

1 HB455  
2 185876-3  
3 By Representative Williams (JD)  
4 RFD: Health  
5 First Read: 04-APR-17



1 diseases, including, but not limited to, human  
2 immunodeficiency virus (HIV) and hepatitis C virus (HCV).

3 (2) Heroin drug use is at a 20-year high with use  
4 more than doubling in young adults ages 18 to 25 years in the  
5 last 10 years.

6 (3) The epidemic of prescription opioid misuse and  
7 abuse has led to increased numbers of people who inject drugs,  
8 placing new populations at increased risk for HIV. Rural and  
9 nonurban areas with limited HIV and HCV prevention and  
10 treatment services and substance use disorder treatment  
11 services, traditionally areas at low risk for HIV and HCV,  
12 have been disproportionately affected.

13 (4) Sharing needles, syringes, and other injection  
14 drug use equipment is a direct route of both HIV and HCV  
15 transmission.

16 (5) Alabama continues to see new cases of HIV with  
17 685 newly diagnosed in 2015 bringing the total living with HIV  
18 in Alabama to 12,874. Injection drug use accounts for six  
19 percent of all cases of HIV in Alabama.

20 (6) Cases of acute HCV in Alabama increased 200  
21 percent in the period from 2009 to 2013, and 68.2 percent of  
22 these cases are attributable to injection drug use.

23 (7) Drug overdose deaths in Alabama increased 19.7  
24 percent from 2013 to 2014, the most recent years for which  
25 data are available.

26 (8) At least four counties in Alabama share  
27 characteristics with Scott County, Indiana, which experienced

1 a major outbreak of HIV and HCV in late 2014 and early 2015  
2 directly related to injection drug use brought on by the  
3 epidemic of prescription opioid misuse and abuse. Those  
4 characteristics, as identified by the federal Centers for  
5 Disease Control and Prevention (CDC), include: Consideration  
6 of the rate of drug overdose deaths; percent unemployment; per  
7 capita income; percent white non-Hispanic population; rate of  
8 sales of prescription opioids; and percent of county  
9 population for which local providers have been approved to  
10 prescribe buprenorphine.

11 (9) The lifetime treatment cost of an HIV patient is  
12 conservatively estimated at \$380,000.

13 (10) Injection-associated infectious diseases such  
14 as HIV and HCV can also be contracted accidentally by health  
15 care providers, law enforcement officers, first responders,  
16 other emergency personnel, and other individuals, including  
17 members of the general public, through needle stick or other  
18 sharps injury or exposure to blood or other bodily fluids.

19 Section 3. As used in this act, the following words  
20 shall have the following meanings:

21 (1) CONTROLLED SUBSTANCE. The term as defined in the  
22 Alabama Uniform Controlled Substances Act, Chapter 2, of Title  
23 20, Code of Alabama 1975.

24 (2) DEMONSTRATED NEED. Experiencing, or at risk for,  
25 a significant increase in infectious disease due to an  
26 analysis of factors including, but not limited to, those

1 characteristics identified by the CDC in Scott County,  
2 Indiana.

3 (3) INDIVIDUAL WHO INJECTS DRUGS. An individual who  
4 uses a syringe or hypodermic needle to inject a controlled  
5 substance into the individual's own body.

6 (4) INFECTIOUS DISEASE. A disease that may be spread  
7 by intentional or unintentional needle sticks, including, but  
8 not limited to, HIV and HCV.

9 (5) LOCAL HEALTH AUTHORITY. A county board of health  
10 constituted under Section 22-3-1, Code of Alabama 1975.

11 (6) PROGRAM. An injection-associated infectious  
12 disease elimination pilot program established pursuant to  
13 Section 4.

14 Section 4. (a) The Department of Public Health or a  
15 local health authority, in conjunction with outside  
16 organizations that promote scientifically proven ways of  
17 mitigating health risks associated with controlled substance  
18 drug use and other high-risk behaviors, may establish and  
19 operate injection-associated infectious disease elimination  
20 pilot programs in counties identified to have a demonstrated  
21 need. The duration of a pilot program shall be no more than  
22 three years, except as provided in subsection (f). The  
23 objectives of the program shall be to do all of the following:

24 (1) Reduce the spread of HIV, HCV, and other  
25 injection-associated infectious diseases in the state.

1                   (2) Reduce needle stick injuries to health care  
2 providers, law enforcement officers, first responders, other  
3 emergency personnel, and the general public.

4                   (3) Encourage individuals who inject drugs to enroll  
5 in evidence-based treatment for substance use disorder.

6                   (b) Programs established pursuant to this section,  
7 at a minimum, shall do all of the following with respect to  
8 the program's operation and its participants:

9                   (1) Safely dispose of used needles, hypodermic  
10 syringes, and other injection supplies.

11                   (2) Provide needles, hypodermic syringes, and other  
12 injection supplies at no cost and in quantities sufficient to  
13 promote the purpose that needles, hypodermic syringes, and  
14 other injection supplies are not shared or reused; provided,  
15 however, that state funds may not be used to purchase needles,  
16 hypodermic syringes, or other injection supplies.

17                   (3) Provide educational materials on all of the  
18 following:

19                   a. Overdose prevention.

20                   b. Prevention of infectious diseases.

21                   c. Drug abuse prevention.

22                   d. Treatment for mental illness, including treatment  
23 referrals.

24                   e. Treatment for substance abuse, including  
25 referrals for medication assisted treatment.

26                   (4) Provide access to naloxone kits that contain  
27 naloxone hydrochloride (or equivalent) that is approved by the

1 federal Food and Drug Administration for the treatment of a  
2 drug overdose, or referrals to programs that provide access to  
3 naloxone hydrochloride (or equivalent) that is approved by the  
4 federal Food and Drug Administration for the treatment of a  
5 drug overdose.

6 (5) For each individual requesting such service,  
7 provide personal consultations from a program employee or  
8 volunteer concerning mental health or substance use disorder  
9 treatment as appropriate.

10 (6) Encourage each individual who injects drugs to  
11 seek appropriate medical, mental health, or social services.

12 (7) Use a recordkeeping system that ensures the  
13 identity of each individual who injects drugs remains  
14 anonymous.

15 (8) Notify relevant local law enforcement agencies  
16 regarding the program, including information on the limited  
17 immunity from criminal liability granted by subsection (d).

18 (9) Provide a wallet certificate card to each  
19 individual served by the program so employees and volunteers  
20 of the program can quickly identify the individual. This  
21 wallet certificate card shall also serve as proof of the  
22 limited immunity from criminal liability granted by subsection  
23 (d).

24 (10) Provide emergency medical care or referrals to  
25 program participants in need of immediate medical attention at  
26 the time they receive services through the program.

1           (11) Comply with applicable state and federal rules  
2 and regulations governing participant confidentiality.

3           (c) (1) Before establishing a program, the following  
4 interested parties in the area to be served may be consulted:

5           a. Law enforcement representatives.

6           b. Prosecutors.

7           c. Representatives of substance use disorder  
8 treatment facilities certified by the Department of Mental  
9 Health.

10          d. Individuals who inject drugs and individuals in  
11 recovery from substance use disorder.

12          e. Nonprofit organizations focused on HIV, HCV,  
13 substance use disorder, and mental health.

14          f. Residents of the geographical area to be served  
15 by the program.

16          (2) When consulting with interested parties, the  
17 program is encouraged to consider:

18          a. The population to be served.

19          b. Concerns of law enforcement representatives and  
20 prosecutors.

21          c. Day-to-day administration of the program,  
22 including security of program sites, equipment, personnel, and  
23 use of volunteers.

24          (d) (1) An individual who injects drugs and who is an  
25 active participant in a program is granted limited immunity  
26 from and shall not be subject to criminal liability under  
27 Section 13A-12-202, 13A-12-203, 13A-12-204, 13A-12-205,



1 13A-12-260, or 13A-12-281, Code of Alabama 1975. The limited  
2 immunity provided in this subsection shall apply to an  
3 individual who injects drugs and who is an active program  
4 participant only if the individual claiming immunity provides  
5 a wallet certificate card stating that the individual is an  
6 active participant in a program. The immunity shall apply to a  
7 needle, hypodermic syringe, or other injection supply obtained  
8 from, or to a used needle or hypodermic syringe containing  
9 residual amounts of a controlled substance being returned for  
10 disposal to, a program established pursuant to this section.

11 (2) In addition to any other applicable immunity for  
12 civil liability, a law enforcement officer who arrests or  
13 charges a person who is thereafter determined to be entitled  
14 to immunity from prosecution under this subsection shall not  
15 be subject to civil liability for the arrest or filing of  
16 charges of the person.

17 (3) Any officer, employee, or agent of, or volunteer  
18 for, the Department of Public Health or a local health  
19 authority or a program, and any person or any entity, profit  
20 or nonprofit, including, but not limited to, any licensed  
21 physician or other health care provider or health care  
22 facility, participating in or otherwise affiliated or  
23 associated with, contributing funds or other assistance to,  
24 conducting activities in conjunction with, providing  
25 consultations, emergency care, referrals, education, needles,  
26 hypodermic syringes, other injection supplies, or any other  
27 materials, including, but not limited to, educational

1 materials or naloxone kits, in accordance with the program  
2 shall be immune from civil and criminal liability, as a result  
3 of such participation, affiliation, association, contribution,  
4 assistance, conduct, consultation, or provision of emergency  
5 care, referrals, education, needles, hypodermic syringes,  
6 other injection supplies, or any other materials. The immunity  
7 from liability, including vicarious liability, provided herein  
8 shall also extend to the members of any local health authority  
9 establishing, sponsoring, operating, or administering a  
10 program. It is the express intention of this act that the  
11 immunity conferred under this subsection shall be provided to  
12 and for the employees, officers, agents of the state, persons,  
13 and entities described in this subsection for personal injury,  
14 damage to or loss of property, or other civil liability caused  
15 or arising out of, or relating to, an actual or alleged act,  
16 error, or omission that occurred, or that the officer,  
17 employee, agent of the state, person, or entity had a  
18 reasonable basis for believing occurred, in relation to or in  
19 conjunction with the program; provided that this subsection  
20 expressly incorporates Section 36-1-12, Code of Alabama 1975,  
21 and neither expands nor limits the protections under that  
22 statute. It is also the specific intention of this subsection  
23 that any person or entity providing emergency care or  
24 referrals to any program participant while participating in  
25 the program shall be deemed to be acting within the scope of  
26 Section 6-5-332, Code of Alabama 1975, and subject to the  
27 liability protections and limitations contained therein.

1 Nothing in this subsection shall be deemed to impair,  
2 derogate, or otherwise limit any other immunity of any person  
3 or entity under constitutional, statutory, or common law.

4 (e) Not later than one year after commencing  
5 operations of a program established pursuant to this section,  
6 and every twelve months thereafter, each local health  
7 authority operating such a program shall report the following  
8 information to the Department of Public Health:

9 (1) The number of individuals served by the program.

10 (2) The number of needles, hypodermic syringes, and  
11 other injection supplies dispensed by the program and returned  
12 to the program.

13 (3) The number of naloxone kits, or equivalent,  
14 distributed by the program.

15 (4) The number and type of treatment referrals  
16 provided to individuals served by the program, including a  
17 separate report of the number of individuals referred to  
18 programs that provide access to naloxone hydrochloride, or  
19 equivalent, that is approved by the federal Food and Drug  
20 Administration for the treatment of an overdose.

21 (5) The number and type of medical, mental health,  
22 and social services referrals provided to individuals served  
23 by the program.

24 (f) Program operations may extend beyond an initial  
25 three-year pilot stage if the Department of Public Health or  
26 local health authority determines there to be continued  
27 demonstrated need.

1                   (g) Nothing in this act shall be construed to  
2                   establish a standard of care for physicians or otherwise  
3                   modify, amend, or supersede any provision of the Alabama  
4                   Medical Liability Act of 1987 or the Alabama Medical Liability  
5                   Act of 1996, commencing with Section 6-5-540, et seq., Code of  
6                   Alabama 1975, or any amendment thereto, or any judicial  
7                   interpretation thereof.

8                   Section 5. This act shall become effective on the  
9                   first day of the third month following its passage and  
10                  approval by the Governor, or its otherwise becoming law.

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House of Representatives

Read for the first time and re-  
ferred to the House of Representa-  
tives committee on Health ..... 04-APR-17

Read for the second time and placed  
on the calendar with 1 substitute  
and..... 27-APR-17

Read for the third time and passed  
as amended..... 04-MAY-17

Yeas 85, Nays 0, Abstains 7

Jeff Woodard  
Clerk