

1 COMMITTEE SUBSTITUTE

2 FOR

3 **Senate Bill No. 7**

4 (By Senators Stollings, Jenkins, Miller, Plymale, Foster, Klempa
5 and Kirkendoll)

6 _____
7 [Originating in the Committee on Health and Human Resources;
8 reported January 18, 2012.]
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12 A BILL to amend the Code of West Virginia, 1931, as amended, by
13 adding thereto a new section, designated §16-4C-24, relating
14 generally to allowing State Police, police, sheriffs and fire
15 and emergency service personnel to possess Naloxone to
16 administer in suspected narcotic drug overdoses; defining
17 terms; providing for training; granting immunity to health
18 care providers who prescribe Naloxone related to a training
19 program; granting immunity to initial responders; providing
20 for data gathering and reporting; and authorizing legislative
21 or emergency rulemaking.

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

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

26 **CHAPTER 16. PUBLIC HEALTH.**

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

2 **§16-4C-24. Administration of an opioid antidote in an emergency**
3 **situation.**

4 (a) For purposes of this section:

5 (1) "Initial responder" means any emergency medical service
6 personnel covered under this article and any member of the state
7 police, any sheriff, any deputy sheriff, any municipal police
8 officer, any volunteer and paid firefighters, and any other similar
9 persons who respond to emergencies.

10 (2) "Licensed health care provider" means a person,
11 partnership, corporation, professional limited liability company,
12 health care facility or institution licensed by, or certified in
13 this state to provide health care or professional health care
14 services, including but not limited to a physician, osteopathic
15 physician, hospital, or emergency medical service agency.

16 (3) "Opioid antagonist" means naloxone hydrochloride that is
17 approved by the federal Food and Drug Administration for the
18 treatment of a drug overdose by intranasal administration.

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

24 (A) The causes of an opiate overdose;

25 (B) How to contact appropriate emergency medical services; and

1 (C) How to administer an opioid antagonist.

2 (b) A licensed health care provider who is permitted by law to
3 prescribe an opioid antagonist may, if acting with reasonable care,
4 prescribe and subsequently dispense or distribute an opioid
5 antagonist in conjunction with an opioid overdose prevention and
6 treatment training program, without being subject to civil
7 liability or criminal prosecution, unless the act was the result of
8 the licensed health care provider's gross negligence or wilful
9 misconduct. This immunity shall apply to the licensed health care
10 provider even when the opioid antagonist is administered by and to
11 someone other than the person to whom it is prescribed.

12 (c) Any initial responders, who are not otherwise licensed to
13 administer an opioid antagonist, may administer an opioid
14 antagonist in an emergency without fee if the person has received
15 the training specified in subdivision (4) of subsection (a) of this
16 section and believes in good faith that the person being treated is
17 experiencing an opiate overdose. The initial responder identified
18 in this subsection, acting in good faith, is not, as a result of
19 his or her acts or omissions, liable for any violation of any
20 professional licensing statute, or subject to any criminal
21 prosecution arising from or relating to the unauthorized practice
22 of medicine or the possession of an opioid antagonist, or subject
23 to any civil liability with respect to the administration of or
24 failure to administer the opioid antagonist unless the act or
25 failure to act was the result of the initial responder's gross
26 negligence or wilful misconduct.

1 (d) Data regarding each opioid overdose prevention and
2 treatment program that the Office of Emergency Medical Services
3 operates or recognizes as an approved program shall be collected
4 and reported by January 1, 2016 to the Legislative Oversight
5 Commission on Health and Human Resources Accountability. The data
6 collected and reported shall include:

7 (1) Number of training programs operating in the local health
8 jurisdiction;

9 (2) Number of individuals who have received a prescription
10 for, and training to administer, an opioid antagonist;

11 (3) Number of opioid antagonist doses prescribed;

12 (4) Number of opioid antagonist doses administered;

13 (5) Number of individuals who received the opioid antagonist
14 who were properly revived;

15 (6) Number of individuals who received the opioid antagonist
16 who were not revived;

17 (7) Number of adverse events associated with an opioid
18 overdose prevention and treatment program, including a description
19 of the adverse events.

20 (f) To implement the provisions of this section, including
21 establishing the standards for certification and approval of opioid
22 overdose prevention and treatment training programs, the Office of
23 Emergency Medical Services shall promulgate emergency rules
24 pursuant to the provisions of section fifteen, article three,
25 chapter twenty-nine-a of this code or propose rules for legislative
26 approval in accordance with the provisions of article three,

1 chapter twenty-nine-a of this code.