

WEST VIRGINIA LEGISLATURE

2024 REGULAR SESSION

Committee Substitute

for

Senate Bill 743

By Senator Takubo

[Originating in the Committee on Health and Human
Resources; and then to the Committee on Finance;
reported February 20, 2024]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
2 designated, §9-5-34, relating to West Virginia Bureau for Medical Services' medically-
3 supervised weight loss program; defining terms; requiring the Bureau for Medical Services
4 to file a State Plan Amendment; setting forth eligibility criteria; setting forth approval
5 process; requiring regular assessments of the program focused on costs and health
6 outcomes; and requiring reporting to the Legislature.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-34. Medically supervised weight loss program.

1 (a) Definitions. — As used in this section, unless the context otherwise requires:

2 "Anti-obesity medication" means a class of FDA-approved medication used to treat
3 obesity.

4 "Body mass index" or "BMI" means a person's weight in kilograms divided by the square of
5 height in meters.

6 "Bureau" means the Bureau for Medical Services.

7 "Recipient" means a person who applies for and receives assistance under the Medicaid
8 Program.

9 (b) The Bureau shall file a State Plan Amendment seeking approval of the following
10 program on or before October 1, 2024:

11 (c) Anti-obesity medication eligibility. —

12 (1) The recipient shall have a BMI of at least 35 kg/m², or BMI of at least 30 kg/m² and one
13 of the following conditions related to obesity:

14 (2) Hypertension;

15 (3) Metabolic-associated fatty liver disease;

16 (4) Obstructive sleep apnea;

17 (5) Coronary heart disease; or

18 (6) Type 2 diabetes.

19 (d) Approval process. —

20 (1) A recipient seeking approval of an anti-obesity medication shall:

21 (2) Enroll and actively participate in a behavior modification program approved by the

22 Bureau; and

23 (3) Achieve a minimum weight loss of five percent of baseline bodyweight by the end of the

24 seventh month to continue anti-obesity therapy.

25 (e) The Bureau shall conduct regular assessments, but not less than quarterly, of all costs

26 and health outcomes associated with the program.

27 (1) The Bureau shall collect and analyze data associated with the program, including but

28 not limited to, the health status of recipients before beginning the anti-obesity medication and

29 throughout the course of treatment, costs associated with the program, and projected cost

30 savings.

31 (2) The Bureau shall submit a report to the Legislative Oversight Commission on Health

32 and Human Resources Accountability on December 1, 2025, and annually thereafter, regarding

33 the costs of the program, projected cost savings, and health outcomes associated with the

34 program.