

Provides that a peace officer shall not take a person into custody based solely on the commission of an offense involving alcohol described in new law if the peace officer, after making a reasonable determination and considering the facts and surrounding circumstances, reasonably believes that all of the following apply:

- (1) The law enforcement officer has contact with the person because the person in good faith requested emergency medical assistance for an individual who reasonably appeared to be in need of medical assistance due to alcohol consumption and the person did not illegally provide alcohol to the individual.
- (2) The person:
 - (a) Provides his full name and any other relevant information requested by the peace officer.
 - (b) Remains at the scene with the individual who reasonably appeared to be in need of medical assistance due to alcohol consumption until emergency medical assistance arrived.
 - (c) Cooperates with emergency medical assistance personnel and peace officers at the scene.

Provides that a person who meets the criteria listed in new law is immune from criminal prosecution for any offense related solely to the possession and consumption of alcohol.

Provides that a person shall not initiate or maintain an action against a peace officer or the employing state agency or political subdivision based on the officer's compliance or failure to comply with new law.

Provides that a person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose may not be charged, prosecuted, or penalized for possession of a controlled dangerous substance under the Uniform Controlled Dangerous Substances Law if the evidence for possession of a controlled dangerous substance was obtained as a result of the person's seeking medical assistance, unless the person illegally provided or administered the controlled dangerous substance.

Provides that a person who experiences a drug-related overdose and is in need of medical assistance shall not be charged, prosecuted, or penalized for possession of a controlled dangerous substance under the Uniform Controlled Dangerous Substances Law if the evidence for possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance.

Provides that protection from prosecution for possession offenses under the Uniform Controlled Dangerous Substances Law may not be grounds for suppression of evidence in other criminal prosecutions.

Authorizes first responders to administer, without prescription, opiate antagonists when encountering an individual exhibiting signs of an opiate overdose. Provides that a first responder includes a law enforcement official, an emergency medical technician, a firefighter, and medical personnel at secondary schools and institutions of higher education.

Requires that a first responder, before administering an opioid antagonist, complete the training necessary to safely and properly administer an opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose. Requires that minimum training that covers all of the following:

- (1) Techniques on how to recognize symptoms of an opioid-related overdose.
- (2) Standards and procedures for the storage and administration of an opioid antagonist.
- (3) Emergency follow-up procedures.

Provides that any first responder administering an opiate antagonist in a manner consistent with addressing opiate overdose is not liable for any civil damages as a result of any act or

omission in rendering such care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in the emergency, unless the damage or injury was caused by willful or wanton misconduct or gross negligence.

Requires the deputy secretary of public safety services of the Department of Public Safety and Corrections to develop and promulgate, in accordance with the APA, a set of best practices for use by a fire department or law enforcement agency in the administration and enforcement of new law including the training necessary to safely and properly administer an opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose, the standards and procedures for the storage and administration of an opioid antagonist, and emergency follow-up procedures.

Effective August 1, 2014.

(Adds R.S. 14:403.9, 403.10, and 403.11)