

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]

A BILL to amend and reenact §16-5T-3 and §16-5T-4 of the Code of West Virginia, 1931, as amended, relating to drug overdoses; requiring entities report drug overdoses; requiring 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.

(a) The Office of Drug Control Policy shall implement a program in which a central repository is established and maintained that shall contain ~~information required by this article~~ overdose information via an appropriate information technology platform with secure access for the purpose of making decisions regarding the allocation of public health and educational resources. In implementing this program, the office shall consult with all affected entities, including law-enforcement agencies, health care providers, emergency response providers, pharmacies and medical examiners.

(b) The program authorized by ~~subsection (a) of this section~~ shall be designed to minimize inconvenience to all entities maintaining possession of the relevant information while effectuating the collection and storage of the required information. ~~The Office of Drug Control Policy shall allow reporting of the required information by electronic data transfer where feasible, and where not feasible, on reporting forms promulgated by the Office of Drug Control Policy. The information required to be submitted by the provisions of this article shall be required to be filed no more frequently than on a quarterly basis~~

§16-5T-4. Entities required to report; required information.

(a) To fulfill the purposes of this article, the following information shall be reported to the Office of Drug Control Policy:

(1) An emergency medical or law-enforcement response to a suspected, reported, or confirmed overdose, or a response in which an overdose is identified by the responders;

~~(2) Medical treatment for an overdose;~~

~~(3) The dispensation or provision of an opioid antagonist; and~~

~~(4) Death attributed to overdose or “drug poisoning”~~

(2) The date and time of overdose.

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

place.

(4) Whether an opioid antagonist was administered.

(5) Whether the overdose was fatal or nonfatal.

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

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

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

code:

(1) Pharmacies operating in the state;

(2) Health care providers;

(3) Medical examiners;

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

departments;

(5) Emergency response providers; and

(6) Hospital emergency rooms and departments.

(c)(1) Emergency medical service provider that treats and releases, or transports to a medical

facility, in response to an emergency call for a suspected or actual overdose of a controlled substance,

and law-enforcement officers that administer an opioid antagonist for a suspected or actual overdose of a

controlled substance shall report overdose information via an appropriate information technology platform

within 24 hours after it responds to the incident.

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

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

(d) Entities who are required to report information to or from the office pursuant to this section in

good faith are not subject to civil or criminal liability for making the report.

(e) For the purposes of this section:

“Information technology platform” means the Washington/Baltimore High Intensity Drug Trafficking

Overdose Detection Mapping Application Program or other program identified by the department in rule.

“Overdose” means a condition, including, but not limited to, extreme physical illness, decreased

level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of

any controlled substance that requires medical attention, assistance or treatment, and clinical suspicion

for drug overdose, such as respiratory depression, unconsciousness, or altered mental status, without

other conditions to explain the clinical condition.

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