2014R1650SI

1	Senate Bill No. 336
2	(By Senators Stollings, Laird, Boley, Cole, M. Hall,
3	Kirkendoll, Miller, Palumbo, Plymale, Prezioso,
4 5	Tucker, Walters, Yost, Jenkins and Cookman) Interim Bill
6	[Introduced January 13, 2014; referred to the Committee on Health
7 8	and Human Resources; and then to the Committee on the Judiciary.]
9	
10	A BILL to amend the Code of West Virginia, 1931, as amended, by
11	adding thereto a new section, designated §16-4C-24, relating
12	generally to allowing State Police, police, sheriffs and fire
13	and emergency service personnel to possess Naloxone or other
14	approved opioid antagonist to administer in opioid drug
15	overdoses; defining terms; providing for training;
16	establishing training requirements for first responders who
17	may administer opioid antagonists; establishing criteria under
18	which a first responder may administer an opioid antagonist;
19	granting immunity to health care providers who prescribe,
20	dispense or distribute Naloxone or other approved opioid
21	antagonist related to a training program; granting immunity to
22	initial responders who administer or fail to administer an
23	opioid antagonist; providing for data gathering and reporting;
24	and authorizing emergency rulemaking.

1 Be it enacted by the Legislature of West Virginia:

2 That the Code of West Virginia, 1931, as amended, be amended 3 by adding thereto a new section, designated §16-4C-24, to read as 4 follows:

5 ARTICLE 4C. EMERGENCY MEDICAL SERVICES ACT.

6 §16-4C-24. Administration of an opioid antidote in an emergency
7 situation.

8 (a) For purposes of this section:

9 (1) "Initial responder" means an emergency medical service 10 personnel covered under this article and a member of the State 11 Police, a sheriff, a deputy sheriff, a municipal police officer, a 12 volunteer or paid firefighter and any other similar person who 13 responds to emergencies.

14 (2) "Licensed health care provider" means a person, 15 partnership, corporation, professional limited liability company, 16 health care facility or institution licensed by or certified in 17 this state to provide health care or professional health care 18 services, including, but not limited to, a physician, osteopathic 19 physician, hospital or emergency medical service agency.

(3) "Opioid antagonist" means naloxone hydrochloride or other 21 substance that is approved by the federal Food and Drug 22 Administration for the treatment of a drug overdose by intranasal 23 administration.

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

6 (A) The causes of an opiate overdose;

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

8 (C) How to contact appropriate emergency medical services; and
9 (D) How to administer an opioid antagonist.

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

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

23 (1) The initial responder has successfully completed the 24 training required by subdivision (4), subsection (a) of this

1 section; and

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

(d) An initial responder who meets the requirements of subsection (c) of this section, acting in good faith, is not, as a result of his or her actions or omissions, liable for any violation 4 of any professional licensing statute, subject to criminal 5 prosecution arising from or relating to the unauthorized practice 6 of medicine or the possession of an opioid antagonist or subject to 17 any civil liability with respect to the administration of or 18 failure to administer the opioid antagonist unless the act or 19 failure to act was the result of the initial responder's gross 20 negligence or willful misconduct.

(e) Data regarding each opioid overdose prevention and treatment program that the Office of Emergency Medical Services operates or recognizes as an approved program shall be collected and reported by January 1, 2017, to the Legislative Oversight

1 Commission on Health and Human Resources Accountability. The data
2 collected and reported shall include:

3 (1) The number of training programs operating in an Office of4 Emergency Medical Services designated training center;

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

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

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

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

(f) To implement the provisions of this section, including setablishing the standards for certification and approval of opioid overdose prevention and treatment training programs, the Office of Emergency Medical Services may promulgate emergency rules pursuant No the provisions of section fifteen, article three, chapter y 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.

This section is new; therefore, strike-throughs and underscoring have been omitted.

This bill was recommended for introduction and passage during the 2014 Regular Session of the Legislature by the Joint Committee on Health.