

# **WEST VIRGINIA LEGISLATURE**

## **2025 REGULAR SESSION**

### **Committee Substitute**

**for**

### **Senate Bill 204**

By Senators Tarr and Helton

[Reported March 7, 2025, from the Select Committee  
on Substance Use Disorder and Mental Health]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new article, designated §16-5EE-1, §16-5EE-2, §16-5EE-3, §16-5EE-4, and §16-5EE-5, relating to opioid treatment programs; defining terms; requiring opioid treatment programs to have an integrated care model; allowing for an administrative time frame for referral; requiring the imposition of fees for noncompliance; permitting injunctive relief; and requiring rulemaking.

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

**ARTICLE 5EE. OPIOID TREATMENT PROGRAMS REQUIRED TO HAVE AN  
INTEGRATED CARE MODEL.**

**§16-5EE-1. Definitions.**

As used in this article:

"Director" means the director of the Office of Health Facility Licensure and Certification.

"Integrated care model" means a care model that combines the onsite delivery of medical, counseling, and recovery and addiction treatment services, and shall include, but not be limited to, the provision of primary care services and behavioral health services.

"Onsite" means the care shall be provided by a health care professional regulated by the provisions of Chapter 30, in person and on the premises of the opioid treatment program during the regular hours of operation of the opioid treatment program. The provision of services by referral or by telehealth are prohibited.

"Opioid treatment program" means a program or practitioner engaged in the treatment of individuals with substance use disorder through an on-site administration or dispensing of an opioid treatment medication in the form of methadone. This does not include programs or practitioners that issue prescriptions for partial opioid agonist medications.

**§16-5EE-2. Integrated care model transition requirement.**

(a) Opioid treatment programs, excluding clinical trials approved pursuant to §16-2D-9(4), §30-7-15a, and §60A-9-4(f) of this code, shall be required to transition to an integrated care model

on or before July 1, 2026; and

(b) An opioid treatment program that fails to meet the requirements set forth in subsection (a) of this section shall cease and desist operations of the opioid treatment program on or before October 1, 2026.

**§16-5EE-3. Care transition.**

(a) Notwithstanding the provisions of this article, an opioid treatment program that fails to meet the requirements set forth in §16-5EE-2(a) shall remain open after October 1, 2026, for an administrative transition timeframe of up to 12 months to add an integrated care model or to assist patients in the transition of care. In no event may any new patient be provided any opioid treatment program service during this administrative timeframe.

**§16-5EE-4. Civil penalties and injunctive relief.**

(a) If an owner, operator, or other individual operates an opioid treatment program in violation of the requirements of this article, the Director shall impose a civil money penalty upon the owner, operator, or individual not to exceed \$2,500 per day.

(b) The Office of Health Facilities Licensure and Certification may seek injunctive relief to enforce the provisions of this article.

**§16-5EE-5. Rulemaking.**

The Office of Drug Control Policy shall propose rules for legislative approval in accordance with the provisions of §29A-3-1 *et seq.* of this code.

NOTE: The purpose of this bill is to make opioid treatment programs transition to an integrated care model.

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