

WEST VIRGINIA LEGISLATURE

2019 REGULAR SESSION

Introduced

Senate Bill 520

BY SENATORS MARONEY, PLYMALE, STOLLINGS, TARR,
WOELFEL, TAKUBO, BOSO, BALDWIN, HARDESTY, AND
SWOPE

[Introduced February 4, 2019; Referred
to the Committee on Health and Human Resources]

1 A BILL to amend and reenact §16-5T-3 and §16-5T-4 of the Code of West Virginia, 1931, as
 2 amended, relating to drug overdoses; requiring entities report drug overdoses; requiring
 3 details for drug overdose reports; and making grammatical corrections.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5T. OFFICE OF DRUG CONTROL POLICY.

§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~~
 3 overdose information via an appropriate information technology platform with secure access for
 4 the purpose of making decisions regarding the allocation of public health and educational
 5 resources. In implementing this program, the office shall consult with all affected entities, including
 6 law-enforcement agencies, health care providers, emergency response providers, pharmacies
 7 and medical examiners.

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

9 (3) The approximate address of where the person was picked up or where the overdose
10 took place.

11 (4) Whether an opioid antagonist was administered.

12 (5) Whether the overdose was fatal or nonfatal.

13 (6) The gender and approximate age of the person receiving attention or treatment.

14 (7) The suspected controlled substance involved in the overdose.

15 (b) The following entities shall be required to report information contained in §16-5T-4(a)
16 of this code:

17 (1) Pharmacies operating in the state;

18 (2) Health care providers;

19 (3) Medical examiners;

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

22 (5) Emergency response providers; and

23 (6) Hospital emergency rooms and departments.

24 (c)(1) Emergency medical service provider that treats and releases, or transports to a
25 medical facility, in response to an emergency call for a suspected or actual overdose of a
26 controlled substance, and law-enforcement officers that administer an opioid antagonist for a
27 suspected or actual overdose of a controlled substance shall report overdose information via an
28 appropriate information technology platform within 24 hours after it responds to the incident.

29 (2) The data collected by the office pursuant to this subsection shall be made available to

30 law enforcement, local health department, and emergency medical service agencies in each
31 county.

32 (d) Entities who are required to report information to or from the office pursuant to this
33 section in good faith are not subject to civil or criminal liability for making the report.

34 (e) For the purposes of this section:

35 “Information technology platform” means the Washington/Baltimore High Intensity Drug
36 Trafficking Overdose Detection Mapping Application Program or other program identified by the
37 department in rule.

38 “Overdose” means a condition, including, but not limited to, extreme physical illness,
39 decreased level of consciousness, respiratory depression, coma, or death resulting from the
40 consumption or use of any controlled substance that requires medical attention, assistance or
41 treatment, and clinical suspicion for drug overdose, such as respiratory depression,
42 unconsciousness, or altered mental status, without other conditions to explain the clinical
43 condition.

44 “Opioid antagonist” means a federal Food and Drug Administration-approved drug for the
45 treatment of an opiate-related overdose, such as naloxone hydrochloride or other substance, that,
46 when administered, negates or neutralizes, in whole or in part, the pharmacological effects of an
47 opioid in the body.

NOTE: The purpose of this bill is to permit the Office of Drug Control to adopt an overdose-reporting platform and set shorter time limits for mandatory overdose reporting.

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