



## The Scope of the Crisis

According to the Pennsylvania Department of Health, approximately every 3 hours a Pennsylvanian dies from a drug overdose in 2024. According to the overdose surveillance data in 2024, there were 3,341 overdose deaths (76% of the deaths were opioid-related and 67% involved fentanyl.)

The opioid crisis impacts the lives of so many Pennsylvanians. Beyond the public health toll, there is an impact on the child welfare system, hospitals, social service providers, the corrections system, and our communities.

## What Are Opioids?

According to the National Institute on Drug Abuse, opioids are a class of natural, semi-synthetic, and synthetic drugs. These include both prescription medications used to treat pain as well as illegal drugs like heroin.

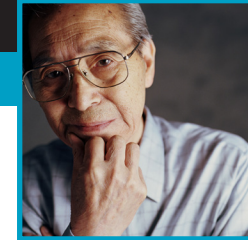


## What is Being Done to Help?

The Pennsylvania General Assembly worked to address the issue through the Task Force and Advisory Committee on Opioid Prescription Drug Proliferation (HR 659 of 2014) as well as more recent legislation to address the emerging drug trends.

## Laws to Combat the Opioid Crisis

- **Good Samaritan Protection (Act 139 of 2014):** Grants “good Samaritan” protection, which provides immunity from prosecution to persons responding to and reporting overdoses in good faith under certain circumstances.
- **Prescription Information Program (Act 191 of 2014):** Created a program to ensure that information on potentially harmful prescription opioids could be collected and monitored by appropriate authorities, giving the prescriber, dispensers, and health insurers the tools needed to ensure patients are not being over-prescribed.
- **Updated Substance List (Act 37 of 2016):** Allows the Secretary of Health to add substances to the controlled substances list of the “Drug Act” under certain circumstances for a period of time.
- **Opioid Prescriptions (Act 122 of 2016):** Prohibits a health care practitioner from prescribing more than seven days of an opioid drug product in a hospital emergency department, while a patient is in observation status in a hospital, or in an urgent care facility unless otherwise medically necessary.
- **Prescription, Addiction Education (Act 124 of 2016):** Amends the Achieving Better Care by Monitoring All Prescriptions Program Act to require prescribers and dispensers to obtain education in pain management, identification of addiction, and the use of opioids. The Act requires system queries when prescribing or dispensing an opioid or benzodiazepine drug.



- **Prescriptions for Minors (Act 125 of 2016):** Prohibits prescribing an opioid to a minor for more than seven days and requires all prescribers to receive written consent from a minor’s parent or legal guardian in order to prescribe a medical treatment containing opioids. The Act also requires prescribers to discuss the risks of addiction and overdose associated with the medication.
- **Opioid Curriculum (Act 126 of 2016):** Requires licensing boards to create a safe opioid prescribing curriculum to be offered in medical schools and establishes a patient voluntary non-opioid directive.
- **Consent to Treatment (Act 47 of 2018):** Clarifies that a parent or legal guardian can provide consent, over the objection of a minor, to providing medical care or counseling related to diagnosis or treatment of substance abuse.
- **Hospice and Home Health Prescription Medication Disposal (Act 69 of 2018):** Authorizes home health and hospice agencies to properly dispose of unused medications following a patient’s discharge or death once properly trained.
- **Investigate Overdoses (Act 101 of 2022):** Allows for counties to establish “death review teams” to investigate overdose and suicide deaths for the purpose of reducing suicide and overdose fatalities.