

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Committee Substitute for House Bill 4196

By Delegates Drennan, Worrell, Hite, Amos, and

Crouse

[Originating in the Standing Committee on Health and

Human Resources; Reported on January 19, 2026]

1 A BILL to amend and reenact §16B-13-3 and §16B-13-5 of the Code of West Virginia, 1931, as
2 amended, relating to offering long-acting reversible contraception to patients; and
3 establishing parameters of how to offer long-acting reversible contraception.

Be it enacted by the Legislature of West Virginia:

1
1 **ARTICLE 13. MEDICATION-ASSISTED TREATMENT PROGRAM LICENSING ACT**

1 **§16B-13-3. Opioid treatment programs to obtain license; application; fees and inspections.**

1 (a) No person, partnership, association, or corporation may operate an opioid treatment
2 program without first obtaining a license from the director in accordance with the provisions of this
3 article and the rules lawfully promulgated pursuant to this article.

4 (b) Any person, partnership, association, or corporation desiring a license to operate an
5 opioid treatment program in this state shall file with the Office of Health Facility Licensure and
6 Certification an application in such form and with such information as the director shall prescribe
7 and furnish accompanied by an application fee.

8 (c) The Director of the Office of Health Facility Licensure and Certification or his or her
9 designee shall inspect each facility and review all documentation submitted with the application.
10 The director shall then approve or deny the application for a license. The director shall issue a
11 license if the facility is in compliance with the provisions of this article and with the rules lawfully
12 promulgated pursuant to this article.

13 (d) A license shall be issued in one of three categories:

14 (1) An initial 12 month license shall be issued to an opioid treatment program establishing a
15 new program or service for which there is insufficient consumer participation to demonstrate
16 substantial compliance with this article and with all rules promulgated pursuant to this article;

17 (2) A provisional license shall be issued when an opioid treatment program seeks a
18 renewal license, or is an existing program as of the effective date of this article and is seeking an
19 initial license, and the opioid treatment program is not in substantial compliance with this article

20 and with all rules promulgated pursuant to this article, but does not pose a significant risk to the
21 rights, health and safety of a consumer. It shall expire not more than six months from the date of
22 issuance, and may not be consecutively reissued; or

23 (3) A renewal license shall be issued when an opioid treatment program is in substantial
24 compliance with this article and with all rules promulgated pursuant to this article. A renewal
25 license shall expire not more than one year from the date of issuance.

26 (e) At least 60 days prior to the license expiration date, an application for renewal shall be
27 submitted by the opioid treatment program to the director on forms furnished by the director. A
28 license shall be renewed if the director determines that the applicant is in compliance with this
29 article and with all rules promulgated pursuant to this article. A license issued to one program
30 location pursuant to this article is not transferrable or assignable. Any change of ownership of a
31 licensed medication-assisted treatment program requires submission of a new application. The
32 medication-assisted treatment program shall notify the director of any change in ownership within
33 10 days of the change and must submit a new application within the time frame prescribed by the
34 director.

35 (f) Any person, partnership, association, or corporation that seeks to obtain or renew a
36 license for an opioid treatment program in this state must submit to the director the following
37 documentation:

38 (1) Full operating name of the program as advertised;
39 (2) Legal name of the program as registered with the West Virginia Secretary of State;
40 (3) Physical address of the program;
41 (4) Preferred mailing address for the program;
42 (5) Email address to be used as the primary contact for the program;
43 (6) Federal Employer Identification Number assigned to the program;
44 (7) All business licenses issued to the program by this state, the State Tax Department, the
45 Secretary of State and all other applicable business entities;

(8) Brief description of all services provided by the program;

(9) Hours of operation;

(10) Legal Registered Owner Name – name of the person registered as the legal owner of program. If more than one legal owner (i.e., partnership, corporation, etc.) list each legal separately, indicating the percentage of ownership;

(11) Medical director's full name, medical license number, Drug Enforcement

Administration registration number, and a list of all current certifications;

(12) For each employee of the program, provide the following:

(A) Employee's role and occupation within the program;

(B) Full legal name;

(C) Medical license, if applicable;

(D) Drug Enforcement Administration registration number, if applicable;

(E) Drug Enforcement Administration identification number to prescribe buprenorphine for
on, if applicable; and

(F) Number of hours per week worked at program;

(13) Name and location address of all programs owned or operated by the applicant;

(14) Notarized signature of applicant;

(15) Check or money order for licensing fee and inspection fee;

(16) Verification of education and training for all physicians, counselors and social workers
ing at or used by referral by the program such as fellowships, additional education,
itations, board certifications and other certifications;

(17) Board of Pharmacy Controlled Substance Prescriber Report for each prescriber
ing at the program for the three months preceding the date of application; and

(18) If applicable, a copy of a valid Certificate of Need or a letter of exemption from the Virginia Health Care Authority.

(q) Upon satisfaction that an applicant has met all of the requirements of this article, the

72 director shall issue a license to operate an opioid treatment program. An entity that obtains this
73 license may possess, have custody, or control of, and dispense drugs indicated and approved by
74 the United States Food and Drug Administration for the treatment of substance use disorders.

75 (h) The opioid treatment program shall display the current license in a prominent location
76 where services are provided and in clear view of all patients.

77 (i) The director or his or her designee shall inspect on a periodic basis all opioid treatment
78 programs that are subject to this article and all rules adopted pursuant to this article to ensure
79 continued compliance.

80 (j) The opioid treatment program shall offer long-acting reversible contraception to patients
81 recovering from addiction such offerings shall be provided in accordance with the following
82 provisions:

83 (1) Contraceptive Counseling Requirement:

84 (A) The opioid treatment program shall provide shared decision-making contraceptive
85 counseling:

86 (B) Counseling shall be non-coercive and tailored to the patient's lifestyle, health needs,
87 and personal preferences, ensuring informed choice in contraceptive options:

88 (C) Counseling services shall be available to both male and female patients; and

89 (D) Medical eligibility screening for potential contraindications; and

90 (2) Medical Assessment & Referral Process:

91 (A) The opioid treatment program may not place or insert a long-acting reversible
92 contraception unless they have a licensed healthcare provider on staff who is trained; and

93 (B) If the opioid treatment program lacks a qualified provider or necessary medical
94 equipment, it shall establish a referral system to direct patients to a licensed healthcare provider or
95 clinic capable of full contraceptive service delivery.

§16B-13-5. Operational requirements.

1 (a) The medication-assisted treatment program shall be licensed and registered in this

2 state with the director, the Secretary of State, the State Tax Department, and all other applicable
3 business or licensing entities.

4 (b) The program sponsor need not be a licensed physician but shall employ a licensed
5 physician for the position of medical director, when required by the rules promulgated pursuant to
6 this article.

7 (c) Each medication-assisted treatment program shall designate a medical director. If the
8 medication-assisted treatment program is accredited by a Substance Abuse and Mental Health
9 Services Administration approved accrediting body that meets nationally accepted standards for
10 providing medication-assisted treatment, including the Commission on Accreditation of
11 Rehabilitation Facilities or the Joint Commission on Accreditation of Healthcare Organizations,
12 then the program may designate a medical director to oversee all facilities associated with the
13 accredited medication-assisted treatment program. The medical director shall be responsible for
14 the operation of the medication-assisted treatment program, as further specified in the rules
15 promulgated pursuant to this article. He or she may delegate the day-to-day operation of a
16 medication-assisted treatment program as provided in rules promulgated pursuant to this article.
17 Within 10 days after termination of a medical director, the medication-assisted treatment program
18 shall notify the director of the identity of another medical director for that program. Failure to have
19 a medical director practicing at the program may be the basis for a suspension or revocation of the
20 program license. The medical director shall:

21 (1) Have a full, active, and unencumbered license to practice allopathic medicine or
22 surgery from the West Virginia Board of Medicine or to practice osteopathic medicine or surgery
23 from the West Virginia Board of Osteopathic Medicine in this state and be in good standing and not
24 under any probationary restrictions;

25 (2) Meet both of the following training requirements:

26 (A) If the physician prescribes a partial opioid agonist, he or she shall complete the
27 requirements for the Drug Addiction Treatment Act of 2000; and

(B) Complete other programs and continuing education requirements as further described

in the rules promulgated pursuant to this article;

(3) Practice at the licensed or registered medication-assisted treatment program a

sufficient number of hours, based upon the type of medication-assisted treatment license or

registration issued pursuant to this article, to ensure regulatory compliance, and carry out those

duties specifically assigned to the medical director as further described in the rules promulgated

pursuant to this article;

(4) Be responsible for monitoring and ensuring compliance with all requirements related to

the licensing and operation of the medication-assisted treatment program;

(5) Supervise, control, and direct the activities of each individual working or operating at

the medication-assisted treatment program, including any employee, volunteer, or individual

under contract, who provides medication-assisted treatment at the program or is associated with

the provision of that treatment. The supervision, control, and direction shall be provided in

accordance with rules promulgated by the Inspector General; and

(6) Complete other requirements prescribed by the Inspector General by rule.

(d) Each medication-assisted treatment program shall designate counseling staff, either

employees, or those used on a referral-basis by the program, which meet the requirements of this

article and the rules promulgated pursuant to this article. The individual members of the

counseling staff shall have one or more of the following qualifications:

(1) Be a licensed psychiatrist;

(2) Certification as an alcohol and drug counselor;

(3) Certification as an advanced alcohol and drug counselor;

(4) Be a counselor, psychologist, marriage and family therapist, or social worker with a

master's level education with a specialty or specific training in treatment for substance use

disorders, as further described in the rules promulgated pursuant to this article;

(5) Under the direct supervision of an advanced alcohol and drug counselor, be a

54 counselor with a bachelor's degree in social work or another relevant human services field:
55 *Provided*, That the individual practicing with a bachelor's degree under supervision applies for
56 certification as an alcohol and drug counselor within three years of the date of employment as a
57 counselor;

58 (6) Be a counselor with a graduate degree actively working toward licensure or certification
59 in the individual's chosen field under supervision of a licensed or certified professional in that field
60 and/or advanced alcohol and drug counselor;

61 (7) Be a psych-mental health nurse practitioner or a psych-mental health clinical nurse
62 specialist; or

63 (8) Be a psychiatry CAQ-certified physician assistant.

64 (e) The medication-assisted treatment program shall be eligible for, and not prohibited
65 from, enrollment with West Virginia Medicaid and other private insurance. Prior to directly billing a
66 patient for any medication-assisted treatment, a medication-assisted treatment program must
67 receive either a rejection of prior authorization, rejection of a submitted claim, or a written denial
68 from a patient's insurer or West Virginia Medicaid denying coverage for such that treatment:
69 *Provided*, That the director, in consultation with the Inspector General, may grant a variance from
70 this requirement pursuant to §16B-13-6 of this code. The program shall also document whether a
71 patient has no insurance. At the option of the medication-assisted treatment program, treatment
72 may commence prior to billing.

73 (f) The medication-assisted treatment program shall apply for and receive approval as
74 required from the United States Drug Enforcement Administration, Center for Substance Abuse
75 Treatment, or an organization designated by Substance Abuse and Mental Health and Mental
76 Health Administration.

77 (g) All persons employed by the medication-assisted treatment program shall comply with
78 the requirements for the operation of a medication-assisted treatment program established within
79 this article or by any rule adopted pursuant to this article.

(h) All employees of an opioid treatment program shall furnish fingerprints for a state and
criminal records check by the Criminal Identification Bureau of the West Virginia State
and the Federal Bureau of Investigation. The fingerprints shall be accompanied by a signed
authorization for the release of information and retention of the fingerprints by the Criminal
Identification Bureau and the Federal Bureau of Investigation. The opioid treatment program shall
subject to the provisions of §16B-15-1 *et seq.* of this code and subsequent rules promulgated
under.

(i) The medication-assisted treatment program shall may not be owned by, nor shall may it
/ or associate with, any physician or prescriber:

(1) Whose Drug Enforcement Administration number is not currently full, active, and numbered;

(2) Whose application for a license to prescribe, dispense, or administer a controlled substance has been denied by and is not full, active, and unencumbered in any jurisdiction; or

(3) Whose license is anything other than a full, active, and unencumbered license to practice allopathic medicine or surgery by the West Virginia Board of Medicine or osteopathic medicine or surgery by the West Virginia Board of Osteopathic Medicine in this state, and who is in good standing and not under any probationary restrictions.

(j) A person may not dispense any medication-assisted treatment medication, including a controlled substance as defined by §60A-1-101 of this code, on the premises of a licensed medication-assisted treatment program, unless he or she is a physician or pharmacist licensed in state and employed by the medication-assisted treatment program unless the medication-assisted treatment program is a federally certified narcotic treatment program. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the Controlled Substances Monitoring Program Database to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources to assess potential adverse drug interactions, or both. Prior to dispensing or prescribing

106 medication-assisted treatment medications, the treating physician shall also ensure that the
107 medication-assisted treatment medication utilized is related to an appropriate diagnosis of a
108 substance use disorder and approved for such that usage. The physician shall also review the
109 Controlled Substances Monitoring Program Database no less than quarterly and at each patient's
110 physical examination. The results obtained from the Controlled Substances Monitoring Program
111 Database shall be maintained with the patient's medical records.

112 (k) A medication-assisted treatment program responsible for medication administration
113 shall comply with:

114 (1) The West Virginia Board of Pharmacy regulations;
115 (2) The West Virginia Board of Examiners for Registered Professional Nurses regulations;
116 (3) All applicable federal laws and regulations relating to controlled substances; and
117 (4) Any requirements as specified in the rules promulgated pursuant to this article.

118 (l) Each medication-assisted treatment program location shall be licensed separately,
119 regardless of whether the program is operated under the same business name or management as
120 another program.

121 (m) The medication-assisted treatment program shall develop and implement patient
122 protocols, treatment plans, or treatment strategies and profiles, which shall include, but not be
123 limited by, the following guidelines:

124 (1) When a physician diagnoses an individual as having a substance use disorder, the
125 physician may treat the substance use disorder by managing it with medication in doses not
126 exceeding those approved by the United States Food and Drug Administration as indicated for the
127 treatment of substance use disorders and not greater than those amounts described in the rules
128 promulgated pursuant to this article. The treating physician and treating counselor's diagnoses
129 and treatment decisions shall be made according to accepted and prevailing standards for
130 medical care;

131 (2) The medication-assisted treatment program shall maintain a record of all of the

132 following:

133 (A) Medical history and physical examination of the individual;

134 (B) The diagnosis of substance use disorder of the individual;

135 (C) The plan of treatment proposed, the patient's response to the treatment, and any

136 modification to the plan of treatment;

137 (D) The dates on which any medications were prescribed, dispensed, or administered, the

138 name and address of the individual for whom the medications were prescribed, dispensed, or

139 administered, and the amounts and dosage forms for any medications prescribed, dispensed, or

140 administered;

141 (E) A copy of the report made by the physician or counselor to whom referral for evaluation

142 was made, if applicable; and

143 (F) A copy of the coordination of care agreement, which is to be signed by the patient,

144 treating physician, and treating counselor. If a change of treating physician or treating counselor

145 takes place, a new agreement must be signed. The coordination of care agreement must be

146 updated or reviewed at least annually. If the coordination of care agreement is reviewed, but not

147 updated, this review must be documented in the patient's record. The coordination of care

148 agreement will be provided in a form prescribed and made available by the director;

149 (3) Medication-assisted treatment programs shall report information, data, statistics, and

150 other information as directed in this code, and the rules promulgated pursuant to this article to

151 required agencies and other authorities;

152 (4) A prescriber authorized to prescribe a medication-assisted treatment medication who

153 practices at a medication-assisted treatment program is responsible for maintaining the control

154 and security of his or her prescription blanks and any other method used for prescribing a

155 medication-assisted treatment medication. The prescriber shall comply with all state and federal

156 requirements for tamper-resistant prescription paper. In addition to any other requirements

157 imposed by statute or rule, the prescriber shall notify the director and appropriate law-enforcement

158 agencies in writing within 24 hours following any theft or loss of a prescription blank or breach of
159 any other method of prescribing a medication-assisted treatment medication; and

160 (5) The medication-assisted treatment program shall have a drug testing program to
161 ensure a patient is in compliance with the treatment strategy; and

162 (6) The medication-assisted treatment program shall offer long-acting reversible
163 contraception to patients recovering from addiction; such offerings shall be provided in
164 accordance with the following provisions:

165 (A) Contraceptive Counseling Requirement:

166 (i) The medication-assisted treatment program shall provide shared decision-making
167 contraceptive counseling;

168 (ii) Counseling shall be non-coercive and tailored to the patient's lifestyle, health needs,
169 and personal preferences, ensuring informed choice in contraceptive options;

170 (iii) Counseling services shall be available to both male and female patients; and

171 (iv) Medical eligibility screening for potential contraindications; and

172 (B) Medical Assessment & Referral Process:

173 (i) The medication-assisted treatment program may not place or insert a long-acting
174 reversible contraception unless they have a licensed healthcare provider on staff who is trained;
175 and

176 (ii) If the medication-assisted treatment program lacks a qualified provider or necessary
177 medical equipment, it shall establish a referral system to direct patients to a licensed healthcare
178 provider or clinic capable of full contraceptive service delivery.

179 (n) Medication-assisted treatment programs shall only prescribe, dispense, or administer
180 liquid methadone to patients pursuant to the restrictions and requirements of the rules
181 promulgated pursuant to this article.

182 (o) The medication-assisted treatment program shall immediately notify the director, or his
183 or her designee, in writing of any changes to its operations that affect the medication-assisted

184 treatment program's continued compliance with the certification and licensure requirements.

185 (p) If a physician treats a patient with more than 16 milligrams per day of buprenorphine
186 then clear medical notes shall be placed in the patient's medical file indicating the clinical reason or
187 reasons for the higher level of dosage.

188 (q) If a physician is not the patient's obstetrical or gynecological provider, the physician
189 shall consult with the patient's obstetrical or gynecological provider to the extent possible to
190 determine whether the prescription is appropriate for the patient.

191 (r) A practitioner providing medication-assisted treatment may perform certain aspects of
192 telehealth if permitted under his or her scope of practice.

193 (s) The physician shall follow the recommended manufacturer's tapering schedule for the
194 medication-assisted treatment medication. If the schedule is not followed, the physician shall
195 document in the patient's medical record and the clinical reason why the schedule was not
196 followed. The director may investigate a medication-assisted treatment program if a high
197 percentage of its patients are not following the recommended tapering schedule.