



TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities

FROM: Rahul Gupta, MD, MPH, MBA, FACP - Commissioner and State Health Officer
WVDHHR, Bureau for Public Health

DATE: July 5, 2018

LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

Purpose

The purpose of this Health Advisory is to provide guidance regarding the Voluntary NonOpioid Advanced Directive (VNOAD) form as established in Senate Bill 273, the Opioid Reduction Act of 2017 (“Act”), specifically W.Va. Code §16-54-2.

Background

The Act sets out a process enabling individuals to decline, in advance, any treatment option that includes opioids. The West Virginia Department of Health and Human Resources (WVDHHR) is actively working with the Office of Drug Control Policy (ODCP) to ensure West Virginia residents and the substance use disorder (SUD) treatment communities are aware that this new resource is available in the fight to eliminate opioid misuse.

Under the Act, the ODCP is responsible for creating the VNOAD and publishing the form on the WVDHHR website for public use. Any person who wishes to decline future treatment with opioids may complete the VNOAD and give it to their health care practitioner or responding emergency medical services (EMS) personnel, who must file it in the patient’s medical record. The patient, a medical power of attorney representative, or a surrogate may revoke the Directive, orally or in writing, for any reason.

Voluntary NonOpioid Advanced Directive (VNOAD) Form

The VNOAD form, developed by the ODCP, is attached to this Health Advisory. It is also available on the WVDHHR website at <https://dhhr.wv.gov/office-of-drug-control-policy>. If a person does not want opioids to be administered to him/her or offered a prescription or medication order for an opioid, he/she may complete and present the signed VNOAD form to a health care practitioner or responding EMS personnel at any time.

The ODCP encourages patients to complete the VNOAD in consultation with their primary care provider or SUD treatment provider. However, consultation is not necessary to the validity of the VNOAD.

Provider Responsibilities

If a health care practitioner receives a signed VNOAD form, it must be filed in the patient’s medical record and shall be transferred with the patient from one practitioner to another or from one health care facility to another.

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Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.

Health Update: Provides updated information regarding an incident or situation. Unlikely to require immediate action.

Prior to prescribing, administering, or offering an opioid drug product to a patient, a practitioner should check the patient's medical record to determine whether a VNOAD has been filed. In the case of response to an emergency situation, EMS personnel should ask the patient or patient's on-scene representative(s) if the patient has such. Unless revoked by the patient verbally or in writing, a provider should consider a signed VNOAD as the patient's non-consent to opioid treatment.

Any violation of the Act is grounds for disciplinary action by the board that regulates the health care practitioner who commits the violation and may subject the health care practitioner to civil and criminal liability.

Emergencies

A practitioner, without actual knowledge of a VNOAD and who prescribes an opioid in a medical emergency situation, is not civilly or criminally liable for failing to act in accordance with the VNOAD unless the act or omission was the result of the practitioner's gross negligence or willful misconduct. A medical emergency situation is an acute injury or illness that poses an immediate risk to a person's life or long-term health.

Contact Information

All questions or concerns regarding this information should be directed to the ODCP at (304) 558-0684.

Resources

CDC Guideline Information for Prescribers:

<http://www.cdc.gov/drugoverdose/prescribing/providers.html>

CDC Guideline for Prescribing Opioids for Chronic Pain:

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

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West Virginia Department of Health and Human Resources Voluntary NonOpioid Advanced Directive

PATIENT'S LAST NAME		PATIENT'S MIDDLE NAME OR INITIAL
PATIENT'S FIRST NAME		
DATE OF BIRTH (MM/DD/YYYY)		

STREET OR RESIDENTIAL ADDRESS		
CITY	STATE	ZIP CODE (5 or 9 digits) —

LAST NAME OF GUARDIAN OR HEALTH CARE AGENT (if applicable)		MIDDLE NAME OR INITIAL
FIRST NAME OF GUARDIAN OR HEALTH CARE AGENT		

PATIENT/GUARDIAN/HEALTH CARE AGENT STATEMENT (SIGNATURE AND DATE REQUIRED)

I _____ patient guardian health care agent
 certify that I am refusing at my own insistence the offer or administration of any opioid medications including in an emergency situation where I am unable to speak for myself. I understand the risks and benefits of my refusal, and hereby release the health care provider(s) or emergency medical service(s), their administration and personnel, from any responsibility for all consequences, which may result by my abstinence under these circumstances. I further certify my understanding that I may effectively revoke this certification at any time orally or in writing.

I hereby direct that health care provider(s) or emergency medical service(s), their administration and personnel, comply with the West Virginia Department of Health and Human Resources Voluntary NonOpioid Advanced Directive (VNOAD) regulations and guidance with regard to the above named patient.

 Signature of Patient/Guardian/Health Care Agent Date

SIGNATURE AND DATES (ALWAYS REQUIRED)

I am a health care practitioner for the above-named patient. I verify that the above-named patient has a current and valid VNOAD, issued on _____.

 Signature of Health Care Practitioner

Print Name of Health Care Practitioner Effective Date of VNOAD Certification

 Address of Health Care Practitioner

 Telephone Number of Health Care Practitioner

First Copy: To be kept by patient
 Second Copy: To be kept in patient's permanent medical record

If the person completing this form is currently enrolled in substance use treatment, appropriate consents must comply with HIPAA and 42 CFR Part 2.
 For More Information: 304-558-8886 | dhr.wv.gov