

1 COMMITTEE SUBSTITUTE

2 FOR

3 **Senate Bill No. 526**

4 (By Senators Stollings, Foster, Jenkins and Kessler (Acting  
5 President))

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7 [Originating in the Committee on Health and Human Resources;  
8 reported February 23, 2011.]  
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13 A BILL to amend the Code of West Virginia, 1931, as amended, by  
14 adding thereto a new section, designated §16-4C-24, relating  
15 to allowing State Police, police, sheriffs, fire and emergency  
16 service providers to possess Naloxone to administer in  
17 suspected narcotic drug overdoses.

18 *Be it enacted by the Legislature of West Virginia:*

19 That the Code of West Virginia, 1931, as amended, be amended  
20 by adding thereto a new section, designated §16-4C-24, to read as  
21 follows:

22 **CHAPTER 16. PUBLIC HEALTH.**

23 **ARTICLE 4C. EMERGENCY MEDICAL SERVICES ACT.**

24 **§16-4C-24. Administration of an opioid antidote in an emergency  
25 situation.**

26 (a) For purposes of this section:

27 (1) "Opioid antagonist" means naloxone hydrochloride that is  
28 approved by the federal Food and Drug Administration for the

1 treatment of a drug overdose by intranasal administration.

2 (2) "Opioid overdose prevention and treatment training  
3 program" or "program" means any program operated or approved by the  
4 Office of Emergency Medical Services to train individuals to  
5 prevent, recognize, and respond to an opiate overdose, and that  
6 provides, at a minimum, training in all of the following:

7 (A) The causes of an opiate overdose;

8 (B) Mouth-to-mouth resuscitation;

9 © How to contact appropriate emergency medical services; and

10 (D) How to administer an opioid antagonist.

11 (b) A licensed health care provider who is permitted by law to  
12 prescribe an opioid antagonist may, if acting with reasonable care,  
13 prescribe and subsequently dispense or distribute an opioid  
14 antagonist in conjunction with an opioid overdose prevention and  
15 treatment training program, without being subject to civil  
16 liability or criminal prosecution. This immunity shall apply to the  
17 licensed health care provider even when the opioid antagonist is  
18 administered by and to someone other than the person to whom it is  
19 prescribed.

20 © Emergency responders covered under this article, and other  
21 initial responders, specifically State Police, police, sheriffs and  
22 volunteer and paid firefighters, who are not otherwise licensed to  
23 administer an opioid antagonist may administer an opioid antagonist  
24 in an emergency without fee if the emergency responder or initial  
25 responder has received the training specified in paragraph (2) of  
26 subsection (a) and believes in good faith that the other person is  
27 experiencing a drug overdose. The emergency responder or initial  
28 responder identified in this subsection is not, as a result of his

1 or her acts or omissions, liable for any violation of any  
2 professional licensing statute, or subject to any criminal  
3 prosecution arising from or related to the unauthorized practice of  
4 medicine or the possession of an opioid antagonist.

5 (d) For each opioid overdose and prevention and treatment  
6 training program that the Office of Emergency Medical Services  
7 operates or recognizes as an approved program, data shall be  
8 collected and reported by January 1, 2015 to the Legislative  
9 Oversight Commission on Health and Human Resources Accountability.

10 The data collected and reported includes:

11 (1) Number of training programs operating in the local health  
12 jurisdiction;

13 (2) Number of individuals who have received a prescription  
14 for, and training to administer, an opioid antagonist.

15 (3) Number of opioid antagonist doses prescribed;

16 (4) Number of opioid antagonist doses administered;

17 (5) Number of individuals who received the opioid antagonist  
18 who were properly revived;

19 (6) Number of individuals who received the opioid antagonist  
20 who were not revived;

21 (7) Number of adverse events associated with an opioid  
22 overdose prevention and treatment training program, including a  
23 description of the adverse events.

24 (e) The Office of Emergency Medical Services is granted the  
25 authority to promulgate rules establishing the standards for  
26 certification and approval of opioid overdose prevention and  
27 treatment training programs in accordance with chapter 29A, article  
28 3.

1           NOTE: The purpose of this bill is to allow police, fire and  
2 emergency service providers, to possess Naloxone to administer in  
3 suspected narcotic drug overdoses.

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5           Strike-throughs indicate language that would be stricken from  
6 the present law, and underscoring indicates new language that would  
7 be added.

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9           §16-4C-24 is new; therefore, strike-throughs and underscoring  
10 have been omitted.

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