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; and to provide limited liability to physicians and pharmacists prescribing 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) A health care professional acting in good faith may directly or by standing order prescribe, dispense, and distribute an opioid antagonist to the following persons:
“(1) A person at risk of experiencing an opioid-related overdose; or
“(2) A family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.
“(b) At the time of prescribing, dispensing, distributing, or delivering the opioid antagonist, the health care professional shall inform the recipient that as soon as possible after administration of the opioid antagonist, the person at risk of experiencing an opioid-related overdose should be transported to a hospital or a first responder should be summoned.
“(c) Any health care professional who delivers the opioid antagonist and has knowledge that the person at risk of experiencing an opioid-related overdose has been administered an opioid antagonist within the preceding 30 days shall refer the person at risk to professional substance abuse treatment services.
“(d) A health care professional who prescribes, dispenses, or distributes an opioid antagonist in accordance with subsection (a) of this section shall be immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the health professional’s actions with regard to prescribing, dispensing, or distributing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct.
“(e) The immunity granted pursuant to subsection (d) this section shall apply to a health care professional whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed.
“(f) For the purposes of this section, the term:
“(1) “Health care professional” means a physician or pharmacist licensed under the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Code § 3-1201.1 et seq.).
“(2) “Opioid antagonist” shall have the same meaning as provided in section 3(i)(2) of the Good Samaritan Overdose Protection Amendment Act of 2012, effective March 19, 2013 (D.C. Law 19-243; D.C. Official Code § 7-403).

“(3) “Overdose” shall have the same meaning as provided in section 3(i)(3) of the Good Samaritan Overdose Protection Amendment Act of 2012, effective March 19, 2013 (D.C. Law 19-243; D.C. Official Code § 7-403).”

Sec. 3. Fiscal impact statement.


Sec. 4. Effective date.

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