

1 COMMITTEE SUBSTITUTE

2 FOR

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4 FOR

5 **Senate Bill No. 526**

6 (By Senators Stollings, Foster, Jenkins and Kessler (Acting
7 President))

8 _____
9 [Originating in the Committee on the Judiciary;
10 reported February 24, 2011.]

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15 A BILL to amend the Code of West Virginia, 1931, as amended, by
16 adding thereto a new section, designated §16-4C-24, relating
17 to allowing State Police, police, sheriffs and fire and
18 emergency service providers to possess Naloxone to administer
19 in suspected narcotic drug overdoses; defining terms;
20 providing for training; granting immunity to trainers;
21 granting immunity to initial responders; providing for data
22 gathering and reporting; and authorizing legislative or
23 emergency rules.

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

25 That the Code of West Virginia, 1931, as amended, be amended
26 by adding thereto a new section, designated §16-4C-24, to read as
27 follows:

28 **ARTICLE 4C. EMERGENCY MEDICAL SERVICES ACT.**

1 **§16-4C-24. Administration of an opioid antidote in an emergency**
2 **situation.**

3 (a) For purposes of this section:

4 (1) "Initial responder" means any emergency responders covered
5 under this article and any member of the state police, any sheriff,
6 any deputy sheriff, any municipal police officer, any volunteer and
7 paid firefighters, and any other similar persons who respond to
8 emergencies.

9 (2) "Opioid antagonist" means naloxone hydrochloride that is
10 approved by the federal Food and Drug Administration for the
11 treatment of a drug overdose by intranasal administration.

12 (3) "Opioid overdose prevention and treatment training
13 program" or "program" means any program operated or approved by the
14 Office of Emergency Medical Services to train individuals to
15 prevent, recognize, and respond to an opiate overdose, and that
16 provides, at a minimum, training in all of the following:

17 (A) The causes of an opiate overdose;

18 (B) Mouth-to-mouth resuscitation;

19 (C) How to contact appropriate emergency medical services; and

20 (D) How to administer an opioid antagonist.

21 (b) A licensed health care provider who is permitted by law to
22 prescribe an opioid antagonist may, if acting with reasonable care,
23 prescribe and subsequently dispense or distribute an opioid
24 antagonist in conjunction with an opioid overdose prevention and
25 treatment training program, without being subject to civil
26 liability or criminal prosecution. This immunity shall apply to the
27 licensed health care provider even when the opioid antagonist is
28 administered by and to someone other than the person to whom it is

1 prescribed.

2 (c) Any initial responders, who are not otherwise licensed to
3 administer an opioid antagonist, may administer an opioid
4 antagonist in an emergency without fee if the initial responder has
5 received the training specified in subdivision (3) of subsection
6 (a) of this section and believes in good faith that the person
7 being treated is experiencing an opiate overdose. The initial
8 responder identified in this subsection, acting in good faith, is
9 not, as a result of his or her acts or omissions, liable for any
10 violation of any professional licensing statute, or subject to any
11 criminal prosecution arising from or relating to the unauthorized
12 practice of medicine or the possession of an opioid antagonist, or
13 subject to any civil liability with respect to the administration
14 of or failure to administer the opioid antagonist.

15 (d) Any initial responder prior to administering an opioid
16 antagonist in an emergency circumstance, pursuant to this section,
17 shall contact the West Virginia Medical Command System for approval
18 to dispense an opioid antagonist.

19 (e) Data regarding each opioid overdose and prevention and
20 treatment training program that the Office of Emergency Medical
21 Services operates or recognizes as an approved program shall be
22 collected and reported by January 1, 2015 to the Legislative
23 Oversight Commission on Health and Human Resources Accountability.

24 The data collected and reported shall includes:

25 (1) Number of training programs operated in the local health
26 jurisdiction;

27 (2) Number of individuals who have received a prescription
28 for, and training to administer, an opioid antagonist.

1 (3) Number of opioid antagonist doses prescribed;
2 (4) Number of opioid antagonist doses administered;
3 (5) Number of individuals who received the opioid antagonist
4 who were properly revived;
5 (6) Number of individuals who received the opioid antagonist
6 who were not revived;
7 (7) Number of adverse events associated with an opioid
8 overdose prevention and treatment training program, including a
9 description of the adverse events.
10 (f) To implement the provisions of this section, including
11 establishing the standards for certification and approval of opioid
12 overdose prevention and treatment training programs, the Office of
13 Emergency Medical Services may promulgate emergency rules pursuant
14 to the provisions of section fifteen, article three, chapter
15 twenty-nine-a of this code or propose rules for legislative
16 approval in accordance with the provisions of article three,
17 chapter twenty-nine-a of this code.

(NOTE: The purpose of this bill is to allow police, fire and emergency service providers, to possess Naloxone to administer in suspected narcotic drug overdoses.

Strike-throughs indicate language that would be stricken from the present law, and underscoring indicates new language that would be added.

§16-4C-24 is new; therefore, strike-throughs and underscoring have been omitted.)