SB1815

LRB10009647KTG19816b

100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

SB1815

Introduced 2/9/2017, by Sen. Chapin Rose

SYNOPSIS AS INTRODUCED:

20 ILCS 301/5-23
745 ILCS 49/70

Amends the Alcoholism and Other Drug Abuse and Dependency Act. Provides that any health care professional and any EMS Medical Director who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antidote to: (a) a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, or (b) a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist shall not, as a result of his or her acts or omissions, except willful and wanton misconduct, be liable for civil damages when administering naloxone in an emergency situation. Amends the Good Samaritan Act. Provides that any law enforcement officer or fireman, any emergency medical technician, and any first responder who in good faith provides emergency care, including the administration of an opioid antagonist, without fee or compensation to any person shall not, as a result of his or her acts or omissions, except willful and wanton misconduct, be liable for civil damages when administering naloxone in an emergency situation.

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FISCAL NOTE ACT
MAY APPLY

A BILL FOR

AN ACT concerning State government.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Alcoholism and Other Drug Abuse and Dependency Act is amended by changing Section 5-23 as follows:

(20 ILCS 301/5-23)

Sec. 5-23. Drug Overdose Prevention Program.

(a) Reports of drug overdose.

(1) The Director of the Division of Alcoholism and Substance Abuse shall publish annually a report on drug overdose trends statewide that reviews State death rates from available data to ascertain changes in the causes or rates of fatal and nonfatal drug overdose. The report shall also provide information on interventions that would be effective in reducing the rate of fatal or nonfatal drug overdose and shall include an analysis of drug overdose information reported to the Department of Public Health pursuant to subsection (e) of Section 3-3013 of the Counties Code, Section 6.14g of the Hospital Licensing Act, and subsection (j) of Section 22-30 of the School Code.

(2) The report may include:

(A) Trends in drug overdose death rates.

(B) Trends in emergency room utilization related

to drug overdose and the cost impact of emergency room utilization.

(C) Trends in utilization of pre-hospital and emergency services and the cost impact of emergency services utilization.

(D) Suggested improvements in data collection.

(E) A description of other interventions effective in reducing the rate of fatal or nonfatal drug overdose.

(F) A description of efforts undertaken to educate the public about unused medication and about how to properly dispose of unused medication, including the number of registered collection receptacles in this State, mail-back programs, and drug take-back events.

(b) Programs; drug overdose prevention.

(1) The Director may establish a program to provide for the production and publication, in electronic and other formats, of drug overdose prevention, recognition, and response literature. The Director may develop and disseminate curricula for use by professionals, organizations, individuals, or committees interested in the prevention of fatal and nonfatal drug overdose, including, but not limited to, drug users, jail and prison personnel, jail and prison inmates, drug treatment professionals, emergency medical personnel, hospital staff, families and associates of drug users, peace

officers, firefighters, public safety officers, needle exchange program staff, and other persons. In addition to information regarding drug overdose prevention, recognition, and response, literature produced by the Department shall stress that drug use remains illegal and highly dangerous and that complete abstinence from illegal drug use is the healthiest choice. The literature shall provide information and resources for substance abuse treatment.

The Director may establish or authorize programs for prescribing, dispensing, or distributing opioid antagonists for the treatment of drug overdose. Such programs may include the prescribing of opioid antagonists for the treatment of drug overdose to a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist.

(2) The Director may provide advice to State and local officials on the growing drug overdose crisis, including the prevalence of drug overdose incidents, programs promoting the disposal of unused prescription drugs, trends in drug overdose incidents, and solutions to the drug overdose crisis.

(c) Grants.

(1) The Director may award grants, in accordance with this subsection, to create or support local drug overdose prevention, recognition, and response projects. Local health departments, correctional institutions, hospitals, universities, community-based organizations, and faith-based organizations may apply to the Department for a grant under this subsection at the time and in the manner the Director prescribes.

(2) In awarding grants, the Director shall consider the necessity for overdose prevention projects in various settings and shall encourage all grant applicants to develop interventions that will be effective and viable in their local areas.

(3) The Director shall give preference for grants to proposals that, in addition to providing life-saving interventions and responses, provide information to drug users on how to access drug treatment or other strategies for abstaining from illegal drugs. The Director shall give preference to proposals that include one or more of the following elements:

(A) Policies and projects to encourage persons, including drug users, to call 911 when they witness a potentially fatal drug overdose.

(B) Drug overdose prevention, recognition, and response education projects in drug treatment centers, outreach programs, and other organizations that work

with, or have access to, drug users and their families and communities.

(C) Drug overdose recognition and response training, including rescue breathing, in drug treatment centers and for other organizations that work with, or have access to, drug users and their families and communities.

(D) The production and distribution of targeted or mass media materials on drug overdose prevention and response, the potential dangers of keeping unused prescription drugs in the home, and methods to properly dispose of unused prescription drugs.

(E) Prescription and distribution of opioid antagonists.

(F) The institution of education and training projects on drug overdose response and treatment for emergency services and law enforcement personnel.

(G) A system of parent, family, and survivor education and mutual support groups.

(4) In addition to moneys appropriated by the General Assembly, the Director may seek grants from private foundations, the federal government, and other sources to fund the grants under this Section and to fund an evaluation of the programs supported by the grants.

(d) Health care professional prescription of opioid antagonists.

(1) Any ~~A~~ health care professional and any EMS Medical Director as defined in 77 Ill. Adm. Code 515.100 who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist to: (a) a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, or (b) a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist shall not, as a result of his or her acts or omissions, except willful and wanton misconduct, be liable for civil damages when administering naloxone in an emergency situation, and shall not, as a result of his or her acts or omissions, be subject to: (i) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute or (ii) any criminal liability, except for willful and wanton misconduct.

(2) A person who is not otherwise licensed to administer an opioid antagonist may in an emergency administer without fee an opioid antagonist if the person has received the patient information specified in paragraph (4) of this subsection and believes in good faith

that another person is experiencing a drug overdose. The person shall not, as a result of his or her acts or omissions, be (i) liable for any violation of the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute, or (ii) subject to any criminal prosecution or civil liability, except for willful and wanton misconduct.

(3) A health care professional prescribing an opioid antagonist to a patient shall ensure that the patient receives the patient information specified in paragraph (4) of this subsection. Patient information may be provided by the health care professional or a community-based organization, substance abuse program, or other organization with which the health care professional establishes a written agreement that includes a description of how the organization will provide patient information, how employees or volunteers providing information will be trained, and standards for documenting the provision of patient information to patients. Provision of patient information shall be documented in the patient's medical record or through similar means as determined by agreement between the health care professional and the organization. The Director of the Division of Alcoholism and Substance Abuse, in consultation with statewide organizations representing

physicians, pharmacists, advanced practice nurses, physician assistants, substance abuse programs, and other interested groups, shall develop and disseminate to health care professionals, community-based organizations, substance abuse programs, and other organizations training materials in video, electronic, or other formats to facilitate the provision of such patient information.

(4) For the purposes of this subsection:

"Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

"Health care professional" means a physician licensed to practice medicine in all its branches, a licensed physician assistant with <u>prescriptive authority</u>, a licensed advanced practice nurse with <u>prescriptive authority</u>, an advanced practice nurse or physician assistant who practices in a hospital, hospital affiliate, or ambulatory surgical treatment center and possesses appropriate clinical privileges in accordance with the Nurse Practice Act, or a pharmacist licensed to practice pharmacy under the Pharmacy Practice Act.

"Patient" includes a person who is not at risk of opioid overdose but who, in the judgment of the physician, advanced practice nurse, or physician assistant, may be in

a position to assist another individual during an overdose and who has received patient information as required in paragraph (2) of this subsection on the indications for and administration of an opioid antagonist.

"Patient information" includes information provided to the patient on drug overdose prevention and recognition; how to perform rescue breathing and resuscitation; opioid antagonist dosage and administration; the importance of calling 911; care for the overdose victim after administration of the overdose antagonist; and other issues as necessary.

(e) Drug overdose response policy.

(1) Every State and local government agency that employs a law enforcement officer or fireman as those terms are defined in the Line of Duty Compensation Act must possess opioid antagonists and must establish a policy to control the acquisition, storage, transportation, and administration of such opioid antagonists and to provide training in the administration of opioid antagonists. A State or local government agency that employs a fireman as defined in the Line of Duty Compensation Act but does not respond to emergency medical calls or provide medical services shall be exempt from this subsection.

(2) Every publicly or privately owned ambulance, special emergency medical services vehicle, non-transport vehicle, or ambulance assist vehicle, as described in the

Emergency Medical Services (EMS) Systems Act, which responds to requests for emergency services or transports patients between hospitals in emergency situations must possess opioid antagonists.

(3) Entities that are required under paragraphs (1) and (2) to possess opioid antagonists may also apply to the Department for a grant to fund the acquisition of opioid antagonists and training programs on the administration of opioid antagonists.

(Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15; 99-581, eff. 1-1-17; 99-642, eff. 7-28-16; revised 9-19-16.)

Section 10. The Good Samaritan Act is amended by changing Section 70 as follows:

(745 ILCS 49/70)

Sec. 70. Law enforcement officers, firemen, Emergency Medical Technicians (EMTs) and First Responders; exemption from civil liability for emergency care. Any law enforcement officer or fireman as defined in Section 2 of the Line of Duty Compensation Act, any "emergency medical technician (EMT)" as defined in Section 3.50 of the Emergency Medical Services (EMS) Systems Act, and any "first responder" as defined in Section 3.60 of the Emergency Medical Services (EMS) Systems Act, who in good faith provides emergency care, including the administration of an opioid antagonist as defined in Section

5-23 of the Alcoholism and Other Drug Abuse and Dependency Act, without fee or compensation to any person shall not, as a result of his or her acts or omissions, except willful and wanton misconduct, be liable for civil damages when administering naloxone in an emergency situation, and shall not, as a result of his or her acts or omissions, except willful and wanton misconduct on the part of the person, in providing the care, be liable to a person to whom such care is provided for civil damages.

(Source: P.A. 99-480, eff. 9-9-15.)