

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 203
(I-19)

Introduced by: Medical Student Section

Subject: Support Expansion of Good Samaritan Laws

Referred to: Reference Committee B
(_____, Chair)

1 Whereas, In 2016, drug overdoses killed 63,632 Americans, the leading cause of preventable
2 death in the USA¹⁻³; and

4 Whereas, Opioid overdose can be effectively reversed using the opioid antagonist naloxone^{4,5};
5 and

7 Whereas, Between 21-68% of overdose bystanders call 911, but many delay or refrain from
8 calling 911 altogether often due to fear of arrest^{6,7}; and

10 Whereas, 46 states have passed some form of a "Good Samaritan Law" (GSL) as endorsed by
11 our AMA (D-95.977) to provide limited immunity from drug-related offenses to people who seek
12 medical assistance in the event of an overdose⁸; and

14 Whereas, Many people who use drugs are not aware these laws exist, one study found that
15 two-thirds of those surveyed were unaware of GSLs⁶; and

17 Whereas, A study in New York found that bystanders with a correct understanding of GSLs
18 were three times more likely to call 911 in the event of an overdose than those who had
19 incorrect knowledge about GSLs⁹; and

21 Whereas, GSLs provide variable legal protection by state, which may confer protection against
22 prosecution for specific crimes such as the possession of illicit/controlled substances,
23 paraphernalia, and/or parole/pretrial/probation violations^{6,10,11}; and

25 Whereas, A drug-induced homicide is defined as a crime in which a person delivered or
26 provided drugs to another person that resulted in their death¹²; and

28 Whereas, GSLs do not provide protections for drug-induced homicide^{7,13}; and

30 Whereas, Only Vermont and Delaware have specific laws that provide immunity for drug-
31 induced homicide if a person seeks medical assistance¹⁰; and

33 Whereas, Some states have enacted "911 Medical Amnesty Laws" to protect individuals from
34 arrest, prosecution or conviction of certain drug offenses if the evidence results from seeking
35 medical assistance for someone thought to be suffering from a drug overdose¹⁴; and

37 Whereas, The enactment of aforementioned medical amnesty policies in cases of underage
38 drinking have been shown to not increase consumption¹⁵; and

1 Whereas, As of 2016, 40 states had implemented medical amnesty laws protecting minors in
2 alcohol related emergencies¹⁶; and
3
4 Whereas, Implementation of Medical Amnesty Protocols (MAP) did not result in increased
5 drinking, overall consumption, or the incidence of physiological consequences¹⁷; and
6
7 Whereas, After the creation of MAP, Cornell students showed an increased willingness to seek
8 help for alcohol related emergencies, and there was a 61% decrease in the students who cited
9 fear of getting in trouble as the reason they did not call for help¹⁵; and
10
11 Whereas, The number of prosecutions of drug-induced homicide ~~across~~ the country has
12 increased over 300% since 2011, with the Midwest accounting for a large portion of this
13 increase; family members, friends, and partners are the frequent victims of these
14 prosecutions^{10,18-20}; and
15
16 Whereas, Increases in drug-induced homicide prosecutions are correlated with ~~increases~~ in
17 fatal overdose rates and studies suggest this may be due to increased fear of calling for
18 help^{7,10,18}; and
19
20 Whereas, Research suggests that a lack of Good Samaritan laws can lead to conditions in
21 which there are higher opioid-related ~~deaths~~ and decreased medical interventions--representing
22 a real public health concern²¹; therefore be it
23
24 RESOLVED, That our AMA amend Policy ~~D-95.977~~ by addition and deletion to read as
25 follows:
26
27 **911 Good Samaritan Laws, D-95.977**
28 Our AMA: (1) will support and endorse policies and legislation that provide
29 protections for ~~callers or witnesses seeking medical help for overdose victims~~; and
30 (2) will promote 911 Good Samaritan policies through legislative or regulatory
31 advocacy at the local, state, and national level; and (3) will work with the relevant
32 ~~organizations and state societies to raise awareness about the existence and scope~~
33 ~~of Good Samaritan Laws.~~ (Modify Current HOD Policy)

Fiscal note:

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RELEVANT AMA POLICY

911 Good Samaritan Laws D-95.977

Our AMA: (1) will support and endorse policies and legislation that provide protections for callers or witnesses seeking medical help for overdose victims; and (2) will promote 911 Good Samaritan policies through legislative or regulatory advocacy at the local, state, and national level.

Citation: (Res. 225, A-14)

Prevention of Opioid Overdose D-95.987

1. Our AMA: (A) recognizes the great burden that opioid addiction and prescription drug abuse places on patients and society alike and reaffirms its support for the compassionate treatment of such patients; (B) urges that community-based programs offering naloxone and other opioid overdose prevention services continue to be implemented in order to further develop best practices in this area; and (C) encourages the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities; and (D) will continue to monitor the progress of such initiatives and respond as appropriate.
2. Our AMA will: (A) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose; and (B) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for opioid overdose.
3. Our AMA will support the development and implementation of appropriate education programs for persons in recovery from opioid addiction and their friends/families that address how a return to opioid use after a period of abstinence can, due to reduced opioid tolerance, result in overdose and death.

Citation: Res. 526, A-06; Modified in lieu of Res. 503, A-12; Appended: Res. 909, I-12;
Reaffirmed: BOT Rep. 22, A-16; Modified: Res. 511, A-18; Reaffirmed: Res. 235, I-18

Harm Reduction Through Addiction Treatment H-95.956

The AMA endorses the concept of prompt access to treatment for chemically dependent patients, regardless of the type of addiction, and the AMA will work toward the implementation of such an approach nationwide. The AMA affirms that addiction treatment is a demonstrably viable and efficient method of reducing the harmful personal and social consequences of the

inappropriate use of alcohol and other psychoactive drugs and urges the Administration and Congress to provide significantly increased funding for treatment of alcoholism and other drug dependencies and support of basic and clinical research so that the causes, mechanisms of action and development of addiction can continue to be elucidated to enhance treatment efficacy.

Citation: (Res. 411, A-95; Appended: Res. 405, I-97; Reaffirmation I-03; Reaffirmed: CSAPH Rep. 1, A-13)

Increasing Availability of Naloxone H-95.932

1. Our AMA supports legislative, regulatory, and national advocacy ~~efforts~~ to increase access to affordable naloxone, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where ~~permitted by law~~, community-based organizations, law enforcement agencies, correctional ~~settings~~, schools, and other locations that do not restrict the route of administration for ~~naloxone delivery~~.
2. Our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone.
3. Our AMA encourages physicians to co-prescribe ~~naloxone~~ to patients at risk of overdose and, where permitted by law, to the friends and family ~~members~~ of such patients.
4. Our AMA encourages private and public payers to ~~include~~ all forms of naloxone on their preferred drug lists and formularies with minimal or no ~~cost~~ sharing.
5. Our AMA supports liability protections ~~for~~ physicians and ~~other~~ health care professionals and others who are authorized to prescribe, ~~dispense~~ and/or administer naloxone pursuant to state law.
6. Our AMA supports efforts to encourage ~~individuals who are~~ authorized to administer naloxone to receive appropriate education to enable them to do so effectively.
7. Our AMA encourages manufacturers or ~~other~~ qualified sponsors to pursue the application process for over the counter approval of ~~naloxone~~ with the Food and Drug Administration.
8. Our AMA supports the widespread implementation of easily accessible Naloxone rescue stations (public availability of Naloxone through wall-mounted display/storage units that also include instructions) ~~throughout the country following distribution and legislative edicts similar to those for Automated External Defibrillators~~.
9. Our AMA ~~supports~~ the legal access to and use of naloxone in all public spaces regardless of whether ~~the individual holds a prescription~~.

Citation: BOT Rep. 22, A-16; Modified: Res. 231, A-17; Modified: Speakers Rep. 01, A-17; Appended: Res. 909, I-17; Reaffirmed: BOT Rep. 17, A-18; Modified: Res. 524, A-19

Support for Medical Amnesty Policies for Underage Alcohol Intoxication H-30.938

Our AMA ~~supports~~ efforts among universities, hospitals, and legislators to establish medical amnesty policies that protect underage drinkers from punishment for underage drinking when seeking ~~emergency~~ medical attention for themselves or others.

Citation: (Res. 202, A-12)