

1 HB455
2 184589-1
3 By Representative Williams (JD)
4 RFD: Health
5 First Read: 04-APR-17

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8 SYNOPSIS: This bill would establish the Alabama
9 Infectious Disease Elimination Act.

10 This bill would authorize the Department of
11 Public Health and local health authorities to
12 establish infectious disease elimination pilot
13 programs in certain counties.

14 This bill would provide guidelines for
15 infectious disease elimination pilot programs.

16 This bill would also provide limited
17 criminal and civil immunity.

18
19 A BILL

20 TO BE ENTITLED

21 AN ACT

22
23 Relating to infectious diseases; to create the
24 Alabama Infectious Disease Elimination Act; to authorize the
25 Department of Public Health and local health authorities to
26 establish infectious disease elimination pilot programs in
27 certain counties; to provide guidelines for infectious disease

1 elimination pilot programs; and to provide limited criminal
2 and civil immunity.

3 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

4 Section 1. This act shall be known and may be cited
5 as the Alabama Infectious Disease Elimination Act.

6 Section 2. The Legislature finds all of the
7 following:

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

11 (2) The epidemic of prescription opioid misuse and
12 abuse has led to increased numbers of people who inject drugs,
13 placing new populations at increased risk for human
14 immunodeficiency virus (HIV). Rural and nonurban areas with
15 limited HIV/hepatitis C virus (HCV) prevention and treatment
16 services and substance use disorder treatment services,
17 traditionally areas at low risk for HIV/HCV, have been
18 disproportionately affected.

19 (3) Sharing needles, syringes, and other injection
20 drug use equipment is a direct route of both HIV and HCV
21 transmission.

22 (4) Alabama continues to see new cases of HIV with
23 685 newly diagnosed in 2015 bringing the total living with HIV
24 in Alabama to 12,874. Injection drug use accounts for six
25 percent of all cases of HIV in Alabama.

1 (5) Cases of acute HCV in Alabama increased 200
2 percent in the period from 2009 to 2013, and 68.2 percent of
3 these cases are attributable to injection drug use.

4 (6) Drug overdose deaths in Alabama increased 19.7
5 percent from 2013 to 2014, the most recent years for which
6 data are available.

7 (7) At least four counties in Alabama share
8 characteristics with Scott County, Indiana, which experienced
9 a major outbreak of HIV and HCV in late 2014 and early 2015
10 directly related to injection drug use brought on by the
11 epidemic of prescription opioid misuse and abuse. Those
12 characteristics, as identified by the federal Centers for
13 Disease Control and Prevention (CDC), include: Consideration
14 of the rate of drug overdose deaths; percent unemployment; per
15 capita income; percent white non-Hispanic population; rate of
16 sales of prescription opioids; and percent of county
17 population for which local providers have been approved to
18 prescribe buprenorphine.

19 (8) The lifetime treatment cost of an HIV patient is
20 conservatively estimated at \$380,000.

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

23 (1) CONTROLLED SUBSTANCE. The term as defined in the
24 Alabama Uniform Controlled Substances Act.

25 (2) DEMONSTRATED NEED. Experiencing, or at risk for,
26 a significant increase in infectious disease due to an
27 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 person'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 infectious disease elimination pilot
12 program established pursuant to Section 4.

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

23 (1) Reduce the spread of HIV, HCV, and other
24 infectious diseases in the state.

25 (2) Reduce needle stick injuries to law enforcement
26 officers, first responders, other emergency personnel, and the
27 general public.

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

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

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

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

14 (3) Provide educational materials on all of the
15 following:

16 a. Overdose prevention.

17 b. Prevention of infectious diseases.

18 c. Drug abuse prevention.

19 d. Treatment for mental illness, including treatment
20 referrals.

21 e. Treatment for mental illness, including treatment
22 referrals.

23 (4) Provide access to naloxone kits that contain
24 naloxone hydrochloride (or equivalent) that is approved by the
25 federal Food and Drug Administration for the treatment of a
26 drug overdose, or referrals to programs that provide access to
27 naloxone hydrochloride (or equivalent) that is approved by the

1 federal Food and Drug Administration for the treatment of a
2 drug overdose.

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

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

9 (7) Use a recordkeeping system that ensures the
10 identity of each individual who injects drugs remains
11 anonymous.

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

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

20 (10) Provide care or referrals to program
21 participants in need of immediate medical attention at the
22 time they receive services through the program.

23 (11) Comply with applicable state and federal rules
24 and regulations governing participant confidentiality.

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

27 a. Law enforcement representatives.

1 b. Prosecutors.

2 c. Representatives of substance use disorder
3 treatment facilities certified by the Department of Mental
4 Health.

5 d. Individuals who inject drugs and individuals in
6 recovery from substance use disorder.

7 e. Nonprofit organizations focused on HIV, HCV,
8 substance use disorder, and mental health.

9 f. Residents of the area.

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

12 a. The population to be served.

13 b. Concerns of law enforcement representatives and
14 prosecutors.

15 c. Day-to-day administration of the program,
16 including security of program sites, equipment, personnel, and
17 use of volunteers.

18 (d) (1) An employee or volunteer of a program, when
19 carrying out the duties of the program, and an active
20 participant in a program, is granted limited immunity from and
21 not subject to criminal liability under Section 13A-12-202,
22 13A-12-203, 13A-12-204, or 13A-12-260, Code of Alabama 1975.

23 (2) The limited immunity provided in this subsection
24 shall apply to a program participant only if the individual
25 claiming immunity provides a wallet certificate stating that
26 the individual is an active participant in a program. The
27 immunity shall apply to a needle, hypodermic syringe, or other

1 injection supply obtained from, or to a used needle or
2 hypodermic syringe containing residual amounts of a controlled
3 substance being returned for disposal to, a program
4 established pursuant to this section. In addition to any other
5 applicable immunity on civil liability, a law enforcement
6 officer who arrests or charges a person who is thereafter
7 determined to be entitled to immunity from prosecution under
8 this section shall not be subject to civil liability for the
9 arrest or filing of charges.

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

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

16 (2) The number of needles, hypodermic syringes, and
17 other injection supplies dispensed by the program and returned
18 to the program.

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

21 (4) The number and type of treatment referrals
22 provided to individuals served by the program, including a
23 separate report of the number of individuals referred to
24 programs that provide access to naloxone hydrochloride, or
25 equivalent, that is approved by the federal Food and Drug
26 Administration for the treatment of an overdose.

1 (5) The number and type of social services referrals
2 provided to individuals served by the program.

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

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