

WEST VIRGINIA LEGISLATURE

2018 REGULAR SESSION

Introduced

House Bill 4227

BY MR. SPEAKER (MR. ARMSTEAD) AND DELEGATE MILEY

[BY REQUEST OF THE EXECUTIVE]

[Introduced January 19, 2018; Referred
to the Committee on Prevention and Treatment of
Substance Abuse then the Judiciary.]

1 A BILL to amend and reenact §16-5T-4 of the Code of West Virginia, 1931, as amended; and to
2 amend said code by adding thereto a new section, designated §16-5T-6, all relating
3 generally to drug control; requiring hospital emergency rooms and departments, as well
4 as certain other law-enforcement and medical care providers, report suspected or
5 confirmed drug overdoses, and other drug-related instances, to the Office of Drug Control
6 Policy; permitting counties experiencing drug overdoses at rates higher than the national
7 average to establish certain community-based recognition and response efforts;
8 permitting those counties to seek federal and private funding to implement those efforts;
9 and requiring all first responders, regardless of frequency of drug overdoses in their
10 communities, to carry Naloxone and be trained in its use.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5T. OFFICE OF DRUG CONTROL POLICY.

§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, or
4 confirmed 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; and
- 16 (6) Hospital emergency rooms and departments.

§16-5T-6. Community-based overdose recognition and training; quick response teams; funding; first responders to carry Naloxone.

- 1 (a) Those counties that experience a high frequency of drug overdoses as compared with
2 national averages may establish the following community-based recognition and response efforts:
- 3 (1) Outreach programs to educate concerned family and community members, including
4 first responders, to recognize an opioid overdose and to immediately respond with life-saving
5 measures. This outreach may include basic information and training in the proper and safe
6 administration of Naloxone to reverse drug overdoses and the distribution of Naloxone kits; and
- 7 (2) Quick response teams comprised of law enforcement, emergency medical personnel,
8 and a trained opiate case manager to conduct an in-home visit within one week of an overdose.
9 The quick response teams would work cooperatively to triage and assess overdose survivors and
10 provide linkage to treatment and services for rehabilitation, with the goal of reducing repeated
11 overdoses.
- 12 (b) Affected communities may explore and apply for federal and private grants to fund the
13 personnel, benefits, mileage, and resource costs of these recognition and response efforts.
- 14 (c) All first responders in the state, regardless of frequency of drug overdoses in their
15 communities, shall carry Naloxone and be trained in its use.

NOTE: The purpose of this bill is to require hospital emergency rooms and departments, as well as certain other law enforcement and medical care providers to report suspected or confirmed drug overdoses to the Office of Drug Control Policy. The bill permits counties experiencing drug overdoses higher than the national average to establish certain community-based recognition and response efforts. The bill permits those counties to seek federal and private funding to implement these programs. The bill requires all first responders, regardless of frequency of drug overdoses in their communities, to carry

Naloxone and be trained in its use.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.