

WEST VIRGINIA LEGISLATURE

2025 REGULAR SESSION

Introduced

Senate Bill 726

By Senator Helton

[Introduced March 7, 2025; referred
to the Select Committee on Substance Use Disorder
and Mental Health; and then to the Committee on
Finance]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding two new sections,
 2 designated §16B-13-14 and §16B-13-15, relating to office-based, medication-assisted
 3 treatment programs and opioid treatment programs; requiring these facilities to provide
 4 basic medical services by October 1, 2025; requiring these facilities to offer
 5 comprehensive medical services by April 1, 2026; and requiring auditing of dosage levels
 6 for patients on a tapering protocol.

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.

1 (a) By October 1, 2025, all medication-assisted treatment centers registered with the state
 2 pursuant to §16B-13-3 or §16B-13-4 of this code shall offer patients the following basic medical
 3 services onsite at the facility:

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

5 (2) HIV, hepatitis, and sexually transmitted diseases screenings;

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

7 (4) Vaccinations;

8 (5) Basic diagnostic services, such as, but not limited to:

9 (A) Blood tests, and

10 (B) Urinalysis;

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

12 (A) Cold,

13 (B) Flu,

14 (C) Minor infections, and

15 (D) Minor strains;

16 (7) Overdose prevention supplies and education.

17 (b) By April 1, 2026, all medication-assisted treatment centers registered with the state

18 pursuant to §16B-13-3 or §16B-13-4 of this code shall convert to physicians' offices that provide
19 comprehensive medical services to patients onsite, including, but not limited to:

- 20 (1) All medical services provided in §16B-13-14(a) of this code;
- 21 (2) All medical services provided in West Virginia Code of State Rules §69-11-25 or §69-
22 12-22;
- 23 (3) Advanced diagnostics;
- 24 (4) Behavioral health services;
- 25 (5) Comprehensive chronic condition management; and
- 26 (6) Health education and counseling, such as, but not limited to:
 - 27 (A) Nutritional counseling,
 - 28 (B) Weight management, and
 - 29 (C) Other health improvement strategies.

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

§16B-13-15. Tapering schedules; audit.

1 (a) By July 1, 2025, all medication-assisted treatment centers registered with the state
2 pursuant to §16B-13-3 or §16B-13-4 of this code shall conduct a mandatory audit of each patient's
3 medical record to determine whether the recommended tapering schedule is being followed.

4 (b) The medication-assisted treatment center shall provide the results of the audit to the
5 director.

6 (c) The director, or his or her designee, shall investigate the medication-assisted treatment
7 centers where 50% of the center's patients are not following the recommended tapering schedule.

8 (d) When the director, or his or her designee, acts pursuant to §16B-13-15(c) of this code,
9 the medication-assisted treatment center shall provide a bi-weekly report to the director, or his or
10 her designee, detailing:

- 11 (1) The patient’s recommended tapering schedule,
- 12 (2) The center’s clinical reasoning why the schedule was not followed, and
- 13 (3) The center’s plan to return the patient to the recommended tapering schedule.
- 14 (e) If the medication-assisted treatment center has not returned to the patient’s
- 15 recommended tapering schedule after six weeks, the center will be deemed as violating this
- 16 section and shall be subject to the penalties in §16B-13-9 of this code.

NOTE: The purpose of this bill is to require medication-assisted treatment centers to provide comprehensive medical services to patients and require auditing of tapering protocols.

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