

Senate Bill No. 767

CHAPTER 477

An act to add and repeal Section 1714.22 of the Civil Code, relating to drug overdose treatment.

[Approved by Governor October 11, 2007. Filed with
Secretary of State October 11, 2007.]

LEGISLATIVE COUNSEL'S DIGEST

SB 767, Ridley-Thomas. 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.

This bill would authorize, until January 1, 2011, 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. The bill would require 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. The bill would provide that these provisions apply only to specified counties.

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

SECTION 1. The Legislature hereby finds and declares that because drug overdose deaths are preventable, it is therefore an appropriate role for the state to do all of the following:

- (a) Seek to prevent the onset of drug use through preventive measures.
- (b) Provide cessation treatment for those addicted to drugs.
- (c) Prosecute those who sell controlled substances.
- (d) Seek to prevent needless death and damage caused by drug overdose by implementing appropriate crisis interventions when these interventions are needed.

SEC. 2. Section 1714.22 is added to the Civil Code, to read:

1714.22. (a) For purposes of this section:

(1) “Opioid antagonist” means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of a drug overdose.

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

- (A) The causes of an opiate overdose.
- (B) Mouth to mouth resuscitation.
- (C) How to contact appropriate emergency medical services.
- (D) How to administer an opioid antagonist.

(b) A licensed health care provider who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe and subsequently dispense or distribute an opioid antagonist in conjunction with an opioid overdose prevention and treatment training program, without being subject to civil liability or criminal prosecution. This immunity shall apply to the licensed health care provider even when the opioid antagonist is administered by and to someone other than the person to whom it is prescribed.

(c) Each local health jurisdiction that operates or registers an opioid overdose prevention and treatment training program shall, by January 1, 2010, collect, and report to the Senate and Assembly Committees on Judiciary, all of the following data on programs within the jurisdiction:

- (1) Number of training programs operating in the local health jurisdiction.
- (2) Number of individuals who have received a prescription for, and training to administer, an opioid antagonist.
- (3) Number of opioid antagonist doses prescribed.
- (4) Number of opioid antagonist doses administered.
- (5) Number of individuals who received opioid antagonist injections who were properly revived.
- (6) Number of individuals who received opioid antagonist injections who were not revived.
- (7) Number of adverse events associated with an opioid antagonist dose that was distributed as part of an opioid overdose prevention and treatment training program, including a description of the adverse events.

(d) This section shall apply only to the Counties of Alameda, Fresno, Humboldt, Los Angeles, Mendocino, San Francisco, and Santa Cruz.

(e) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted on or before January 1, 2011, deletes or extends that date.