

# **WEST VIRGINIA LEGISLATURE**

## **2020 REGULAR SESSION**

### **ENROLLED**

## **House Bill 4103**

BY DELEGATES ROHRBACH, KESSINGER, ROBINSON,  
WALKER, BARTLETT, ELLINGTON, HANNA, HORNBUCKLE,  
D. KELLY, MANDT AND PUSHKIN

[Passed February 4, 2020; in effect ninety days from  
passage.]



1 AN ACT to amend and reenact §16-5T-2 of the Code of West Virginia, 1931, as amended, relating  
2 to office of drug control policy.

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

**ARTICLE 5T. OFFICE OF DRUG CONTROL POLICY.**

**§16-5T-2. Office of Drug Control Policy.**

1 (a) The Office of Drug Control Policy is continued within the Department of Health and  
2 Human Resources under the direction and supervision of the secretary and with the assistance  
3 of the State Health Officer.

4 (b) The Office of Drug Control Policy shall create a state drug control policy in coordination  
5 with the bureaus of the department and other state agencies. This policy shall include all programs  
6 which are related to the prevention, treatment, and reduction of substance abuse use disorder.

7 (c) The Office of Drug Control Policy shall:

8 (1) Develop a strategic plan to reduce the prevalence of drug and alcohol abuse and  
9 smoking by at least 10 percent by July 1, 2018;

10 (2) Monitor, coordinate, and oversee the collection of data and issues related to drug,  
11 alcohol, and tobacco access, substance use disorder policies, and smoking cessation and  
12 prevention, and their impact on state and local programs;

13 (3) Make policy recommendations to executive branch agencies that work with alcohol  
14 and substance use disorder issues, and smoking cessation and prevention, to ensure the greatest  
15 efficiency and consistency in practices will be applied to all efforts undertaken by the  
16 administration;

17 (4) Identify existing resources and prevention activities in each community that advocate  
18 or implement emerging best practice and evidence-based programs for the full substance use  
19 disorder continuum of drug and alcohol abuse education and prevention, including smoking  
20 cessation or prevention, early intervention, treatment, and recovery;

21 (5) Encourage coordination among public and private, state and local agencies,  
22 organizations, and service providers, and monitor related programs;

23 (6) Act as the referral source of information, using existing information clearinghouse  
24 resources within the Department of Health and Human Resources, relating to emerging best  
25 practice and evidence-based substance use disorder prevention, cessation, treatment and  
26 recovery programs, and youth tobacco access, smoking cessation and prevention. The Office of  
27 Drug Control Policy will identify gaps in information referral sources;

28 (7) Apply for grant opportunities for existing programs;

29 (8) Observe programs in other states;

30 (9) Make recommendations and provide training, technical assistance, and consultation  
31 to local service providers;

32 (10) Review existing research on programs related to substance use disorder prevention  
33 and treatment and smoking cessation and prevention, and provide for an examination of the  
34 prescribing and treatment history, including court-ordered treatment, or treatment within the  
35 criminal justice system, of persons in the state who suffered fatal or nonfatal opiate overdoses;

36 (11) Establish a mechanism to coordinate the distribution of funds to support any local  
37 prevention, treatment, and education program based on the strategic plan that could encourage  
38 smoking cessation and prevention through efficient, effective, and research-based strategies;

39 (12) Establish a mechanism to coordinate the distribution of funds to support a local  
40 program based on the strategic plan that could encourage substance use prevention, early  
41 intervention, treatment, and recovery through efficient, effective and research-based strategies;

42 (13) Oversee a school-based initiative that links schools with community-based agencies  
43 and health departments to implement school-based anti-drug and anti-tobacco programs;

44 (14) Coordinate media campaigns designed to demonstrate the negative impact of  
45 substance use disorder, smoking and the increased risk of tobacco addiction and the  
46 development of other diseases;

47 (15) Review Drug Enforcement Agency and the West Virginia scheduling of controlled  
48 substances and recommend changes that should be made based on data analysis;

49 (16) Develop recommendations to improve communication between health care providers  
50 and their patients about the risks and benefits of opioid therapy for acute pain, improve the safety  
51 and effectiveness of pain treatment, and reduce the risks associated with long-term opioid  
52 therapy, including opioid use disorder and overdose;

53 (17) Develop and implement a program, in accordance with the provisions of §16-5T-3 of  
54 this code, to collect data on fatal and nonfatal drug overdoses caused by abuse and misuse of  
55 prescription and illicit drugs, from law enforcement agencies, emergency medical services, health  
56 care facilities and the Office of the Chief Medical Examiner;

57 (18) Develop and implement a program that requires the collection of data on the  
58 dispensing and use of an opioid antagonist from law enforcement agencies, emergency medical  
59 services, health care facilities, the Office of the Chief Medical Examiner and other entities as  
60 required by the office;

61 (19) Develop a program that provides assessment of persons who have been  
62 administered an opioid antagonist; and

63 (20) Report semi-annually to the Joint Committee on Health on the status of the Office of  
64 Drug Control Policy.

65 (d) Notwithstanding any other provision of this code to the contrary, and to facilitate the  
66 collection of data and issues, the Office of Drug Control Policy may exchange necessary data and  
67 information with the bureaus within the department, the Department of Military Affairs and Public  
68 Safety, the Department of Administration, the Administrator of Courts, the Poison Control Center,  
69 and the Board of Pharmacy. The data and information may include, but is not limited to: data from  
70 the Controlled Substance Monitoring Program; the all-payer claims database; the criminal  
71 offender record information database; and the court activity record information;

72           (e) Prior to July 1, 2018, the office shall develop a plan to expand the number of treatment  
73   beds in locations throughout the state which the office determines to be the highest priority for  
74   serving the needs of the citizens of the state.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

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*Chairman, House Committee*

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*Chairman, Senate Committee*

Originating in the House.

In effect ninety days from passage.

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*Clerk of the House of Delegates*

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*Clerk of the Senate*

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*Speaker of the House of Delegates*

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*President of the Senate*

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The within ..... this the.....  
day of ....., 2020.

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*Governor*