

## **Title 67 Series 1**

### **COLLECTION AND EXCHANGE OF DATA RELATED TO OVERDOSES**

Department of Human Services

Office of Drug Control Policy

#### **Summary of Amendments to the Rule:**

Amendments were made to 67CSR1 (formerly 69CSR14) to reflect the changes to W. Va. Code §16-5T-1 *et seq.* in HB 3306 (2023). The amendments to 67CSR1 make the director of the Office of Drug Control Policy (ODCP) a direct report to the Governor and houses the ODCP with the Department of Human Services. Additionally, the amendments authorize the ODCP to exchange information with the Office of National Drug Control Policy. The amendments further decrease the time to report overdose events or suspected overdoses from 72 hours to 24 hours and add an additional data set to the mandatory reporting requirements. Finally, the amendments reflect ODCPs ability to fine entities not in compliance with reporting requirements and establish a procedure for the fines.

#### **Comment:**

On June 20, 2023, the WVEMS Coalition, through its Executive Director Chris Hall, commented that HB 3306 and 67CSR1 “create burdensome reporting requirements for an already resource strained emergency medical services system.” The comment further notes that the 24-hour reporting requirement does not account for weekends, holidays, or emergency situations. The comment also states concern about the “significant and onerous financial penalties” for not reporting suspected overdose information within the shortened time period.

#### **Comment:**

On June 28, 2023, a commenter only identified as [emsco61@aol.com](mailto:emsco61@aol.com) submitted a comment which mirrors several paragraphs in Mr. Hall’s June 20, 2023, letter.

#### **Comment:**

On June 28, 2023, the Boone County Ambulance Authority, through its Executive Director Joseph D. Smith, submitted same letter as Mr. Hall’s June 20, 2023, letter.

#### **Comment:**

On June 30, 2023, and in a subsequent meeting, members of the Mountain Health Network commented that requiring the overdose information to be reported to the ODCP is redundant and there is not sufficient “manpower” to accomplish the reporting requirements. The comment also states that the 24-hour reporting requirement is inconsistent with the 72-hour reporting requirement of the Office of Emergency Medical Services. Finally, the comment notes that increased cost will be incurred by reviewing charts.

#### **Comment:**

On July 5, 2023, Assistant Chief of Operations for the Marion County Rescue Squad Ben Tacy commented that a 24-hour reporting requirement is inconsistent with other EMS reporting requirements. Mr. Tacy further stated that “[f]inancial implications relating to inconsistent state codes is far from acceptable.”

**Comment:**

On July 6, 2023, Administrative Assistant Chief of the Marion County Rescue Squad Donna Wade commented concerns about shortening the reporting period from 72 hours to 24 hours.

**Comment:**

On July 6, 2023, the Director of Operations for Jan-Care Ambulance Service, Inc. Paul Seamann, submitted a letter related to the legislative rule. Mr. Seamann's letter stated that "Jan-Care is distressed about the recent legislation and accompanying rule indicating that the ODCP is to fine EMS agencies up to \$1,000 per incident if as yet an undetermined data set is not delivered to ODCP via an undetermined electronic method within 24 hours of each and every incident involving a SUD situation."

**Comment:**

On July 6, 2023, Monica Mason, the Executive Director of the Kanawha County Emergency Ambulance Authority, submitted an email with several comments similar to Mr. Hall's June 20, 2023, letter.

**Consolidated Response:**

Since all comments and, therefore, the responses are substantially similar, the ODCP has consolidated its response. While the ODCP understands the concerns about reporting and the fines, the reporting requirement is mandated by changes to W. Va. Code §16-5T-1 *et seq.* in HB 3306 and not 67CSR1. A statutory change would be required to alter the reporting mandate for overdose events or the fines for not reporting. Therefore, no changes to the rule could be made based upon any of the above listed comments.



Robertson, April L <april.l.robertson@wv.gov>

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## 67 CSR 1 – Collection and Exchange of Data Related to Drug Overdoses

1 message

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Chris Hall <chall@orion-strategies.com>

Tue, Jun 20, 2023 at 1:11 PM

To: "april.l.robertson@wv.gov" <april.l.robertson@wv.gov>

Cc: Joseph W Ratliff <joseph.w.ratliff@wv.gov>, "Rachel.M.Thaxton@wv.gov" <Rachel.M.Thaxton@wv.gov>, Jack Woodrum <jack.woodrum@wvsenate.gov>, Matthew Rohbrach <matthew.rohrbach@wvhouse.gov>, "mike.maroney@wvsenate.gov" <mike.maroney@wvsenate.gov>, Phil Mallow <phil.mallow@wvhouse.gov>, Amy Summers <amy.summers@wvhouse.gov>, "doug.smith@wvhouse.gov" <doug.smith@wvhouse.gov>

Attached are the formal comments of the WV EMS Coalition related to proposed legislative rule 67 CSR 1 – Collection and Exchange of Data Related to Drug Overdoses.

Our members are highly troubled that the state's plan for preventing drug overdoses would include rewarding EMS agencies for saving a life with a minimum fine of \$500.

The WV EMS Coalition strongly encourages the Office of Drug Control Policy and the Legislature to revisit this misguided policy. Drug overdose deaths will not be prevented by fining EMS agencies and taking away resources that could otherwise be used to save lives.

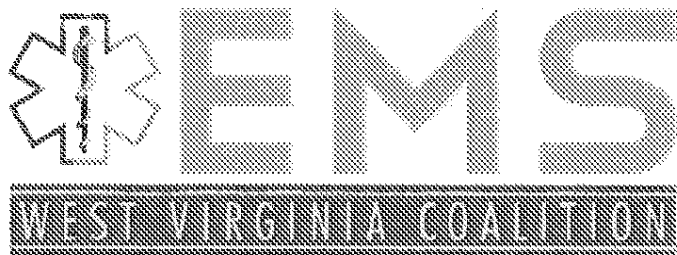
**Chris Hall**

Executive Director


Mobile: 304.544.9733

Email: [chall@orion-strategies.com](mailto:chall@orion-strategies.com)

[www.wvemsccoalition.com](http://www.wvemsccoalition.com)



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 **Comments 67 CSR 1 Drug Overdose Reporting.pdf**  
243K



June 20, 2023

April L Robertson, General Counsel  
West Virginia Department of Human Services  
One Davis Square, Suite 100E  
Charleston, WV 25301  
april.l.robertson@wv.gov

***RE: 67 CSR 1 – Collection and Exchange of Data Related to Drug Overdoses***

Dear Ms. Robertson,

The WV EMS Coalition is greatly concerned about the revisions to the reporting requirements contained in HB 3306 and the proposed legislative rule 67 CSR 1. We believe these changes, while well intended, create burdensome reporting requirements for an already resource strained emergency medical services system. And of greater concern, this updated legislation and proposed rule authorize significant and onerous financial penalties on struggling EMS agencies and first responders that did not previously exist.

West Virginia EMS agencies have long been required by legislative rule (64CSR48 3.2 Data System) to provide the Office of EMS a complete patient care report (PCR) following the conclusion of providing services to a patient.

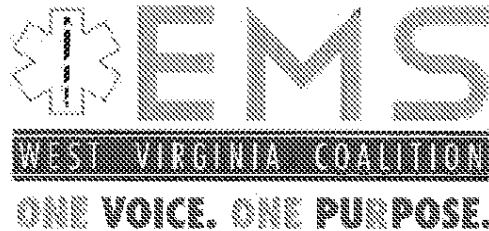
The 24-hour reporting requirement that is being added is not realistic for smaller, particularly volunteer, agencies that have limited staff and often outsource their existing billing and data reporting requirements. The narrow reporting timeframe could also be challenging for agencies with limited units or staff when responding to multiple emergencies in quick succession.

The language in the enabling legislation and rule does not provide any leniency for weekends, holidays, or other emergency circumstances where compliance may not be practical. The Office of EMS which best understands EMS operations has recognized these concerns and the current EMS legislative rule allows agencies to submit a complete PCR to the receiving facility within 72 hours which is still difficult for some agencies. And it does not impose financial penalties if agencies are unable to comply.

The WV EMS Coalition had previously expressed these concerns when the Senate took up similar legislation in SB 530 in 2019 and our testimony and communication resulted in the Senate Health Committee amending the reporting require from 24 hours to 72 hours.

We find it particularly offensive and concerning that fines of \$500 to \$1000 would be imposed on EMS agencies under this rule for not reporting overdoses within 24 hours.

Over a third of the individuals experiencing overdoses in 2021 were treated and released or refused to be transported. EMS agencies are typically only reimbursed for care if they transport a patient. This means that EMS provided a response to over 3,000 overdoses where they delivered care and treatment at a financial loss.



Medicaid provides limited reimbursement to EMS agencies for naloxone administration and offering a “warm handoff referral to substance use disorder treatment”. But the rate reimbursed for naloxone (\$14.35) is less than half the cost of the drug and the \$43.44 paid for the “warm handoff” is inadequate to cover the cost of the crew, supplies and equipment.

It is highly troubling the Office of Drug Control Policy’s plan for preventing drug overdoses would include rewarding EMS agencies for saving a life with a minimum fine of \$500. These fines would far exceed any reimbursement received for delivering the care.

The West Virginia EMS Coalition recognizes the information being sought through this legislation and rule could be a valuable tool in the state’s efforts to combat substance use disorder. However, ambulance agencies statewide are overwhelmed due to increasing call volume, understaffed units, and inadequate funding. Too often paramedics and EMTs are working overtime delivering continuous patient care. This can contribute to delays in completing reports as their focus is placed on patients rather than paper.

Rather than taking punitive action against EMS agencies that has the potential to negatively impact their ability to answer all emergency dispatches, there should be a greater focus on providing EMS with the financial resources necessary to properly care for our communities so that we are better prepared to respond to drug overdoses and able to report upon them timely.

The WV EMS Coalition strongly encourages the Office of Drug Control Policy and the Legislature to revisit this policy. Drug overdose deaths will not be prevented by fining EMS agencies and taking away the resources they need to save lives.

Sincerely,

Chris Hall, Executive Director  
West Virginia EMS Coalition  
304-544-9733  
chris@wvemscoalition.com

CC: Jack Woodrum, Senate Chair Rule-Making Review Committee  
Doug Smith, House Chair, Rule-Making Review Committee  
Mike Maroney, Chair, Senate Health and Human Resources Committee  
Amy Summers, Chair, House Health and Human Resources Committee  
Phil Mallow, Chair, House Fire Department and EMS Committee  
Matt Rohrbach, Chair, House Committee on Prevention and Treatment of Substance Abuse.  
Jody Ratliff, Director, Office of EMS  
Rachel Thaxton, Office of Drug Control Policy



Robertson, April L <april.l.robertson@wv.gov>

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## 67 CSR 1 – Collection and Exchange of Data Related to Drug Overdoses

1 message

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emsco61@aol.com <emsco61@aol.com>

Wed, Jun 28, 2023 at 7:58 AM

To: april.l.robertson@wv.gov

I am greatly concerned about the revisions to the reporting requirements contained in HB 3306 and the proposed legislative rule 67 CSR 1. These changes, while well intended, create burdensome reporting requirements for an already resource strained emergency medical services system. And of greater concern, this updated legislation and proposed rule authorize significant and onerous financial penalties on struggling EMS agencies and first responders that did not previously exist. Rather than taking punitive action against EMS agencies that has the potential to negatively impact our ability to answer all emergency dispatches, there should be a greater focus on providing the financial resources necessary to properly care for our communities so that EMS is better prepared to respond to drug overdoses and able to report upon them timely. I strongly encourage the Office of Drug Control Policy and the Legislature to revisit this policy. Drug overdose deaths will not be prevented by fining EMS agencies and taking away the resources they need to save lives.



Robertson, April L <april.l.robertson@wv.gov>

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## Public Comments for 67 CSR 1

1 message

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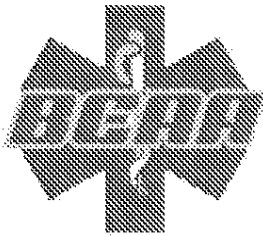
Joseph Smith <jsmith@thebcaa.com>  
To: "april.l.robertson@wv.gov" <april.l.robertson@wv.gov>

Wed, Jun 28, 2023 at 4:34 PM

Ms Robertson,

Please find the comments from the Boone County Ambulance Authority in regards to 67 CSR 1 attached to this email. Should you have any questions or concerns, please do not hesitate to contact me.

Stay safe,



**Joseph D. Smith, AAS, MCCP, NRP**  
Executive Director  
**Boone County Ambulance Authority**  
1 EMS Circle Racine, WV 25165-0159  
O: (304)837-3911 ext. 2013  
E: [jsmith@thebcaa.com](mailto:jsmith@thebcaa.com)  
W: [www.boonecountyems.org](http://www.boonecountyems.org)  
F: [www.facebook.com/booneems](https://www.facebook.com/booneems)

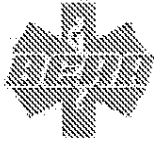
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**ODCP Letter.pdf**  
638K



Boone County Ambulance Authority  
PO Box 159 Racine, WV 25165  
P: (304)837-3911 F: (304)837-3913  
www.boonecountyems.org

June 28, 2023

April L. Robertson, General Counsel  
West Virginia Department of Human Services  
1 Davis Square, Suite 100E  
Charleston, WV 25301  
April.l.robertson@wv.gov

**Subject: 67 CSR 1 -- Collection and Exchange of Data Related to Drug Overdoses**

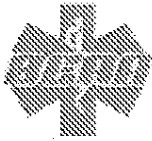
Ms. Robertson,

I, along with the entire Boone County Ambulance Authority, are greatly concerned about the revisions to the reporting requirements contained in HB3306 and the proposed legislative rule 67 CSR 1. We believe these changes will create burdensome reporting requirements for an already resource deprived EMS system in our state. Along with these reporting requirements, the changes authorize financial penalties on EMS agencies and first responders that previously did not exist. These penalties, while some may view them as incentive to file the reports, are undue and quite burdensome for agencies that are already facing terrible financial strains caused by a lack of state funding sources, decreased insurance reimbursements, and an exploding inflation on all things required to complete our jobs.

The Boone County Ambulance Authority, along with all other licensed EMS agencies in West Virginia, are required by legislative rule to submit all patient care records electronically through the WVNEMSIS reporting system which provides data to the West Virginia Office of Emergency Medical Services within a 72-hour timeframe. While we recognize the Office of Drug Control Policy's need for information related to drug overdoses in this state, we do not feel that this is the best method to obtain the needed information. In lieu of adding another requirement to an already stressed, strained, and understaffed EMS system, the ODCP should work with the Office of EMS to establish a method through the state's medical command system or NEMSIS data submission to collect the needed data from EMS agencies.

We feel that authorizing \$500-\$1,000 fines on EMS agencies per occurrence that an overdose is not reported within 24 hours is going to perpetuate an already financially unstable situation across the state's EMS agencies. Our company policy is more stringent than the state's legislative reporting rule of 72-hours, we require all patient care records to be complete within 24-hours of response completion, but we allow for extenuating circumstances. If the crew has been ran to the point of exhaustion throughout their shift, we give them extra time, if the crew responds to the incident right at the end of their shift, we give them extra time, but these are situations we plan for and allow for. The changes in 67 CSR 1 and accompanying legislative rules do not allow for any exceptions to the reporting requirements. In our minds, this, coupled with the fine, is unacceptable.

It is extremely disheartening to know that the ODCP's plan for preventing drug overdoses in our state, is to fine EMS agencies up to \$1,000 for failing to report these overdoses within 24 hours. This makes no

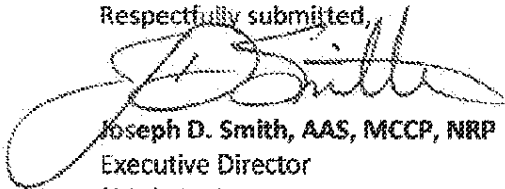


**Boone County Ambulance Authority**  
PO Box 159 Racine, WV 25165  
P: (304)837-3911 F: (304)837-3913  
[www.boonecountyems.org](http://www.boonecountyems.org)

sense to us, the frontline, the ones tasked with working to save the lives of the individuals that fall victim to overdoses. Rather than taking punitive action against EMS agencies that has the potential to negatively impact their ability to answer all emergency dispatches, there should be greater focus on providing EMS with the financial resources necessary to properly care for our communities so that we are better prepared to respond to drug overdoses and able to report upon them timely.

The Boone County Ambulance Authority strongly encourages the ODCP and the legislature to revisit this policy. Drug overdose deaths will not be prevented by fining EMS agencies and taking away the resources they need to save lives.

Respectfully submitted,



**Joseph D. Smith, AAS, MCCP, NRP**  
Executive Director  
(304)784-9126  
[jsmith@thebcaa.com](mailto:jsmith@thebcaa.com)



Stuchell, Nicholas R &lt;nicholas.r.stuchell@wv.gov&gt;

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**Fwd: [do not encrypt] Fwd: Overdose Reporting Concerns for Medcom HB 3306**

1 message

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**Christiansen, Matthew Q** <matthew.q.christiansen@wv.gov>

Fri, Jun 30, 2023 at 4:05 PM

To: "Thaxton, Rachel M" &lt;rachel.m.thaxton@wv.gov&gt;, Nicholas R Stuchell &lt;Nicholas.R.Stuchell@wv.gov&gt;, Christina R Mullins &lt;christina.r.mullins@wv.gov&gt;



----- Forwarded message -----

From: **Abby Reale** <Abby.Reale@mhnetwork.org>

Date: Fri, Jun 30, 2023 at 12:30 PM

Subject: [do not encrypt] Fwd: Overdose Reporting Concerns for Medcom HB 3306

To: Christiansen, Matthew Q &lt;matthew.q.christiansen@wv.gov&gt;

Dr. Christiansen,

There is concern not only from the medical command and EMS community but also the hospitals and especially the ERs on the 24 hour time frame on reporting. Hoping we can do a call with folks at ODCP to figure out how we can best report and options on reporting to better understand the rule for us to comment.

Totally understand this was a legislative code change, just trying to figure out how to operationally put into place.

Thanks for any help!

Abby

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**From:** Jeremy Higginbotham <Jeremy.Higginbotham@chhi.org>**Sent:** Thursday, June 29, 2023 9:27:50 AM**To:** Abby Reale <Abby.Reale@mhnetwork.org>; Maria Summers <Maria.Summers@chhi.org>**Subject:** Overdose Reporting Concerns for Medcom HB 3306

Abby/Maria

Please see my attached concerns over HB 3306 as it relates to data collection from EMS for all overdoses.

Thank You

Jeremy Higginbotham

Manager

Region 2 Medical Command Center

Cabell Huntington Hospital

jeremy.higginbotham@chhi.org

304-526-2242 Office

304-633-9787 Cell



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--

Matthew Q Christiansen, MD, MPH

Commissioner and State Health Officer

Bureau for Public Health

WV Department of Health and Human Resources

350 Capitol Street, Room 702

Charleston, WV 25301



Overdose reporting concerns.docx

15K

Abby/Maria

I am concerned about the reporting requirements the State is trying to impose on EMS concerning overdoses. It is my opinion that this would cause an undue burden on an already taxed EMS system. Below are some bullet points detailing how this will affect Huntington Medcom

- The information the State is requesting is already being entered into the PCR which makes this redundant. The State should already have the ability to pull this information without causing an additional strain on EMS.
- The call volume in Medcom increases every year and we continue to struggle with staffing because of the Nationwide Paramedic shortage.
- Due to the nature of our job, if we are required to take this information from EMS and then re-enter it into a database, there will be significant problems. For example, when these reports come in they will always be trumped by squads calling in with patients reports, needing medical direction, or direction from Physicians, we also have to alert the Trauma, Stroke, and Stemi Teams at our area Hospitals, not to mention dealing with all the Helicopters for scene and interfacility flights within our region. I can only imagine how many times we will be in the middle of taking in this information in, only to stop midway because of the above situation occurs and then ask them to call back later to finish their report for us to then turn around and then input this in some database. This will lead to multiple mistakes and ultimately inaccurate data.
- The bottom line is we do not have the manpower to accomplish this task and we will not be able to accurately report the information they are requesting without jeopardizing patient safety.
- If the state is willing to provide us with a grant and access to their system, I will happily hire someone to pull data and put together a monthly report from the information that is already being entered into the PCR by EMS agencies without causing an additional burden to an already overwhelmed EMS system.



Robertson, April L <april.l.robertson@wv.gov>

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## HB3306

1 message

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btacy mcrswv.org <btacy@mcrswv.org>

Wed, Jul 5, 2023 at 11:37 PM

To: "april.l.robertson@wv.gov" <april.l.robertson@wv.gov>

Cc: "dsatterfield mcrswv.org" <dsatterfield@mcrswv.org>, svandetta vandetta <svandetta@mcrswv.org>, "phart@bridgeportwv.com" <phart@bridgeportwv.com>, Clinton Burley <clinton.burley@healthnetcct.com>

Good evening!

I will be succinct in my comments on HB3306 and possible financial implications to EMS agencies.

There are numerous codes, laws, and protocols that relate to mandatory reporting of Naloxone administration and overdose. There is great inconsistency in the permitted reporting period, including one from WV Supreme Court of Appeals permitting Probation Officers 72 hours to report, which contradicts HB3306 proposal.

Source: <http://www.courtswv.gov/court-administration/judiciaryPolicies/2022-01-31NarcanPolicy.pdf>

EMS responders are required for submission of electronic patient care reports within 72 hours of patient contact. Overdose data is reported through NEMSIS, as required federally and by state requirements.

EMS responders are required to notify medical command of patient transports within 6 hours of completing the call, per WVOEMS protocol.

Financial implications relating to inconsistent state codes is far from acceptable. While State and Federal entities have made great strides to assist burdened agencies with opioid epidemic matters, this impact would take numerous steps backwards and goes against the intended focus of "assisting" agencies.

Systems are already in place to handle matters within a 72 hour window. Threatening financial strains on a profession that is already facing chronic financial issues could have significant impacts on healthcare.

There are already systems in place... let's just simply improve those systems and ensure consistency and fairness.

**Ben Tacy, MEd, NRP, MCCP**  
*Assistant Chief - Operations*  
Marion County Rescue Squad (MCRS)  
400 Virginia Ave  
Fairmont, WV 26554  
(304) 363-6246 ext 215



Robertson, April L. <april.l.robertson@wv.gov>

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## HB3306

1 message

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dsatterfield mcrcswv.org <dsatterfield@mcrcswv.org>  
To: "april.l.robertson@wv.gov" <april.l.robertson@wv.gov>  
Cc: svandetta vandetta <svandetta@mcrcswv.org>

Thu, Jul 6, 2023 at 12:19 PM

Good afternoon,

I see several concerns regarding the bill and rule that would impose fines on EMS and law enforcement agencies that do not report drug overdoses within 24 hours. With moving the hour time frame from 72 hours to 24 hours, how does this fall with WVOEMS requiring submissions of electronic care reports within 72 hours? Ex: If the EMS provider does a submission of the chart at hour 30 of the initial contact, this is already in violation of the 24-hour mark. Who is held responsible? The EMS provider is still within the time frame of WVOEMS for EPCR submissions.

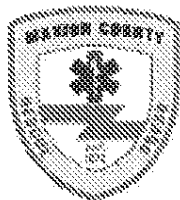
Another concern is how agencies handle the constant of someone reviewing charts for substance abuse related calls/reporting. This will lead to some agencies increasing hours, adding additional salaries/staffing that they cannot afford. EMS has been suffering with providers and some financially cannot afford that.

I stand by the initial 72 hours as a deadline for reporting this data, making the deadline to 24 hours will increase the strain on EMS agencies that are struggling already.

Respectfully,

Donna Wade

**Donna Wade**  
Administrative Assistant Chief  
Marion County Rescue Squad  
304-363-6246 ext 212  
304-376-0427



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Robertson, April L <april.l.robertson@wv.gov>

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## Jan-Care Ambulance Response to ODCP Rule regarding fines for past 24 hour reporting of SUD incidents

1 message

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Paul Seamann <pseamann@jancare.com>

Thu, Jul 6, 2023 at 9:01 PM

To: "april.l.robertson@wv.gov" <april.l.robertson@wv.gov>, Paul Seamann <pseamann@jancare.com>

Dear April L Robertson, General Counsel!

West Virginia Department of Human Services

One Davis Square, Suite 100E

Charleston, WV 25301

april.l.robertson@wv.gov

1. Jan-Care Ambulance Response in opposition to the ODCP Rule regarding fines for past 24 hour reporting of SUD incidents.
  - a. Please review the attached letterhead document.
  - b. The information is also copied below as an alternative.

Jan-Care Ambulance operates in twelve (12) West Virginia counties with over 110,000 responses a year. In WV's five (5) southern counties Jan-Care is a major 911 emergency response ambulance provider. Jan-Care EMS providers interact with up to 600 SUD (substance use disorder) individuals each year.

We believe no one has been more on the front lines of the opioid epidemic over the past decades than EMS and we believe EMS has 'saved' more lives in this battle than any other classification of medical or first response provider.

Currently, Jan-Care, as a private ambulance service and other EMS providers are essentially providing 'free' ambulance service to the SUD individuals and 'donating' the full cost of the Naloxone (often in multiple doses), as well as ventilatory support devices and transportation.

Jan-Care is distressed about the recent legislation and accompanying rule indicating that the ODCP is to fine EMS Agencies up to \$1,000 per incident if as yet an undetermined data set is not delivered to ODCP via an undetermined electronic method within 24 hours of each and every incident involving a SUD situation.

It is especially upsetting that instead of financial support or offering 'free' naloxone to ambulances, we are met with an onerous mandate that could lead up to \$600,000 in charges per year for an SUD emergency response in which less than 15% of the patients have any type of billable insurance to offset costs.

While many EMS electronic patient care records (ePCRs) are submitted within 24 hours, with the complexities of out-of-hospital dynamics the WVOEMS allows up to 72 hours for information submission. Jan-Care formerly requests that long-standing 72-hour window for submission of SUD ePCR data to WVOEMS be upheld for EMS Agencies.

Sincerely,

*Paul Seaman*

RN, MCCP, MSM-HCA

***Director of Operations***

*Jan-Care Ambulance, Inc.*

*General EMS, Inc.*


*(304) 673-5773*

*pseamann@jancare.com*

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 **ODCP Rule Response 07-06-2023.pdf**  
334K



**Dedicated to Excellence Since 1970**

Post Office Box 2414 • 117 South Fayette Street  
Beckley, West Virginia 25802

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JC CORPORATE  
ADMINISTRATION  
OFFICE - BILLING

DISPATCH 24 HR  
OPERATIONS

EMT EDUCATION  
TRAINING CENTER

July 6, 2023

**DIVISION 1**

Lincoln Co  
Boonville  
Fayette  
Putnam  
Mingo  
Lincoln  
Wayne

April L Robertson, General Counsel  
West Virginia Department of Human Services  
One Davis Square, Suite 100E  
Charleston, WV 25301  
[april.l.robertson@wv.gov](mailto:april.l.robertson@wv.gov)

Putnam Co  
Putnam  
Mingo  
Lincoln

Jan-Care Ambulance operates in twelve (12) West Virginia counties with over 110,000 responses a year. In WV's five (5) southern counties Jan-Care is a major 911 emergency response ambulance provider. Jan-Care EMS providers interact with up to 600 SUD (substance use disorder) individuals each year

Lincoln Co  
Lincoln  
Wayne  
Garland

We believe no one has been more on the front lines of the opioid epidemic over the past decades than EMS and we believe EMS has 'saved' more lives in this battle than any other classification of medical or first response provider.

**DIVISION 2**

FAYETTE Co  
Fayette  
Putnam  
Lincoln  
Wayne  
Lincoln  
Wayne  
Lincoln

Currently, Jan-Care, as a private ambulance service and other EMS providers are essentially providing 'free' ambulance service to the SUD individuals and 'donating' the full cost of the Naloxone (often in multiple doses), as well as ventilatory support devices and transportation

Jan-Care is distressed about the recent legislation and accompanying rule indicating that the ODCP is to fine EMS Agencies up to \$1,000 per incident if as yet an undetermined data set is not delivered to ODCP via an undetermined electronic method within 24 hours of each and every incident involving a SUD situation.

WVCLAS Co  
Summersville

It is especially upsetting that instead of financial support or offering 'free' naloxone to ambulances, we are met with an onerous mandate that could lead up to \$600,000 in charges per year for an SUD emergency response in which less than 15% of the patients have any type of billable insurance to offset costs.

**DIVISION 3**

Lincoln Co  
Lincoln  
Wayne  
Lincoln  
Wayne  
Lincoln  
Wayne

While many EMS electronic patient care records (ePCRs) are submitted within 24 hours, with the complexities of out-of-hospital dynamics the WVOEMS allows up to 72 hours for information submission. Jan-Care formerly requests that long-standing 72-hour window for submission of ePCR data to WVOEMS be upheld for EMS Agencies.

**DIVISION 4**

CARROLL Co  
Martinsburg  
OTLAWMA Co  
S. Charleston  
Mingo Co  
Mingo

Sincerely

**Paul Seaman**

RN, MCCP, MSM-HCA

**Director of Operations**

**Jan-Care AHA Training Center Coordinator**

Jan-Care Ambulance Service, Inc.

(304) 673-5773

[pseaman@jancare.com](mailto:pseaman@jancare.com)

WVCO Co  
Parkersburg

**DIVISION 5**

Putnam Co  
Putnam



Robertson, April L <april.l.robertson@wv.gov>

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## 67 CSR 1 – Collection and Exchange of Data Related to Drug Overdoses

1 message

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Monica Mason <MonicaMason@kceaa.org>  
To: "april.l.robertson@wv.gov" <april.l.robertson@wv.gov>

Thu, Jul 6, 2023 at 9:24 PM

Dear Ms. Robertson,

I am greatly concerned about the revisions to the reporting requirements contained in HB 3306 and the proposed legislative rule 67 CSR 1.

These changes, while well intended, create burdensome reporting requirements for an already resource strained emergency medical services system. And of greater concern, this updated legislation and proposed rule authorize significant and onerous financial penalties on struggling EMS agencies and first responders that did not previously exist.

Rather than taking punitive action against EMS agencies that has the potential to negatively impact our ability to answer all emergency dispatches, there should be a greater focus on providing the financial resources necessary to properly care for our communities so that EMS is better prepared to respond to drug overdoses and able to report upon them timely.

I strongly encourage the Office of Drug Control Policy and the Legislature to revisit this policy. Drug overdose deaths will not be prevented by fining EMS agencies and taking away the resources they need to save lives.

Sincerely,

Monica Mason, FNP-BC

Executive Director

Kanawha County Emergency Ambulance Authority 304-345-2312 ext. 1113

758-334-7160 (cell)