEC. 2. Section 1797.197 of the Health and Safety Code is amended to read:

1797.197. (a) The authority shall establish training and standards for all prehospital emergency medical care personnel, as defined in paragraph (2) of subdivision (a) of Section 1797.189, regarding the characteristics and method of assessment and treatment of anaphylactic reactions and the use of epinephrine. The authority shall promulgate regulations regarding these matters for use by all prehospital emergency medical care personnel.

(b) (1) The authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt training and standards for all prehospital emergency medical care personnel, as defined in paragraph (2) of subdivision (a) of Section 1797.189, regarding the use and administration of naloxone hydrochloride and other opioid antagonists. The authority shall promulgate regulations regarding these matters for use by all prehospital emergency medical care personnel. The authority may adopt existing training and standards for prehospital emergency medical care personnel regarding the statewide use and administration of naloxone hydrochloride or another opioid antagonist to satisfy the requirements of this section.

(2) The medical director of a local EMS agency may, pursuant to Section 1797.221, approve or conduct a trial study of the use and administration of naloxone hydrochloride or other opioid antagonists by any level of prehospital emergency medical care personnel. Training received by prehospital emergency medical care personnel specific to the use and administration of naloxone hydrochloride or another opioid antagonist during this trial study may be used towards satisfying the training requirements established pursuant to paragraph (1) regarding the use and administration of naloxone hydrochloride and other opioid antagonists by prehospital emergency medical care personnel.

(3) The training described in paragraphs (1) and (2) shall satisfy the requirements of paragraph (1) of subdivision (d) of Section 1714.22 of the Civil Code.

SEC. 3. Section 11601 of the Health and Safety Code is amended to read:

11601. The Attorney General shall encourage research on misuse and abuse of controlled substances. In connection with the research, and in furtherance of the enforcement of this division, he or she may do all of the following:

(a) Develop new or improved approaches, techniques, systems, equipment, and devices to strengthen the enforcement of this division.

(b) Enter into contracts with public agencies, institutions of higher education, and private organizations or individuals for the purpose of conducting demonstrations or special projects that bear directly on misuse and abuse of controlled substances.

(c) (1) Authorize hospitals and trauma centers to share information with local law enforcement agencies, the Emergency Medical Services Authority, and local emergency medical services agencies about controlled substance overdose trends.

(2) The information provided by hospitals and trauma centers pursuant to this subdivision shall include only the number of overdoses and the substances suspected as the primary cause of the overdoses. Any information shared pursuant to this subdivision shall be shared in a manner that ensures complete patient confidentiality.