

1 COMMITTEE SUBSTITUTE

2 FOR

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4 FOR

5 **Senate Bill No. 7**

6 (By Senators Stollings, Jenkins, Miller, Plymale, Foster, Klempa
7 and Kirkendoll)

8 _____
9 [Originating in the Committee on the Judiciary;
10 reported January 20, 2012.]

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14 A BILL to amend the Code of West Virginia, 1931, as amended, by
15 adding thereto a new section, designated §16-4C-24, relating
16 generally to allowing State Police, police, sheriffs and fire
17 and emergency service personnel to possess Naloxone or other
18 approved opioid antagonist to administer in opioid drug
19 overdoses; defining terms; providing for training;
20 establishing training requirements for first responders who
21 may administer opioid antagonists; establishing criteria under
22 which a first responder may administer an opioid antagonist;
23 granting immunity to health care providers who prescribe,
24 dispense or distribute Naloxone or other approved opioid
25 antagonist related to a training program; granting immunity to
26 initial responders who administer or fail to administer an

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

6 (A) The causes of an opiate overdose;

7 (B) How to recognize the symptoms of an opioid overdose;

8 (C) How to contact appropriate emergency medical services; and

9 (D) How to administer an opioid antagonist.

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

20 (c) An initial responder who is not otherwise licensed to
21 administer an opioid antagonist may administer an opioid antagonist
22 in an emergency situation if:

23 (1) The administration is performed without a fee;

24 (2) The initial responder has successfully completed the
25 training required by subdivision (4), subsection (a) of this
26 section; and

1 (3) The administration of the opioid antagonist is done after
2 consultation with medical command personnel: *Provided*, That an
3 initial responder otherwise meets the qualifications of this
4 subsection may administer an opioid antagonist without consulting
5 with medical command if he or she is unable to so consult due to an
6 inability to contact medical command because of circumstances
7 outside the control of the initial responder or if there is
8 insufficient time for such consultation based upon the emergency
9 conditions presented.

10 (d) An initial responder who meets the requirements of
11 subsection (c) of this section, acting in good faith, is not, as a
12 result of his or her actions or omissions, liable for any violation
13 of any professional licensing statute, subject to any criminal
14 prosecution arising from or relating to the unauthorized practice
15 of medicine or the possession of an opioid antagonist, or subject
16 to any civil liability with respect to the administration of or
17 failure to administer the opioid antagonist unless the act or
18 failure to act was the result of the initial responder's gross
19 negligence or willful misconduct.

20 (e) Data regarding each opioid overdose prevention and
21 treatment program that the Office of Emergency Medical Services
22 operates or recognizes as an approved program shall be collected
23 and reported by January 1, 2016, to the Legislative Oversight
24 Commission on Health and Human Resources Accountability. The data
25 collected and reported shall include:

26 (1) Number of training programs operating in an OEMS

1 designated training center;

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

4 (3) Number of opioid antagonist doses prescribed;

5 (4) Number of opioid antagonist doses administered;

6 (5) Number of individuals who received the opioid antagonist
7 who were properly revived;

8 (6) Number of individuals who received the opioid antagonist
9 who were not revived; and

10 (7) Number of adverse events associated with an opioid
11 overdose prevention and treatment program, including a description
12 of the adverse events.

13 (f) To implement the provisions of this section, including
14 establishing the standards for certification and approval of opioid
15 overdose prevention and treatment training programs, the Office of
16 Emergency Medical Services may promulgate emergency rules pursuant
17 to the provisions of section fifteen, article three, chapter
18 twenty-nine-a of this code.