

WEST VIRGINIA LEGISLATURE

2022 REGULAR SESSION

Committee Substitute

for

House Bill 4585

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[Originating in the Committee on Health and Human
Resources; reported on February 15, 2022]

1 A BILL to amend and reenact §60A-9-4 of the Code of West Virginia, 1931, as amended, relating
2 to controlled substance monitoring; removing the reporting of an opioid antagonist and
3 removing a dispensing prohibition.

Be it enacted by the Legislature of West Virginia:

ARTICLE 9. CONTROLLED SUBSTANCES MONITORING.

§60A-9-4. Required information.

1 (a) The following individuals shall report the required information to the Controlled
2 Substances Monitoring Program Database when:

3 (1) A medical services provider dispenses a controlled substance listed in Schedule II, III,
4 IV, or V;

5 (2) A prescription for the controlled substance ~~or opioid antagonist~~ is filled by:

6 (A) A pharmacist or pharmacy in this state;

7 (B) A hospital, or other health care facility, for outpatient use; or

8 (C) A pharmacy or pharmacist licensed by the Board of Pharmacy, but situated outside
9 this state for delivery to a person residing in this state. ~~and~~

10 ~~(3) A pharmacist or pharmacy sells an opioid antagonist.~~

11 (b) The above individuals shall in a manner prescribed by rules promulgated by the Board
12 of Pharmacy pursuant to this article, report the following information, as applicable:

13 (1) The name, address, pharmacy prescription number, and Drug Enforcement
14 Administration controlled substance registration number of the dispensing pharmacy or the
15 dispensing physician or dentist;

16 (2) The full legal name, address, and birth date of the person for whom the prescription is
17 written;

18 (3) The name, address, and Drug Enforcement Administration controlled substances
19 registration number of the practitioner writing the prescription;

20 (4) The name and national drug code number of the Schedule II, III, IV, and V controlled
21 substance ~~or opioid antagonist~~ dispensed;

22 (5) The quantity and dosage of the Schedule II, III, IV, and V controlled substance ~~or opioid~~
23 ~~antagonist~~ dispensed;

24 (6) The date the prescription was written and the date filled;

25 (7) The number of refills, if any, authorized by the prescription;

26 (8) If the prescription being dispensed is being picked up by someone other than the
27 patient on behalf of the patient, information about the person picking up the prescription as set
28 forth on the person's government-issued photo identification card shall be retained in either print
29 or electronic form until such time as otherwise directed by rule promulgated by the Board of
30 Pharmacy; and

31 (9) The source of payment for the controlled substance dispensed.

32 (c) Whenever a medical services provider treats a patient for an overdose that has
33 occurred as a result of illicit or prescribed medication, the medical service provider shall report
34 the full legal name, address, and birth date of the person who is being treated, including any
35 known ancillary evidence of the overdose. The Board of Pharmacy shall coordinate with the
36 Division of Justice and Community Services and the Office of Drug Control Policy regarding the
37 collection of overdose data.

38 (d) The Board of Pharmacy may prescribe by rule promulgated pursuant to this article the
39 form to be used in prescribing a Schedule II, III, IV, and V substance ~~or opioid antagonist~~ if, in the
40 determination of the Board of Pharmacy, the administration of the requirements of this section
41 would be facilitated.

42 (e) Products regulated by the provisions of §60A-10-1 *et seq.* of this code shall be subject
43 to reporting pursuant to the provisions of this article to the extent set forth in said article.

44 (f) Reporting required by this section is not required for a drug administered directly to a
45 patient by a practitioner. Reporting is, however, required by this section for a drug dispensed to a

46 patient by a practitioner. ~~The quantity dispensed by a prescribing practitioner to his or her own~~
47 ~~patient may not exceed an amount adequate to treat the patient for a maximum of 72 hours with~~
48 ~~no greater than two 72-hour cycles dispensed in any 15-day period of time~~

49 ~~(g) The Board of Pharmacy shall notify a physician prescribing buprenorphine or~~
50 ~~buprenorphine/naloxone within 60 days of the availability of an abuse deterrent or a practitioner-~~
51 ~~administered form of buprenorphine or buprenorphine/naloxone if approved by the Food and Drug~~
52 ~~Administration as provided in FDA Guidance to Industry. Upon receipt of the notice, a physician~~
53 ~~may switch his or her patients using buprenorphine or buprenorphine/naloxone to the abuse~~
54 ~~deterrent or a practitioner-administered form of the drug.~~

NOTE: The purpose of this bill is to remove a dispensing prohibition that is related to controlled substance monitoring.

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