Committee Substitute
for
House Bill 2620

By Delegates Frich, Ellington, Shott, Howell,
Householder, Storch, Hanshaw, Kessinger,
Hollen, Sobonya and Mr. Speaker, (Mr. Armstead)

[Passed April 8, 2017; in effect ninety days from passage.]
WEST VIRGINIA LEGISLATURE

2017 REGULAR SESSION

ENROLLED

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for

House Bill 2620

BY DELEGATES FRICH, ELLINGTON, SHOTT, HOWELL,

HOUSEHOLDER, STORCH, HANSHAW, KESSINGER,

HOLLEN, SOBONYA AND MR. SPEAKER, (MR. ARMSTEAD)

[Passed April 8, 2017; in effect ninety days from passage.]
AN ACT to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article, designated §16-ST-1, §16-ST-2, §16-ST-3, §16-ST-4 and §16-ST-5, all relating to the West Virginia Drug Control Policy Act; creating the Office of Drug Control Policy within the Department of Health and Human Resources; requiring the office to develop a state drug control policy and a strategic plan; requiring the office to coordinate with other entities; setting forth duties of the office; requiring the coordination of funding; requiring data sharing; requiring the office to develop a plan to add treatment beds; required reporting; requiring the office to create a central repository of drug overdose information in West Virginia; establishing the program and purpose; establishing the reporting system requirements; establishing responsibility of entities to report information; setting forth information required to be reported and the agencies which are affected; providing for data collection and reporting; and providing for rule-making authority and emergency rule-making authority.

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 article, designated §16-ST-1, §16-ST-2, §16-ST-3, §16-ST-4 and §16-ST-5, all to read as follows:

ARTICLE ST. OFFICE OF DRUG CONTROL POLICY.

§16-ST-1. Short title.
This article shall be referred to as the West Virginia Drug Control Policy Act.

§16-ST-2. Office of Drug Control Policy.
(a) The Office of Drug Control Policy is created within the Department of Health and Human Resources under the direction of the Secretary and supervision of the State Health Officer.

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

(c) The Office of Drug Control Policy shall:

1. Develop a strategic plan to reduce the prevalence of drug and alcohol abuse and smoking by at least ten percent by July 1, 2018;

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

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

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

5. Encourage coordination among public and private, state and local, agencies, organizations and service providers and monitor related programs;

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

7. Apply for grant opportunities for existing programs;

8. Observe programs in other states;
(9) Make recommendations and provide training, technical assistance and consultation to local service providers;

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

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

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

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

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

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

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

(17) Develop and implement a program, in accordance with the provisions of section three of this article, to collect data on fatal and nonfatal drug overdoses, caused by abuse and misuse
of prescription and illicit drugs from law enforcement agencies, emergency medical services, health care facilities and the Office of the Chief Medical Examiner;

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

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

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

(d) Notwithstanding any other provision of this code to the contrary, and to facilitate the collection of data and issues, the Office of Drug Control Policy may exchange necessary data and information with the bureaus within the Department, the Department of Military Affairs and Public Safety, the Department of Administration, the Administrator of Courts, the Poison Control Center, and the Board of Pharmacy. The data and information may include: data from the Controlled Substance Monitoring Program; the all-payer claims database; the criminal offender record information database; and the court activity record information;

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

§16-5T-3. Reporting system requirements; implementation; central repository requirement.

(a) The Office of Drug Control Policy shall implement a program in which a central repository is established and maintained that shall contain information required by this article. In implementing this program, the office shall consult with all affected entities, including law-
enforcement agencies, health care providers, emergency response providers, pharmacies and medical examiners.

(b) The program authorized by subsection (a) of this section shall be designed to minimize inconvenience to all entities maintaining possession of the relevant information while effectuating the collection and storage of the required information. The Office of Drug Control Policy shall allow reporting of the required information by electronic data transfer where feasible, and where not feasible, on reporting forms promulgated by the Office of Drug Control Policy. The information required to be submitted by the provisions of this article shall be required to be filed no more frequently than on a quarterly basis.

§16-5T-4. Entities required to report; required information.

(a) To fulfill the purposes of this article, the following information shall be reported to the Office of Drug Control Policy:

(1) An emergency medical or law-enforcement response to a suspected or reported overdose, or a response in which an overdose is identified by the responders;

(2) Medical treatment for an overdose;

(3) The dispensation or provision of an opioid antagonist; and

(4) Death attributed to overdose or “drug poisoning”.

(b) The following entities shall be required to report information contained in subsection (a) of this section:

(1) Pharmacies operating in the state;

(2) Health care providers;

(3) Medical examiners;

(4) Law-enforcement agencies, including prosecuting attorneys, state, county and local police departments; and

(5) Emergency response providers.
§16-5T-5. Promulgation of rules.

The Secretary of the Department of Health and Human Resources may propose rules for promulgation in accordance with article three, chapter twenty-nine-a of this code to implement the provisions of this section. The Legislature finds that for the purposes of section fifteen, article three, chapter twenty-nine-a of this code, an emergency exists requiring the promulgation of emergency rules to preserve the public peace, health, safety or welfare and to prevent substantial harm to the public interest.
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman, House Committee

Chairman, Senate Committee

Originating in the House.

In effect ninety days from passage.

Clerk of the House of Delegates

Clerk of the Senate

Speaker of the House of Delegates

President of the Senate

The within is approved this the 26th day of April, 2017.

Governor