

WEST VIRGINIA LEGISLATURE

2018 REGULAR SESSION

Enrolled
Committee Substitute
for
Committee Substitute
for
Senate Bill 272

BY SENATORS CARMICHAEL (MR. PRESIDENT) AND

PREZIOSO

(BY REQUEST OF THE EXECUTIVE)

[Passed March 7, 2018; in effect 90 days from passage]

OFFICE WEST VIRGINIA
SECRETARY OF STATE

2018 MAR 27 A 9:34

FILED

SB272

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1 AN ACT to amend and reenact §16-5T-4 of the Code of West Virginia, 1931, as amended; to
2 amend said code by adding thereto a new section, designated §16-5T-6; to amend and
3 reenact §16-46-4 of said code; and to amend said code by adding thereto a new section,
4 designated §16-46-7, all relating to drug control; requiring reports to the Office of Drug
5 Control Policy; allowing the Office of Drug Control Policy to establish a pilot program for
6 community response to persons who have experienced a recent overdose; requiring
7 governmental agencies to require first responders to carry Naloxone subject to certain
8 conditions; requiring governmental agencies to require first responders to be trained in
9 Naloxone use; providing that Naloxone is subject to funding and availability; and providing
10 for a statewide standing order for Naloxone by the state health officer.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5T. OFFICE OF DRUG CONTROL POLICY.

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

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

- 3 (1) An emergency medical or law-enforcement response to a suspected, reported, or
4 confirmed overdose, or a response in which an overdose is identified by the responders;
5 (2) Medical treatment for an overdose;
6 (3) The dispensation or provision of an opioid antagonist; and
7 (4) Death attributed to overdose or “drug poisoning”.

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

- 10 (1) Pharmacies operating in the state;
11 (2) Health care providers;
12 (3) Medical examiners;

- 13 (4) Law-enforcement agencies, including prosecuting attorneys, state, county, and local
- 14 police departments;
- 15 (5) Emergency response providers; and
- 16 (6) Hospital emergency rooms and departments.

§16-5T-6. COMMUNITY OVERDOSE RESPONSE DEMONSTRATION PILOT PROJECT.

1 (a) The Director of the Office of Drug Control Policy shall establish a Community Overdose
2 Response Demonstration Pilot Project, to be continued for a period of four years, to develop
3 model government programs to promote public health and general welfare through a
4 comprehensive community-based response to drug overdoses in communities across West
5 Virginia.

6 (b) The purpose of the demonstration pilot project is the development of community
7 programs that will focus and use existing resources of government agencies to create outreach
8 programs to educate concerned family and community members, including first responders, to
9 recognize an opioid overdose, and to immediately respond with life-saving measures and quick
10 response teams comprised of law enforcement, emergency medical personnel, and a trained
11 opiate case manager to conduct an in-home visit within one week of an overdose.

12 (c) The objective of the demonstration pilot project is to improve public health by
13 addressing drug overdoses through a comprehensive community development plan. The plan
14 should serve as a model to improve public health and education through a comprehensive
15 community-based response to drug overdoses across the state.

16 (d) Communities that experience a high frequency of drug overdoses, compared with
17 national averages as determined by the Office of Drug Control Policy, are eligible for participation
18 in the demonstration pilot project.

19 (e) The demonstration pilot project shall be developed and administered by the Office of
20 Drug Control Policy to encourage state and local agencies and community groups to work
21 together and coordinate government and community responses to drug overdoses, and identify
22 new and existing funds, personnel, and other existing resources available for the demonstration
23 pilot project. Demonstration projects may include:

24 (1) Outreach programs to educate concerned family and community members, including
25 first responders, to recognize an opioid overdose and to immediately respond with life-saving
26 measures. This outreach may include basic information, training in the proper and safe
27 administration of Naloxone to reverse drug overdoses, and the distribution of Naloxone kits; and

28 (2) Quick response teams comprised of law enforcement, emergency medical personnel,
29 and a case manager trained in substance use disorder to conduct an in-home visit within one
30 week of an overdose. The quick response teams would work cooperatively to triage and assess
31 overdose survivors and provide linkage to treatment and services for rehabilitation with the goal
32 of reducing repeated overdoses.

33 (f) The demonstration project may receive funding and other committed resources from
34 federal, state, or local government and community groups.

35 (g) A community desiring to participate in the demonstration project shall submit a plan to
36 the director that provides for the following elements:

37 (1) Community participation;

38 (2) Development of a community action plan with measurable, achievable, realistic, time-
39 phased objectives;

40 (3) Implementation of the community action plan; and

41 (4) Evaluation of results.

42 (h) By majority vote, the Governor's Advisory Council on Substance Use Disorder Policy
43 created pursuant to Executive Order 10-17 may select one or more communities from those that
44 submit plans for participation in the demonstration pilot project.

45 (i) Commencing December 1, 2018, and each year thereafter, each participating
46 community shall give a progress report to the director and commencing January 1, 2019, and
47 each year thereafter, the director shall give a summary report of all the participating communities
48 to the Legislative Oversight Commission on Health and Human Resources Accountability as
49 established in §16-29E-1 *et seq.* of this code, on progress made by the pilot demonstration
50 project, including suggested legislation, necessary changes to the demonstration pilot project,
51 and suggested expansion of the demonstration project.

52 (j) This section is not intended to, and does not, create any right or benefit, substantive or
53 procedural, enforceable at law or in equity by any party against the state, its departments,
54 agencies, or entities, its officers, employees, or agents, or any other person.

55 (k) The demonstration project terminates on July 1, 2022.

ARTICLE 46. ACCESS TO OPIOID ANTAGONISTS.

§16-46-4. Possession and administration of an opioid antagonist by initial responders; limited liability.

1 (a) Local and state governmental agencies that employ initial responders must provide
2 opioid antagonist rescue kits to their initial responders, require initial responders to successfully
3 complete the training required by §16-46-6(b) of this code, and require the initial responders to
4 carry the opioid antagonist rescue kits in accordance with agency procedures so as to optimize
5 the initial responders' capacity to timely assist in the prevention of opioid overdoses: *Provided,*
6 That a local or state governmental agency has designated sufficient funding or supplies of opioid
7 antagonist rescue kits.

8 (b) In the absence of gross negligence or willful misconduct, nothing in this section shall
9 be construed to impose civil or criminal liability on a local or state governmental agency or an
10 initial responder acting in good faith in the administration or provision of an opioid antagonist in
11 cases where an individual appears to be experiencing an opioid overdose.

12 (c) As used in this section, an "opioid antagonist rescue kit" means a kit containing:

13 (1) Two doses of an opioid antagonist in either a generic form or in a form approved by
14 the United States Federal Food and Drug Administration; and

15 (2) Overdose education materials that conform to Office of Emergency Medical Services
16 or federal Substance Abuse and Mental Health Services Administration guidelines for opioid
17 overdose education that explain the signs and causes of an opioid overdose and instruct when
18 and how to administer in accordance with medical best practices:

19 (A) Life-saving rescue techniques; and

20 (B) An opioid antagonist.

§16-46-7. Statewide standing orders for opioid antagonist.

1 (a) The state health officer may prescribe on a statewide basis an opioid antagonist by
2 one or more standing orders to eligible recipients.

3 (b) A standing order must specify, at a minimum:

4 (1) The opioid antagonist formulations and means of administration that are approved for
5 dispensing;

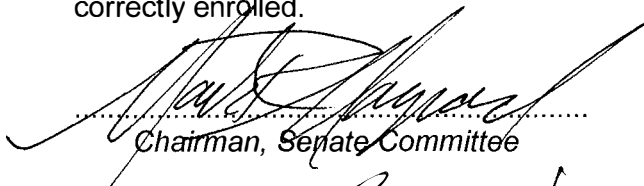
6 (2) The eligible recipients to whom the opioid antagonist may be dispensed;

7 (3) Any training that is required for an eligible recipient to whom the opioid antagonist is
8 dispensed;

9 (4) The circumstances under which an eligible recipient may distribute or administer the
10 opioid antagonist; and

11 (5) The timeline for renewing and updating the standing order.

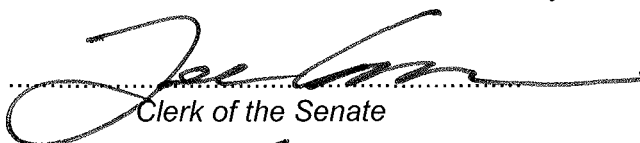
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

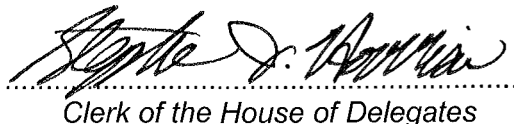

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Chairman, Senate Committee

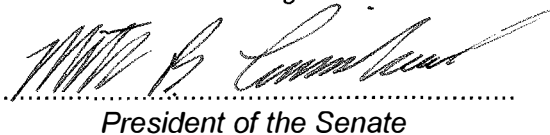

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Chairman, House Committee

Originated in the Senate.

In effect 90 days from passage.


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Clerk of the Senate

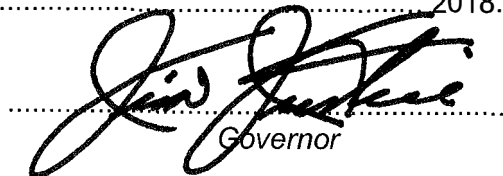

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Clerk of the House of Delegates


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President of the Senate


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Speaker of the House of Delegates

FILED
2018 MAR 27 A 9:34
OFFICE WEST VIRGINIA
SECRETARY OF STATE

The within is approved this the 27th
Day of March 2018.


.....
Governor

PRESENTED TO THE GOVERNOR

11/14/13

Time 10:15 am