

# **WEST VIRGINIA LEGISLATURE**

## **2023 REGULAR SESSION**

**Introduced**

### **House Bill 2253**

By Delegate Steele

[Introduced January 11, 2023; Referred to the  
Committee on Health and Human Resources]

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 this  
 9 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 or  
29 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 the  
34 full legal name, address, and birth date of the person who is being treated, including any known  
35 ancillary evidence of the overdose. The Board of Pharmacy shall coordinate with the Division of  
36 Justice and Community Services and the Office of Drug Control Policy regarding the collection of  
37 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 no~~  
48 ~~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.