

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

House Bill 5035

**FISCAL
NOTE**

By Delegates Kimble, Anders, Ridenour, Mazzocchi,
Phillips, Funkhouser, Hillenbrand, Butler, Masters, D.
Cannon, and Ferrell

[Introduced February 02, 2026; referred to the
Committee on Health and Human Resources]

1 A BILL to amend and reenact §16B-13-6 of the Code of West Virginia, 1931, as amended, relating
2 to medication-assisted treatment programs; requiring written policies of medication-
3 assisted treatment programs; and requiring public notice.

Be it enacted by the Legislature of West Virginia:

ARTICLE 13. MEDICATION-ASSISTED TREATMENT PROGRAM LICENSING ACT.

§16B-13-6. Restrictions; variances and waivers.

1 (a) A medication-assisted treatment program shall not be located, operated, managed or
2 owned at the same location where a chronic pain management clinic licensed and defined in
3 §16B-7-1 *et seq.* of this code is located.

4 (b) Medication-assisted treatment programs shall not have procedures for offering a
5 bounty, monetary, equipment, or merchandise reward, or free services for individuals in exchange
6 for recruitment of new patients into the facility.

7 (c) Medication-assisted treatment programs shall not be located within one-half mile of a
8 public or private licensed day care center or public or private K-12 school.

9 Existing medication-assisted treatment programs, including both opioid treatment
10 programs and office based medication-assisted treatment programs that are located within one-
11 half mile of a public or private licensed day care center or public or private K-12 school, shall be
12 granted a variance, provided that the facility demonstrates adequate patient population controls
13 and that it may otherwise meet the requirements of this article and the rules promulgated pursuant
14 to this article.

15 (d) At least 60 days prior to location or re-location, a medication-assisted treatment
16 program shall publish a Class 1 legal advertisement notifying the residents of the county of its
17 desired location of its intent to begin its operation within. Notice shall also be communicated to the
18 desired location's county commissioners and to the mayor of every municipality within the county
19 by certified mail at least 60 days prior to the program's location or re-location.

20 (1) In its correspondence to the county commissioners and mayors, a medication-assisted

21 treatment program shall describe its reasons for selecting the location, and shall detail its policies
22 for ensuring that its activities will not disrupt any public or private function of the county or of any
23 municipality therein contained.

24 (2) Not later than 30 days following receipt of notification, the county commission and the
25 municipality wherein the treatment facility is intended to be located shall convene to discuss
26 whether such location should be permitted. A medication-assisted treatment program may not be
27 allowed to locate or relocate to a new location without the express approval of the county
28 commission and the municipality wherein it will be located.

29 (e) The director, in consultation with the Inspector General, may grant a waiver or a
30 variance from any licensure or registration standard, or portion thereof, for the period during which
31 the license or registration is in effect.

32 (1) Requests for waivers or variances of licensure or registration standards shall be in
33 writing to the director and shall include:

34 (A) The specific section of this article or rules promulgated pursuant to this article for which
35 a waiver or variance is sought;

36 (B) The rationale for requesting the waiver or variance;

37 (C) Documentation by the medication-assisted treatment program's medical director to the
38 director that describes how the program will maintain the quality of services and patient safety if
39 the wavier or variance is granted; and

40 (D) The consequences of not receiving approval of the requested wavier or variance.

41 (2) The director, in consultation with the Inspector General, shall issue a written statement
42 to the medication-assisted treatment program granting or denying a request for a waiver or
43 variance of program licensure or registration standards.

44 (3) The medication-assisted treatment program shall maintain a file copy of all requests for
45 waivers or variances and the approval or denial of the requests for the period during which the
46 license or registration is in effect.

47 (4) The Office of Health Facility Licensure and Certification shall inspect each medication-
48 assisted treatment program prior to a waiver or variance being granted, including a review of
49 patient records, to ensure and verify that any waiver or variance request meets the spirit and
50 purpose of this article and the rules promulgated pursuant to this article. The Office of Health
51 Facility Licensure and Certification may verify, by unannounced inspection, that the medication-
52 assisted treatment program is in compliance with any waiver or variance granted by the director, in
53 consultation with the Inspector General, for the duration of such waiver or variance.

NOTE: The purpose of this bill is to require medication-assisted treatment programs to have written policies concerning community relations and provide public notice.

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