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A BILL
21-602

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend an Act To relieve physicians of liability for negligent medical treatment at the scene of an accident in the District of Columbia to allow physicians licensed to practice medicine and pharmacists to prescribe an opioid antagonist, such as Naloxone, to a person at risk of experiencing an opioid related overdose or a family member, friend, or other person in a position to assist a person who is likely to experience an opioid related overdose; to allow employees or volunteers of a community-based organization to distribute or dispense an opioid antagonist under a standing order or a health care professional’s prescriptive authority to a person at risk of experiencing an opioid related overdose or a family member, friend, or other person in a position to assist a person who is likely to experience an opioid related overdose; to provide limited liability to physicians and pharmacists prescribing an opioid antagonist; and to provide limited liability to employees or volunteers of a community-based organization distributing or dispensing an opioid antagonist.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Substance Abuse and Opioid Overdose Prevention Amendment Act of 2016”.

Sec. 2. An Act To relieve physicians of liability for negligent medical treatment at the scene of an accident in the District of Columbia, approved November 8, 1965 (79 Stat. 1302; D.C. Official Code § 7-401 *et seq.*), is amended by adding a new section 4 to read as follows:

“Sec. 4. Prescribing authority of opioid-antagonist for overdose victim and 3rd parties.

“(a) For the purposes of this section, the term:

33 “(1) “Community-based organization” means an organization that provides
34 services, including medical care, counseling, homeless services, or drug treatment, to individuals
35 and communities impacted by drug use. The term community-based organization includes all
36 organizations currently participating in the Needle Exchange program with the Department of
37 Health under section 4a of the Drug Paraphernalia Act of 1982, effective March 25, 1993 (D.C.
38 Law 9-252; D.C. Official Code § 48-1103.01).

39 “(2) “Health care professional” means a physician or pharmacist licensed under
40 the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986
41 (D.C. Law 6-99; D.C. Code § 3-1201.1 *et seq.*).

42 “(3) “Opioid antagonist” shall have the same meaning as provided in section
43 3(i)(2).

44 “(4) “Overdose” shall have the same meaning as provided in section 3(i)(3).

45 “(5) “Standing order” means a prescriptive order written by a health care
46 professional that is not specific to and does not identify a particular patient.”.

47 “(b) Except as provided in subsection (d) of this subsection, a health care professional
48 acting in good faith may directly or by standing order prescribe, dispense, and distribute an
49 opioid antagonist to the following persons:

50 “(1) A person at risk of experiencing an opioid-related overdose;

51 “(2) A family member, friend, or other person in a position to assist a
52 person at risk of experiencing an opioid related overdose; or

53 “(3) An employee or volunteer for a community-based organization.
54

55 “(c) Except as provided in subsection (d) of this section, an employee or volunteer of a
56 community based organization acting in good faith and in accordance with a standing order or
57 under a health care professional’s prescriptive authority, may dispense and distribute an opioid
58 antagonist to the following persons:

59 “(1) A person at risk of experiencing an opioid-related overdose; or

60 “(2) A family member, friend, or other person in a position to assist a person at
61 risk of experiencing an opioid related overdose.

62 “(d)(1)(A) A pharmacist may not prescribe an opioid antagonist under this section unless
63 he or she completes training conducted by the Department of Health; provided, that a pharmacist
64 is not required to complete training in order to dispense or distribute an opioid antagonist
65 prescribed by a physician.

66 “(B) An employee or volunteer of a community-based organization shall
67 not dispense or distribute an opioid antagonist under this section unless he or she completes
68 training conducted by the Department of Health.

69 “(2) The frequency of the training required by this section shall be determined by
70 the Department of Health through rulemaking and shall include:

71 “(A) How to screen a patient for being at risk of an opioid-related
72 overdose;

73 “(B) How opioid antagonists operate to stop an opioid-related overdose;

74 “(C) When the administration of an opioid antagonist is medically
75 indicated;

76 “(D) How to properly administer an opioid antagonist and circumstances
77 under which administration of an opioid antagonist is contraindicated; and

78 “(E) Precautions, warnings, and potential adverse reactions related to the
79 administration of an opioid antagonist.

80 “(e) Upon prescribing, dispensing, or distributing an opioid-antagonist, the health care
81 professional or employee or volunteer of a community-based organization shall provide
82 education and training to the recipient of an opioid antagonist. The education and training shall
83 include:

84 “(1) How to identify an opioid-related overdose;

85 “(2) How to properly administer the prescribed opioid antagonist and
86 circumstances under which administration is contraindicated;

87 “(3) Precautions, warnings, and potential adverse reactions related to
88 administration of the prescribed opioid antagonist;

89 “(4) How opioid antagonists operate to stop an opioid-related overdose;

90 “(5) The importance of seeking medical care for the person experiencing the
91 opioid-related overdose immediately after the opioid antagonist is administered; and

92 “(6) Information on how to access substance abuse treatment services.

93 “(f)(1) A health care professional or an employee or volunteer of a community-based
94 organization who prescribes, dispenses, or distributes an opioid antagonist in accordance with
95 this section shall be immune from civil or criminal liability for the subsequent use of the opioid
96 antagonist, unless the health professional’s actions or the actions of the employee or volunteer of

97 a community-based organization with regard to prescribing, dispensing, or distributing the opioid
98 antagonist constitute recklessness, gross negligence, or intentional misconduct.

99 “(2) The immunity granted pursuant to paragraph (1) of this subsection shall
100 apply whether or not the opioid antagonist is administered by or to the person for whom it was
101 prescribed, dispensed or distributed.

102 “(g) The Mayor, pursuant to Title 1 of the District of Columbia Administrative
103 Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*),
104 shall issue rules to implement the provisions of this section within 180 days of the effective date
105 of the Substance Abuse and Opioid Overdose Prevention Amendment Act of 2016, as approved
106 by the Committee on Health and Human Services on September 21, 2016 (Committee print of
107 Bill 21-602).

108 Sec. 4. Fiscal impact statement.

109 The Council adopts the fiscal impact statement in the committee report as the fiscal
110 impact statement required by section 4a of the General Legislative Procedures Act of 1975,
111 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

112 Sec. 5. Effective date.

113 This act shall take effect following approval by the Mayor (or in the event of veto by the
114 Mayor, action by the Council to override the veto), a 30-day period of congressional
115 review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved
116 December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the
117 District of Columbia Register.