WEST VIRGINIA LEGISLATURE

2025 REGULAR SESSION

Engrossed

Committee Substitute

for

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for

Senate Bill 726

BY SENATORS HELTON, ROBERTS, AND FULLER

[Reported March 31, 2025, from the Committee on Finance]

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 entity or office-

based medication-assisted treatment centers or entities during the regular hours of operation of the center or entity.

(b) *Program requirements.* — By July 1, 2026, all medication-assisted treatment centers or entities 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 July 1, 2026, all medication-assisted treatment programs 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 or entities are required to provide to patients under West Virginia Code of State Rules §69-11-25 or §69-12-22.

(3) By July 1, 2026, all medication-assisted treatment programs 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 or entity 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) Any medication-assisted treatment center or entity registered with the state pursuant to §16B-13-3 or §16B-13-4 of this code that prescribes buprenorphine for addiction, provides its patients with behavioral telehealth services, and adheres to the American Society of Addiction Medicine's National Practice Guidelines for the Treatment of Opioid Use Disorder shall be exempt from the provisions of this article except for (b)(3),(4),(5), and (6) and patients enrolled in these centers or entities will be expected to be referred every three months to a primary care provider during a continuous treatment episode.

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

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

(9) 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.