

WEST VIRGINIA LEGISLATURE

2023 REGULAR SESSION

Committee Substitute

for

House Bill 3306

By Delegates Summers, Tully and Heckert

[Originating in the Committee on Health and Human

Resources; Reported on February 7, 2023

1 A BILL to amend and reenact §16-5T-2 of the Code of West Virginia, 1931, as amended, relating
2 to the organizational structure of the Office of Drug Control Policy; providing for the
3 appointing of the director; and requiring the creation of a task force.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5T. OFFICE OF DRUG CONTROL POLICY.

§16-5T-2. Office of Drug Control Policy.

1 (a) The Office of Drug Control Policy is continued within the department. ~~of Health and~~
2 ~~Human Resources~~ The Director of the Office of Drug Control Policy shall be appointed by the
3 Governor, by and with the advice and consent of the Senate. The director of the office is under the
4 ~~direction and supervision of the secretary~~ may directly report to the Office of the Governor, and
5 ~~with the assistance of and works in cooperation with the State Health Officer, the Bureau of Public~~
6 Health, and the Bureau for Behavioral Health.

7 (b) The Office of Drug Control Policy shall create a state drug control policy in coordination
8 with the bureaus of the department and other state agencies. This policy shall include all programs
9 which are related to the prevention, treatment, and reduction of substance abuse use disorder.

10 (c) The Office of Drug Control Policy shall:

11 (1) Develop a strategic plan to reduce the prevalence of drug and alcohol abuse and
12 smoking by at least 10%; ~~percent by July 1, 2018~~

13 (2) Monitor, coordinate, and oversee the collection of data and issues related to drug,
14 alcohol, and tobacco access, substance use disorder policies, and smoking cessation and
15 prevention, and their impact on state and local programs;

16 (3) Make policy recommendations to executive branch agencies that work with alcohol and
17 substance use disorder issues, and smoking cessation and prevention, to ensure the greatest
18 efficiency and consistency in practices will be applied to all efforts undertaken by the
19 administration;

20 (4) Identify existing resources and prevention activities in each community that advocate or
21 implement emerging best practice and evidence-based programs for the full substance use
22 disorder continuum of drug and alcohol abuse education and prevention, including smoking
23 cessation or prevention, early intervention, treatment, and recovery;

24 (5) Encourage coordination among public and private, state and local agencies,
25 organizations, and service providers, and monitor related programs;

26 (6) Act as the referral source of information, using existing information clearinghouse
27 resources within the Department of Health and Human Resources, relating to emerging best
28 practice and evidence-based substance use disorder prevention, cessation, treatment and
29 recovery programs, and youth tobacco access, smoking cessation and prevention. The Office of
30 Drug Control Policy will identify gaps in information referral sources;

31 (7) Apply for grant opportunities for existing programs;

32 (8) Observe programs in other states;

33 (9) Make recommendations and provide training, technical assistance, and consultation to
34 local service providers;

35 (10) Review existing research on programs related to substance use disorder prevention
36 and treatment and smoking cessation and prevention, and provide for an examination of the
37 prescribing and treatment history, including court-ordered treatment, or treatment within the
38 criminal justice system, of persons in the state who suffered fatal or nonfatal opiate overdoses;

39 (11) Establish a mechanism to coordinate the distribution of funds to support any local
40 prevention, treatment, and education program based on the strategic plan that could encourage
41 smoking cessation and prevention through efficient, effective, and research-based strategies;

42 (12) Establish a mechanism to coordinate the distribution of funds to support a local
43 program based on the strategic plan that could encourage substance use prevention, early
44 intervention, treatment, and recovery through efficient, effective and research-based strategies;

45 (13) Oversee a school-based initiative that links schools with community-based agencies
46 and health departments to implement school-based anti-drug and anti-tobacco programs;

47 (14) Coordinate media campaigns designed to demonstrate the negative impact of
48 substance use disorder, smoking and the increased risk of tobacco addiction and the development
49 of other diseases;

50 (15) Review Drug Enforcement Agency and the West Virginia scheduling of controlled
51 substances and recommend changes that should be made based on data analysis;

52 (16) Develop recommendations to improve communication between health care providers
53 and their patients about the risks and benefits of opioid therapy for acute pain, improve the safety
54 and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy,
55 including opioid use disorder and overdose;

56 (17) Develop and implement a program, in accordance with the provisions of §16-5T-3 of
57 this code, to collect data on fatal and nonfatal drug overdoses caused by abuse and misuse of
58 prescription and illicit drugs, from law enforcement agencies, emergency medical services, health
59 care facilities and the Office of the Chief Medical Examiner;

60 (18) Develop and implement a program that requires the collection of data on the
61 dispensing and use of an opioid antagonist from law enforcement agencies, emergency medical
62 services, health care facilities, the Office of the Chief Medical Examiner and other entities as
63 required by the office;

64 (19) Develop a program that provides assessment of persons who have been
65 administered an opioid antagonist; and

66 (20) Create a Sober Living Home Taskforce; and

67 (21) Report semi-annually to the Joint Committee on Health on the status of the Office of
68 Drug Control Policy.

69 (d) Notwithstanding any other provision of this code to the contrary, and to facilitate the
70 collection of data and issues, the Office of Drug Control Policy may exchange necessary data and

71 information with the bureaus within the department, the Department of Military Affairs and Public
72 Safety, the Department of Administration, the Administrator of Courts, the Poison Control Center,
73 Office of National Drug Control Policy and the Board of Pharmacy. The data and information may
74 include, but is not limited to: data from the Controlled Substance Monitoring Program; ~~the all-payer~~
75 ~~claims database~~ the criminal offender record information database; and the court activity record
76 information;

77 (e) ~~Prior to July 1, 2018,~~ The office shall develop a plan to expand the number of treatment
78 beds in locations throughout the state which the office determines to be the highest priority for
79 serving the needs of the citizens of the state.

NOTE: The purpose of this bill is to move the Office of Drug Control Policy under the direction of the Governor.

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