

WEST VIRGINIA LEGISLATURE

2017 REGULAR SESSION

Committee Substitute

for

House Bill 3028

BY DELEGATE MILEY

(BY REQUEST OF THE EXECUTIVE)

[Originating in the Committee on Health and Human

Resources; Reported on March 23, 2017]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
2 designated §16-1-20, relating to the Office of Drug Control Policy; creating the Office of
3 Drug Control Policy; requiring the office to develop a strategic plan; requiring the office to
4 coordinate with other entities; coordinating funding; requiring data sharing; providing
5 emergency rulemaking authority; providing rulemaking authority; creating a plan to add
6 treatment beds; creating a special revenue account; and required reporting.

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 section, designated §16-1-20 to read as follows:

§16-1-20. 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 Policy shall coordinate, with bureaus of the Department and other
5 state agencies, the creation of a drug control policy. This policy shall extend to all substance use
6 disorder programs which are related to the prevention, treatment and reduction of substance 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, 2017;

11 (2) Monitor, coordinate and oversee the collection of data and issues related to alcohol
12 and tobacco access, substance use disorder policies, and smoking cessation and prevention and
13 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 to ensure that a consistency in philosophy will be applied to all efforts undertaken by
17 the 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, utilizing existing information clearinghouse
25 resources within the Department for 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 from other states;

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

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
53 therapy, including opioid use disorder and overdose;

54 (17) Develop and implement a program to collect data on fatal and nonfatal drug
55 overdoses, caused by abuse and misuse of prescription and illicit drugs from law enforcement
56 agencies, emergency medical services, health care facilities and the office of the chief medical
57 examiner;

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

62 (19) Develop and implement a program that creates an assessment of a person who has
63 been administered an opioid antagonist; and

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

66 (d) The Secretary of the Department of Health and Human Resources may promulgate a
67 legislative rule to implement the provisions of this section. The legislature finds that for the
68 purposes of section fifteen, article three, chapter twenty-nine-a of this Code, an emergency exists
69 requiring the promulgation of an emergency rule to preserve the public peace, health, safety or
70 welfare and to prevent substantial harm to the public interest.

71 (e) Notwithstanding any other provision of this Code to the contrary, and to facilitate the
72 collection of data and issues, the Office of Drug Control Policy may exchange necessary data and
73 information with the Bureaus within the Department, the Department of Military Affairs and Public
74 Safety, the Department of Administration, the Administrator of Courts, the Poison Control Center,
75 and the Board of Pharmacy. The data and information may include, but may not be limited to:
76 data from the Controlled Substance Monitoring Program; the all-payer claims database; the
77 criminal offender record information database; and the court activity record information;

78 (f) The office shall create a plan, prior to July 1, 2018, to ensure an additional one hundred
79 treatment beds are made available in locations throughout the state which the office determines
80 to be the highest priority for serving the needs of the citizens of the state. The office shall identify
81 and provide the beds to privately owned facility to provide substance abuse treatment services.
82 Funds from the "DHHR Special Revenue Trust Account" shall be used for this purpose.

83 (g) Expenditures from the "DHHR Special Revenue Trust Account", established pursuant
84 to settlement agreement in Boone County Civil Action No. 12-C-141, are to be made only in
85 accordance with appropriation by the Legislature and in accordance with the provisions of article
86 two, chapter twelve of this code. Expenditures from the fund shall be for the purposes set forth
87 in section one of this article. The fund shall be comprised of monies received in accordance with
88 the settlement agreement in Boone County Civil Action No. 12-C-141 and may be comprised of
89 moneys appropriated to the fund by the Legislature, allocated to the fund by the federal
90 government and all other sums designated for deposit in the fund from any source, public or
91 private.