INTRODUCED 2016R1418

## **WEST VIRGINIA LEGISLATURE**

### 2016 REGULAR SESSION

### Introduced

# House Bill 4221

FISCAL NOTE

By Delegates Stansbury, Householder, Ellington,
Rohrbach, Weld, Miller, Hanshaw, B. White,
Westfall, Campbell and Sobonya

[Introduced January 21, 2016; referred to the Select

Committee on Prevention and Treatment of

Substance Abuse then the committee on the

Judiciary]

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A BILL to amend and reenact §16-46-3 of the Code of West Virginia, 1931, as amended, relating to the administration of an opioid antagonist to a person believed to be suffering from a opioid-related overdose.

Be it enacted by the Legislature of West Virginia:

That §16-46-3 of the Code of West Virginia, 1931, as amended, be amended and reenacted to read as follows:

#### ARTICLE 46. ACCESS TO OPIOID ANTAGONISTS ACT.

- §16-46-3. Licensed health care providers may prescribe opioid antagonists to initial responders and certain individuals; required educational materials; limited liability.
- (a) All licensed health care providers in the course of their professional practice may offer to initial responders a prescription for opioid antagonists, including a standing order, to be used during the course of their professional duties as initial responders.
- (b) All licensed health care providers in the course of their professional practice may offer to a person considered by the licensed health care provider to be at risk of experiencing an opiate-related overdose, or to a relative, friend, caregiver or person in a position to assist a person at risk of experiencing an opiate-related overdose, a prescription for an opioid antagonist.
- (c) All licensed health care providers who prescribe an opioid antagonist under this section shall provide educational materials to any person or entity receiving such a prescription on opiate-related overdose prevention and treatment programs, as well as materials on administering the prescribed opioid antagonist.
- (d) Any person who possesses an opioid antagonist and administers it to a person whom they believe to be suffering from an opioid-related overdose and who is acting in good faith is not, as a result of his or her actions or omissions, subject to criminal prosecution arising from the possession of an opioid antagonist or subject to any civil liability with respect to the administration of or failure to administer the opioid antagonist unless the act or failure to act was the result of gross negligence or willful misconduct.

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(e) Any person who administers an opioid antagonist to a person whom they believe to be suffering from an opioid-related overdose is required to seek additional medical treatment at a medical facility for that person immediately following the administration of the opioid antagonist to avoid further complications as a result of suspected opioid-related overdose.

(f) Any person who administers an opioid antagonist to a person whom they believe to be suffering from an opioid related overdose is required to forthwith initiate commitment proceedings pursuant to section two, article five, chapter twenty-seven of this code. In the proceedings initiated, there shall be a rebuttable presumption that the person believed to have overdosed on an opioid is addicted and a danger to self or others. A person who fails to comply with the provisions of this subsection is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than \$1,000 or confined in jail not more than one year, or both fined and confined.

NOTE: The purpose of this bill is to require persons who administer an opioid antagonist drug to someone believed to have overdosed on an opiate to initiate proceedings for involuntary hospitalization commitment. The bill provides rebuttable presumption that the person to whom the antagonist drug was administered is an addict and a danger to self or others. Failure to comply with the provisions is a misdemeanor.

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