

1 COMMITTEE SUBSTITUTE

2 FOR

3 **Senate Bill No. 27**

4 (By Senators Stollings, Jenkins, Laird and Kessler (Mr.  
5 President))

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7 [Originating in the Committee on the Judiciary;  
8 reported March 15, 2013.]  
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12 A BILL to amend the Code of West Virginia, 1931, as amended, by  
13 adding thereto a new section, designated §16-4C-24, relating  
14 generally to allowing State Police, police, sheriffs and fire  
15 and emergency service personnel to possess Naloxone or other  
16 approved opioid antagonist to administer in opioid drug  
17 overdoses; defining terms; providing for training;  
18 establishing training requirements for first responders who  
19 may administer opioid antagonists; establishing criteria under  
20 which a first responder may administer an opioid antagonist;  
21 granting immunity to health care providers who prescribe,  
22 dispense or distribute Naloxone or other approved opioid  
23 antagonist related to a training program; granting immunity to  
24 initial responders who administer or fail to administer an



1 administration.

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

7 (A) The causes of an opiate overdose;

8 (B) How to recognize the symptoms of an opioid overdose;

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

10 (D) How to administer an opioid antagonist.

11 (b) A licensed health care provider who is permitted by law to  
12 prescribe an opioid antagonist may, if acting with reasonable care,  
13 prescribe and subsequently dispense or distribute an opioid  
14 antagonist in conjunction with an opioid overdose prevention and  
15 treatment training program, without being subject to civil  
16 liability or criminal prosecution, unless the act was the result of  
17 the licensed health care provider's gross negligence or willful  
18 misconduct. This immunity shall apply to the licensed health care  
19 provider even when the opioid antagonist is administered by and to  
20 someone other than the person to whom it is prescribed.

21 (c) An initial responder who is not otherwise licensed to  
22 administer an opioid antagonist may administer an opioid antagonist  
23 in an emergency situation if:

24 (1) The initial responder has successfully completed the

1 training required by subdivision (4), subsection (a) of this  
2 section; and

3 (2) The administration of the opioid antagonist is done after  
4 consultation with medical command personnel: *Provided*, That an  
5 initial responder who otherwise meets the qualifications of this  
6 subsection may administer an opioid antagonist without consulting  
7 with medical command if he or she is unable to so consult due to an  
8 inability to contact medical command because of circumstances  
9 outside the control of the initial responder or if there is  
10 insufficient time for such consultation based upon the emergency  
11 conditions presented.

12 (d) An initial responder who meets the requirements of  
13 subsection (c) of this section, acting in good faith, is not, as a  
14 result of his or her actions or omissions, liable for any violation  
15 of any professional licensing statute, subject to any criminal  
16 prosecution arising from or relating to the unauthorized practice  
17 of medicine or the possession of an opioid antagonist or subject to  
18 any civil liability with respect to the administration of or  
19 failure to administer the opioid antagonist unless the act or  
20 failure to act was the result of the initial responder's gross  
21 negligence or willful misconduct.

22 (e) Data regarding each opioid overdose prevention and  
23 treatment program that the Office of Emergency Medical Services  
24 operates or recognizes as an approved program shall be collected

1 and reported by January 1, 2016, to the Legislative Oversight  
2 Commission on Health and Human Resources Accountability. The data  
3 collected and reported shall include:

4 (1) The number of training programs operating in an OEMS-  
5 designated training center;

6 (2) The number of individuals who have received training to  
7 administer an opioid antagonist;

8 (3) The number of individuals who received the opioid  
9 antagonist who were revived;

10 (4) Number of individuals who received the opioid antagonist  
11 who were not revived; and

12 (5) Number of adverse events associated with an opioid  
13 overdose prevention and treatment program, including a description  
14 of the adverse events.

15 (f) To implement the provisions of this section, including  
16 establishing the standards for certification and approval of opioid  
17 overdose prevention and treatment training programs, the Office of  
18 Emergency Medical Services may promulgate emergency rules pursuant  
19 to the provisions of section fifteen, article three, chapter  
20 twenty-nine-a of this code.