

1 initial responders who administer or fail to administer an
2 opioid antagonist; providing for data gathering and reporting;
3 and authorizing emergency rulemaking.

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

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

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

9 **§16-4C-24. Administration of an opioid antidote in an emergency**
10 **situation.**

11 (a) For purposes of this section:

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

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

23 (3) "Opioid antagonist" means naloxone hydrochloride or other

1 substance that is approved by the federal Food and Drug
2 Administration for the treatment of a drug overdose by intranasal
3 administration.

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

9 (A) The causes of an opiate overdose;

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

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

12 (D) How to administer an opioid antagonist.

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

23 (c) An initial responder who is not otherwise licensed to

1 administer an opioid antagonist may administer an opioid antagonist
2 in an emergency situation if:

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

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

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

16 (d) An initial responder who meets the requirements of
17 subsection (c) of this section, acting in good faith, is not, as a
18 result of his or her actions or omissions, liable for any violation
19 of any professional licensing statute, subject to any criminal
20 prosecution arising from or relating to the unauthorized practice
21 of medicine or the possession of an opioid antagonist, or subject
22 to any civil liability with respect to the administration of or
23 failure to administer the opioid antagonist unless the act or

1 failure to act was the result of the initial responder's gross
2 negligence or willful misconduct.

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

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

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

13 (3) Number of opioid antagonist doses prescribed;

14 (4) Number of opioid antagonist doses administered;

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

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

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

22 (f) To implement the provisions of this section, including
23 establishing the standards for certification and approval of opioid

1 overdose prevention and treatment training programs, the Office of
2 Emergency Medical Services may promulgate emergency rules pursuant
3 to the provisions of section fifteen, article three, chapter
4 twenty-nine-a of this code.

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

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

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