

# **WEST VIRGINIA LEGISLATURE**

## **2025 REGULAR SESSION**

**Introduced**

### **House Bill 3177**

By Delegates Martin and Petitto

[Introduced March 06, 2025; referred to the  
Committee on Health and Human Resources]

1 A BILL to amend and reenact §60A-9-5 of the Code of West Virginia, 1931, as amended, relating  
2 to adding to the persons who have access to the Controlled Substances Monitoring  
3 Database maintained by the Board of Pharmacy.

*Be it enacted by the Legislature of West Virginia:*

**ARTICLE 9. CONTROLLED SUBSTANCES MONITORING.**

**§60A-9-5. Confidentiality; limited access to records; period of retention; no civil liability for  
required reporting.**

1 (a)(1) The information required by this article to be kept by the Board of Pharmacy is  
2 confidential and not subject to the provisions of §29B-1-1 *et seq.* of this code or obtainable as  
3 discovery in civil matters absent a court order and is open to inspection only by inspectors and  
4 agents of the Board of Pharmacy, members of the West Virginia State Police expressly authorized  
5 by the Superintendent of the West Virginia State Police to have access to the information,  
6 authorized agents of local law-enforcement agencies as members of a federally affiliated drug task  
7 force, authorized agents of the federal Drug Enforcement Administration, duly authorized agents  
8 of the Bureau for Medical Services, duly authorized agents of the Office of the Chief Medical  
9 Examiner for use in post-mortem examinations, duly authorized agents of the Office of Health  
10 Facility Licensure and Certification for use in certification, licensure, and regulation of health  
11 facilities, duly authorized agents of licensing boards of practitioners in this state and other states  
12 authorized to prescribe Schedules II, III, IV, and V controlled substances, prescribing practitioners  
13 and pharmacists, a licensed healthcare professional who is certified as a medical examiner with  
14 the Federal Motor Carrier Safety Administration, a dean of any medical school or his or her  
15 designee located in this state to access prescriber level data to monitor prescribing practices of  
16 faculty members, prescribers, and residents enrolled in a degree program at the school where he  
17 or she serves as dean, a physician reviewer designated by an employer of medical providers to  
18 monitor prescriber level information of prescribing practices of physicians, advance practice  
19 registered nurses, or physician assistants in their employ, and a chief medical officer of a hospital

20 or a physician designated by the chief executive officer of a hospital who does not have a chief  
21 medical officer, for prescribers who have admitting privileges to the hospital or prescriber level  
22 information, and persons with an enforceable court order or regulatory agency administrative  
23 subpoena. All law-enforcement personnel who have access to the Controlled Substances  
24 Monitoring Program Database shall be granted access in accordance with applicable state laws  
25 and the Board of Pharmacy's rules, shall be certified as a West Virginia law-enforcement officer  
26 and shall have successfully completed training approved by the Board of Pharmacy. All  
27 information released by the Board of Pharmacy must be related to a specific patient or a specific  
28 individual or entity under investigation by any of the above parties except that practitioners who  
29 prescribe or dispense controlled substances may request specific data related to their Drug  
30 Enforcement Administration controlled substance registration number or for the purpose of  
31 providing treatment to a patient: *Provided*, That the West Virginia Controlled Substances  
32 Monitoring Program Database Review Committee established in §60A-9-5(b) of this code is  
33 authorized to query the database to comply with §60A-9-5(b) of this code.

34 (2) Subject to the provisions of §60A-9-5(a)(1) of this code, the Board of Pharmacy shall  
35 also review the West Virginia Controlled Substances Monitoring Program Database and issue  
36 reports that identify abnormal or unusual practices of patients and practitioners with prescriptive  
37 authority who exceed parameters as determined by the advisory committee established in this  
38 section. The Board of Pharmacy shall communicate with practitioners and dispensers to more  
39 effectively manage the medications of their patients in the manner recommended by the advisory  
40 committee. All other reports produced by the Board of Pharmacy shall be kept confidential. The  
41 Board of Pharmacy shall maintain the information required by this article for a period of not less  
42 than five years. Notwithstanding any other provisions of this code to the contrary, data obtained  
43 under the provisions of this article may be used for compilation of educational, scholarly, or  
44 statistical purposes, and may be shared with the West Virginia Department of Health for those  
45 purposes, as long as the identities of persons or entities and any personally identifiable

information, including protected health information, contained therein shall be redacted, scrubbed, or otherwise irreversibly destroyed in a manner that will preserve the confidential nature of the information. No individual or entity required to report under §60A-9-4 of this code may be subject to a claim for civil damages or other civil relief for the reporting of information to the Board of Pharmacy as required under and in accordance with the provisions of this article.

(3) The Board of Pharmacy shall establish an advisory committee to develop, implement, and recommend parameters to be used in identifying abnormal or unusual usage patterns of patients and practitioners with prescriptive authority in this state. This advisory committee shall:

(A) Consist of the following members: A physician licensed by the West Virginia Board of Medicine; a dentist licensed by the West Virginia Board of Dental Examiners; a physician licensed by the West Virginia Board of Osteopathic Medicine; a licensed physician certified by the American Board of Pain Medicine; a licensed physician board certified in medical oncology recommended by the West Virginia State Medical Association; a licensed physician board certified in palliative care recommended by the West Virginia Center on End of Life Care; a pharmacist licensed by the West Virginia Board of Pharmacy; a licensed physician member of the West Virginia Academy of Family Physicians; an expert in drug diversion; and such other members as determined by the Board of Pharmacy.

(B) Recommend parameters to identify abnormal or unusual usage patterns of controlled substances for patients in order to prepare reports as requested in accordance with §60A-9-5(a)(2) of this code.

(C) Make recommendations for training, research, and other areas that are determined by the committee to have the potential to reduce inappropriate use of prescription drugs in this state, including, but not limited to, studying issues related to diversion of controlled substances used for the management of opioid addiction.

(D) Monitor the ability of medical services providers, health care facilities, pharmacists, and pharmacies to meet the 24-hour reporting requirement for the Controlled Substances

Monitoring Program set forth in §60A-9-3 of this code, and report on the feasibility of requiring real-time reporting.

(E) Establish outreach programs with local law enforcement to provide education to local law enforcement on the requirements and use of the Controlled Substances Monitoring Program Database established in this article.

(b) The Board of Pharmacy shall create a West Virginia Controlled Substances Monitoring Program Database Review Committee of individuals consisting of two prosecuting attorneys from West Virginia counties, two physicians with specialties which require extensive use of controlled substances and a pharmacist who is trained in the use and abuse of controlled substances. The review committee may determine that an additional physician who is an expert in the field under investigation be added to the team when the facts of a case indicate that the additional expertise is required. The review committee, working independently, may query the database based on parameters established by the advisory committee. The review committee may make determinations on a case-by-case basis on specific unusual prescribing or dispensing patterns indicated by outliers in the system or abnormal or unusual usage patterns of controlled substances by patients which the review committee has reasonable cause to believe necessitates further action by law enforcement or the licensing board having jurisdiction over the practitioners or dispensers under consideration. The licensing board having jurisdiction over the practitioner or dispenser under consideration shall report back to the Board of Pharmacy regarding any findings, investigation, or discipline resulting from the findings of the review committee within 30 days of resolution of any action taken by the licensing board resulting from the information provided by the Board of Pharmacy. The review committee shall also review notices provided by the chief medical examiner pursuant to §61-12-10(h) of this code and determine on a case-by-case basis whether a practitioner who prescribed or dispensed a controlled substance resulting in or contributing to the drug overdose may have breached professional or occupational standards or committed a criminal act when prescribing the controlled substance at issue to the decedent. Only in those

98 cases in which there is reasonable cause to believe a breach of professional or occupational  
99 standards or a criminal act may have occurred, the review committee shall notify the appropriate  
100 professional licensing agency having jurisdiction over the applicable practitioner or dispenser and  
101 appropriate law-enforcement agencies and provide pertinent information from the database for  
102 their consideration. The number of cases identified shall be determined by the review committee  
103 based on a number that can be adequately reviewed by the review committee. The information  
104 obtained and developed may not be shared except as provided in this article and is not subject to  
105 the provisions of §29B-1-1 *et seq.* of this code or obtainable as discovering in civil matters absent  
106 a court order.

107 (c) The Board of Pharmacy is responsible for establishing and providing administrative  
108 support for the advisory committee and the West Virginia Controlled Substances Monitoring  
109 Program Database Review Committee. The advisory committee and the review committee shall  
110 elect a chair by majority vote. Members of the advisory committee and the review committee may  
111 not be compensated in their capacity as members but shall be reimbursed for reasonable  
112 expenses incurred in the performance of their duties.

113 (d) The Board of Pharmacy shall promulgate rules with advice and consent of the advisory  
114 committee, after consultation with the licensing boards set forth in §60A-9-5(d)(4) of this code and  
115 in accordance with the provisions of §29A-3-1 *et seq.* of this code. The legislative rules must  
116 include, but shall not be limited to, the following matters:

117 (1) Identifying parameters used in identifying abnormal or unusual prescribing or  
118 dispensing patterns;

119 (2) Processing parameters and developing reports of abnormal or unusual prescribing or  
120 dispensing patterns for patients, practitioners, and dispensers;

121 (3) Establishing the information to be contained in reports and the process by which the  
122 reports will be generated and disseminated;

123 (4) Dissemination of these reports at least quarterly to:

124 (A) The West Virginia Board of Medicine codified in §30-3-1 *et seq.* of this code;

125 (B) The West Virginia Board of Osteopathic Medicine codified in §30-14-1 *et seq.* of this  
126 code;

127 (C) The West Virginia Board of Examiners for Registered Professional Nurses codified in  
128 §30-7-1 *et seq.* of this code;

129 (D) The West Virginia Board of Dentistry codified in §30-4-1 *et seq.* of this code; and

130 (E) The West Virginia Board of Optometry codified in §30-8-1 *et seq.* of this code; and

131 (5) Setting up processes and procedures to ensure that the privacy, confidentiality, and  
132 security of information collected, recorded, transmitted, and maintained by the review committee  
133 is not disclosed except as provided in this section.

134 (e) Persons or entities with access to the West Virginia Controlled Substances Monitoring  
135 Program Database pursuant to this section may, pursuant to rules promulgated by the Board of  
136 Pharmacy, delegate appropriate personnel to have access to said database.

137 (f) Good faith reliance by a practitioner on information contained in the West Virginia  
138 Controlled Substances Monitoring Program Database in prescribing or dispensing or refusing or  
139 declining to prescribe or dispense a Schedule II, III, IV, or V controlled substance shall constitute  
140 an absolute defense in any civil or criminal action brought due to prescribing or dispensing or  
141 refusing or declining to prescribe or dispense.

142 (g) A prescribing or dispensing practitioner may notify law enforcement of a patient who, in  
143 the prescribing or dispensing practitioner's judgment, may be in violation of §60A-4-410 of this  
144 code, based on information obtained and reviewed from the Controlled Substances Monitoring  
145 Program Database. A prescribing or dispensing practitioner who makes a notification pursuant to  
146 this subsection is immune from any civil, administrative, or criminal liability that otherwise might be  
147 incurred or imposed because of the notification if the notification is made in good faith.

148 (h) Nothing in the article may be construed to require a practitioner to access the West  
149 Virginia Controlled Substances Monitoring Program Database except as provided in §60A-9-5 of

150 this code.

151 (i) The Board of Pharmacy shall provide an annual report on the West Virginia Controlled  
152 Substances Monitoring Program to the Legislative Oversight Commission on Health and Human  
153 Resources Accountability with recommendations for needed legislation no later than January 1 of  
154 each year.

NOTE: The purpose of this bill is to add qualified examiners with the Federal Motor Carrier Safety Administration to the persons who have access to the Controlled Substances Monitoring Database maintained by the Board of Pharmacy.

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