

COMMITTEE SUBSTITUTE

FOR

COMMITTEE SUBSTITUTE

FOR

Senate Bill No. 526

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

[Originating in the Committee on the Judiciary;
reported February 24, 2011.]

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

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 section, designated §16-4C-24, to read as follows:

ARTICLE 4C. EMERGENCY MEDICAL SERVICES ACT.

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

1 (a) For purposes of this section:

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

7 (2) “Opioid antagonist” means naloxone hydrochloride that
8 is approved by the federal Food and Drug Administration for
9 the treatment of a drug overdose by intranasal administra-
10 tion.

11 (3) “Opioid overdose prevention and treatment training
12 program” or “program” means any program operated or
13 approved by the Office of Emergency Medical Services to
14 train individuals to prevent, recognize, and respond to an
15 opiate overdose, and that provides, at a minimum, training
16 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
20 services; and
- 21 (D) How to administer an opioid antagonist.
- 22 (b) A licensed health care provider who is permitted by law
23 to prescribe an opioid antagonist may, if acting with reason-
24 able care, prescribe and subsequently dispense or distribute
25 an opioid antagonist in conjunction with an opioid overdose
26 prevention and treatment training program, without being
27 subject to civil liability or criminal prosecution. This
28 immunity shall apply to the licensed health care provider
29 even when the opioid antagonist is administered by and to
30 someone other than the person to whom it is prescribed.
- 31 (c) Any initial responders, who are not otherwise licensed
32 to administer an opioid antagonist, may administer an opioid
33 antagonist in an emergency without fee if the initial re-
34 sponder has received the training specified in subdivision (3)
35 of subsection (a) of this section and believes in good faith
36 that the person being treated is experiencing an opiate
37 overdose. The initial responder identified in this subsection,
38 acting in good faith, is not, as a result of his or her acts or

39 omissions, liable for any violation of any professional
40 licensing statute, or subject to any criminal prosecution
41 arising from or relating to the unauthorized practice of
42 medicine or the possession of an opioid antagonist, or subject
43 to any civil liability with respect to the administration of or
44 failure to administer the opioid antagonist.

45 (d) Any initial responder prior to administering an opioid
46 antagonist in an emergency circumstance, pursuant to this
47 section, shall contact the West Virginia Medical Command
48 System for approval to dispense an opioid antagonist.

49 (e) Data regarding each opioid overdose and prevention
50 and treatment training program that the Office of Emergency
51 Medical Services operates or recognizes as an approved
52 program shall be collected and reported by January 1, 2015
53 to the Legislative Oversight Commission on Health and
54 Human Resources Accountability. The data collected and
55 reported shall include:

56 (1) Number of training programs operated in the local
57 health jurisdiction;

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

60 (3) Number of opioid antagonist doses prescribed;

61 (4) Number of opioid antagonist doses administered;

62 (5) Number of individuals who received the opioid antago-
63 nist who were properly revived;

64 (6) Number of individuals who received the opioid antago-
65 nist who were not revived;

66 (7) Number of adverse events associated with an opioid
67 overdose prevention and treatment training program,
68 including a description of the adverse events.

69 (f) To implement the provisions of this section, including
70 establishing the standards for certification and approval of
71 opioid overdose prevention and treatment training programs,
72 the Office of Emergency Medical Services may promulgate
73 emergency rules pursuant to the provisions of section fifteen,
74 article three, chapter twenty-nine-a of this code or propose
75 rules for legislative approval in accordance with the provi-
76 sions of article three, 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.)

