

# **WEST VIRGINIA LEGISLATURE**

**2017 REGULAR SESSION**

**ENROLLED**

**Committee Substitute**

**for**

**House Bill 2620**

BY DELEGATES FRICH, ELLINGTON, SHOTT, HOWELL,  
HOUSEHOLDER, STORCH, HANSHAW, KESSINGER,  
HOLLEN, SOBONYA AND MR. SPEAKER, (MR. ARMSTEAD)

[Passed April 8, 2017; in effect ninety days from passage.]



1 AN ACT to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,  
2 designated §16-5T-1, §16-5T-2, §16-5T-3, §16-5T-4 and §16-5T-5, all relating to the West  
3 Virginia Drug Control Policy Act; creating the Office of Drug Control Policy within the  
4 Department of Health and Human Resources; requiring the office to develop a state drug  
5 control policy and a strategic plan; requiring the office to coordinate with other entities;  
6 setting forth duties of the office; requiring the coordination of funding; requiring data  
7 sharing; requiring the office to develop a plan to add treatment beds; required reporting;  
8 requiring the office to create a central repository of drug overdose information in West  
9 Virginia; establishing the program and purpose; establishing the reporting system  
10 requirements; establishing responsibility of entities to report information; setting forth  
11 information required to be reported and the agencies which are affected; providing for data  
12 collection and reporting; and providing for rule-making authority and emergency rule-  
13 making authority.

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

1 That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new  
2 article, designated §16-5T-1, §16-5T-2, §16-5T-3, §16-5T-4 and §16-5T-5, all to read as follows:

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

**§16-5T-1. Short title.**

1 This article shall be referred to as the West Virginia Drug Control Policy Act.

**§16-5T-2. Office of Drug Control Policy.**

1 (a) The Office of Drug Control Policy is created within the Department of Health and  
2 Human Resources under the direction of the Secretary and supervision of the State Health  
3 Officer.

4 (b) The Office of Drug Control Policy shall create a state drug control policy in coordination  
5 with the bureaus of the Department and other state agencies. This policy shall include all

6 programs which are related to the prevention, treatment and reduction of substance abuse use  
7 disorder.

8 (c) The Office of Drug Control Policy shall:

9 (1) Develop a strategic plan to reduce the prevalence of drug and alcohol abuse and  
10 smoking by at least ten percent by July 1, 2018;

11 (2) Monitor, coordinate and oversee the collection of data and issues related to drug,  
12 alcohol and tobacco access, substance use disorder policies and smoking cessation and  
13 prevention and their impact on state and local programs;

14 (3) Make policy recommendations to executive branch agencies that work with alcohol  
15 and substance use disorder issues, and smoking cessation and prevention to ensure the greatest  
16 efficiency and consistency in practices will be applied to all efforts undertaken by the  
17 administration;

18 (4) Identify existing resources and prevention activities in each community that advocate  
19 or implement emerging best practice and evidence-based programs for the full substance use  
20 disorder continuum of drug and alcohol abuse education and prevention, including smoking  
21 cessation or prevention, early intervention, treatment and recovery;

22 (5) Encourage coordination among public and private, state and local, agencies,  
23 organizations and service providers and monitor related programs;

24 (6) Act as the referral source of information, using existing information clearinghouse  
25 resources within the Department of Health and Human Resources, relating to emerging best  
26 practice and evidence-based substance use disorder prevention, cessation, treatment and  
27 recovery programs, and youth tobacco access, smoking cessation and prevention. The Office of  
28 Drug Control Policy will identify gaps in information referral sources;

29 (7) Apply for grant opportunities for existing programs;

30 (8) Observe programs in other states;

31           (9) Make recommendations and provide training, technical assistance and consultation to  
32 local service providers;

33           (10) Review existing research on programs related to substance use disorder prevention  
34 and treatment and smoking cessation and prevention and provide for an examination of the  
35 prescribing and treatment history, including court-ordered treatment or treatment within the  
36 criminal justice system, of persons in the state who suffered fatal or nonfatal opiate overdoses;

37           (11) Establish a mechanism to coordinate the distribution of funds to support any local  
38 prevention, treatment and education program based on the strategic plan that could encourage  
39 smoking cessation and prevention through efficient, effective and research-based strategies;

40           (12) Establish a mechanism to coordinate the distribution of funds to support a local  
41 program based on the strategic plan that could encourage substance use prevention, early  
42 intervention, treatment and recovery through efficient, effective and research-based strategies;

43           (13) Oversee a school-based initiative that links schools with community-based agencies  
44 and health departments to implement school-based antidrug and anti-tobacco programs;

45           (14) Coordinate media campaigns designed to demonstrate the negative impact of  
46 substance use disorder, smoking and the increased risk of tobacco addiction and the  
47 development of other diseases;

48           (15) Review Drug Enforcement Agency and the West Virginia scheduling of controlled  
49 substances and recommend changes that should be made based on data analysis;

50           (16) Develop recommendations to improve communication between health care providers  
51 and their patients about the risks and benefits of opioid therapy for acute pain, improve the safety  
52 and effectiveness of pain treatment and reduce the risks associated with long-term opioid therapy,  
53 including opioid use disorder and overdose;

54           (17) Develop and implement a program, in accordance with the provisions of section three  
55 of this article, to collect data on fatal and nonfatal drug overdoses, caused by abuse and misuse

56 of prescription and illicit drugs from law enforcement agencies, emergency medical services,  
57 health care facilities and the Office of the Chief Medical Examiner;

58 (18) Develop and implement a program that requires the collection of data on the  
59 dispensing and use of an opioid antagonist from law enforcement agencies, emergency medical  
60 services, health care facilities, the Office of the Chief Medical Examiner and other entities as  
61 required by the office;

62 (19) Develop a program that provides assessment of persons who have been  
63 administered an opioid antagonist; and

64 (20) Report semi-annually to the Joint Committee on Health on the status of the Office of  
65 Drug Control Policy.

66 (d) Notwithstanding any other provision of this code to the contrary, and to facilitate the  
67 collection of data and issues, the Office of Drug Control Policy may exchange necessary data and  
68 information with the bureaus within the Department, the Department of Military Affairs and Public  
69 Safety, the Department of Administration, the Administrator of Courts, the Poison Control Center,  
70 and the Board of Pharmacy. The data and information may include: data from the Controlled  
71 Substance Monitoring Program; the all-payer claims database; the criminal offender record  
72 information database; and the court activity record information;

73 (e) Prior to July 1, 2018, the office shall develop a plan to expand the number of treatment  
74 beds in locations throughout the state which the office determines to be the highest priority for  
75 serving the needs of the citizens of the state.

**§16-5T-3. Reporting system requirements; implementation; central repository requirement.**

1 (a) The Office of Drug Control Policy shall implement a program in which a central  
2 repository is established and maintained that shall contain information required by this article. In  
3 implementing this program, the office shall consult with all affected entities, including law-

4 enforcement agencies, health care providers, emergency response providers, pharmacies and  
5 medical examiners.

6 (b) The program authorized by subsection (a) of this section shall be designed to minimize  
7 inconvenience to all entities maintaining possession of the relevant information while effectuating  
8 the collection and storage of the required information. The Office of Drug Control Policy shall allow  
9 reporting of the required information by electronic data transfer where feasible, and where not  
10 feasible, on reporting forms promulgated by the Office of Drug Control Policy. The information  
11 required to be submitted by the provisions of this article shall be required to be filed no more  
12 frequently than on a quarterly basis.

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

1 (a) To fulfill the purposes of this article, the following information shall be reported to the  
2 Office of Drug Control Policy:

3 (1) An emergency medical or law-enforcement response to a suspected or reported  
4 overdose, or a response in which an overdose is identified by the responders;

5 (2) Medical treatment for an overdose;

6 (3) The dispensation or provision of an opioid antagonist; and

7 (4) Death attributed to overdose or “drug poisoning”.

8 (b) The following entities shall be required to report information contained in subsection  
9 (a) of this section:

10 (1) Pharmacies operating in the state;

11 (2) Health care providers;

12 (3) Medical examiners;

13 (4) Law-enforcement agencies, including prosecuting attorneys, state, county and local  
14 police departments; and

15 (5) Emergency response providers.

**§16-5T-5. Promulgation of rules.**

1           The Secretary of the Department of Health and Human Resources may propose rules for  
2 promulgation in accordance with article three, chapter twenty-nine-a of this code to implement the  
3 provisions of this section. The Legislature finds that for the purposes of section fifteen, article  
4 three, chapter twenty-nine-a of this code, an emergency exists requiring the promulgation of  
5 emergency rules to preserve the public peace, health, safety or welfare and to prevent substantial  
6 harm to the public interest.



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

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*Chairman, House Committee*

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*Chairman, Senate Committee*

Originating in the House.

In effect ninety days from passage.

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*Clerk of the House of Delegates*

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*Clerk of the Senate*

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*Speaker of the House of Delegates*

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*President of the Senate*

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The within ..... this the.....  
day of ....., 2017.

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*Governor*