COMMITTEE SUBSTITUTE

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Senate Bill No. 7

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

[Originating in the Committee on the Judiciary;
reported January 20, 2012.]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §16-4C-24, relating generally to allowing State Police, police, sheriffs and fire and emergency service personnel to possess Naloxone or other approved opioid antagonist to administer in opioid drug overdoses; defining terms; providing for training; establishing training requirements for first responders who may administer

opioid antagonists; establishing criteria under which a first responder may administer an opioid antagonist; granting immunity to health care providers who prescribe, dispense or distribute Naloxone or other approved opioid antagonist related to a training program; granting immunity to initial responders who administer or fail to administer an opioid antagonist; providing for data gathering and reporting; and authorizing emergency rulemaking.

Be it enacted by the Legislature of West Virginia:

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

ARTICLE 4C. EMERGENCY MEDICAL SERVICES ACT.

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

(a) For purposes of this section:

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

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

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

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

(A) The causes of an opiate overdose;

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

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

(D) How to administer an opioid antagonist.

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

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

(1) The administration is performed without a fee;

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

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

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

(e) Data regarding each opioid overdose prevention and treatment program that the Office of Emergency Medical Services operates or recognizes as an approved program shall

be collected and reported by January 1, 2016, to the Legislative Oversight Commission on Health and Human Resources Accountability. The data collected and reported shall include:

(1) Number of training programs operating in an OEMS designated training center;

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

(3) Number of opioid antagonist doses prescribed;

(4) Number of opioid antagonist doses administered;

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

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

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

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