# WEST VIRGINIA LEGISLATURE

## 2019 REGULAR SESSION

**Enrolled** 

**Committee Substitute** 

for

Senate Bill 520

SENATORS MARONEY, PLYMALE, STOLLINGS, TARR,
WOELFEL, TAKUBO, BOSO, BALDWIN, HARDESTY, AND
SWOPE, original sponsors

[Passed March 5, 2019; in effect 90 days from passage]

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AN ACT to amend and reenact §16-5T-3 and §16-5T-4 of the Code of West Virginia, 1931, as amended, all relating to drug overdoses; requiring entities report drug overdoses; requiring details for drug overdose reports; eliminating mandatory reporters; and making grammatical corrections.

Be it enacted by the Legislature of West Virginia:

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

#### Reporting system requirements; implementation; §16-5T-3. 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 overdose information via an appropriate information technology platform with secure access for the purpose of making decisions regarding the allocation of public health and educational resources. 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 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.

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

- (a) To fulfill the purposes of this article, the following information shall be reported, within 2 72 hours after the provider responds to the incident and via an appropriate information technology 3 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;

8	(4) Whether the overdose was fatal or nonfatal;
9	(5) The gender and approximate age of the person receiving attention or treatment; and
10	(6) The suspected controlled substance involved in the overdose.
11	(b) The following entities shall be required to report information contained in §16-5T-4(a)
12	of this code:
13	(1) Health care providers;
14	(2) Medical examiners;
15	(3) Law-enforcement agencies, including, state, county, and local police departments;
16	(4) Emergency response providers; and
17	(5) Hospital emergency rooms.
18	(c) The data collected by the office pursuant to this subsection shall be made available to
19	law enforcement, local health departments, and emergency medical service agencies in each
20	county.
21	(d) Entities who are required to report information to or from the office pursuant to this
22	section in good faith are not subject to civil or criminal liability for making the report.
23	(e) For the purposes of this section:
24	"Information technology platform" means the Washington/Baltimore High Intensity Drug
25	Trafficking Overdose Detection Mapping Application Program or other program identified by the
26	department in rule.
27	"Overdose" means an acute condition, including, but not limited to, extreme physical
28	illness, decreased level of consciousness, respiratory depression, coma, or death believed to be
29	caused by abuse and misuse of prescription or illicit drugs or by substances that a layperson
30	would reasonably believe to be a drug.
31	"Opioid antagonist" means a federal Food and Drug Administration-approved drug for the
32	treatment of an opiate-related overdose, such as naloxone hydrochloride or other substance that,

## Enr CS for SB 520

- 33 when administered, negates or neutralizes, in whole or in part, the pharmacological effects of an
- 34 opioid in the body.

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