

1 and authorizing emergency rulemaking.

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

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

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

7 **§16-4C-24. Administration of an opioid antidote in an emergency**
8 **situation.**

9 (a) For purposes of this section:

10 (1) "Initial responder" means an emergency medical service
11 personnel covered under this article and a member of the State
12 Police, a sheriff, a deputy sheriff, a municipal police officer, a
13 volunteer or paid firefighter and any other similar person who
14 responds to emergencies.

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

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

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 willful
17 misconduct. This immunity applies only 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 initial responder has successfully completed the
24 training required by subdivision (4), subsection (a) of this

1 section; and

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

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

21 (e) Data regarding each opioid overdose prevention and
22 treatment program that the Office of Emergency Medical Services
23 operates or recognizes as an approved program shall be collected
24 and reported by January 1, 2017, to the Legislative Oversight

1 Commission on Health and Human Resources Accountability. The data
2 collected and reported shall include:

3 (1) The number of training programs operating in an Office of
4 Emergency Medical Services designated training center;

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

7 (3) The number of individuals who received the opioid
8 antagonist who were revived;

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

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

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

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

This section is new; therefore, strike-throughs and underscoring have been omitted.