

2013 HOUSE JUDICIARY

HB 1412

2013 HOUSE STANDING COMMITTEE MINUTES

House Judiciary Committee
Prairie Room, State Capitol

HB 1412
January 29, 2013
Job 17943

Conference Committee



Explanation or reason for introduction of bill/resolution:

Immunity from criminal liability in medical emergencies involving drugs or alcohol.

Minutes:

Testimony 1,2,3,4,5

Chairman Koppelman: Opens.

Rep Strinden: Support HB 1412. Testimony 1 and 2. Testimony from others, and some remarks. There are others here to make some changes or amendments to the bill and I am open to that.

Rep Larson: There is already amnesty allowed in the law that is being crossed out, on pg 3, section 3, here is a scenario that worries me about that. As you know there have been people that have died from using synthetic drugs and since they are so experimental in there composition and changing so rapidly. I could see one concern being that somebody who wants to host a party wouldn't be concerned with liability of drugs there because we have given them immunity.

Rep Strinden: It does provide the groups that are staying behind to assist law enforcement. I am not opposed to changing it a bit but I did speak to the Attorney General's office and we discussed that those individual are somewhat red flagged. They are only immune to that one instance.

Chairman Koppelman: It there anything about repeat offenses?

Rep Strinden: Attorney General's office could answer that better.

Rep Larson: I have a concern for those people that are delivering things. People take advantage of the immunity law the way it is currently written, like in a medical emergency. I have a problem with individuals hosting or delivering.

Rep Strinden: This bill was to protect those that are helping others instead of being arrested; this committee can certainly amend out. Refers testimony 1.

Chairman Koppelman: Are you aware of instances where people are so afraid of prosecution that it caused injury or harm?

Rep Strinden: Yes. In one incident the drug sellers were the ones that could have saved some kids lives that are why they have been included in the immunity.

Chairman Koppelman: Would it be better to education?

Rep Strinden: I do think education to go hand and hand with this, this law is not a get out of jail free card. The current law only protects the caller if there are under 21 and so this is to expand to help others as well.

Rep Larson: Organization amnesty, in bars and restaurant the bartenders should and can stop serving but someone having a party doesn't have to take responsibility.

Rep Strinden: One of the reasons I did not put this in the bill originally is I figured talking protecting organizations and this medical issue are two different issues. It can be altered. (refer to testimony 4).

Jonathan Byers, Attorney General Office: I support HB 1412. There is a tradeoff here, giving up the authorization to prosecute is so that many situations that occur like this, lives will be saved. I too had questions like Rep Larson, section 5, but two things that lessen the impact. 1-only prohibiting prosecution under this chapter, if a drug seller sticks around and someone needs medical care and they don't call for help they can be prosecuted for negligence/homicide. 2-Sentence at the very end of the bill, lines 25-27.

Rep Klemin: Fine line, I'm not sure most people would understand the difference between immunity for one thing but may not be immunity for everything.

Jonathan: When there is a tradeoff there needs to be a line drawn somewhere.

Chairman Koppelman: I agree with Rep Klemin, is passing this law going to make much a difference. Most people don't realize there is a good samaritan law the way it is now.

Jonathan: I do believe it will, however if there is an individual that acts as a good samaritan, it does not make him/her free on every offense that has occurred at that time and we have that as precautionary measure and I hope that it will be a really small number of them.

Chairman Koppelman: How is this working now, are you aware for this happening?

Jonathan: I have heard of cases of this but I do not have statistics, I do want to mention that the Attorney General wished I would offer assistance to the committee.

Rep Delmore: There cannot possibly be a price tag when we are talking about saving someones life.

Jonathan: That is exactly what I am talking about as far as this trade off. It is a great reward for a small amount of a risk in comparison.

Rep Hogan: Under current law, people under 21 years of age are immune and with new law everyone will be immune from prosecution?

Jonathan: Yes.

Chairman Koppelman: If we pass this bill what is the effect?

Jonathan: The tradeoff is it somewhat provides a shield for offenses.

Dr. Laura Oster-Aadland, ND University System: Testimony 5. Concerns with lines 11-17 on page 4. Who and how many in an incident are immune, is it only the individual that contacted help or the entire group? In the past I believe up to 5 individuals were immune but this bill does not indicate who and how many? I did research on this topic for my Doctorial dissertation and I want to be clear that the results were inclusive; we simply can't guarantee any individual will call or know when to call. We really need education, and informed. Passing this bill would prohibit our campuses from intervening with students that were involved in dangerous, maybe lethal situation. I am also concerned with the inclusion of organizations as well.

Rep Delmore: We don't disagree about the educational needs, but we also need to deal with reality. Would you be willing to put some sort of amendment wording to the policy?

Dr. Laura: I would have to consult with my colleagues but I think that would work well. We can consult with Rep Strinden as well to put something together.

Rep Klemin: Would your position on the bill be the same is section 4 was not in there?

Dr. Laura: We would be much less concerned, I still uncertain but less opposed.

Rep Klemin: Policy and adopted standard, they might not be the same?

Chairman Koppelman: What are your thoughts on the current law? Is it sufficient and have you worked with it?

Dr. Laura: I will answer that personally, I think it's an important piece of the puzzle and we do educate students about it. It is good as far as "It might help, can't hurt".

Chairman Koppelman: So you do make them aware of the immunity?

Dr. Laura: Yes and we also talk to them about how the school system/sanctions work.

Chairman Koppelman: Closes.

2013 HOUSE STANDING COMMITTEE MINUTES

House Judiciary Committee
Prairie Room, State Capitol

HB 1412
January 30, 2013
Job 17979

Conference Committee

Kristi Hetmyl

Explanation or reason for introduction of bill/resolution:

Immunity from criminal liability in medical emergencies involving drugs or alcohol.

Minutes:

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Chairman Koppelman: HB 1412. Let's put together subcommittee, HB 1412 needs further discussion.

Rep Larson: Subcommittee (Chair)

Rep Steiner: Subcommittee

Rep Hogan: Subcommittee

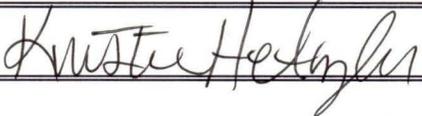
Chairman Koppelman: Closes.

2013 HOUSE STANDING COMMITTEE MINUTES

House Judiciary Committee
Prairie Room, State Capitol

HB 1412
January 30, 2013

Conference Committee



Explanation or reason for introduction of bill/resolution:

Subcommittee Minutes

Minutes:

Meeting Room: Prairie Room. (2:15pm)

Members present: Rep. Larson, Rep. Hogan, Rep. Steiner.

Others present: Tom Trenbeath, (A.G. Office) Jonathan Byers, (A.G. Office).

Discussion: Including drugs in the immunity portion opens the possibility of misuse by drug dealers to give drugs to someone they are with then calling for help to make themselves immune. We were fine with extending immunity to someone regarding alcohol medical emergency to those over the age of 21.

Motion and Vote: Motion to Amend.

Vote: 3 YES to amendments.

2013 HOUSE STANDING COMMITTEE MINUTES

House Judiciary Committee
Prairie Room, State Capitol

HB 1412
Job 18322
DATE February 5, 2013

Conference Committee

Carman Hick

Explanation or reason for introduction of bill/resolution:

Relating to immunity from criminal liability in medical emergencies involving drugs or alcohol.

Minutes:

Chairman Kim Koppelman: Reopens HB 1412 and asked Rep. Larson to explain what the subcommittee discussed.

Rep. Diane Larson: The subcommittee met on January 30, 2013 and consisted of Rep. Kathy Hogan, Rep. Vicky Steiner and her. Mr. Trenbeath and Jonathan Byers from the Attorney General's office were also present. This bill provides immunity if someone brought to the attention of law enforcement or medical personnel because someone had overdosed. The subcommittee agreed to keep the portion of the bill that extended immunity to those over the age of 21. So at a college party and somebody was over 21 and then called in for medical attention, they would also be immune from prosecution on that. We did remove on page 4 lines 9 through 27. We deleted sections 4 and 5. We also omitted the part on drugs as being something you can be immune from. That was something we did get concurrents from the Attorney General's office regarding this. Because the worry is that since we are tightening laws on synthetics that those people especially that are willing to get around the law anyway they possibly can, those are the people most likely to be aware of this type of a law. Perhaps try a new drug on somebody and if it goes bad all they have to do is call an ambulance and they are immune from any responsibility. The primary things this bill would do with the amendments is to extend the age of immunity to those over 21, it's just not under 21 that immunity would apply to.

Chairman Kim Koppelman: Just so I understand people over 21 would be immune if they called emergency services for someone who is having difficulty?

Rep. Diane Larson: Currently the law was put in place because of kids getting drunk together and so they wanted to have immunity for kids bringing in somebody in for help. We know it's not just kids, its young adults that may be partying with kids. I would rather have them be immune from prosecution if its alcohol and someone consumes too much alcohol and they call for medical assistance. Removing the age restriction will be helpful but extending it to drug abuse opened it up to those people willing to experiment with drugs.

Chairman Kim Koppelman: Did you consider on page 3 lines 6 through 14 which is current law that the bill proposes to overstrike and doesn't look like the amendments dealt with that. It states if someone delivers alcohol to someone under 21 that the court shall consider mitigating factors.

Rep. Diane Larson: We did discuss that and we thought we should leave that in there. We wanted that language to remain that it can be mitigating.

Rep. Kathy Hogan: maybe we need an amendment to leave it in. My notes say we should leave it in.

Vice Chairman Larry Klemin: What you are talking is to remove the overstrike on page 3 line 6 through 14.

Chairman Kim Koppelman: In a practical sense how would that work? If the bill makes them immune would there be any need for mitigating circumstances?

Rep. Diane Larson: We discussed some possibilities. This really goes after the person that can still be responsible for serving.

Vice Chairman Larry Klemin: On page 3 on line 25 through 31, I have in my notes that Jonathan Byers said when he testified this did not provide complete transaction immunity. It would only provide immunity for information received for remaining on the scene and not for say supplying a drug to somebody. So I am wondering if you really want to take out drug on line 27?

Rep. Diane Larson: We didn't want to leave the drug reference in to be something that would be encouraging.

Rep. Lois Delmore: Did you discuss the one young that was lying on a sidewalk it was drugs, what if somebody had called for medical help that he needed and saved his life? I get what you say about people manipulating but unless one person remained there and got him medical attention maybe we could have saved his life.

Rep. Kathy Hogan: We talked about that with Jonathan Byers and Mr. Trenbeath and they said there is always prosecuting authority to make some decisions even within the guidelines of the law. This way we are sanctioning the drug thug and they always use mitigating circumstances.

Rep. Lois Delmore: So they did not think we needed drugs in it?

Rep. Kathy Hogan: They did not think we needed drugs in.

Rep. Nathan Toman: My understanding for this is to provide immunity to save lives so this comes back to the drug question if there is an overdose in drugs how will that be covered in statute?

Rep. Diane Larson: That's true. This is basically taking a step and part of the reason for this bill was to extend that age limit so at a fraternity party someone gets sick the whole fraternity doesn't get shut down. We are talking about extending it somewhat. There was strong testimony from Dr. Oster-Aaland concerning that studies show they are not afraid to call for help because of fear of getting in trouble but rather because they didn't think help was needed. That is the biggest reason help isn't called for so we were thinking about in what situations would that play out more. It seems like a college party when there is 19, 20, and 21 year olds there. So this would hopefully address that particular situation but wouldn't extend it to looking like we are condoning some drug use. It's a step to saving lives but not saying that anybody does anything you will be immune.

Chairman Kim Koppelman: When you made the comment we don't want to insulate drug dealers or people who do supply drugs at a party by saying well if anybody gets in trouble I will just call 911 and I'm immune.

Rep. Diane Larson: It seems the people who would most aware of the immunity law would be those people that we are specifically trying to address.

Rep. Randy Boehning: If it's the combination, a college student having six drinks then uses some other drug, it's the drug that causes the problem and the person passes out but they think it's from alcohol is he immune when they call 911?

Rep. Diane Larson: That would be up to the courts.

Rep. Kathy Hogan: What they said was prosecutorial discretion. If the primary poison was alcohol they probably wouldn't use this but it was primarily drugs they might.

Rep. Randy Boehning: So if they know somebody had pot and others don't feel they can call 911 because they might all go to jail, correct?

Chairman Kim Koppelman: The bill is broad sweep toward expanding immunity there is some mitigation in law now. The amendments will still grant some immunity but not quite as far as the original bill.

Vice Chairman Larry Klemin: Page 2 line 19 remove the overstrike over the number of individuals that maybe immune for any one occurrence is five individuals. So that would leave that language in the law, what was the rational for that?

Rep. Kathy Hogan: We were talking about the large parties. It's not likely that 20 people call at one time and that they are coming upon a scene where they might be extensive drug and alcohol use, the people that are in fact involved in the medical emergency would be more likely to immune but that doesn't mean the entire party is immune.

Vice Chairman Larry Klemin: There are other requirements in this subsection six about what you have to do to get that immunity and not just be present at the party isn't one of them. So I am wondering what you do in a situation where there is 6 that would otherwise qualify and they say you five are immune but sorry you are not because the sixth and we can only have five.

Rep. Diane Larson: There is also discretion for police at the initially stage too. I think the intent in putting it back in was so that everybody wasn't just standing around continuing to party and think it was a fun deal. This is time to disperse as this is a medical emergency. We asked the AG's office why that was put in in the beginning because that was part of the original language. They indicated they weren't sure why it was there either but made the assumptions that we did.

Vice Chairman Larry Klemin: It seems confusing to me to say five instead of six.

Chairman Kim Koppelman: We can adopt the amendment and further amend. If you want to deal with that section separately we can do that. Just to clarify the intent of the subcommittee, we should add this to the amendment we have on page 3 remove the overstrikes on line 6 through 14 would be added to what we have in print in front of us.

Rep. Diane Larson: I moved the amendment.

Rep. Kathy Hogan: Second the amendment.

Chairman Kim Koppelman: The motion before us is to approve the subcommittee amendments.

Voice vote carried.

Vice Chairman Larry Klemin: I move to further amend HB 1412 by reinserting the overstrike on page 2 line 19 over those words.

Chairman Kim Koppelman: The motion is to reinsert the overstrikes page 2 line 18 beginning with the word the and extending all of line 19.

Rep. Nathan Toman: Second this amendment.

Voice vote carried.

Chairman Kim Koppelman: We have the bill twice amended before us.

Rep. Nathan Toman: So if it is a University party how are they going to recognize that they need to call because of the immunity or are they just going to haul the individual off to his dorm room and have him sleep it off? How will this help us to get those people to call for an emergency?

Rep. Diane Larson: I still think we are going to have a lot of people dying because of alcohol poisoning because that is usually the case. They don't realize there is a problem, they can sleep it off and they don't call for medical attention. There are a few exceptions. I know that from where I work about two months ago five kids brought in another kid to the emergency room because they couldn't wake him up after drinking too much. My guess is with some groups of people this word will spread and so hopefully they will become more aware of emergency medical indicators so perhaps this might make a difference with some. I do agree with you this is just an attempt to try and teach more people very likely people will die because they won't recognize that there is a problem.

Rep. Gary Paur: I question the value of this bill and wonder if we should recommend it do pass.

Chairman Kim Koppelman: Asked the subcommittee to report what the status is with current law with regard to immunity or mitigating factors or good Samaritan protections versus what it be with the bill amended and would be law.

Rep. Diane Larson: We do have the law that has been occasionally used. I think there are a lot of Police Departments that use the good Samaritan law that if someone calls for help the other person that has also been drinking with them that gets into trouble. This puts into law in the hopes more people would feel free to call if somebody appears to be in medical distress so they get that assistance. This bill proposed to expand that to include those over 21 but also to include any drugs that anybody used. We didn't want to extend it that far but we were okay saying over 21, on a college campus I realize a lot of kids are drinking and think in this situation lives could be saved because they are not going to get into trouble if they help their friend who had too much to drink.

Chairman Kim Koppelman: Right now if someone over 21 would make this kind of call they would not have any immunity? But there could be mitigating circumstances considered by the court? Someone under 21 up to five people could make the call now and have immunity?

Rep. Kathy Hogan: Yes

Chairman Kim Koppelman: So that will be the change the over 21 piece.

Rep. Diane Larson: Then it wouldn't be up to Police discretion, it's already in the law that they have immunity.

Chairman Kim Koppelman: Rep. Klemin referenced earlier what Jonathan Byers said it didn't provide totally immunity did your subcommittee get any more information on that?

Rep. Kathy Hogan: they said this address a very specific issue and in most situations there might be other issues not related directed to the medical whether it be delivery or possession. Mr. Trenbeath and Mr. Byers strongly supported this if we save one life or if we save five lives this is a good bill.

Rep. Lois Delmore: Moved a do pass on HB 1412 as amended.

Rep. Diane Larson: Second.

14-0-0

Rep. Hogan will carry the bill.

February 5, 2013

VR
2/5/13

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1412

Page 1, line 1, remove "create and enact a new section to chapters 15-10 and 19-03.1 of the North"

Page 1, remove line 2

Page 1, line 3, remove "medical emergencies involving drugs or alcohol; and to"

Page 3, line 3, remove the overstrike over "The"

Page 3, remove the overstrike over lines 4 through 14

Page 3, line 27, remove "or drug"

Page 4, remove lines 9 through 27

Renumber accordingly

Date: 2-5-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1412

House Judiciary Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0455, 01001

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep Larson Seconded By Rep. Hogan

Representatives	Yes	No	Representatives	Yes	No
Chairman Kim Koppelman			Rep. Lois Delmore		
Vice Chairman Lawrence Klemin			Rep. Ben Hanson		
Rep. Randy Boehning			Rep. Kathy Hogan		
Rep. Roger Brabandt					
Rep. Karen Karls					
Rep. William Kretschmar					
Rep. Diane Larson					
Rep. Andrew Maragos					
Rep. Gary Paur					
Rep. Vicky Steiner					
Rep. Nathan Toman					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice Vote Carried

Date: 2-5-13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1412

House Judiciary Committee

Check here for Conference Committee

Legislative Council Amendment Number 13,6455,01002

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep K/emin Seconded By Rep. Toman

Representatives	Yes	No	Representatives	Yes	No
Chairman Kim Koppelman			Rep. Lois Delmore		
Vice Chairman Lawrence Klemin			Rep. Ben Hanson		
Rep. Randy Boehning			Rep. Kathy Hogan		
Rep. Roger Brabandt					
Rep. Karen Karls					
Rep. William Kretschmar					
Rep. Diane Larson					
Rep. Andrew Maragos					
Rep. Gary Paur					
Rep. Vicky Steiner					
Rep. Nathan Toman					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice vote - carried

Date: 2-5-13
 Roll Call Vote #: 1

**2013 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. HB 1412**

House Judiciary Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Delmore Seconded By Rep. Larson

Representatives	Yes	No	Representatives	Yes	No
Chairman Kim Koppelman	/		Rep. Lois Delmore	/	
Vice Chairman Lawrence Klemin	/		Rep. Ben Hanson	/	
Rep. Randy Boehning	/		Rep. Kathy Hogan	/	
Rep. Roger Brabandt	/				
Rep. Karen Karls	/				
Rep. William Kretschmar	/				
Rep. Diane Larson	/				
Rep. Andrew Maragos	/				
Rep. Gary Paur	/				
Rep. Vicky Steiner	/				
Rep. Nathan Toman	/				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Rep. Hogan

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1412: Judiciary Committee (Rep. K. Koppelman, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1412 was placed on the Sixth order on the calendar.

Page 1, line 1, remove "create and enact a new section to chapters 15-10 and 19-03.1 of the North"

Page 1, remove line 2

Page 1, line 3, remove "medical emergencies involving drugs or alcohol; and to"

Page 3, line 3, remove the overstrike over "The"

Page 3, remove the overstrike over lines 4 through 14

Page 3, line 27, remove "or drug"

Page 4, remove lines 9 through 27

Renumber accordingly

2013 SENATE JUDICIARY

HB 1412

2013 SENATE STANDING COMMITTEE MINUTES

Senate Judiciary Committee
Fort Lincoln Room, State Capitol

HB1412
3/13/2013
Job #19827

Conference Committee

Committee Clerk Signature



Minutes:

Attached testimony

Relating to immunity from criminal liability in medical emergencies involving drugs or alcohol

Senator David Hogue - Chairman

Representative Marie Strinden - District 18 - Introduces the bill and explains who can be protected for immunity for alcohol related. She relates that this bill came from the UND Inter-Fraternity Counsel. She explains there have been several alcohol over-doses that people did not call 911 because they were afraid the person or themselves would get into trouble. Senator Sitte asks if she would be amenable to and an amendment for overdoses of drugs. Rep. Strinden replies that the original bill did include drugs and she would love to see it put back in. She explains the reason why the House took out of the bill.

Johan Mahlum - Lobbyist for the ND Student Association - See written testimony. (1) Senator Nelson asks him if the individual campuses now have policies to which he responds that he doesn't believe there is any currently. Senator Hogue asks what extent of immunity they are asking for. Mr. Mahlum explains the steps they need to do to be granted immunity, he is not certain of the location where it happens. He goes on to say it must be an over-dose of drugs or alcohol. The committee discusses why they would make five individuals immune.

Opposition - none

Neutral

Senator Sitte asks Dan Donlin, Bismarck Police Dept. to come forward for a question. She asks if he sees any problem with adding drug overdose to the bill. The Chief said law enforcement would work on that as well but says they would question if it is a certain type of drugs, is it after the fact it is found out, is it part of a much larger crime. Those would all be concerns of law enforcement. Senator Grabinger asks him about putting the number of 5 individuals immune. The Chief responds that putting a number on it didn't make much sense to him. He says the intent of the bill is that someone reports but when you tag a number it becomes more difficult to see who gets immunity. Senator Hogue asks him how often these party calls arise. Chief Donlin replies numerous times a week. It could be 10% of the time that the person may have medical issues. He says they have had local deaths

Senate Judiciary Committee

HB1412

3/13/2013

Page 2

due to alcohol poisoning. He says immunity should be limited to the person with the medical issue and the person who brought them to the ER and or waited for emergency services to respond.

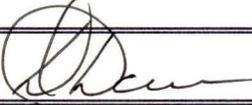
Close the hearing on 1412

2013 SENATE STANDING COMMITTEE MINUTES

Senate Judiciary Committee
Fort Lincoln Room, State Capitol

HB1412
4/1/2013
Job #20728

Conference Committee

Committee Clerk Signature 

Minutes:

Senator David Hogue - Chairman

Committee work

Senator Sitte proposes and amendment, 13.0455.02001. Senator Sitte explains the intention of the bill and that her amendment is based on the Illinois statute tailored to fit ND. It states that the immunity does not count in any ongoing investigations or in the case of drug trafficking.

Senator Sitte moves the Strinden amendment, 13.0455.02001
Senator Grabinger seconded

Discussion

Senator Sitte reads through her amendment. She states in a party situation the only one to get immunity is the person who called in the emergency. Senator Hogue says he would like to study the amendment and hear what Mr. Trenbeath has to say. Committee will take this up later.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Judiciary Committee
Fort Lincoln Room, State Capitol

HB1412
4/2/2013
Job #20790

Conference Committee

Committee Clerk Signature 

Minutes:

Vote

Senator David Hogue - Chairman

Committee work

Senator Hogue calls on Deputy Attorney General Tom Trenbeath. Mr. Trenbeath explains what the amendment does for the bill. Senator Hogue would not like to see this bill muddied up. Senator Berry says he is also concerned with the potential abuse of this. Mr. Trenbeath replies there will probably be attempts to abuse it. He explains an example of a party situation. The committee discusses examples of what has happened at parties. Committee discusses the proposed amendment, 13.0455.02001 - Strinden amendment. Senator Lyson believes this amendment ties the hands of law enforcement. The committee discusses who is granted immunity and who is not. Senator Hogue points out that he is impressed with the higher ed students that have come into committee and testified in support of the original bill. He believes because they communicate and network through social media others will become aware of this immunity.

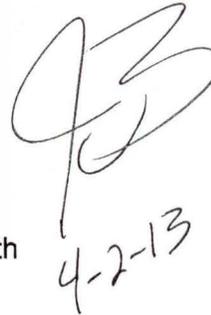
Senator Sitte proposed the amendment
Senator Grabinger seconded
Vote on the amendment, 4 yes, 3 no.
Motion passes

Discussion
Senators Lyson and Berry say they will not vote for this bill as amended.

Senator Sitte moves a do pass as amended
Senator Armstrong seconded

Vote - 4 yes, 3 no
Motion carries

Senator Sitte will carry



Handwritten signature and date: 4-2-13

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1412

Page 1, line 1, after "to" insert "create and enact a new section to chapter 19-03.1 of the North Dakota Century Code, relating to immunity from criminal liability in medical emergencies involving controlled substances; and to"

Page 3, line 27, after "alcohol" insert "or drug"

Page 4, after line 8, insert:

"SECTION 4. A new section to chapter 19-03.1 of the North Dakota Century Code is created and enacted as follows:

Controlled substance overdose - Limited immunity from prosecution.

1. For purpose of this section, "overdose" means a controlled substance-induced physiological event that results in a life-threatening emergency to the individual who ingested, inhaled, injected, or otherwise bodily absorbed a controlled substance.
2. An individual who, in good faith, seeks or obtains emergency medical assistance for someone experiencing an overdose may not be charged or prosecuted under this chapter for possession of a controlled substance if evidence for the possession charge was acquired as a result of the individual seeking or obtaining emergency medical assistance.
3. An individual who is experiencing an overdose may not be charged or prosecuted for possession of a controlled substance under this chapter if evidence for the possession charge was acquired as a result of the individual seeking or obtaining emergency medical assistance.
4. The limited immunity described in subsections 2 and 3 may not be extended if law enforcement has reasonable suspicion or probable cause to detain, arrest, or search the individual described in subsection 2 or 3 for criminal activity and the reasonable suspicion or probable cause is based on information obtained before or independent of the individual described in subsection 2 or 3 taking action to seek or obtain emergency medical assistance and not obtained as a direct result of the action of seeking or obtaining emergency medical assistance. This section is not intended to interfere with or prevent the investigation, arrest, or prosecution of any individual for the delivery or distribution of cannabis, methamphetamine or other controlled substances, drug-induced homicide, or any other crime."

Renumber accordingly

Date: 4/2/13
 Roll Call Vote #: 1

**2013 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1412**

Senate JUDICIARY Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0455.02001 - Strinden amendment

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By S. Sitte Seconded By S. Grabinger

Senators	Yes	No	Senator	Yes	No
Chairman David Hogue			Senator Carolyn Nelson	X	
Vice Chairman Margaret Sitte	X		Senator John Grabinger	X	
Senator Stanley Lyson		X	Senator Hogue		X
Senator Spencer Berry					
Senator Kelly Armstrong	X				

Total (Yes) 4 No 3

Absent _____

Floor Assignment passes

If the vote is on an amendment, briefly indicate intent:

Date: 4-2-13
 Roll Call Vote #: 2

**2013 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1412**

Senate JUDICIARY Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0455.02001

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By S Sitte Seconded By S Armstrong

Senators	Yes	No	Senator	Yes	No
Chairman David Hogue			Senator Carolyn Nelson	<input checked="" type="checkbox"/>	
Vice Chairman Margaret Sitte	<input checked="" type="checkbox"/>		Senator John Grabinger	<input checked="" type="checkbox"/>	
Senator Stanley Lyson		<input checked="" type="checkbox"/>	Senator Hogue		<input checked="" type="checkbox"/>
Senator Spencer Berry					
Senator Kelly Armstrong	<input checked="" type="checkbox"/>				

Total (Yes) 4 No 3

Absent _____

Floor Assignment S Sitte

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1412, as engrossed: Judiciary Committee (Sen. Hogue, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (4 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1412 was placed on the Sixth order on the calendar.

Page 1, line 1, after "to" insert "create and enact a new section to chapter 19-03.1 of the North Dakota Century Code, relating to immunity from criminal liability in medical emergencies involving controlled substances; and to"

Page 3, line 27, after "alcohol" insert "or drug"

Page 4, after line 8, insert:

"SECTION 4. A new section to chapter 19-03.1 of the North Dakota Century Code is created and enacted as follows:

Controlled substance overdose - Limited immunity from prosecution.

1. For purpose of this section, "overdose" means a controlled substance-induced physiological event that results in a life-threatening emergency to the individual who ingested, inhaled, injected, or otherwise bodily absorbed a controlled substance.
2. An individual who, in good faith, seeks or obtains emergency medical assistance for someone experiencing an overdose may not be charged or prosecuted under this chapter for possession of a controlled substance if evidence for the possession charge was acquired as a result of the individual seeking or obtaining emergency medical assistance.
3. An individual who is experiencing an overdose may not be charged or prosecuted for possession of a controlled substance under this chapter if evidence for the possession charge was acquired as a result of the individual seeking or obtaining emergency medical assistance.
4. The limited immunity described in subsections 2 and 3 may not be extended if law enforcement has reasonable suspicion or probable cause to detain, arrest, or search the individual described in subsection 2 or 3 for criminal activity and the reasonable suspicion or probable cause is based on information obtained before or independent of the individual described in subsection 2 or 3 taking action to seek or obtain emergency medical assistance and not obtained as a direct result of the action of seeking or obtaining emergency medical assistance. This section is not intended to interfere with or prevent the investigation, arrest, or prosecution of any individual for the delivery or distribution of cannabis, methamphetamine or other controlled substances, drug-induced homicide, or any other crime."

Renumber accordingly

2013 CONFERENCE COMMITTEE

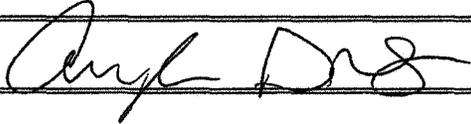
HB 1412

2013 HOUSE STANDING COMMITTEE MINUTES

House Judiciary Committee
Prairie Room, State Capitol

HB 1412
Job 21240
April 18, 2013

Conference Committee



Explanation or reason for introduction of bill/resolution:

A BILL for an Act to create and enact a new section to chapters 15-10 and 19-03.1 of the North Dakota Century Code, relating to immunity from criminal liability and academic penalty in medical emergencies involving drugs or alcohol; and to amend and reenact sections 5-01-08, 5-01-09, and 14-10-06 of the North Dakota Century Code, relating to immunity from criminal liability in medical emergencies involving drugs or alcohol.

Minutes:

Handout 1, 2

Rep. Larson: Opened Conference Committee 1412.

Sen. Sitte: Reviewed the changes to the bill.

Tom Trenbeath, Attorney General's Office: Explained the changes to the bill.

Rep. Larson: Do you know if there has been a similar rate in deaths from alcohol overdose?

Trenbeath: I don't know.

Rep. Larson: Because we've already had immunity for alcohol and I don't know that that's made any difference.

Trenbeath: I don't have any statistics on that.

Sen. Sitte: I have statistics from another source. When Cornell University implemented a medical amnesty bill, there was a 61% decrease in people afraid to contact medical health and more than 90 universities around the nation have implemented medical amnesty rules. All we are doing is saying the first need is to save a life. We want young people to get help for their addictions.

Rep. Larson: This wouldn't do that though. They are immune so they wouldn't be going into court to be answering for anything.

Sen. Sitte: But sometimes the parents get their kids involved. There can be other ramifications of treatment and other things.

Sen. Grabinger: This is a way that maybe we can save one life, maybe more.

Rep. Delmore: I do think it puts teeth in if it is a dealer; that's provided for in here. We've done it for alcohol; why would we not want to do it for drugs?

Rep. Larson: It appears that I may be the only one opposed to this. My concern is there is nothing that gets someone into treatment. There is nothing that addresses the usage. Reviewed handout 2. My concern is what we're doing is we're adding a felony offense to the limitations on prosecution for something that we don't know is going to be an effective tool. My fear is that if a lot of people find out that they can experiment and then call 911 and nobody is going to be in trouble. To me it feels like we're at a greater risk of there being people that will be in trouble than a greater risk of saving somebody. I think it will encourage more use, rather than more help. We do agree that we want to save lives. To me, I feel that this is not the best way to do that. (0:08:30-0:13:23)

Rep. Delmore: I understand your concerns. But this is one person's opinion and many other people may have studied it and may reach different conclusions. I go back to Christian Bjork. If this can help one person like Christian, it's worth passing.

Sen. Lyson: I didn't like this when we did it, but maybe we can save a life. But how many lives are we dismissing because they think that they can do this and call and get immunity. So it's a two way street. I still don't like the bill. I think it's a giveaway.

Sen. Sitte: This is not in any way intended to be a giveaway. This is not meant to decrease any investigation or on-going police work. This is intended to save the lives of young people. Last year we had 48 and the numbers are going up with drug overdoses. We want them to get help. We don't want to lock up 80% of our kids because they've done drugs. I believe anyone who would confront death, we're talking a medical emergency where they are probably in a seizure, they are probably passed out, there is something very major going on here before someone will call 911. This is a wake-up call.

Sen. Lyson: There are not 80% of our young people that are doing drugs, maybe 20%. The young people think the law is too easy on them now. It doesn't make any difference to me how this goes today.

Rep. Larson: You might be surprised at how many parents come back with their kids and say that because their kid got into trouble, it was something that changed their lives and they did so much better.

Rep. Delmore: Someone who worked in public education for almost forty years, I agree with what you said. There are a lot of wonderful kids, the majority are. But sometimes they make very bad decisions. I just don't want to see it costing them a life.

Sen. Lyson: I see this bill as giving a wide-open deal for the people that brought the drugs.

Rep. Larson: This is not just for kids; it for 30, 40 and 50 year olds as well. For those people that don't call, I do believe that most of the time it's because they don't realize there is a problem. Another thing, I think that even if this is here, there would be some people that wouldn't call anyway because then they would feel that they would draw attention to themselves for later times.

Sen. Sitte: I'm not saying that everyone who tries drugs is a bad person. I agree our young people are wonderful, but they do sometimes make terrible mistakes. Yes this immunity applies to everyone, but I think we're going to find that the overdoses are in the youth. Those people that are seasoned drug users are probably knowing what they're doing a little more. If the bill turns out to be not right and needs to be rescinded in a year, then that can happen.

Rep. Larson: Is anybody ready for a motion?

Sen. Grabinger: I move that the House accede to our amendments.

Sen. Sitte: Second.

Roll Call Vote: Yes: 3, No: 3.

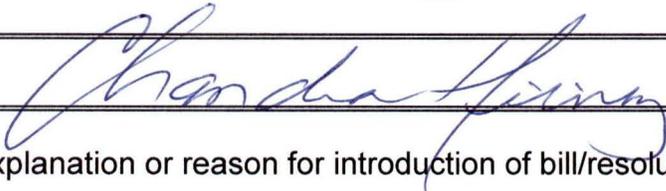
Rep. Larson adjourned the committee.

2013 HOUSE STANDING COMMITTEE MINUTES

House Judiciary Committee
Prairie Room, State Capitol

HB 1412
April 19, 2013
Job 21320

Conference Committee



Explanation or reason for introduction of bill/resolution:

Minutes:

Rep. Diane Larson: Reopened Conference Committee on HB 1412. All members present. Rep. Strinden brought a concern to our attention on behalf of fraternities. They were concerned that if they have a fraternity party and someone who is underage is drinking and has a medical problem, the adults at the fraternity are going to be immune if they call for medical assistance. Fraternity members testified at the House committee in favor of the bill. We felt it was important to leave that in the bill. We amended out the part about drugs. In that manner, the bill passed through the House easily. Since there has already been a law regarding an individual who brings it to the attention of law enforcement that a juvenile is overdosing with alcohol, I decided to follow up on that and see how it is being used. Our state's attorney Lloyd Suhr says he thinks it's almost never been used. Our city attorney Paul Frasse said that he was aware of one police report where that was mentioned. Either people don't know there is a problem and that is why they do not report, or they take the individual to the hospital. I called Sandford Health and talked with Dr. Meeker. He said that whenever anyone under the influence of drugs brings another person under the influence of drugs to the ER and suffering a medical problem, they treat the person and do not report anyone. It would cause a lot of problems for them. They would have to assess whether the person bringing the individual really was under drugs. They do not do that if that is not the patient. What has been happening already with this immunity law regarding alcohol is that people are bringing others to the hospital for treatment but are not using this method. The study said that people don't not call because of fear of getting into trouble with police, but that they didn't call because they did not believe help was needed. I don't think people are so cruel and calculating that they would knowingly let someone die rather than call for help. My reasons for being worried about adding drugs to this immunity are primarily... I have been working heavily with the legislation regarding synthetic drugs. It scares me to think that those conniving people who find their way around the law, that if they saw this as a loophole to avoid being charged for a crime they are committing...it scares me to think that they would take in another synthetic drug they're experimenting with and then feel that they would just use this as a method of avoiding prosecution. Gave a hypothetical example to illustrate use as a loophole. I do think there are enough people who are going to use this to get around the law. I don't think people who are getting high will recognize that someone is in medical distress and then recognizing the application of this law. I do see this bill as something that people like fraternities would use with the alcohol consumption.

7:54 **Sen. Grabinger:** You said the alcohol law has not been used. If this one is not abused, I will be happy. Commented on hypothetical situation Rep. Larson gave. If an investigation has already been initiated, they will not get the exemption. That is spelled out in this bill. I will sit here until the end of the session because I am not going to change my mind. I think we have something here which could save a life. So if we can't agree, then we need to have another committee called in.

9:14 **Sen. Sitte:** I believe this is an excellent bill in a number of ways. With the drug immunity, it passed the Senate 42-3, so it has broad support in the Senate. We don't see it being abused. Your example is articulated in Section 4. Read from bill regarding probable cause and investigation or prosecution. This is intended to save a life and to get young people to take action. In actuality, hospitals that do not report are providing immunity. Think of how many kids would die in the car on the way to the hospital. When you need emergency help, studies have shown that calling 911 will get the help to the person faster than you can load the person in a car and get to a hospital. When you look at celebrity deaths, there is a combination of drugs and alcohol. I bet that goes on at fraternity parties and on college campuses. It's not just alcohol or drugs; it's often the combination that is so lethal. If some took drugs and then starts drinking at a party and experiences medical distress, the person who calls for help thinks they are getting alcohol immunity, but really the person is incapacitated because of the drugs he took at the previous place. It's such a mixed bag for our young people. I think that the time has come. If we really care about getting the person the medical help they need... Our felony arrests are up 17% between 2011 and 2012. We are doing our best in this state to get the drug users and drug pushers locked up. But if I have a choice of putting someone behind bars or of saving his or her life, I know what I'm going to do every time. I'm going to save that life.

13:10 **Sen. Grabinger:** To follow up about the hospital when someone is dropped off, it is important to the emergency room doctor to have the information about what the person had or consumed. If one person pulls up to the hospital instead of just dumping them out of the car and taking off, if they stay because they know they have immunity and then tell the doctor what the person had or did, that might be the key to saving that life. I think it's that important.

13:52 **Sen. Lyson:** If we arrest someone at a party for drugs, no matter what is happening, the defense attorney will say that the person was calling for help or was providing medical assistance when the police arrived. I'm sorry that I cannot go along with my colleagues from the Senate.

14:44 **Rep. Vicky Steiner:** I heard the testimony about Chris's death. We heard that he went to a couple houses, and he died on the sidewalk. I don't think his death would have been prevented because of this bill. No one has said that they felt they would have been arrested. The people who didn't answer the door, had they answered the door and had called 911, they certainly were not involved in the party. The problem was that no one thought he was in trouble, and no one answered their door. He couldn't help himself, and his friends were so selfish and into themselves that they stayed in the house and never checked on him. I don't like seeing Chris's example used that he would have lived had this been in place. It's not true from the testimony we had.

15:49 Sen. Sitte: During the testimony that we heard, he was acting in a strange way and was asked to leave. We were not told he went to different houses.

Unidentified speaker: Yes, you did. I was there. He went door to door, looking for help, and no one helped him.

Sen. Sitte: We're remembering it different ways. When I talked to Police Chief Donlin and asked him how often he sees this in Bismarck, he said several times a week. People are overdosing; I was talking specifically about overdosing. We know this is going on. We don't know whether or not they're getting the help they need or if they're dying. We do know from the statistics from the Health Department that deaths from drug overdose in 2006 were 21, and it has been climbing steadily to the point that it's 48. They won't have the data for me until Monday as to the ages. On the CDC website, we have a lot of those statistics, and we know it's primarily young people. They don't know if they'll be able to specify the type of drugs; we don't know if that record is available. On our side, we feel very firmly that this is the right thing to do to save the lives of our young people.

Rep. Diane Larson: If we end up concurring with your amendments and killing the bill in the House, then the immunity for the fraternity houses will go away, too. That would be a shame.

Sen. Sitte: The Senate is on record as wanting to help these young people, so it's up to the people in the House to make that decision for themselves. Are you prepared to take it to the House floor this way? I don't know what the next step is here if we're not concurring.

Rep. Diane Larson: If we are at a gridlock, then we might as well adopt your amendments and see what the House will do with it. The Senate

Sen. Lyson: I think you could call for a new conference committee.

Sen. Sitte: I've talked to our chairman, and he's comfortable with my hanging tough on this.

Sen. Lyson: Well, he can replace me, then.

Sen. Grabinger: If you are willing to take to it to your floor the way it is, you can have your voice and try to kill it there, and that's fine. I'm not willing to take that off.

Sen. Lyson: If my colleagues want to do it that way, then I feel free to go over there and try to get the bill killed.

Sen. Grabinger: Made a motion for the House to accede to the Senate amendments.

Seconded by Sen. Sitte.

Roll call vote: Yes = 4, No = 2. Motion carried.

2013 HOUSE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: Judiciary

Bill/Resolution No. HB 1412 as (re) engrossed

Date: 4-19-13

Roll Call Vote #: 1

Action Taken

- HOUSE accede to Senate amendments
- HOUSE accede to Senate amendments and further amend
- SENATE recede from Senate amendments
- SENATE recede from Senate amendments and amend as follows

House/Senate Amendments on HJ/SJ

1230 -- 1231

page(s)

Unable to agree, recommends that the committee be discharged and a new committee be appointed

((Re) Engrossed) _____ was placed on the Seventh order of business on the calendar

Motion Made by: Grabinger Seconded by: Sitte

Representatives	4	3	2	1	Yes	No	Senators	4	3	2	1	Yes	No
Rep. D. Larson (Chair)	/					/	Senator Margaret Sitte	/				/	
Rep. Vicky Steiner	/				/		Senator John Garbinger	/				/	
Rep. Lois Delmore	/				/		Senator Stanley Lyson	/					/

Vote Count Yes: 4 No: 2 Absent: _____

House Carrier Rep. Larson Senate Carrier Sen. Sitte

LC Number _____ of amendment

LC Number _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

REPORT OF CONFERENCE COMMITTEE

HB 1412, as engrossed: Your conference committee (Sens. Sitte, Grabinger, Lyson and Reps. Larson, Steiner, Delmore) recommends that the **HOUSE ACCEDE** to the Senate amendments as printed on HJ pages 1230 and 1231 and place HB 1412 on the Seventh order.

Engrossed HB 1412 was placed on the Seventh order of business on the calendar.

2013 TESTIMONY

HB 1412

1-29-13 /
HB1412

911 Good Samaritan Laws: Preventing Overdose Deaths, Saving Lives



Overdose Deaths: A Growing National Epidemic

Overdoses nationwide nearly tripled between 1999 and 2009.¹ In 2009 (the latest year data is available), more than 30,000 people died from accidental drug overdose, resulting in more deaths than either HIV/AIDS or homicide.² Significant federal funding is directed toward preventing HIV/AIDS and homicide, but virtually no federal dollars are designated for overdose prevention.

Overdose deaths are almost as common as car crash fatalities. Overdose is second only to motor-vehicle accidents as a leading cause of injury-related death in the U.S.⁶ And in sixteen states, overdose leads car crashes.⁷ Considering how often the media reports on a fatality in a traffic accident, it is alarming that overdose is occurring at similarly high rates.

Nationally, more overdose deaths are caused by prescription drugs *than all illegal drugs combined*.⁴ Legal prescription opiates, such as Oxycontin and Vicodin, are driving the increase in overdose deaths nationally. Since 2002, prescription opiate overdose deaths have outnumbered both heroin and cocaine overdose deaths.⁵ Middle-aged Americans are the hardest hit by the overdose crisis. More people aged 35 to 54 died of drug overdose than in motor-vehicle accidents.⁸ Additionally, drug overdose is the number two injury-related killer among young adults ages 15-34.⁹

The tragedy is that many of these deaths could have been prevented.

Good Samaritan 911 Laws: A Practical Solution That Can Save Lives

The chance of surviving an overdose, like that of surviving a heart attack, depends greatly on how fast one receives medical assistance. Witnesses to heart attacks rarely think twice about calling 911, but witnesses to an overdose often hesitate to call for help or, in many cases, simply don't make the call. The most common reason people cite for not calling 911 is fear of police involvement. People using drugs illegally often fear arrest, even in cases where they need professional medical assistance for a friend or family member. The best way to encourage overdose witnesses to seek medical help is to exempt them from criminal prosecution, an approach often referred to as 911 Good Samaritan immunity laws.

Risk of criminal prosecution or civil litigation can deter medical professionals, drug users and bystanders from aiding overdose victims. Well-crafted legislation can provide simple protections to alleviate these fears, improve emergency overdose responses, and save lives.

Multiple studies show that most deaths actually occur one to three hours after the victim has initially ingested or injected drugs.¹¹ The time that elapses before an overdose becomes a fatality presents a vital opportunity to intervene and seek medical help. However, "...It has been estimated that only between 10 percent and 56 percent of individuals who witness a drug overdose call for emergency medical services, with most of those doing so only after other attempts to revive the overdose victim (e.g., inflicting pain or applying ice) have proved unsuccessful."¹²

Furthermore, severe penalties for possession and use of illicit drugs, including state laws that impose criminal

charges on individuals who provide drugs to someone who subsequently dies of an overdose, only intensify the fear that prevents many witnesses from seeking emergency medical help.

Good Samaritan immunity laws provide protection from prosecution for witnesses who call 911. Laws encouraging overdose witnesses and victims to seek medical attention may also be accompanied by training for law enforcement, EMS and other emergency and public safety personnel.

Such legislation does not protect people from arrest for other offenses, such as selling or trafficking drugs. This policy protects only the caller and overdose victim from arrest and prosecution for simple drug possession, possession of paraphernalia, and/or being under the influence.

The policy prioritizes saving lives over arrests for possession.

A Growing National Movement to Prevent Overdose Fatalities

In State Legislatures: In 2007, New Mexico was the first state in the nation to pass 911 Good Samaritan legislation. Since then, nine more states – California, Colorado, Connecticut, Florida, Illinois, Massachusetts, New York, Rhode Island and Washington – as well as the District of Columbia, have passed such laws.

The US Conference of Mayors: In 2008, the United States Conference of Mayors unanimously adopted a resolution supporting 911 Good Samaritan policies that could save thousands of lives by encouraging medical intervention for drug overdoses before they become fatal.

On College Campuses: Today, 911 Good Samaritan policies are in effect on over 90 college campus throughout the country.

¹ CDC WONDER Compressed Mortality File, ICD-10 Groups: X40-X44

² U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS), "20 Leading Causes of Death, United States, 2006, All Races, Both Sexes"

³ CDC WONDER Compressed Mortality File, ICD-9 Groups: E850-E858

⁴ Paulozzi, LJ, Budnitz, DS, Xi, Y. Increasing deaths from opioid analgesics in the United States. *Pharmacoepidemiol Drug Safety* 2006; 15: 618-627.

⁵ Ibid.

⁶ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER – Compressed Mortality – Underlying Cause of Death, ICD-10 codes X40-44

⁷ States with more overdose deaths than car crash deaths in 2006 are: Massachusetts, New Hampshire, Rhode Island, Connecticut, New York, New Jersey, Maryland, Pennsylvania, Ohio, Michigan, Illinois, Colorado, Utah, Nevada, Oregon and Washington. Source: Stobbe M, "CDC: Drug deaths outpace crashes in more states," *The Associated Press*, September 30, 2009

⁸ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), "QuickStats: Motor-Vehicle Traffic and Poisoning Death Rates, by Age - United States, 2005-2006," July 17, 2009, 58(27); 753

⁹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS), "20 Leading Causes of Death, United States, 2006, All Races, Both Sexes"

¹⁰ Strang, J, Kelleher, M, Best, D, Mayet, S, Manning, V. "Preventing opiate overdose deaths with emergency naloxone: medico-legal consideration of new potential providers and contexts." Submitted to *British Medical Journal* 3 (16 September 2005).

¹¹ Davidson, Peter J. et al. "Witnessing heroin-related overdoses: the experiences of young injectors in San Francisco," *Addiction* 97 (December 2002): 1511.

¹² Tracy, Melissa, et. al. "Circumstances of witnessed drug overdose in New York City: implications for intervention," *Drug and Alcohol Dependence* 79 (2005): 181-182.

For HB 1412 on Medical Amnesty – Health and Safety First

Expanded Medical Amnesty laws are needed to protect individuals, groups and organizations from liability for those who seek medical attention as a result of alcohol overuse esp. for minors. Medical Amnesty legislation saves lives. Medical amnesty encourages care-taking behaviors by removing the threat of punishment and criminal prosecution for alcohol and drug violations – the career killers.

Ensuring the safety and health of our young people must be a priority of public policy, not punishment and prosecution. Lives will be saved by removing the fear of criminal and university penalties and prosecution when seeking emergency medical assistance. Those penalties are career killers for many professions including aviation, law enforcement, professional schools, etc. etc. Young people should not have to choose or hesitate between medical assistance and their future career. Even hesitation can mean precious minutes are lost.

Tragically, hundreds of young people have lost their lives to alcohol poisoning, brain damage or other alcohol related unintentional injuries. In situations where a minor is in need of emergency medical attention, studies show there is high worry about getting into trouble, being punished and receiving a Minor in Possession (MIP) open container ticket or getting a DUI - instead of the well-being of that person in need. As a result, lives are put at risk as they hesitate and "hope for the best" for themselves or their friend. Hope is not a good medical strategy to encourage.

Young people often underestimate the risks associated with over-consumption of alcohol, not only death but doing damage to the brain or the body. Research has found that another person is present in a majority of fatal overdose cases. In one-third of those cases, the witness thought that maybe the person who was experiencing an overdose was in distress. Worse yet, a number of studies and surveys have shown that many college students are VERY reluctant to seek medical help in cases of possible alcohol poisoning because they're afraid of getting in trouble with the law and the university. I have asked more than a hundred college students if they would call the university police or 911 when someone looked like they were in distress. They do not want to call, period. The relationship between university police and students is lousy as they feel the police are hostile and punitive and not there for safety and assistance. This is unhealthy and unproductive and worries many advisors to students. Thus the need for Section 4 on board of higher education policy.

HB 1412 prioritizes saving lives and preventing health crisis over punishing underage drinking or misuse/experimentation with drugs. Laws should encourage young people do the right thing and get help when needed. In order for a student to receive protection they must cooperate with police or medical officials and stay with the person who is in distress until medical help arrives.

Skeptics claim Medical Amnesty may become an enabler for underage drinking and this is a "get out of jail free card." On the contrary, the **high hospital costs** associated with medical visits are a key factor that will deter students from getting intoxicated again to such an extent they need medical attention. This incident is when parents get involved in a major way. No young person drinks or takes drug with the intention of being put in the hospital. The young need to learn their limits and how to be safe. **Many times good judgment comes from bad experience.** This bill says by state law that health, safety and lives are worth more than punishment for minors taking an illegal action too far. It is not justifying their actions, but rather protecting them from harm.

I recommend the HB 1412 be amended to add **Organizational amnesty** as well as individual and group amnesty as other states have done. It makes sense to protect an organization that is related to the event at which medical attention is sought. Organizational amnesty would extend liability protection to fraternities, sororities, clubs and other social venues. This level of amnesty allows for the largest level of protection. Organizations should not be punished for acts of individuals, but often are unfairly. Thus group loyalty also puts a damper on seeking medical assistance. Please remove that obstacle too.

Michigan, Florida, Washington, New York, New Jersey and Oregon are among several states to pass the Medical Amnesty law like this one.

In 2012, The Medical Amnesty Initiative was started with the specific purpose of advocating for the introduction and passage of Medical Amnesty legislation throughout the United States.

In April 2009, more than 100 college and university presidents signed the **Amethyst Initiative** which seeks to spark discussion about the current drinking age, problems related to underage drinking, and to develop new ideas about the best ways to prepare young adults to make responsible decisions about alcohol. This initiative calls for the introduction of **medical amnesty policies**.

Cornell University completed one of the most extensive studies on Medical Amnesty Policies to date. The study found that percentage of students who reported that they did not call for help in an alcohol-related medical emergency because they "didn't want to get the person in trouble" decreased at the end of the second year of implementation of a medical amnesty policy. Furthermore, the percentage of students seen by medical staff for an intervention after an alcohol-related emergency more than doubled (from 22% to 52%) by the end of the second year. Importantly, student leaders have remarked that the establishment of the MAP demonstrated that the university genuinely is concerned about the health and safety of its students

If just one of those medical amnesty responses is a life-saving one, then there is no argument - Medical Amnesty saves lives; it is essential.

Bruce Gjovig
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For HB 1412 on Medical Amnesty- Health and Safety First

My name is John Mitzel and I am a student at the University of North Dakota. During my time at school, I have had the chance to be involved in many student organizations and in the Grand Forks community. I have had the opportunity to meet students from many different backgrounds, social groups, and areas of academic study. These individuals are my friends, classmates, and peers. I am testifying in support of expanding medical amnesty because I recognize the danger created by alcohol abuse and strongly feel that fear of criminal repercussion should not prevent my friends, classmates, and peers from saving a life.

Underage drinking is a reality. In our state and country, the legal age for alcohol consumption is 21. If this law were followed by all, a law providing medical amnesty for underage drinkers, their friends, and those providing the alcohol would not be necessary. It would be seemingly irrelevant. It would be a solution in want of a problem.

However, the problem of dangerous underage alcohol consumption does indeed exist. It is not difficult for minors to get their hands on alcohol. It is not difficult for minors to find a location to consume their alcohol with little fear of arrest. No matter what laws are in effect, there will be minors who find a way to consume and abuse alcohol.

The 21-year old drinking age was not established to cut back on fun. It was not created so that a parent could not share a glass of wine with their nineteen year old at the dinner table, nor to create a rite of passage at the bars when an individual reaches the age of alcohol majority. The law was created in an attempt to protect the lives of our country's youth. The intention of the law is, ultimately, safety.

So what happens when the law isn't followed? What happens when a group of minors decide to consume alcohol, and one or more of them take it a little too far? Should the intent of the law be forgotten? Should safety no longer be the priority?

I have witnessed and heard of many scenarios where alcohol abuse posed a threat to the life of one of my friends, classmates, and peers. These situations typically have one of three outcomes: one, the call for medical assistance is made immediately; two, the call is made, but only after a delay where caller weighs the potential consequences of such action; and three, no call is made and the wellbeing of the intoxicated individual is put to chance.

The first outcome is admirable. It reflects individuals making the smart, mature decision to put the safety of the intoxicated individual as the top priority. This is the sort of behavior that should be encouraged.

The goal of expanding medical amnesty is to eliminate the other two outcomes. When an individual's life is at stake, we want a call to medical personnel to be made immediately. We do not want the call delayed by friends of the intoxicated individual weighing whether or not the potential criminal repercussions are worth it; further, we do not want there to be any chance of that call not being made.



Students fear getting in trouble and facing criminal charges. They fear the impact that an alcohol citation may have on their chances at applying to grad school or finding a job. They fear being blamed by their friends for criminal repercussions.

Let's get rid of these fears. Let's forget about assessing a two-hundred dollar fine when a young life is at stake. Let's create an environment where the safety of our state's youth is the clear priority. All it takes is the potential for a single life to be saved to make this expansion of medical amnesty worthwhile, and I firmly believe that this potential exists.

John Mitzel

515 Harvard St.
Grand Forks, ND 58203
JohnJMitzel@gmail.com



1-29-13

4

Rep. Strinden

handed out

Strinden, Marie J.

From: Sundberg, Tyler <tyler.sundberg@my.und.edu>
Sent: Sunday, January 27, 2013 10:51 PM
To: Strinden, Marie J.
Subject: Medical Amnesty

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Marie Strinden,

Hello my name is Tyler Sundberg chapter president of Delta Tau Delta Fraternity at the University of North Dakota. I am in support of amending this legislation to protect organizations as well as individuals. I believe that by protecting organizations more life threatening situations can be avoided. For example if there was someone that was overly intoxicated, no matter of age, what do we do? Well in the past when we do that right thing and call for medical attention for the individual in distress we face penalties as an organization. This can mean that someone who is 21 and is legally allowed to consume alcohol in our house gets overly intoxicated. We call for medical attention for the individual and they arrive. After the individual has been taken care of, the police have cited us for a noisy party, minors in consumption and other charges. We do not promote underage drinking and do our best to enforce that. However by doing the right thing the school will place sanctions on us for doing the right thing. Currently it has been getting harder to do the right thing as many harsh and unjust sanctions come our way.

Sincerely,

Tyler Sundberg
President
Delta Tau Delta Fraternity
Delta Xi
University of North Dakota

North Dakota University System

HB 1412 – House Judiciary

January 29, 2013

Dr. Laura Oster-Aaland¹

Mr. Chair, members of the House Judiciary Committee. Good morning. For the record my name is Laura Oster-Aaland, Director of Orientation and Student Success at NDSU. I am delivering this testimony in the absence of Jane Vangsness Frisch, Director of the ND Higher Education Consortium for Substance Abuse Prevention and the North Dakota University System. Thank you for giving me the opportunity to present information to you today.

HB 1412 proposes amending sections 5-01-08, 5-01-09, and 14-10-06 of the ND Century Code, broadening immunity from criminal liability in medical emergencies involving drugs or alcohol. Although, the intention of this bill is progressive, we are concerned about the unintended negative impact these changes may have on the health and safety of our students in the North Dakota University System and the ability of System campuses to engage in meaningful educational interventions with students involved in medical emergencies related to alcohol or other drug misuse. Specifically, we are concerned with the subsection related to higher education (see line 11-17, page 4)

"The board of higher education shall adopt a standard for institutions of higher education to provide that there may not be any disciplinary action against a student who witnesses an individual in need of medical attention because of use of alcohol or drugs, if the student remains with the individual and cooperates with medical assistance and law enforcement personnel as to information necessary to provide medical attention, or if a student is the individual needing medical assistance."

Currently our disciplinary processes at all 11 NDUS campuses are designed to be educational and sometimes therapeutic in nature – rather than simply punitive. The processes often involve: students having developmental conversations with trained professionals, participating in classes or programs to ensure the students are armed with accurate information, and referrals for further counseling– all with the goal of reducing students' high-risk behaviors, minimizing harm to campus and local communities, and preventing future alcohol or other drug related emergencies. As proposed, this bill would prohibit NDUS campuses from intervening with their students after an alcohol or other drug related emergency occurs and while the spirit of the bill is understood, the need to intervene with students in an educational manner is paramount.

The inability to intervene after these dangerous situations would not only be detrimental to our students' success and safety and that of our campus communities; but could also be harmful to the vitality of the institution if a subsequent serious, or fatal, alcohol or other drug related event occurs. The campus may be viewed as negligent since there would be a lack of follow-up or intervention after the first incident.

¹ This testimony was developed with the assistance of Erika Beseler Thompson and Jane Vangsness Frisch

HB 1412 – Oster-Aaland Testimony

Also, as proposed, the bill does not provide clarity regarding which ‘individual’ or individuals are immune from criminal prosecution or disciplinary action. We are unclear as to whether the spirit of this amendment is to make anyone present immune (as it does not specify who contacted law enforcement or emergency services) or if it is only granting immunity to one individual. Further, while we understand the reasoning behind including drugs other than alcohol in this bill; we are concerned about this inclusion, in the absence of clarification as to what the individual would be immune from. Specifically, we are thinking of those that sell/provide drugs or alcohol and thus create the medical emergency – should that person be immune from all culpability (for example, would an individual be immune from prosecution if they sold the drugs or if they created a synthetic drug and then provided it to the person who needed medical assistance)?

Additionally, I conducted research on medical amnesty policies in the collegiate setting for my doctoral dissertation. It is important to note that the research on these policies is very limited and inconclusive as to their effectiveness. In fact, a federally funded study that I oversaw at NDSU revealed that students turning 21 were not afraid to call for help due to fear of getting in trouble with the police, rather, they did not believe that help was needed. While I am not opposed to the concept of medical amnesty policies, based on research, we simply do not yet know whether or not they make a difference.

Passing this bill would prohibit our campuses from intervening with students who were involved in a dangerous, potentially fatal, situation – and would be in direct opposition to ensuring the health, safety and success of our students. Thank you for your time. I would be pleased to answer any questions the committee might have.

2-5-13

1

13.0455.01001
Title.

Prepared by the Legislative Council staff for
Representative Larson
January 31, 2013

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1412

Page 1, line 1, remove "create and enact a new section to chapters 15-10 and 19-03.1 of the North"

Page 1, remove line 2

Page 1, line 3, remove "medical emergencies involving drugs or alcohol; and to"

Page 2, line 18, remove the overstrike over "~~The maximum~~"

Page 2, line 19, remove the overstrike over "~~number of individuals that may be immune for any one occurrence is five individuals~~"

Page 3, line 27, remove "or drug"

Page 4, remove lines 9 through 27

Renumber accordingly

2-5-13 2

13.0455.01002
Title.02000

Prepared by the Legislative Council staff for
Representative Larson
January 31, 2013

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1412

Page 1, line 1, remove "create and enact a new section to chapters 15-10 and 19-03.1 of the North"

Page 1, remove line 2

Page 1, line 3, remove "medical emergencies involving drugs or alcohol; and to"

Page 3, remove the overstrike lines 6 through 14

Page 3, line 27, remove "or drug"

Page 4, remove lines 9 through 27

Renumber accordingly



Chairman Hogue, members of the Judiciary Committee, good morning.

My name is Johan Mahlum, the lobbyist for the North Dakota Student Association. I come before you today to represent the needs, desires, and best interests of my 48,202 fellow students.

When my organization met for their last meeting in February they strongly passed a resolution supporting HB 1412. Your colleagues in the House similarly voted 89-0 to pass it.

The policy change to be enacted by the legislation before us changes little in state law. However, to those in the situations discussed in the bill, the differences couldn't be starker. Primarily, to a victim of alcohol or drug poisoning, HB 1412 would give them the best possible chance at reaching medical help in an emergency. Secondly, to would-be good Samaritans, this legislation guarantees that their good deeds go unpunished, and preventing them from walking away out of fear of reprisal.

These claims are well-documented in the empirical data we could find. For example at Cornell University when a similar policy was implemented, this led to a 61% decrease in people afraid to contact medical help. At least 91 universities around the nation have put forward medical amnesty rules on their own, keeping what should be a medical emergency from becoming a criminal prosecution.

I hope that your actions can extend these common-sense policies to North Dakota's 11 institutions of Higher Education. This bill will save the lives of North Dakota students and I urge you to support it.

Thank you for your time and concern.

Johan Mahlum

North Dakota Student Association

Lobbyist



SLAC 12-1213

Date: February 22, 2013

From: State and Legislative Affairs Committee

RE: Support for House Bill 1412: Medical Amnesty

WHEREAS, the North Dakota Student Association (NDSA) is the voice of the students, and

WHEREAS, the organization has a responsibility to represent students before the state legislature, and

Whereas, North Dakota House Bill 1412 (HB 1412) "create(s) and enact(s) a new section to chapters 15-10 and 19-03.1 of the North Dakota Century Code, relating to immunity from criminal liability and academic penalty in medical emergencies involving drugs or alcohol; and ... amend(s) and reenact(s) sections 5-01-08, 5-01-09, and 14-10-06 of the North Dakota Century Code, relating to immunity from criminal liability in medical emergencies involving drugs or alcohol", and

Whereas, HB 1412 extends immunity from criminal punishment to be brought against an individual "who witnesses an individual in need of medical attention because of use of alcohol or drugs, if the" individual "remains with the individual and cooperates with medical assistance and law enforcement personnel as to information necessary to provide medical attention, or if" an individual "is the individual needing medical assistance", and

Whereas, HB 1412 also removes the limit of five persons receiving immunity per individual case, and

Whereas, HB 1412 creates immunity for individuals who require medical assistance or seek medical attention for another person due to drug overdose, and,

Whereas, expanded medical amnesty will increase the number of students who seek medical attention for drug- and alcohol-related emergencies due to a removal of the fear of punishment, and

Whereas, expanded medical amnesty increases the likelihood of students to seek medical attention for others in cases of drug- and alcohol-related emergencies.

THEREFORE, BE IT RESOLVED, that the North Dakota Student Association supports House Bill 1214, and

1

BE IT FURTHER RESOLVED, that NDSA will set this as a lobbying goal for the remainder of the 63rd Legislative Assembly.

Respectfully Submitted,

Ian R. Godfrey, State and Legislative Affairs Committee Chair

4-18-13

Sen. Sitte

Sitte, Margaret A.

From: Sitte, Margaret A.
Date: Wednesday, April 17, 2013 9:53 PM
To: Sitte, Margaret A.
Subject: Fwd: 2003-2012 ND RESIDENT DEATHS DUE TO DRUG USE.xlsx
Attachments: 2003-2012 ND RESIDENT DEATHS DUE TO DRUG USE.xlsx; ATT00001.htm

Begin forwarded message:

From: "Meschke, Darin J." <dmeschke@nd.gov>
Date: April 4, 2013, 9:28:23 AM CDT
To: "Sitte, Margaret A." <msitte@nd.gov>
Cc: "Smith, Arvy J." <asmith@nd.gov>
Subject: 2003-2012 ND RESIDENT DEATHS DUE TO DRUG USE.xlsx

Sen. Sitte,

Here is the information you requested from Arvy Smith regarding deaths due to drug use. If you have any questions or need anything else, please let me know.

Darin Meschke, Director
Division of Vital Records
ND Department of Health

2006 2007 2008 2009 2010 2011 2012

21 30 38 27 32 41 48*

100

80

60

40

20

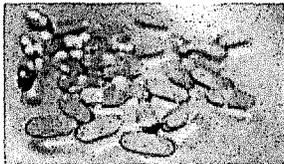
0

100



Centers for Disease Control and Prevention
 CDC 24/7: Saving Lives. Protecting People.™

Unintentional Poisoning



Every day, 87 people die as a result of unintentional poisoning; another 2,277 are treated in emergency departments.¹ Unintentional poisoning deaths in the United States increased by 160% from 1999 to 2009.¹

In the Spotlight:

[Vital Signs: Use and Abuse of Methadone as a Painkiller](http://www.cdc.gov/vitalsigns/MethadoneOverdoses/index.html)
 (<http://www.cdc.gov/vitalsigns/MethadoneOverdoses/index.html>)

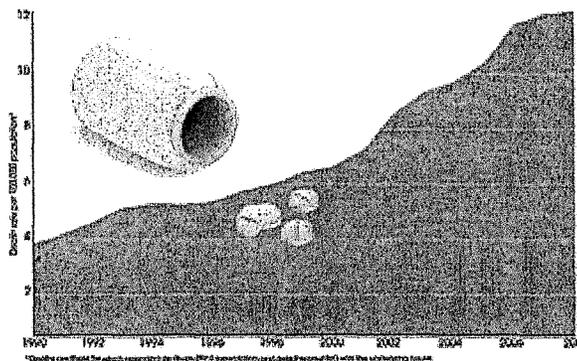
[Vital Signs: Prescription Painkiller Overdoses in the US](http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html)
 (<http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html>)

[Policy Impact: Prescription Painkiller Overdoses](http://www.cdc.gov/homeandrecreationalafety/rxbrief)
 (<http://www.cdc.gov/homeandrecreationalafety/rxbrief>)

Related Resources

- [State Prescription Drug Laws \(/homeandrecreationalafety/Poisoning/laws/index.html\)](/homeandrecreationalafety/Poisoning/laws/index.html)
- [Prevent Unintentional Poisoning, a CDC Feature article](http://www.cdc.gov/Features/PoisonPrevention/)
 (<http://www.cdc.gov/Features/PoisonPrevention/>)
- [CDC Public Health Grand Rounds: "Prescription Drug Overdoses: An American Epidemic"](http://www.cdc.gov/about/grand-rounds/archives/2011/01-February.htm) (<http://www.cdc.gov/about/grand-rounds/archives/2011/01-February.htm>)
- [Download or order a free copy of the Color Me Safe coloring book!](/injury/colormesafe/index.html)
 (</injury/colormesafe/index.html>)

Data & Statistics



Drug overdose death rates in the US have more than tripled since 1990 and have never been higher. In 2009, more than 37,000 people died from drug overdoses, and most of these deaths were caused by prescription drugs.

Graphic source: [Policy Impact: Prescription Painkiller Overdoses](http://www.cdc.gov/homeandrecreationalafety/rxbrief)
 (<http://www.cdc.gov/homeandrecreationalafety/rxbrief>)

Social and New Media



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People.™

Press Release

For Immediate Release: February 20, 2013

Contact: Division of News & Electronic Media (<http://www.cdc.gov/media>), Office of Communication
(404) 639-3286

Opioids drive continued increase in drug overdose deaths

Drug overdose deaths increase for 11th consecutive year

Drug overdose deaths increased for the 11th consecutive year in 2010, according to an analysis from the Centers for Disease Control and Prevention. The findings are published today in a research letter, "Pharmaceutical Overdose Deaths, United States, 2010," in the *Journal of the American Medical Association (JAMA)*.

CDC's analysis shows that 38,329 people died from a drug overdose in the United States in 2010, up from 37,004 deaths in 2009. This continues the steady rise in overdose deaths seen over the past 11 years, starting with 16,849 deaths in 1999. Overdose deaths involving opioid analgesics have shown a similar increase. Starting with 4,030 deaths in 1999, the number of deaths increased to 15,597 in 2009 and 16,651 in 2010.

In 2010, nearly 60 percent of the drug overdose deaths (22,134) involved pharmaceutical drugs. Opioid analgesics, such as oxycodone, hydrocodone, and methadone, were involved in about 3 of every 4 pharmaceutical overdose deaths (16,651), confirming the predominant role opioid analgesics play in drug overdose deaths.

CDC researchers analyzed data from CDC's National Center for Health Statistics 2010 multiple cause-of-death file, which is based on death certificates.

The researchers also found that drugs often prescribed for mental health conditions were involved in a significant number of pharmaceutical overdose deaths. Benzodiazepines (anti-anxiety drugs) were involved in nearly 30 percent (6,497) of these deaths; antidepressants in 18 percent (3,889), and antipsychotic drugs in 6 percent (1,351). Deaths involving more than one drug or drug class are counted multiple times and therefore are not mutually exclusive. "Patients with mental health or substance use disorders are at increased risk for nonmedical use and overdose from prescription painkillers as well as being prescribed high doses of these drugs," said CDC Director Tom Frieden, M.D., M.P.H. (<http://www.cdc.gov/about/cdcdirector/index.html>) "Appropriate screening, identification, and clinical management by health care providers are essential parts of both behavioral health and chronic pain management."

Additional steps are being taken at the national, state and local levels, as well as by non-governmental organizations, to help prevent overdoses from prescription drugs.

In particular, the federal government is:

- Tracking prescription drug overdose trends to better understand the epidemic.

- Encouraging the development of abuse-deterrent opioid formulations and products that treat abuse and overdose.
- Educating health care providers and the public about prescription drug abuse and overdose.
- Requiring that manufacturers of extended-release and long-acting opioids make educational programs available to prescribers about the risks and benefits of opioid therapy, choosing patients appropriately, managing and monitoring patients, and counseling patients on the safe use of these drugs.
- Using opioid labeling as a tool to inform prescribers and patients about the approved uses of these medications.
- Developing, evaluating and promoting programs and policies shown to prevent prescription drug abuse and overdose, while making sure patients have access to safe, effective pain treatment.

Promising steps that many states are taking include:

- Starting or improving prescription drug monitoring programs, which are electronic databases that track all prescriptions for opioids in the state.
- Using prescription drug monitoring programs, public insurance programs, and workers' compensation data to identify improper prescribing of opioids.
- Setting up programs for public insurance programs, workers' compensation programs, and state-run health plans that identify and address improper patient use of opioids.
- Passing, enforcing and evaluating pill mill, doctor shopping and other state laws to reduce prescription opioid abuse.
- Encouraging state licensing boards to take action against inappropriate prescribing.
- Increasing access to substance abuse treatment.

For more information about prescription drug overdoses in the United States, please visit www.cdc.gov/HomeandRecreationalSafety/Poisoning (<http://www.cdc.gov/HomeandRecreationalSafety/Poisoning>).

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (<http://www.hhs.gov/>) 
(<http://www.cdc.gov/Other/disclaimer.html>)

Page last reviewed: February 20, 2013
Page last updated: February 20, 2013
Content source: [Centers for Disease Control and Prevention](#)

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA
30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - [Contact CDC-INFO](#)



4-18-13

2

Rep. Larson

North Dakota University System

HB 1412 - House Judiciary

January 29, 2013

Dr. Laura Oster-Aaland¹

Mr. Chair, members of the House Judiciary Committee. Good morning. For the record my name is Laura Oster-Aaland, Director of Orientation and Student Success at NDSU. I am delivering this testimony in the absence of Jane Vangsness Frisch, Director of the ND Higher Education Consortium for Substance Abuse Prevention and the North Dakota University System. Thank you for giving me the opportunity to present information to you today.

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¹ This testimony was developed with the assistance of Erika Beseler Thompson and Jane Vangsness Frisch

HB 1412 – Oster-Aaland Testimony

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