

WEST VIRGINIA LEGISLATURE

2025 REGULAR SESSION

Committee Substitute

for

Senate Bill 723

By Senators Helton and Roberts

[Reported March 13, 2025, from the Select
Committee on Substance Use Disorder and Mental
Health]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new section,
2 designated §9-5-29b, relating to clinical inpatient medical treatment centers for substance
3 use disorder; defining terms; setting forth requirements for clinical inpatient medical
4 treatment centers for substance use disorder; setting forth reporting requirements;
5 providing for revocation of license for noncompliance; requiring rulemaking; and providing
6 effective date.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-29b. Requirements for residential medical treatment centers.

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

2 (1) "Clinical inpatient medical treatment centers for substance use disorder" means a
3 facility that provides medical treatment and support services in an inpatient setting for patients with
4 drug, alcohol, or other substance use disorders.

5 (2) "Certified recovery residence" means a single-family, drug-free, and alcohol-free
6 residential dwelling unit, or other form of group housing, that is offered or advertised by any person
7 or entity as a residence that provides a drug-free and alcohol-free living environment for the
8 purposes of promoting sustained, long-term certified recovery from substance use disorder.

9 (3) "Integrated care model" means a care model that combines the onsite delivery of
10 medical, counseling, recovery, and addiction treatment services, and shall include, but not be
11 limited to the following:

12 (A) Routine health screenings, including blood pressure and cholesterol screenings;

13 (B) HIV, hepatitis, and sexually transmitted diseases screenings;

14 (C) Birth control and voluntary long-acting reversible contraceptives;

15 (D) Vaccinations;

16 (E) Basic diagnostic services, including a urinalysis;

17 (F) Treatment of common illnesses and injuries, such as, but not limited to:

(i) Cold;

(ii) Flu;

(iii) Minor infections; and

(iv) Minor strains; and

(G) Overdose prevention supplies and education.

(4) "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.

(5) "Resident of West Virginia" means an individual who resided in West Virginia 60 days prior to admission in the clinical inpatient medical treatment center for substance use disorder.

(6) "Warm handoff" is a type of transfer of care that occurs in person, between two members of a health care team, in front of the patient.

(b) Requirements for clinical inpatient medical treatment centers for substance use disorder. —

(1) All clinical inpatient medical treatment centers for substance use disorder operating in West Virginia shall require that a minimum of 85 percent of their patients are residents of West Virginia. This percentage shall be evaluated on a quarterly basis.

(2) Each center shall provide a quarterly report to the West Virginia Office of the Inspector General detailing the percentage of patients who are residents of West Virginia.

(3) The clinical inpatient medical treatment centers for substance use disorder shall transition, via a warm handoff, 100 percent of their graduates into an appropriate level of care including a residential intensive outpatient, certified recovery residence, or medication assisted treatment: *Provided*, That at least 70 percent of the graduates shall be placed in a certified recovery residence unless such placement is unavailable which shall be documented in the medical record.

44 (4) Each clinical inpatient medical treatment center shall be required to offer an integrated
45 care model.

46 (5) Each clinical inpatient medical treatment center shall be required to have each patient
47 admitted to their program evaluated by a dentist for a routine dental cleaning prior to discharge.

48 (6) Each clinical inpatient medical treatment center shall provide 30 days of medication
49 upon discharge for the patient, excluding methadone, buprenorphine, or naltrexone which should
50 be provided by a referral to a medication assisted treatment provider if needed.

51 (7) Each clinical inpatient medical treatment center shall assess each patient at periodic
52 intervals throughout the inpatient stay for referral to a Jobs and Hope referral or other job
53 readiness program and shall include in this assessment any barriers to job entry including but not
54 limited to the need for identification documents. In the event that a patient lacks identification
55 documents, the clinical inpatient medical treatment center shall assist the patient in obtaining such
56 documents prior to discharge.

57 (8) Each clinical inpatient medical treatment centers for substance use disorder shall
58 submit a quarterly report to the Office of the Inspector General on the following items:

59 (A) The state of residence of each resident in order for the Inspector General to calculate
60 the percentage of state residents being treated in each facility. The name of each resident shall be
61 redacted prior to submission but should be retained in unredacted form for auditing purposes for
62 seven years.

63 (B) Placement rates of graduates every quarter;

64 (C) The total number of graduates;

65 (D) The average length of stay;

66 (E) The number of graduates successfully placed into a certified recovery residences or
67 another level of care, by type of placement;

68 (F) The number of graduates returning to the clinical inpatient medical treatment centers
69 for substance use disorder within a 12-month period;

70 (G) The number of patients transitioning to another level of care within a 12-month period,
71 and specify the level of care;

72 (H) The number of patients referred for job placement in a 12-month period;

73 (I) The number of patients provided with assistance in obtaining identification documents in
74 a 12-month period; and

75 (J) The number of patients receiving a routine dental cleaning in a 12-month period and the
76 time frame the patient reported since their last dental cleaning.

77 (c) The Office of the Inspector General shall determine if the clinical inpatient medical
78 treatment centers are in compliance with the provisions of this section after a review of the data
79 submitted and any other information needed to evaluate compliance with this section.

80 (d) If the Office of the Inspector General determines that the clinical inpatient medical
81 treatment center is not in compliance, the Office of the Inspector General shall then provide the
82 clinical inpatient medical treatment center with a written six-month improvement period to come
83 into compliance. If the center remains out of compliance after the improvement period ends, then
84 a hearing shall be held to revoke the provider's behavioral health license.

85 (e) The Office of the Inspector General shall propose rules for legislative approval in
86 accordance with the provisions of §29A-3-1 *et seq.* of this code.

87 (f) The provisions of this section are effective October 1, 2025.

NOTE: The purpose of this bill is to require residential medical treatment centers to treat people satisfying certain residency requirements. The bill requires the centers to have a percentage of patients that graduate from their program and are placed into a certified recovery residence. The bill requires the center to have an integrated care delivery model and to coordinate with the continuum of care. The bill requires reporting.

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