Senate Bill 46
By: Senators Burke of the 11th, Watson of the 1st, Hatchett of the 50th, Miller of the 49th, Kirkpatrick of the 32nd and others

AS PASSED

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 4 of Title 25 and Title 31 of the Official Code of Georgia Annotated, relating to general provisions relative to firefighter standards and training and health, respectively, so as to provide for licensure and certification of emergency medical services personnel, paramedics, and cardiac technicians previously convicted of a felony; to require random drug tests for certain firefighters, emergency medical services personnel, paramedics, and cardiac technicians; to authorize the Department of Public Health to release deidentified data from the Low THC Oil Patient Registry to government entities and other entities for research and other purposes; to authorize certain medical personnel to administer vaccines during public health emergencies under certain conditions; to provide for vaccination information to third parties under certain public health conditions; to amend Code Section 42-5-57 of the Official Code of Georgia Annotated, relating to institution of rehabilitation programs and provision of opportunities for educational, religious, and recreational activities, so as to provide for training for firefighters, emergency medical services personnel, paramedics, and cardiac technicians in institutions under the control of the Department of Corrections; to amend Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated, relating to medical practice, so as to revise certain provisions relating to the administration of vaccines under vaccine protocol agreements; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.
BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Chapter 4 of Title 25 of the Official Code of Georgia Annotated, relating to general provisions relative to firefighter standards and training, is amended in Code Section 25-4-8, relating to qualifications of firefighters generally, by revising subsection (a) as follows:

"(a) Except as provided in Code Section 25-4-12, any employee, volunteer, or private contractor of a fire department operating in this state or certified as a firefighter shall, as prescribed by the council:

(1) Be at least 18 years of age;

(2) Not have been convicted of, or pleaded guilty to, a felony in any jurisdiction or of a crime which if committed in this state would constitute a felony under the laws of this state within ten years prior to employment, provided that a person who has been convicted of a felony more than five but less than ten years prior to employment may be certified and employed as a firefighter when the person has:

(A) Successfully completed a training program following the Georgia Fire Academy curriculum and sponsored by the Department of Corrections pursuant to Code Section 42-5-57;

(B) Been recommended to a fire department by the proper authorities at the institution at which the training program was undertaken; and

(C) Met all other requirements as set forth in this chapter.

The council shall be the final authority with respect to authorizing the employment, appointment, and certification of a person who has been convicted of a felony more than five but less than ten years prior to seeking employment when the person is seeking employment as a firefighter for any municipal, county, or state fire department which employs three or more firefighters who work a minimum of 40 hours per week and has the responsibility of preventing and suppressing fires, protecting life and property, and
enforcing municipal, county, and state codes, as well as enforcing any law pertaining to
the prevention and control of fires;

(3) Have a good moral character as determined by investigation under procedure
approved by the council;

(4) Be fingerprinted and a search made of local, state, and national fingerprint files to
disclose any criminal record;

(5) Be in good physical condition as determined by a medical examination and
successfully pass the minimum physical agility requirements as established by the
council; and

(6) Possess or achieve within 12 months after employment a high school diploma or a
general education development equivalency, provided that the council may by rule or
regulation prescribe for the waiver of such requirement.”

SECTION 2.

Said chapter is further amended by adding a new Code section to read as follows:

"25-4-11.1.

(a) All firefighters qualified based upon successful completion of training set forth in
subparagraph (a)(2)(A) of Code Section 25-4-8 shall be subject to random testing for
evidence of use of illegal drugs. Such testing shall occur at least biannually for the first
two years of licensure or certification. Such testing shall be noninvasive and may be
conducted at any time during the calendar year, and the cost of all such testing shall be
borne by the employer. If the drug test shows the presence of drugs in the firefighter's
system, the results of the test will be confirmed with an alternative method by using the
same urine sample.

(b) The council shall adopt rules and regulations for purposes of testing and retesting for
illegal drugs, including:

(1) Which illegal drugs will be the subject of testing:
(2) Methods for ensuring minimal privacy intrusions during collection of body fluid specimens for such testing;
(3) Methods for ensuring proper storage, transportation, and handling of such specimens in order to maintain the integrity of the testing process;
(4) Which persons should be entitled to the results of such tests and which methods should be used for ensuring that only authorized persons are given access to such results;
(5) A list of laboratories qualified to conduct established drug tests; and
(6) Procedures through which firefighters, prior to the collection of body fluid specimens for such testing, may provide information to their employers regarding use of any drug pursuant to a medical prescription or, as otherwise authorized by law, any substance which could affect the results of such test.

(c) Any rules or regulations adopted pursuant to this Code section shall be in compliance with Parts 40 and 382 of Title 49 of the Code of Federal Regulations.”

SECTION 2A.

Code Section 31-2A-18 of the Official Code of Georgia Annotated, relating to the Low THC Oil Patient Registry, is amended by revising subsection (f) as follows:

"(f) Information received and records kept by the department for purposes of administering this Code section shall be confidential; provided, however, that such information shall be disclosed, subject to the provisions of the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, and any regulations promulgated thereunder:
(1) Upon written request of an individual or caregiver registered pursuant to this Code section for information related to the individual or his or her caregiver; and
(2) To peace officers and prosecuting attorneys for the purpose of:
(A) Verifying that an individual in possession of a registration card is registered pursuant to this Code section; or
(B) Determining that an individual in possession of low THC oil is registered pursuant to this Code section; and

(3) To government entities and other entities for statistical, research, educational, instructional, drug abuse prevention, or grant application purposes after removing all personal identifiers from the health information and removing all information that could be used to identify prescribers.”

SECTION 3.

Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by revising Code Section 31-11-51, relating to certification and recertification of emergency medical technicians, rules and regulations, and use of conviction data in licensing decisions, as follows:

31-11-51. (a) As used in this Code section, the term 'conviction data' means a record of a finding or verdict of guilty or plea of guilty or plea of nolo contendere with regard to any crime, regardless of whether an appeal of the conviction has been sought.

(b) The Except as otherwise provided for in this chapter, the board shall, by regulation, authorize the department to establish procedures and standards for the licensing of emergency medical services personnel. The department shall succeed to all rules and regulations, policies, procedures, and administrative orders of the composite board which were in effect on December 31, 2001, and which relate to the functions transferred to the department by this chapter. Such rules, regulations, policies, procedures, and administrative orders shall remain in effect until amended, repealed, superseded, or nullified by proper authority or as otherwise provided by law.

(c) In reviewing applicants for initial licensure of emergency medical services personnel, the department shall be authorized pursuant to this Code section to obtain conviction data
with respect to such applicants for the purposes of determining the suitability of the
applicant for licensure.

(d) The department shall by rule or regulation, consistent with the requirements of this
subsection, establish a procedure for requesting a fingerprint based criminal history records
check from the center and the Federal Bureau of Investigation. Fingerprints shall be in
such form and of such quality as prescribed by the center and under standards adopted by
the Federal Bureau of Investigation. Fees may be charged as necessary to cover the cost
of the records search. An applicant may request that a criminal history records check be
conducted by a state or local law enforcement agency or by a private vendor approved by
the department. Fees for criminal history records checks shall be paid by the applicant to
the entity processing the request at the time such request is made. The state or local law
enforcement agency or private vendor shall remit payment to the center in such amount as
required by the center for conducting a criminal history records check. The department
shall accept a criminal history records check whether such request is made through a state
or local law enforcement agency or through a private vendor approved by the department.
Upon receipt of an authorized request, the center shall promptly cause such criminal
records search to be conducted. The center shall notify the department in writing of any
finding of disqualifying information, including, but not limited to, any conviction data
regarding the fingerprint records check, or if there is no such finding.

(e) An applicant with conviction data which indicates a conviction of a felony more than
five but less than ten years prior to application shall not be disqualified for licensure,
provided that such applicant has:

1. Successfully completed a training program approved by the department and
   sponsored by the Department of Corrections pursuant to Code Section 42-5-57; and
2. Met all other requirements as set forth in this chapter.

(f) Conviction data received by the department or a state or local law enforcement agency
shall be privileged and shall not be a public record or disclosed to any person.
data shall be maintained by the department and the state or local law enforcement pursuant
to laws regarding such records and the rules and regulations of the center and the Federal
Bureau of Investigation. Penalties for the unauthorized release or disclosure of conviction
data shall be as prescribed by law or rule or regulation of the center or Federal Bureau of
Investigation.

(f)(g) The center, the department, or any law enforcement agency, or the employees of any
such entities, shall neither be responsible for the accuracy of information provided pursuant
to this Code section nor be liable for defamation, invasion of privacy, negligence, or any
other claim relating to or arising from the dissemination of information pursuant to this
Code section."

SECTION 4.

Said title is further amended by revising Code Section 31-11-52, relating to certification and
recertification of, and training for, paramedics and cardiac technicians, as follows:

"31-11-52.

(a) The department shall establish procedures and standards for certifying and recertifying
paramedics and cardiac technicians. An applicant for initial certification as a paramedic
or a cardiac technician must:

(1) Submit a completed application on a form to be prescribed by the department, which
shall include evidence that the applicant is 18 years of age or older and is of good moral
character;

(2) Submit from the department a notarized statement that the applicant has completed
a training course approved by the department;

(3) Submit to the department a fee as set forth in the regulations of the department; and

(4) Meet such other requirements as are set forth in the rules and regulations of the
department.
(b) The department shall also adopt procedures and standards for its approval of paramedic training courses and cardiac technician training courses. The department shall adopt such regulations after consultation with appropriate public and private agencies and organizations concerned with medical education and the practice of medicine. Procedures and standards adopted by the department shall be consistent with the purposes and provisions of this chapter.

c) An applicant convicted of a felony more than five but less than ten years prior to application shall not be disqualified for certification, provided that such applicant has:

(1) Successfully completed a training program approved by the department and sponsored by the Department of Corrections pursuant to Code Section 42-5-57; and

(2) Met all other requirements as set forth in this chapter."

SECTION 5.

Said title is further amended by revising Code Section 31-11-53, relating to services which may be rendered by certified emergency medical technicians and trainees, as follows:

"31-11-53.

(a) Upon certification by the department, emergency medical technicians may do any of the following:

(1) Render first-aid and resuscitation services as taught in the United States Department of Transportation basic training courses for emergency medical technicians or an equivalent course approved by the department; and

(2) Upon the order of a duly licensed physician, administer approved intravenous solutions and opioid antagonists; and

(3) Upon the order of a duly licensed physician during a public health emergency, as defined in Code Section 31-12-1.1, administer vaccines."
(b) While in training preparatory to becoming certified, emergency medical technician trainees may perform any of the functions specified in this Code section under the direct supervision of a duly licensed physician or a registered nurse."

SECTION 6.

Said title is further amended by revising Code Section 31-11-55, relating to services which may be rendered by certified cardiac technicians and trainees, as follows:

"31-11-55.

(a) Upon certification by the department, cardiac technicians may do any of the following:

(1) Render first-aid and resuscitation services;

(2) Upon the order of a duly licensed physician and as recommended by the Georgia Emergency Medical Services Advisory Council and approved by the department:

(A) Perform cardiopulmonary resuscitation and defibrillation in a hemodynamically unstable patient;

(B) Administer approved intravenous solutions;

(C) Administer parenteral injections of antiarrhythmic agents, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents, and vasopressor agents or administer opioid antagonists; and

(D) Perform pulmonary ventilation by esophageal airway and endotracheal intubation; and

(E) Upon the order of a duly licensed physician during a public health emergency, as defined in Code Section 31-12-1.1, administer vaccines.

(b) While in training preparatory to becoming certified, cardiac technician trainees may perform any of the functions specified in this Code section under the direct supervision of a duly licensed physician or a registered nurse."
SECTION 7.

Said title is further amended by adding a new Code section to read as follows:

"31-11-60.2.

(a) All persons licensed or certified based upon successful completion of training set forth in paragraph (1) of subsection (e) of Code Section 31-11-51 or paragraph (1) of subsection (c) of Code Section 31-11-52 shall be subject to random testing for evidence of use of illegal drugs. Such testing shall occur at least biannually for the first two years of licensure or certification. Such testing shall be noninvasive and may be conducted at any time during the calendar year, and the cost of all such testing shall be borne by the employer. If the drug test shows the presence of drugs in the employee's system, the results of the test will be confirmed with an alternative method by using the same urine sample.

(b) The department shall adopt rules and regulations to establish for purposes of testing and retesting for illegal drugs:

(1) Which illegal drugs will be the subject of testing;

(2) Methods for ensuring minimal privacy intrusions during collection of body fluid specimens for such testing;

(3) Methods for ensuring proper storage, transportation, and handling of such specimens in order to maintain the integrity of the testing process;

(4) Which persons should be entitled to the results of such tests and which methods should be used for ensuring that only authorized persons are given access to such results;

(5) A list of laboratories qualified to conduct established drug tests; and

(6) Procedures through which emergency medical services personnel, paramedics, or cardiac technicians, prior to the collection of body fluid specimens for such testing, may provide information to their employers regarding use of any drug pursuant to a medical prescription or, as otherwise authorized by law, any substance which could affect the results of such test.
(c) Any rules or regulations adopted pursuant to this Code section shall be in compliance with Parts 40 and 382 of Title 49 of the Code of Federal Regulations."

SECTION 8.

Said title is further amended in Code Section 31-12-3.1, relating to establishment and maintenance of state-wide vaccination registry for children under age 18, by revising subsection (e) as follows:

"(e)(1) Unless such person has opted out pursuant to paragraph (2) of this subsection, individually identifiable vaccination information regarding a person may be provided to the department by, or released by the department to, a:

(A) Local health department, hospital, physician, or other provider of medical services to the person; or to
(B) A school or child care facility in which the person is enrolled if the person is 18 years of age or younger; or
(C) The United States Department of Health and Human Services and its subsidiaries through a data use agreement, for the limited purpose of reporting vaccines administered in response to a public health emergency declared pursuant to Code Section 38-3-51, for the purpose of averting a serious and imminent threat to life and safety, so long as the United States Department of Health and Human Services and its subsidiaries adhere to state and federal privacy laws and so long as a person's name is not provided by the department without the consent of the person or the person's parents or guardians.

(2) Any person or person's parent or guardian if the person is 18 years of age or younger may request an exemption from enrollment in the state-wide vaccine registry. All persons shall be enrolled unless a specific exemption is requested by the person or the person's parent or guardian if the person is 18 years of age or younger. A parent or guardian may obtain and upon request to the department shall be provided with all individually
identifiable vaccination registry information regarding his or her child or ward. Except as
provided otherwise by this Code section, individually identifiable vaccination registry
information shall be treated as confidential and shall not be released to a third party without
consent of the person or the person's parent or guardian if the person is 18 years of age or
younger."

SECTION 9.
Code Section 42-5-57 of the Official Code of Georgia Annotated, relating to institution of
rehabilitation programs and provision of opportunities for educational, religious, and
recreational activities, is amended as follows:
"42-5-57.
(a) The board, acting alone or in cooperation with the Department of Education, the Board
of Regents of the University System of Georgia, or the several state, local, and federal
agencies concerned therewith shall be authorized to institute a program of rehabilitation,
which may include academic, industrial, mechanical, agricultural, and vocational training,
within the confines of a penal institution.
(b) The board, acting alone or in cooperation with the Georgia Firefighter Standards and
Training Council, shall be authorized to institute a program of rehabilitation which includes
training following the Georgia Fire Academy curriculum within the confines of a penal
institution.
(c) The board, acting alone or in cooperation with the Department of Public Health, shall
be authorized to institute a program of rehabilitation which includes training for emergency
medical services personnel as such term is defined in Code Section 31-11-49 within the
confines of a penal institution.
(d) The department, in institutions under its control and supervision, shall give the
inmates opportunity for reasonable educational, religious, and recreational activities where
practicable."
 SECTION 10.

Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated, relating to medical practice, is amended by revising Code Section 43-34-26.1, relating to vaccine protocol agreements, as follows:

"43-34-26.1.

(a) As used in this Code section, the term:

(1) 'Administer' means the provision of a unit dose of vaccine by a pharmacist or nurse pursuant to a vaccine order contained in a vaccine protocol agreement with a physician.

(2) 'Adverse event' means an event that is a negative consequence of the administration of vaccine by a pharmacist or nurse that results in an unintended reaction, injury, or illness, which may or may not have been preventable.

(3) 'Board' means the Georgia Composite Medical Board.

(4) 'Georgia Registry of Immunization Transactions and Services' or 'vaccination registry' means the vaccination registry established by Department of Public Health pursuant to Code Section 31-12-3.1.

(5) 'Nurse' means a registered professional nurse as defined in paragraph (9) of Code Section 43-26-3. The term shall also mean a licensed practical nurse as defined in paragraph (5) of Code Section 43-26-32 who is regularly employed by a physician engaged in the active practice of medicine.

(6) 'Pharmacist' means an individual licensed under Chapter 4 of Title 26 to engage in the practice of pharmacy in the State of Georgia.

(7) 'Pharmacy intern' means a pharmacy intern as defined in paragraph (19) of Code Section 26-4-5.

(8) 'Physician' means an individual licensed to practice medicine and surgery pursuant to this article and whose principal place of practice is located in this state.
'Vaccine' means: a specially prepared antigen which upon administration to a person will result in immunity to influenza, pneumococcal disease, shingles, or meningitis:

(A) A vaccine that is included on the adult immunization schedule recommended by the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention administered to an individual 18 years of age or older;

(B) An influenza vaccine administered to an individual 13 years of age or older; and

(C) Any vaccine administered to an individual 13 years of age or older for an illness that has resulted in a public health emergency, as defined in Code Section 31-12-1.1.

No live attenuated virus shall be administered pursuant to this Code section unless the patient or his or her parent, if a minor, has signed an informed consent that he or she does not have a contraindication to this vaccine. The informed consent form shall list the contraindications to the vaccine:

'Vaccine order' means a prescription drug order, contained in a vaccine protocol agreement, for a vaccine issued by a physician for a group of patients who meet certain criteria and to be administered by a pharmacist or a nurse. A vaccine order shall also mean a prescription drug order, contained in a vaccine protocol agreement, for epinephrine issued by a physician for a group of patients who meet certain criteria and to be administered by a pharmacist or a nurse only upon the occurrence of an actual or perceived anaphylactic adverse reaction to the administered vaccine provided that the vaccine protocol agreement sets forth the signs and symptoms that warrant the administration of epinephrine.

'Vaccine protocol agreement' means a written document mutually agreed upon and signed by a physician and a pharmacist or by a physician and a nurse, by which document the physician prescribes a vaccine and epinephrine, if determined appropriate by the physician, by means of a vaccine order for administration by a pharmacist or a nurse.
(b) A physician engaged in the active practice of medicine may prescribe a vaccine for a

group of patients via a vaccine order contained in a vaccine protocol agreement to be

administered by a pharmacist, provided the physician resides in Georgia and is registered

with the vaccination registry established by the Department of Public Health pursuant to

Code Section 31-12-3.1, commonly known as the Georgia Registry of Immunization

Transactions and Services; the pharmacist holds current certification in Basic Cardiac Life

Support and has completed a course of training accredited by the Accreditation Council for

Pharmacy Education or similar health authority or professional body approved by the

Georgia State Board of Pharmacy; and the pharmacist completes a training program

recognized by the federal Centers for Disease Control and Prevention in the basics of

immunology which focuses on practice implementation and legal and regulatory issues,

composed of: (1) at least 12 hours of self-study and an assessment exam; (2) at least eight

hours of live seminar with a final exam; and (3) a hands-on assessment of intramuscular

and subcutaneous injection technique. A physician who is a party to a vaccine protocol

agreement may also prescribe epinephrine via a vaccine order contained in a vaccine

protocol agreement for administration by a pharmacist upon the occurrence of an actual or

perceived anaphylactic adverse reaction to the administered vaccine, provided that the

vaccine protocol agreement sets forth the signs and symptoms that warrant the

administration of epinephrine.

(c) A physician engaged in the active practice of medicine may prescribe a vaccine for a

group of patients via a vaccine order contained in a vaccine protocol agreement to be

administered by a nurse, provided the physician is registered with the vaccination registry

established by the Department of Public Health pursuant to Code Section 31-12-3.1,

commonly known as the Georgia Registry of Immunization Transactions and Services, the

nurse is located within the county of the physician's place of registration with the

vaccination registry or a county contiguous thereto, and the nurse holds current certification

in Basic Cardiac Life Support. A physician who is a party to a vaccine protocol agreement
may also prescribe epinephrine via a vaccine order contained in a vaccine protocol agreement for administration by a nurse upon the occurrence of an actual or perceived anaphylactic adverse reaction to the administered vaccine provided that the vaccine protocol agreement sets forth the signs and symptoms that warrant the administration of epinephrine.

(d) A vaccine protocol agreement between a physician and a pharmacist or a physician and a nurse pursuant to this Code section shall, without limitation:

(1) Contain the current names, addresses, telephone numbers, and professional license numbers of the physician and the pharmacist or nurse;

(2) Contain a provision for immediate consultation between the pharmacist or nurse and the physician. If the physician is not available, the physician for purposes of consultation may designate another physician who concurs with the terms of the vaccine protocol agreement;

(3) Require the pharmacist or nurse to take an appropriate case history and determine whether the patient has had a physical examination within the past year and shall not administer a vaccine to a patient with any condition for which such vaccine is contraindicated;

(4) Require the pharmacist or nurse to provide the vaccine recipient with the appropriate and current Vaccine Information Statement as provided by the federal Centers for Disease Control and Prevention;

(5) Require the pharmacist or nurse to provide written information to the vaccine recipient to be developed by the Department of Public Health on the importance of having and periodically seeing a primary care physician;

(6) Require the pharmacist or nurse to provide each new vaccine recipient with a personal immunization card on card stock paper containing the vaccine recipient's name, the pharmacist's or nurse's name and phone number, the name and dosage of the vaccine, the location of injection on the vaccine recipient, and the date of the administration of the
vaccine in legible writing or printed type in a format made available by the Department of Public Health. The patient shall produce such card when he or she has subsequent vaccines and the pharmacist or nurse shall update such card, unless the patient does not have such card, in which case, a new card shall be provided. The written information required pursuant to paragraph (5) of this subsection may be included on the card provided pursuant to this paragraph;

(7) Require the pharmacist or nurse or his or her employer to retain documentation of each dose of vaccine administered. Such documentation shall include, but not be limited to:

(A) The administering pharmacist's or nurse's name, address, telephone number, and professional license number;

(B) The name, dose, manufacturer, and lot number of the vaccine;

(C) The vaccine recipient's name, address, date of birth, and telephone number;

(D) The date of administration and injection site;

(E) A signed and dated consent form by which the vaccine recipient acknowledges receipt of the Vaccine Information Statement, consents to the administration of the vaccine, and authorizes the pharmacy or nurse to notify the vaccine recipient's primary care provider of the vaccine administered to the vaccine recipient; and

(F) Any adverse events or complications that occur;

(8) Require the pharmacist or nurse to make documented reasonable efforts to obtain the name of the vaccine recipient's primary care provider and to notify such primary care provider of the vaccine administered by the pharmacist or nurse within 72 hours of administration;

(9) Require the pharmacist or nurse to administer the vaccine to a patient in a private room, area with a privacy screen, or other interior area in which the patient's privacy can be maintained. In no event shall a pharmacist or nurse administer a vaccine to a patient in a manner that is designed so that the patient can be served while remaining in his or
her personal vehicle. This paragraph shall not apply to mass immunizations in the event of a public health emergency, as defined in Code Section 31-12-1.1, or for purposes of training in which vaccinations are administered to large groups of people at one or more locations in a short interval of time;

(9) Require the pharmacist, or nurse, or his or her designee to check the Georgia Registry of Immunization Transactions and Services prior to administration of the vaccine and to enter the patient's vaccine information in the Georgia Registry of Immunization Transactions and Services within the vaccination registry's designated time frame, or as designated by the Department of Public Health; provided, however, that a pharmacist, nurse, or his or her designee shall not be required to check the Georgia Registry of Immunization Transactions and Services during:

(A) A public health emergency, as defined in Code Section 31-12-1.1, for any vaccine administered to address the cause of the threat of an illness or health condition or the infectious agent or biological toxin which resulted in such public health emergency; or

(B) A vaccination event for influenza that is anticipated to serve 75 or more patients.

The Georgia Drugs and Narcotics Agency shall have the authority to impose sanctions in accordance with subsection (r) of this Code section on any person subject to the requirements of this paragraph who does not submit the information required by this paragraph and to notify the delegating physician and the applicable licensing board for such person of violations of this paragraph;

(10) Require, as a condition of administration of the vaccine, the vaccine recipient to remain under the observation of the administering pharmacist or nurse for a period of not less than 15 minutes immediately subsequent to the administration of the vaccine;

(11) Contain procedures to follow up on the occurrence of an adverse event or complication including, if prescribed via a vaccine order contained in a vaccine protocol agreement, the administration of epinephrine;
(12) Provide for prioritization of vaccine recipients in the event the supply of a vaccine is limited;

(13) Require the pharmacist or nurse to maintain individual liability insurance coverage or be individually covered by his or her employer’s liability insurance coverage in an amount not less than $250,000.00 to cover claims arising from administration of vaccines by the pharmacist or nurse pursuant to a vaccine protocol agreement and to provide proof of such coverage to the physician for submission to the board with the vaccine protocol agreement. The pharmacist or nurse shall also retain a copy of the proof of insurance coverage, including the name of the insurer and policy number, onsite at his or her primary location for inspection by the Georgia Drugs and Narcotics Agency, upon request;

(14) Require the pharmacist or nurse to post proof of the vaccine protocol agreement, including a list of the vaccines authorized by such protocol, in a conspicuous location within the pharmacy, local health department, or other setting in which the vaccine is being administered;

(15) Require the pharmacist or nurse to submit a signed and notarized affidavit to the physician attesting to the following:

(A) Compliance with paragraph (13) of this subsection regarding maintenance of liability insurance;

(B) Verification that the pharmacist or nurse holds current certification in Basic Cardiac Life Support as required by subsections (b) and (c) of this Code section and, for pharmacists, verification of completion of immunology training as required by subsection (b) of this Code section;

(C) The pharmacist or nurse has a copy of the vaccine protocol agreement and agrees to comply with its requirements; and

(D) Identification of the pharmacist's or nurse's location or locations in which he or she will be administering vaccinations pursuant to the vaccine protocol agreement.
The pharmacist or nurse shall keep a copy of the affidavit onsite at his or her primary location for inspection by the Georgia Drugs and Narcotics Agency, upon request. The Georgia Drugs and Narcotics Agency shall have the authority to impose sanctions in accordance with subsection (r) of this Code section on any person subject to the requirements of this paragraph who does not submit the information required by this paragraph and to notify the delegating physician and the applicable licensing board for such person of violations of this paragraph; and

(17) Be renewed and, if necessary, revised or updated biennially by the physician and the pharmacist or nurse. A vaccine protocol agreement that is not renewed biennially shall expire.

(e) A pharmacist who is a party to a vaccine protocol agreement pursuant to this Code section shall not delegate the administration of a vaccine to any individual other than a pharmacy intern under the direct supervision of the pharmacist whether or not any such other individual is under the supervision, direct or otherwise, of the pharmacist.

(f) A nurse who is a party to a vaccine protocol agreement pursuant to this Code section shall not delegate the administration of a vaccine to any individual, whether or not any such individual is under the supervision, direct or otherwise, of the nurse; provided, however, that notwithstanding the requirement of employment by a physician in paragraph (4) (5) of subsection (a) of this Code section, a registered professional nurse who is a party to a vaccine protocol agreement pursuant to this Code section may delegate the administration of a vaccine to a licensed practical nurse under the direct on-site supervision of the registered professional nurse.

(g) Notwithstanding any law to the contrary, a nurse acting pursuant to a vaccine protocol agreement as provided in this Code section may possess and transport such vaccine and epinephrine.
(h) A pharmacist or nurse administering vaccines pursuant to a vaccine protocol agreement authorized by this Code section shall maintain policies and procedures for the handling and disposal of used or contaminated equipment and supplies.

(i) Nothing in this Code section shall be construed to authorize a physician to prescribe any other vaccines or other drugs pursuant to a vaccine protocol agreement or vaccine order contained in a vaccine protocol agreement other than those vaccines and epinephrine specifically authorized in such vaccine protocol agreement or vaccine order.

(j) A delegating physician may not enter into a vaccine protocol agreement with more than ten pharmacists or nurses, or any combination thereof, at any one time; provided, however, and notwithstanding the geographic limitation provided in subsection (c) of this Code section, a delegating physician may enter into a vaccine protocol agreement with more than ten pharmacists or nurses, or any combination thereof, at any one time so long as the nurses are in the same public health district as established pursuant to Code Section 31-3-15 and the pharmacists and nurses are employees or agents of the same corporate entity.

(k) It shall be unlawful for a physician who is employed by a pharmacist or nurse to enter into a vaccine protocol agreement or otherwise delegate medical acts to such pharmacist or nurse. It shall be unlawful for a physician who is employed by a pharmacy to enter into a vaccine protocol agreement or otherwise delegate medical acts to a pharmacist or nurse who is also employed by such pharmacy.

(l) The board shall have the authority to promulgate rules and regulations governing a physician who is a party to a vaccine protocol agreement in order to carry out the intent and purposes of this Code section. Further, the board shall:

(1) Require that the vaccine protocol agreement, along with the affidavit by the pharmacist or nurse submitted pursuant to paragraph (16) (15) of subsection (d) of this Code section and the proof of insurance required pursuant to paragraph (14) (13) of subsection (d) of this Code section, be filed by the physician with the board and be made available by the board for public inspection; and
(2) Promulgate by rule an approved standard protocol template that may be utilized as a vaccine protocol agreement and make such template available on the board's website.

(m) Nothing in this Code section shall be construed to require a physician to enter into a vaccine protocol agreement. A public or private managed care system, health plan, hospital, insurance company, or similar entity shall not require a physician, pharmacist, or nurse to enter into a vaccine protocol agreement as a condition for participation in or reimbursement from such entity.

(n) No physician who complies with the provisions of this Code section shall be subject to criminal or civil liability or discipline for unprofessional conduct for:

(1) Entering into a vaccine protocol agreement with a pharmacist or nurse;

(2) Issuing a vaccine order contained in a vaccine protocol agreement with a pharmacist or nurse; or

(3) The acts or omissions of a pharmacist or nurse pursuant to a vaccine protocol agreement including the administration of a vaccine or epinephrine.

Nothing in this subsection shall be interpreted as altering liability of an employer for acts of his or her employees.

(o)(1) This Code section shall not apply to any activities conducted within by a hospital, physician's office, nursing home, or other health care facility designated by the Department of Public Health or conducted within any other facility or entity owned, operated, or leased by a hospital.

(2) Except as otherwise provided in paragraph (1) of this subsection, any activities conducted by a hospital or health system for the administration of the influenza vaccine shall not be subject to paragraphs (5) through (9) (8), (15) (14), or (16) (15) of subsection (d) of this Code section as long as the following conditions are met:

(A) A signed and dated consent form by which the vaccine recipient consents to the administration of the vaccine is obtained;
(B) If the vaccine recipient is a patient within the hospital or health system, the administration of the influenza vaccine shall be noted in such patient's health record maintained by the hospital or health system, including, but not limited to, the administering pharmacist's or nurse's name, address, telephone number, and professional license number; the name, dose, manufacturer, and lot number of the vaccine; and the date of administration and injection site;

(C) If the vaccine recipient is not a patient within the hospital or health system, a personal immunization card on card stock paper containing the vaccine recipient's name, the pharmacist's or nurse's name and phone number, the name and dosage of the vaccine, the injection site on the vaccine recipient, the date of the administration of the vaccine in legible writing or printed type in a format made available by the Department of Public Health, and written information developed by the Department of Public Health on the importance of having and periodically seeing a primary care physician shall be provided to the vaccine recipient. The pharmacist, nurse, or his or her designee shall be required to check the Georgia Registry of Immunization Transactions and Services prior to administration of the vaccine and to enter the patient's vaccine information in the Georgia Registry of Immunization Transactions and Services within the vaccination registry's designated time frame, or as designated by the Department of Public Health; provided, however, that a pharmacist, nurse, or his or her designee shall not be required to check the Georgia Registry of Immunization Transactions and Services during:

(i) A public health emergency, as defined in Code Section 31-12-1.1, for any vaccine administered to address the cause of the threat of an illness or health condition or the infectious agent or biological toxin which resulted in such public health emergency;

or

(ii) A vaccination event for influenza that is anticipated to serve 75 or more patients.
The Georgia Drugs and Narcotics Agency shall have the authority to impose sanctions in accordance with subsection (r) of this Code section on any person subject to the requirements of this paragraph who does not submit the information required by this paragraph and to notify the delegating physician and the applicable licensing board for such person of violations of this paragraph; and

(D) If requested by the patient, the influenza vaccine shall be administered in an area or location with portable screening, at a minimum.

As used in this paragraph, the term 'health system' means (i) a parent corporation of one or more hospitals and any entity affiliated with such parent corporation through ownership, governance, membership, or other means; or (ii) a hospital and any entity affiliated with such hospital through ownership, governance, membership, or other means.

(p) This Code section shall not be interpreted as limiting the authority of any authorized person to dispense or administer vaccines or other medications.

(q) No vaccine protocol agreement entered into pursuant to this Code section shall permit a pharmacist or nurse to administer any of the following:

(1) An influenza vaccine to any child under the age of 13 without an individual prescription from a physician;
(2) A pneumococcal disease vaccine to any child under the age of 18 without an individual prescription from a physician;
(3) Any vaccines containing a live attenuated virus to a child under the age of 13; or
(4) A meningitis vaccine to any child under the age of 18.

No live attenuated virus shall be administered pursuant to this Code section unless the patient has signed an informed consent that he or she does not have a contraindication to such vaccine. The informed consent form shall list the contraindications to the vaccine. Consent of the child's parent or legal guardian shall be a condition precedent to the administration of a vaccine to a child under the age of 18.
(r)(1) A pharmacist or nurse who knowingly does not comply with paragraph (14) of subsection (d) of this Code section may be assessed a fine of up to $2,500.00 by the board.

(2) A pharmacist or nurse who knowingly administers a vaccine without a vaccine protocol agreement as required by this Code section may be assessed a fine of up to $2,500.00 and may be prohibited from administering vaccines pursuant to this Code section for up to one year as determined by the board.

(3) A pharmacist or nurse who knowingly does not comply with paragraph (6) of subsection (d) of this Code section may be subject to the following sanctions by the board:

(A) Upon the first violation, the issuance of a warning;
(B) Upon the second violation, a fine of up $500.00; and
(C) Upon a third or subsequent violation, prohibited from administering vaccines pursuant to this Code section for up to one year.

(4) A pharmacist or nurse who knowingly does not comply with paragraph (15) of subsection (d) of this Code section may be subject to the following sanctions by the board:

(A) Upon the first or second violation, the issuance of a warning; and
(B) Upon a third or subsequent violation, prohibited from administering vaccines pursuant to this Code section for up to six months.

(5) A pharmacist or nurse who knowingly does not comply with paragraph (10) or (16) of subsection (d) of this Code section may be subject to the following sanctions by the Georgia Drugs and Narcotics Agency:

(A) Upon the first violation, the issuance of a warning;
(B) Upon the second violation, a fine of up to $5,000.00; and
(C) Upon a third or subsequent violation, prohibited from administering vaccines pursuant to this Code section.
(6) The sanctions contained in this subsection shall be supplemental to any other sanctions or penalties to which a pharmacist or nurse may otherwise be subject."

SECTION 11.
This Act shall become effective upon its approval by the Governor or upon its becoming law without such approval.

SECTION 12.
All laws and parts of laws in conflict with this Act are repealed.