

# **WEST VIRGINIA LEGISLATURE**

## **2025 REGULAR SESSION**

### **Committee Substitute**

**for**

### **House Bill 2349**

By Delegates Drennan, Rohrbach, Butler, Crouse,  
Dittman, T. Howell, Moore, Petitto, Amos, Masters,  
and Hite

[Originating in the Public Health Subcommittee;

Reported on March 10, 2025]

1 A BILL to amend and reenact §16B-13-3 and §16B-13-5 of the Code of West Virginia, 1931, as  
2 amended, relating to offering long-acting reversible contraception to patients.

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

**ARTICLE 13. MEDICATION-ASSISTED TREATMENT PROGRAM LICENSING ACT.**

**§16B-13-3. Opioid treatment programs to obtain license; application; fees and inspections.**

1 (a) No person, partnership, association, or corporation may operate an opioid treatment  
2 program without first obtaining a license from the director in accordance with the provisions of this  
3 article and the rules lawfully promulgated pursuant to this article.

4 (b) Any person, partnership, association, or corporation desiring a license to operate an  
5 opioid treatment program in this state shall file with the Office of Health Facility Licensure and  
6 Certification an application in such form and with such information as the director shall prescribe  
7 and furnish accompanied by an application fee.

8 (c) The Director of the Office of Health Facility Licensure and Certification or his or her  
9 designee shall inspect each facility and review all documentation submitted with the application.  
10 The director shall then approve or deny the application for a license. The director shall issue a  
11 license if the facility is in compliance with the provisions of this article and with the rules lawfully  
12 promulgated pursuant to this article.

13 (d) A license shall be issued in one of three categories:

14 (1) An initial 12 month license shall be issued to an opioid treatment program establishing a  
15 new program or service for which there is insufficient consumer participation to demonstrate  
16 substantial compliance with this article and with all rules promulgated pursuant to this article;

17 (2) A provisional license shall be issued when an opioid treatment program seeks a  
18 renewal license, or is an existing program as of the effective date of this article and is seeking an  
19 initial license, and the opioid treatment program is not in substantial compliance with this article  
20 and with all rules promulgated pursuant to this article, but does not pose a significant risk to the  
21 rights, health and safety of a consumer. It shall expire not more than six months from the date of

issuance, and may not be consecutively reissued; or

(3) A renewal license shall be issued when an opioid treatment program is in substantial compliance with this article and with all rules promulgated pursuant to this article. A renewal license shall expire not more than one year from the date of issuance.

(e) At least 60 days prior to the license expiration date, an application for renewal shall be submitted by the opioid treatment program to the director on forms furnished by the director. A license shall be renewed if the director determines that the applicant is in compliance with this article and with all rules promulgated pursuant to this article. A license issued to one program location pursuant to this article is not transferrable or assignable. Any change of ownership of a licensed medication-assisted treatment program requires submission of a new application. The medication-assisted treatment program shall notify the director of any change in ownership within 10 days of the change and must submit a new application within the time frame prescribed by the director.

(f) Any person, partnership, association, or corporation that seeks to obtain or renew a license for an opioid treatment program in this state must submit to the director the following documentation:

- (1) Full operating name of the program as advertised;
- (2) Legal name of the program as registered with the West Virginia Secretary of State;
- (3) Physical address of the program;
- (4) Preferred mailing address for the program;
- (5) Email address to be used as the primary contact for the program;
- (6) Federal Employer Identification Number assigned to the program;
- (7) All business licenses issued to the program by this state, the State Tax Department, the Secretary of State and all other applicable business entities;
- (8) Brief description of all services provided by the program;
- (9) Hours of operation;

(10) Legal Registered Owner Name – name of the person registered as the legal owner of the program. If more than one legal owner (i.e., partnership, corporation, etc.) list each legal owner separately, indicating the percentage of ownership;

(11) Medical director's full name, medical license number, Drug Enforcement Administration registration number, and a list of all current certifications;

(12) For each employee of the program, provide the following:

(A) Employee's role and occupation within the program;

(B) Full legal name;

(C) Medical license, if applicable;

(D) Drug Enforcement Administration registration number, if applicable;

(E) Drug Enforcement Administration identification number to prescribe buprenorphine for addiction, if applicable; and

(F) Number of hours per week worked at program;

(13) Name and location address of all programs owned or operated by the applicant;

(14) Notarized signature of applicant;

(15) Check or money order for licensing fee and inspection fee;

(16) Verification of education and training for all physicians, counselors and social workers practicing at or used by referral by the program such as fellowships, additional education, accreditations, board certifications and other certifications;

(17) Board of Pharmacy Controlled Substance Prescriber Report for each prescriber practicing at the program for the three months preceding the date of application; and

(18) If applicable, a copy of a valid Certificate of Need or a letter of exemption from the West Virginia Health Care Authority.

(g) Upon satisfaction that an applicant has met all of the requirements of this article, the director shall issue a license to operate an opioid treatment program. An entity that obtains this license may possess, have custody, or control of, and dispense drugs indicated and approved by

the United States Food and Drug Administration for the treatment of substance use disorders.

(h) The opioid treatment program shall display the current license in a prominent location where services are provided and in clear view of all patients.

(i) The director or his or her designee shall inspect on a periodic basis all opioid treatment programs that are subject to this article and all rules adopted pursuant to this article to ensure continued compliance.

(j) The opioid treatment program shall offer long-acting reversible contraception to patients recovering from addiction.

**§16B-13-5. Operational requirements.**

(a) The medication-assisted treatment program shall be licensed and registered in this state with the director, the Secretary of State, the State Tax Department, and all other applicable business or licensing entities.

(b) The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director, when required by the rules promulgated pursuant to this article.

(c) Each medication-assisted treatment program shall designate a medical director. If the medication-assisted treatment program is accredited by a Substance Abuse and Mental Health Services Administration approved accrediting body that meets nationally accepted standards for providing medication-assisted treatment, including the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission on Accreditation of Healthcare Organizations, then the program may designate a medical director to oversee all facilities associated with the accredited medication-assisted treatment program. The medical director shall be responsible for the operation of the medication-assisted treatment program, as further specified in the rules promulgated pursuant to this article. He or she may delegate the day-to-day operation of a medication-assisted treatment program as provided in rules promulgated pursuant to this article. Within 10 days after termination of a medical director, the medication-assisted treatment program

shall notify the director of the identity of another medical director for that program. Failure to have a medical director practicing at the program may be the basis for a suspension or revocation of the program license. The medical director shall:

(1) Have a full, active, and unencumbered license to practice allopathic medicine or surgery from the West Virginia Board of Medicine or to practice osteopathic medicine or surgery from the West Virginia Board of Osteopathic Medicine in this state and be in good standing and not under any probationary restrictions;

(2) Meet both of the following training requirements:

(A) If the physician prescribes a partial opioid agonist, he or she shall complete the requirements for the Drug Addiction Treatment Act of 2000; and

(B) Complete other programs and continuing education requirements as further described in the rules promulgated pursuant to this article;

(3) Practice at the licensed or registered medication-assisted treatment program a sufficient number of hours, based upon the type of medication-assisted treatment license or registration issued pursuant to this article, to ensure regulatory compliance, and carry out those duties specifically assigned to the medical director as further described in the rules promulgated pursuant to this article;

(4) Be responsible for monitoring and ensuring compliance with all requirements related to the licensing and operation of the medication-assisted treatment program;

(5) Supervise, control, and direct the activities of each individual working or operating at the medication-assisted treatment program, including any employee, volunteer, or individual under contract, who provides medication-assisted treatment at the program or is associated with the provision of that treatment. The supervision, control, and direction shall be provided in accordance with rules promulgated by the Inspector General; and

(6) Complete other requirements prescribed by the Inspector General by rule.

(d) Each medication-assisted treatment program shall designate counseling staff, either

employees, or those used on a referral-basis by the program, which meet the requirements of this article and the rules promulgated pursuant to this article. The individual members of the counseling staff shall have one or more of the following qualifications:

(1) Be a licensed psychiatrist;

(2) Certification as an alcohol and drug counselor;

(3) Certification as an advanced alcohol and drug counselor;

(4) Be a counselor, psychologist, marriage and family therapist, or social worker with a master's level education with a specialty or specific training in treatment for substance use disorders, as further described in the rules promulgated pursuant to this article;

(5) Under the direct supervision of an advanced alcohol and drug counselor, be a counselor with a bachelor's degree in social work or another relevant human services field: *Provided*, That the individual practicing with a bachelor's degree under supervision applies for certification as an alcohol and drug counselor within three years of the date of employment as a counselor;

(6) Be a counselor with a graduate degree actively working toward licensure or certification in the individual's chosen field under supervision of a licensed or certified professional in that field and/or advanced alcohol and drug counselor;

(7) Be a psych-mental health nurse practitioner or a psych-mental health clinical nurse specialist; or

(8) Be a psychiatry CAQ-certified physician assistant.

(e) The medication-assisted treatment program shall be eligible for, and not prohibited from, enrollment with West Virginia Medicaid and other private insurance. Prior to directly billing a patient for any medication-assisted treatment, a medication-assisted treatment program must receive either a rejection of prior authorization, rejection of a submitted claim, or a written denial from a patient's insurer or West Virginia Medicaid denying coverage for ~~such~~ that treatment:

*Provided*, That the director, in consultation with the Inspector General, may grant a variance from

70 this requirement pursuant to §16B-13-6 of this code. The program shall also document whether a  
71 patient has no insurance. At the option of the medication-assisted treatment program, treatment  
72 may commence prior to billing.

73 (f) The medication-assisted treatment program shall apply for and receive approval as  
74 required from the United States Drug Enforcement Administration, Center for Substance Abuse  
75 Treatment, or an organization designated by Substance Abuse and Mental Health and Mental  
76 Health Administration.

77 (g) All persons employed by the medication-assisted treatment program shall comply with  
78 the requirements for the operation of a medication-assisted treatment program established within  
79 this article or by any rule adopted pursuant to this article.

80 (h) All employees of an opioid treatment program shall furnish fingerprints for a state and  
81 federal criminal records check by the Criminal Identification Bureau of the West Virginia State  
82 Police and the Federal Bureau of Investigation. The fingerprints shall be accompanied by a signed  
83 authorization for the release of information and retention of the fingerprints by the Criminal  
84 Identification Bureau and the Federal Bureau of Investigation. The opioid treatment program shall  
85 be subject to the provisions of §16B-15-1 *et seq.* of this code and subsequent rules promulgated  
86 thereunder.

87 (i) The medication-assisted treatment program shall may not be owned by, nor shall may it  
88 employ or associate with, any physician or prescriber:

89 (1) Whose Drug Enforcement Administration number is not currently full, active, and  
90 unencumbered;

91 (2) Whose application for a license to prescribe, dispense, or administer a controlled  
92 substance has been denied by and is not full, active, and unencumbered in any jurisdiction; or

93 (3) Whose license is anything other than a full, active, and unencumbered license to  
94 practice allopathic medicine or surgery by the West Virginia Board of Medicine or osteopathic  
95 medicine or surgery by the West Virginia Board of Osteopathic Medicine in this state, and who is in



good standing and not under any probationary restrictions.

(j) A person may not dispense any medication-assisted treatment medication, including a controlled substance as defined by §60A-1-101 of this code, on the premises of a licensed medication-assisted treatment program, unless he or she is a physician or pharmacist licensed in this state and employed by the medication-assisted treatment program unless the medication-assisted treatment program is a federally certified narcotic treatment program. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the Controlled Substances Monitoring Program Database to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and to assess potential adverse drug interactions, or both. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician shall also ensure that the medication-assisted treatment medication utilized is related to an appropriate diagnosis of a substance use disorder and approved for ~~such~~that usage. The physician shall also review the Controlled Substances Monitoring Program Database no less than quarterly and at each patient's physical examination. The results obtained from the Controlled Substances Monitoring Program Database shall be maintained with the patient's medical records.

(k) A medication-assisted treatment program responsible for medication administration shall comply with:

- (1) The West Virginia Board of Pharmacy regulations;
- (2) The West Virginia Board of Examiners for Registered Professional Nurses regulations;
- (3) All applicable federal laws and regulations relating to controlled substances; and
- (4) Any requirements as specified in the rules promulgated pursuant to this article.

(l) Each medication-assisted treatment program location shall be licensed separately, regardless of whether the program is operated under the same business name or management as another program.

(m) The medication-assisted treatment program shall develop and implement patient

122 protocols, treatment plans, or treatment strategies and profiles, which shall include, but not be  
123 limited by, the following guidelines:

124 (1) When a physician diagnoses an individual as having a substance use disorder, the  
125 physician may treat the substance use disorder by managing it with medication in doses not  
126 exceeding those approved by the United States Food and Drug Administration as indicated for the  
127 treatment of substance use disorders and not greater than those amounts described in the rules  
128 promulgated pursuant to this article. The treating physician and treating counselor's diagnoses  
129 and treatment decisions shall be made according to accepted and prevailing standards for  
130 medical care;

131 (2) The medication-assisted treatment program shall maintain a record of all of the  
132 following:

133 (A) Medical history and physical examination of the individual;

134 (B) The diagnosis of substance use disorder of the individual;

135 (C) The plan of treatment proposed, the patient's response to the treatment, and any  
136 modification to the plan of treatment;

137 (D) The dates on which any medications were prescribed, dispensed, or administered, the  
138 name and address of the individual for whom the medications were prescribed, dispensed, or  
139 administered, and the amounts and dosage forms for any medications prescribed, dispensed, or  
140 administered;

141 (E) A copy of the report made by the physician or counselor to whom referral for evaluation  
142 was made, if applicable; and

143 (F) A copy of the coordination of care agreement, which is to be signed by the patient,  
144 treating physician, and treating counselor. If a change of treating physician or treating counselor  
145 takes place, a new agreement must be signed. The coordination of care agreement must be  
146 updated or reviewed at least annually. If the coordination of care agreement is reviewed, but not  
147 updated, this review must be documented in the patient's record. The coordination of care

148 agreement will be provided in a form prescribed and made available by the director;

149 (3) Medication-assisted treatment programs shall report information, data, statistics, and  
150 other information as directed in this code, and the rules promulgated pursuant to this article to  
151 required agencies and other authorities;

152 (4) A prescriber authorized to prescribe a medication-assisted treatment medication who  
153 practices at a medication-assisted treatment program is responsible for maintaining the control  
154 and security of his or her prescription blanks and any other method used for prescribing a  
155 medication-assisted treatment medication. The prescriber shall comply with all state and federal  
156 requirements for tamper-resistant prescription paper. In addition to any other requirements  
157 imposed by statute or rule, the prescriber shall notify the director and appropriate law-enforcement  
158 agencies in writing within 24 hours following any theft or loss of a prescription blank or breach of  
159 any other method of prescribing a medication-assisted treatment medication; ~~and~~

160 (5) The medication-assisted treatment program shall have a drug testing program to  
161 ensure a patient is in compliance with the treatment strategy; and

162 (6) The medication-assisted treatment program shall offer long-acting reversible  
163 contraception to patients recovering from addiction.

164 (n) Medication-assisted treatment programs shall only prescribe, dispense, or administer  
165 liquid methadone to patients pursuant to the restrictions and requirements of the rules  
166 promulgated pursuant to this article.

167 (o) The medication-assisted treatment program shall immediately notify the director, or his  
168 or her designee, in writing of any changes to its operations that affect the medication-assisted  
169 treatment program's continued compliance with the certification and licensure requirements.

170 (p) If a physician treats a patient with more than 16 milligrams per day of buprenorphine  
171 then clear medical notes shall be placed in the patient's medical file indicating the clinical reason or  
172 reasons for the higher level of dosage.

173 (q) If a physician is not the patient's obstetrical or gynecological provider, the physician

174 shall consult with the patient's obstetrical or gynecological provider to the extent possible to  
175 determine whether the prescription is appropriate for the patient.

176 (r) A practitioner providing medication-assisted treatment may perform certain aspects of  
177 telehealth if permitted under his or her scope of practice.

178 (s) The physician shall follow the recommended manufacturer's tapering schedule for the  
179 medication-assisted treatment medication. If the schedule is not followed, the physician shall  
180 document in the patient's medical record and the clinical reason why the schedule was not  
181 followed. The director may investigate a medication-assisted treatment program if a high  
182 percentage of its patients are not following the recommended tapering schedule.

NOTE: The purpose of this bill is to require licensed programs, under the Medication-Assisted Treatment Program Licensing Act, to offer long-acting reversible contraception to patients recovering from addiction to new and current patients.

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