WEST VIRGINIA LEGISLATURE

2025 REGULAR SESSION

Committee Substitute

for

Senate Bill 726

By Senators Helton and Roberts

[Reported March 14, 2025, from the Select

Committee on Substance Abuse and Mental Health]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new section, designated §16B-13-14, relating to medication-assisted treatment programs; requiring these facilities to provide an integrated-care model; requiring these facilities to expand their offering of medical services; requiring informed consent by trained professional; requiring rulemaking; and requiring reporting.

Be it enacted by the Legislature of West Virginia:

ARTICLE 13. MEDICATION-ASSISTED TREATMENT PROGRAM LICENSING ACT.

§16B-13-14. Basic and comprehensive medical services.

(a) *Definitions. —*

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

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

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

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

(D) Vaccinations;

(E) Basic diagnostic services, including a urinalysis;

(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.

(2) "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 and office-based medication-assisted treatment centers during the regular hours of operation of the

opioid-treatment program. The provision of services by referral or solely by telehealth are prohibited.

(b) *Program requirements.* — By October 1, 2025, all medication-assisted treatment centers licensed or registered with the state pursuant to §16B-13-3 or §16B-13-4 of this code shall convert to an integrated-care model.

(1) By April 1, 2026, all medication-assisted treatment centers registered with the state pursuant to §16B-13-3 or §16B-13-4 of this code shall expand the services offered in their integrated-care model to include, but not limited to:

(A) All medical services described in subsection (a) of this code;

(B) All medical services provided in West Virginia Code of State Rules §69-11-25 and §69-12-22;

(C) Advanced diagnostics;

(D) Behavioral health services;

(E) Comprehensive chronic condition management; and

(F) Health education and counseling, such as, but not limited to:

(i) Nutritional counseling,

(ii) Weight management, and

(iii) Other health improvement strategies.

(2) Nothing in subsection (a) or (b) of this section should be construed as limiting or narrowing the services medication-assisted treatment centers are required to provide to patients under West Virginia Code of State Rules §69-11-25 or §69-12-22.

(3) By October 1, 2025, all medication-assisted treatment centers licensed or registered with the state pursuant to §16B-13-3 or §16B-13-4 of this code shall provide at program entry and at least quarterly thereafter an informed consent explaining the risks and benefits of treatment options.

(4) The medication-assisted treatment center shall periodically assess, at least quarterly,

each client's status in order to assist the client in reaching his or her highest level of physical, mental, and psychosocial well-being.

(5) The client shall be provided an updated informed consent regarding any changes in treatment that have been determined and any risks or benefits of treatment options.

(6) The informed consent shall be provided to the client by a Chapter 30 trained medical professional.

(7) The Office of the Inspector General shall propose emergency rules for legislative approval, in consultation with the Office of Drug Control Policy, in accordance with the provisions of §29A-3-15 *et seq.* of this code to include, but not be limited to, the following:

(A) Standards to the use of telehealth to include that telehealth shall be used no more than 33 percent of the time on a per patient basis over the course of treatment;

(B) Standards used to define professionals, such as counselors, psychiatrists, psychologists, and social workers, used to render care at both opioid-treatment centers and office-based medication-treatment centers, including, but not limited to, that such professionals shall be licensed; and

(C) Such rules as may be necessary to implement this section.

(8) The Office of Inspector General shall include a report to the Legislative Oversight Commission on Health and Human Resources Accountability Commission on December 15, 2025, regarding its findings on telehealth.