WEST VIRGINIA CODE: §16-5T-4

§16-5T-4. Entities required to report; required information; Continuation of data dashboard.

(a) To fulfill the purposes of this article, the following information shall be reported, within 24 hours after the provider responds to the incident and via an appropriate information technology platform, to the Office of Drug Control Policy:

(1) The date and time of the overdose;

(2) The approximate address of where the person was picked up or where the overdose took place;

(3) Whether an opioid antagonist was administered;

(4) Whether the overdose was fatal or nonfatal;

(5) The gender and approximate age of the person receiving attention or treatment;

(6) The suspected controlled substance involved in the overdose;

(7) Whether the individual has a history of a prior overdose, if known; and

(8) The type of drug used in the overdose.

(b) The following entities shall be required to report information contained in §16-5T-4(a) of this code:

(1) Health care providers;

(2) Medical examiners;

(3) Law-enforcement agencies, including, state, county, and local police departments;

(4) Emergency response providers; and

(5) Hospital emergency rooms.

(c) The data collected by the office pursuant to this subsection shall be made available to law enforcement, local health departments, and emergency medical service agencies in each county.

(d) Entities who are required to report information to or from the office pursuant to this section in good faith are not subject to civil or criminal liability for making the report.

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(e) For the purposes of this section:

"Information technology platform" means a dashboard constructed for or by the state to allow input, collection, data analysis, and display of the required data within 24 hours. The dashboard shall be scalable for additional future requirements with minimum engineering and development time. There is a preference that the dashboard be compatible with artificial intelligence to maintain monitoring.

"Overdose" means an acute condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death believed to be caused by abuse and misuse of prescription or illicit drugs or by substances that a layperson would reasonably believe to be a drug.

"Opioid antagonist" means a federal Food and Drug Administration-approved drug for the treatment of an opiate-related overdose, such as naloxone hydrochloride or other substance that, when administered, negates or neutralizes, in whole or in part, the pharmacological effects of an opioid in the body.

(f) Office of Drug Control Policy shall continue to compile the data that is reported, or that it otherwise has access to, in a public facing data dashboard. This dashboard shall also include the following:

(1) Every project that receives state funding, federal funding, opioid settlement funds, and other relevant funding sources for substance use disorder beginning in fiscal year 2024;

(2) Data on the outcomes of funded community-based outreach programs, harm reduction programs, criminal justice substance use disorder programs, harm prevention programs, and other funded program, to evaluate program effectiveness and inform program improvement;

(3) A comparison of program effectiveness by county, region, rural or urban, and demographics to identify best practices and areas for improvement and share these findings with stakeholders to support evidence-based decision making;

(4) Alerts to a rise in fatal and non-fatal overdoses in a given area or region to enable resources to be deployed to the area;

(5) Track and interact with medication assisted treatment providers, including the number of patients in and out of treatment, to support the coordination of care and effective care for individuals with substance use disorder;

(6) Public facing information, including maps, charts, and other visualizations, to increase transparency and engagement with stakeholders

(7) The location of every substance use disorder provider on a statewide basis to provide individuals linkage to care;

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(8) Non-fatal overdoses within 24 hours of the incident, with data collected from multiple sources, including hospitals, first responders, and law enforcement agencies;

(9) Fatal overdoses with data collected from multiple sources including hospitals, first responders, and law enforcement agencies;

(10) Identification of trends from the data that has been collected, including but not limited to fatal and non-fatal overdoes, use of opioid antagonist, trends in illicit drugs causing overdoses, and other relevant data that can be used to inform the allocation of resources in an area;

(11) Emergency department visits and first responder calls for fatal and non-fatal overdoses, and use this data to identify trends and hotspots and inform resource allocation;

(12) Data regarding program effectiveness in both the short-term and long-term with both immediate and long-term outcomes for individuals receiving services and support for ongoing program improvement and refinement; and

(13) The dashboard shall be updated daily to reflect current data, changes in provider location, and any other updates as needed.

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