

**H. B. 4161**

(By Delegates Perdue, Fleischauer, Kinsey, Rowan, Marshall, Cowles, Faircloth, Arvon, Moore, Border and Lawrence)

[Introduced January 14, 2014; referred to the Committee on Health and Human Resources then the Judiciary.]

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:*

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

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

5 **§16-4C-24. Administration of an opioid antidote in an emergency**  
6 **situation.**

7 (a) For purposes of this section:

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

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

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

23 (4) "Opioid overdose prevention and treatment training  
24 program" or "program" means any program operated or approved by the

1 Office of Emergency Medical Services to train individuals to  
2 prevent, recognize and respond to an opiate overdose, and that  
3 provides, at a minimum, training in all of the following:

4 (A) The causes of an opiate overdose;

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

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

7 (D) How to administer an opioid antagonist.

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

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

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

24 (2) The administration of the opioid antagonist is done after

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

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

19       (e) Data regarding each opioid overdose prevention and  
20 treatment program that the Office of Emergency Medical Services  
21 operates or recognizes as an approved program shall be collected  
22 and reported by January 1, 2017, to the Legislative Oversight  
23 Commission on Health and Human Resources Accountability. The data  
24 collected and reported shall include:

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

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

5       (3) The number of individuals who received the opioid  
6 antagonist who were revived;

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

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

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

This section is new; therefore, it has been completely underscored.

This bill was recommended for introduction and passage during the 2014 Regular Session of the Legislature by the Joint Committee on Health.