

COMMITTEE SUBSTITUTE

FOR

Senate Bill No. 27

(By Senators Stollings, Jenkins, Laird and Kessler (Mr.
President))

[Originating in the Committee on the Judiciary;
reported March 15, 2013.]

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.

- 1 (a) For purposes of this section:
- 2 (1) “Initial responder” means any emergency medical
- 3 service personnel covered under this article and any member
- 4 of the State Police, any sheriff, any deputy sheriff, any
- 5 municipal police officer, any volunteer or paid firefighters
- 6 and any other similar persons who respond to emergencies.

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

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

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

24 (A) The causes of an opiate overdose;

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

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

29 (D) How to administer an opioid antagonist.

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

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

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

47 (2) The administration of the opioid antagonist is done
48 after consultation with medical command personnel:
49 *Provided*, That an initial responder who otherwise meets the
50 qualifications of this subsection may administer an opioid
51 antagonist without consulting with medical command if he or
52 she is unable to so consult due to an inability to contact
53 medical command because of circumstances outside the
54 control of the initial responder or if there is insufficient time
55 for such consultation based upon the emergency conditions
56 presented.

57 (d) An initial responder who meets the requirements of
58 subsection (c) of this section, acting in good faith, is not, as
59 a result of his or her actions or omissions, liable for any
60 violation of any professional licensing statute, subject to any
61 criminal prosecution arising from or relating to the
62 unauthorized practice of medicine or the possession of an

63 opioid antagonist or subject to any civil liability with respect
64 to the administration of or failure to administer the opioid
65 antagonist unless the act or failure to act was the result of the
66 initial responder's gross negligence or willful misconduct.

67 (e) Data regarding each opioid overdose prevention and
68 treatment program that the Office of Emergency Medical
69 Services operates or recognizes as an approved program shall
70 be collected and reported by January 1, 2016, to the
71 Legislative Oversight Commission on Health and Human
72 Resources Accountability. The data collected and reported
73 shall include:

74 (1) The number of training programs operating in an
75 OEMS-designated training center;

76 (2) The number of individuals who have received training
77 to administer an opioid antagonist;

78 (3) The number of individuals who received the opioid
79 antagonist who were revived;

80 (4) Number of individuals who received the opioid
81 antagonist who were not revived; and

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

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