

WEST VIRGINIA LEGISLATURE

2016 REGULAR SESSION

Committee Substitute

for

Senate Bill 460

BY SENATORS COLE (MR. PRESIDENT) AND KESSLER

(BY REQUEST OF THE EXECUTIVE)

[Originating in the Committee on Health and Human

Resources; reported on February 23, 2016]

1 A BILL to amend and reenact §16-1-4 of the Code of West Virginia, 1931, as amended; to amend
2 said code by adding thereto a new article, designated §16-5Y-1, §16-5Y-2, §16-5Y-3, §16-
3 5Y-4, §16-5Y-5, §16-5Y-6, §16-5Y-7, §16-5Y-8, §16-5Y-9, §16-5Y-10, §16-5Y-11, §16-
4 5Y-12 and §16-5Y-13; and to amend and reenact §60A-9-5 of said code, all relating to
5 licensing and regulation of medication-assisted treatment programs for substance use
6 disorders; repealing regulation of opioid treatment programs; setting out purpose;
7 providing definitions; creating licenses for opioid treatment programs; creating categories
8 of licenses; setting out licensing requirements; providing for registration of office-based
9 medication-assisted programs; providing for application, fees and inspections of office-
10 based medication-assisted programs; setting operational requirements for medication-
11 assisted treatment programs; providing for a program sponsor and medical director;
12 setting forth staffing requirements; providing for regulation and oversight by Office of
13 Health Facility Licensure and Certification; designating necessity for a medical director
14 and prescribing minimum training and performance requirements; allowing enrollment as
15 a Medicaid provider; providing billing requirements; setting forth minimum certification
16 requirements; mandating state and federal criminal background checks; designating who
17 may prescribe and dispense medication-assisted treatment medications; setting certain
18 minimum practice standards and patient treatment standards for any medication-assisted
19 treatment program prescribing or dispensing medication-assisted treatment medications;
20 requiring review of the Controlled Substances Monitoring Database for each patient at
21 least quarterly; setting compliance requirements for a medication-assisted treatment
22 program; providing for patient protocols, treatment plans and profiles; allowing liquid
23 methadone to be prescribed and dispensed only as allowed by legislative rule; setting
24 notification requirements of operation changes; restricting location of medication-assisted
25 treatment programs; allowing for waivers and variances from certification or licensure
26 standards; permitting inspection warrants; providing for an administrative review and

27 appeal process; allowing civil monetary penalties; designating license limitations for
28 deviation for accepted practice or patient treatment standards; permitting the secretary to
29 promulgate rules, including emergency rules; providing advertisement requirements;
30 creating a moratorium on new opioid treatment programs; establishing state authority and
31 state oversight authority for medication-assisted treatment programs; mandating data
32 collection; and granting Office of Health Facility Licensure and Certification access to the
33 Controlled Substances Monitoring Database for use in certification, licensure and
34 regulation of health facilities.

Be it enacted by the Legislature of West Virginia:

1 That §16-1-4 of the Code of West Virginia, 1931, as amended, be amended and
2 reenacted; that said code be amended by adding thereto a new article, designated §16-5Y-1,
3 §16-5Y-2, §16-5Y-3, §16-5Y-4, §16-5Y-5, §16-5Y-6, §16-5Y-7, §16-5Y-8, §16-5Y-9, §16-5Y-10,
4 §16-5Y-11, §16-5Y-12 and §16-5Y-13; and that §60A-9-5 of said code be amended and
5 reenacted, all to read as follows:

CHAPTER 16. PUBLIC HEALTH.

ARTICLE 1. STATE PUBLIC HEALTH SYSTEM.

§16-1-4. Proposal of rules by the secretary.

1 (a) The secretary may propose rules in accordance with the provisions of article three,
2 chapter twenty-nine-a of this code that are necessary and proper to effectuate the purposes of
3 this chapter. The secretary may appoint or designate advisory councils of professionals in the
4 areas of hospitals, nursing homes, barbers and beauticians, postmortem examinations, mental
5 health and intellectual disability centers and any other areas necessary to advise the secretary
6 on rules.

7 (b) The rules may include, but are not limited to, the regulation of:

8 (1) Land usage endangering the public health: *Provided*, That no rules may be

9 promulgated or enforced restricting the subdivision or development of any parcel of land within
10 which the individual tracts, lots or parcels exceed two acres each in total surface area and which
11 individual tracts, lots or parcels have an average frontage of not less than one hundred fifty feet
12 even though the total surface area of the tract, lot or parcel equals or exceeds two acres in total
13 surface area, and which tracts are sold, leased or utilized only as single-family dwelling units.
14 Notwithstanding the provisions of this subsection, nothing in this section may be construed to
15 abate the authority of the department to:

16 (A) Restrict the subdivision or development of a tract for any more intense or higher density
17 occupancy than a single-family dwelling unit;

18 (B) Propose or enforce rules applicable to single-family dwelling units for single-family
19 dwelling unit sanitary sewerage disposal systems; or

20 (C) Restrict any subdivision or development which might endanger the public health, the
21 sanitary condition of streams or sources of water supply;

22 (2) The sanitary condition of all institutions and schools, whether public or private, public
23 conveyances, dairies, slaughterhouses, workshops, factories, labor camps, all other places open
24 to the general public and inviting public patronage or public assembly, or tendering to the public
25 any item for human consumption and places where trades or industries are conducted;

26 (3) Occupational and industrial health hazards, the sanitary conditions of streams, sources
27 of water supply, sewerage facilities and plumbing systems and the qualifications of personnel
28 connected with any of those facilities, without regard to whether the supplies or systems are
29 publicly or privately owned; and the design of all water systems, plumbing systems, sewerage
30 systems, sewage treatment plants, excreta disposal methods and swimming pools in this state,
31 whether publicly or privately owned;

32 (4) Safe drinking water, including:

33 (A) The maximum contaminant levels to which all public water systems must conform in
34 order to prevent adverse effects on the health of individuals and, if appropriate, treatment

35 techniques that reduce the contaminant or contaminants to a level which will not adversely affect
36 the health of the consumer. The rule shall contain provisions to protect and prevent contamination
37 of wellheads and well fields used by public water supplies so that contaminants do not reach a
38 level that would adversely affect the health of the consumer;

39 (B) The minimum requirements for: Sampling and testing; system operation; public
40 notification by a public water system on being granted a variance or exemption or upon failure to
41 comply with specific requirements of this section and rules promulgated under this section; record
42 keeping; laboratory certification; as well as procedures and conditions for granting variances and
43 exemptions to public water systems from state public water systems rules; and

44 (C) The requirements covering the production and distribution of bottled drinking water
45 and may establish requirements governing the taste, odor, appearance and other consumer
46 acceptability parameters of drinking water;

47 (5) Food and drug standards, including cleanliness, proscription of additives, proscription
48 of sale and other requirements in accordance with article seven of this chapter as are necessary
49 to protect the health of the citizens of this state;

50 (6) The training and examination requirements for emergency medical service attendants
51 and emergency medical care technician- paramedics; the designation of the health care facilities,
52 health care services and the industries and occupations in the state that must have emergency
53 medical service attendants and emergency medical care technician-paramedics employed and
54 the availability, communications and equipment requirements with respect to emergency medical
55 service attendants and to emergency medical care technician-paramedics. Any regulation of
56 emergency medical service attendants and emergency medical care technician- paramedics may
57 not exceed the provisions of article four-c of this chapter;

58 (7) The health and sanitary conditions of establishments commonly referred to as bed and
59 breakfast inns. For purposes of this article, "bed and breakfast inn" means an establishment
60 providing sleeping accommodations and, at a minimum, a breakfast for a fee. The secretary may

61 not require an owner of a bed and breakfast providing sleeping accommodations of six or fewer
62 rooms to install a restaurant-style or commercial food service facility. The secretary may not
63 require an owner of a bed and breakfast providing sleeping accommodations of more than six
64 rooms to install a restaurant-type or commercial food service facility if the entire bed and breakfast
65 inn or those rooms numbering above six are used on an aggregate of two weeks or less per year;

66 (8) Fees for services provided by the Bureau for Public Health including, but not limited to,
67 laboratory service fees, environmental health service fees, health facility fees and permit fees;

68 (9) The collection of data on health status, the health system and the costs of health care;

69 ~~(10) Opioid treatment programs duly licensed and operating under the requirements of~~
70 ~~chapter twenty-seven of this code.~~

71 ~~(A) The Health Care Authority shall develop new certificate of need standards, pursuant~~
72 ~~to the provisions of article two-d of this chapter, that are specific for opioid treatment program~~
73 ~~facilities.~~

74 ~~(B) No applications for a certificate of need for opioid treatment programs may be~~
75 ~~approved by the Health Care Authority as of the effective date of the 2007 amendments to this~~
76 ~~subsection.~~

77 ~~(C) There is a moratorium on the licensure of new opioid treatment programs that do not~~
78 ~~have a certificate of need as of the effective date of the 2007 amendments to this subsection,~~
79 ~~which shall continue until the Legislature determines that there is a necessity for additional opioid~~
80 ~~treatment facilities in West Virginia.~~

81 ~~(D) The secretary shall file revised emergency rules with the Secretary of State to regulate~~
82 ~~opioid treatment programs in compliance with the provisions of this section. Any opioid treatment~~
83 ~~program facility that has received a certificate of need pursuant to article two-d, of this chapter by~~
84 ~~the Health Care Authority shall be permitted to proceed to license and operate the facility.~~

85 ~~(E) All existing opioid treatment programs shall be subject to monitoring by the secretary.~~
86 ~~All staff working or volunteering at opioid treatment programs shall complete the minimum~~

87 ~~education, reporting and safety training criteria established by the secretary. All existing opioid~~
88 ~~treatment programs shall be in compliance within one hundred eighty days of the effective date~~
89 ~~of the revised emergency rules as required herein. The revised emergency rules shall provide at~~
90 ~~a minimum:~~

91 ~~(i) That the initial assessment prior to admission for entry into the opioid treatment program~~
92 ~~shall include an initial drug test to determine whether an individual is either opioid addicted or~~
93 ~~presently receiving methadone for an opioid addiction from another opioid treatment program.~~

94 ~~(ii) The patient may be admitted to the opioid treatment program if there is a positive test~~
95 ~~for either opioids or methadone or there are objective symptoms of withdrawal, or both, and all~~
96 ~~other criteria set forth in the rule for admission into an opioid treatment program are met.~~
97 ~~Admission to the program may be allowed to the following groups with a high risk of relapse~~
98 ~~without the necessity of a positive test or the presence of objective symptoms: Pregnant women~~
99 ~~with a history of opioid abuse, prisoners or parolees recently released from correctional facilities,~~
100 ~~former clinic patients who have successfully completed treatment but who believe themselves to~~
101 ~~be at risk of imminent relapse and HIV patients with a history of intravenous drug use.~~

102 ~~(iii) That within seven days of the admission of a patient, the opioid treatment program~~
103 ~~shall complete an initial assessment and an initial plan of care.~~

104 ~~(iv) That within thirty days after admission of a patient, the opioid treatment program shall~~
105 ~~develop an individualized treatment plan of care and attach the plan to the patient's chart no later~~
106 ~~than five days after the plan is developed. The opioid treatment program shall follow guidelines~~
107 ~~established by a nationally recognized authority approved by the secretary and include a recovery~~
108 ~~model in the individualized treatment plan of care. The treatment plan is to reflect that~~
109 ~~detoxification is an option for treatment and supported by the program; that under the~~
110 ~~detoxification protocol the strength of maintenance doses of methadone should decrease over~~
111 ~~time, the treatment should be limited to a defined period of time, and participants are required to~~
112 ~~work toward a drug-free lifestyle.~~

113 ~~(v) That each opioid treatment program shall report and provide statistics to the~~
114 ~~Department of Health and Human Resources at least semiannually which includes the total~~
115 ~~number of patients; the number of patients who have been continually receiving methadone~~
116 ~~treatment in excess of two years, including the total number of months of treatment for each such~~
117 ~~patient; the state residency of each patient; the number of patients discharged from the program,~~
118 ~~including the total months in the treatment program prior to discharge and whether the discharge~~
119 ~~was for:~~

120 ~~(A) Termination or disqualification;~~

121 ~~(B) Completion of a program of detoxification;~~

122 ~~(C) Voluntary withdrawal prior to completion of all requirements of detoxification as~~
123 ~~determined by the opioid treatment program;~~

124 ~~(D) Successful completion of the individualized treatment care plan; or~~

125 ~~(E) An unexplained reason.~~

126 ~~(vi) That random drug testing of all patients shall be conducted during the course of~~
127 ~~treatment at least monthly. For purposes of these rules, "random drug testing" means that each~~
128 ~~patient of an opioid treatment program facility has a statistically equal chance of being selected~~
129 ~~for testing at random and at unscheduled times. Any refusal to participate in a random drug test~~
130 ~~shall be considered a positive test. Nothing contained in this section or the legislative rules~~
131 ~~promulgated in conformity herewith will preclude any opioid treatment program from administering~~
132 ~~such additional drug tests as determined necessary by the opioid treatment program.~~

133 ~~(vii) That all random drug tests conducted by an opioid treatment program shall, at a~~
134 ~~minimum, test for the following:~~

135 ~~(A) Opiates, including oxycodone at common levels of dosing; (B) Methadone and any~~
136 ~~other medication used by the program as an intervention;~~

137 ~~(C) Benzodiazepine including diazepam, lorazepam, clonazepam and alprazolam;~~

138 ~~(D) Cocaine;~~

139 ~~(E) Methamphetamine or amphetamine;~~

140 ~~(F) Tetrahydrocannabinol, delta-9-tetrahydrocannabinol or dronabinol or other similar~~
141 ~~substances; or~~

142 ~~(G) Other drugs determined by community standards, regional variation or clinical~~
143 ~~indication.~~

144 ~~(viii) That a positive drug test is a test that results in the presence of any drug or substance~~
145 ~~listed in this schedule and any other drug or substance prohibited by the opioid treatment program.~~
146 ~~A positive drug test result after the first six months in an opioid treatment program shall result in~~
147 ~~the following:~~

148 ~~(A) Upon the first positive drug test result, the opioid treatment program shall:~~

149 ~~(1) Provide mandatory and documented weekly counseling of no less than thirty minutes~~
150 ~~to the patient, which shall include weekly meetings with a counselor who is licensed, certified or~~
151 ~~enrolled in the process of obtaining licensure or certification in compliance with the rules and on~~
152 ~~staff at the opioid treatment program;~~

153 ~~(2) Immediately revoke the take-home methadone privilege for a minimum of thirty days;~~
154 ~~and~~

155 ~~(B) Upon a second positive drug test result within six months of a previous positive drug~~
156 ~~test result, the opioid treatment program shall:~~

157 ~~(1) Provide mandatory and documented weekly counseling of no less than thirty minutes,~~
158 ~~which shall include weekly meetings with a counselor who is licensed, certified or enrolled in the~~
159 ~~process of obtaining licensure or certification in compliance with the rules and on staff at the opioid~~
160 ~~treatment program;~~

161 ~~(2) Immediately revoke the take-home methadone privilege for a minimum of sixty days;~~
162 ~~and~~

163 ~~(3) Provide mandatory documented treatment team meetings with the patient.~~

164 ~~(C) Upon a third positive drug test result within a period of six months the opioid treatment~~

165 program shall:

166 ~~(1) Provide mandatory and documented weekly counseling of no less than thirty minutes,~~
167 ~~which shall include weekly meetings with a counselor who is licensed, certified or enrolled in the~~
168 ~~process of obtaining licensure or certification in compliance with the rules and on staff at the opioid~~
169 ~~treatment program;~~

170 ~~(2) Immediately revoke the take-home methadone privilege for a minimum of one hundred~~
171 ~~twenty days; and~~

172 ~~(3) Provide mandatory and documented treatment team meetings with the patient which~~
173 ~~will include, at a minimum: The need for continuing treatment; a discussion of other treatment~~
174 ~~alternatives; and the execution of a contract with the patient advising the patient of discharge for~~
175 ~~continued positive drug tests.~~

176 ~~(D) Upon a fourth positive drug test within a six-month period, the patient shall be~~
177 ~~immediately discharged from the opioid treatment program or, at the option of the patient, shall~~
178 ~~immediately be provided the opportunity to participate in a twenty-one day detoxification plan,~~
179 ~~followed by immediate discharge from the opioid treatment program: *Provided*, That testing~~
180 ~~positive solely for tetrahydrocannabinol, delta-9 tetrahydrocannabinol or dronabinol or similar~~
181 ~~substances shall not serve as a basis for discharge from the program.~~

182 ~~(ix) That the opioid treatment program must report and provide statistics to the Department~~
183 ~~of Health and Human Resources demonstrating compliance with the random drug test rules,~~
184 ~~including:~~

185 ~~(A) Confirmation that the random drug tests were truly random in regard to both the~~
186 ~~patients tested and to the times random drug tests were administered by lottery or some other~~
187 ~~objective standard so as not to prejudice or protect any particular patient;~~

188 ~~(B) Confirmation that the random drug tests were performed at least monthly for all~~
189 ~~program participants;~~

190 ~~(C) The total number and the number of positive results; and~~

191 ~~(D) The number of expulsions from the program.~~

192 ~~(x) That all opioid treatment facilities be open for business seven days per week; however,~~
193 ~~the opioid treatment center may be closed for eight holidays and two training days per year. During~~
194 ~~all operating hours, every opioid treatment program shall have a health care professional as~~
195 ~~defined by rule promulgated by the secretary actively licensed in this state present and on duty at~~
196 ~~the treatment center and a physician actively licensed in this state available for consultation.~~

197 ~~(xi) That the Office of Health Facility Licensure and Certification develop policies and~~
198 ~~procedures in conjunction with the Board of Pharmacy that will allow physicians treating patients~~
199 ~~through an opioid treatment program access to the Controlled Substances Monitoring Program~~
200 ~~database maintained by the Board of Pharmacy at the patient's intake, before administration of~~
201 ~~methadone or other treatment in an opioid treatment program, after the initial thirty days of~~
202 ~~treatment, prior to any take-home medication being granted, after any positive drug test, and at~~
203 ~~each ninety-day treatment review to ensure the patient is not seeking prescription medication~~
204 ~~from multiple sources. The results obtained from the Controlled Substances Monitoring Program~~
205 ~~database shall be maintained with the patient records.~~

206 ~~(xii) That each opioid treatment program shall establish a peer review committee, with at~~
207 ~~least one physician member, to review whether the program is following guidelines established~~
208 ~~by a nationally recognized authority approved by the secretary. The secretary shall prescribe the~~
209 ~~procedure for evaluation by the peer review. Each opioid treatment program shall submit a report~~
210 ~~of the peer review results to the secretary on a quarterly basis.~~

211 ~~(xiii) (c) The secretary shall propose a rule for legislative approval in accordance with the~~
212 ~~provisions of article three, chapter twenty-nine-a of this code for the distribution of state aid to~~
213 ~~local health departments and basic public health services funds.~~

214 The rule shall include the following provisions:

215 Base allocation amount for each county;

216 Establishment and administration of an emergency fund of no more than two percent of

217 the total annual funds of which unused amounts are to be distributed back to local boards of health
218 at the end of each fiscal year;

219 A calculation of funds utilized for state support of local health departments;

220 Distribution of remaining funds on a per capita weighted population approach which
221 factors coefficients for poverty, health status, population density and health department
222 interventions for each county and a coefficient which encourages counties to merge in the
223 provision of public health services;

224 A hold-harmless provision to provide that each local health department receives no less
225 in state support for a period of four years beginning in the 2009 budget year.

226 The Legislature finds that an emergency exists and, therefore, the secretary shall file an
227 emergency rule to implement the provisions of this section pursuant to the provisions of section
228 fifteen, article three, chapter twenty-nine-a of this code. The emergency rule is subject to the prior
229 approval of the Legislative Oversight Commission on Health and Human Resources
230 Accountability prior to filing with the Secretary of State.

231 ~~(xiv)~~ (d) The secretary may propose rules for legislative approval that may include the
232 regulation of other ~~Other~~ health-related matters which the department is authorized to supervise
233 and for which the rule-making authority has not been otherwise assigned.

ARTICLE 5Y. MEDICATION-ASSISTED TREATMENT PROGRAM LICENSING ACT.

§16-5Y-1. Purpose.

1 The purpose of this act is to establish licensing and registration requirements for facilities
2 and physicians that treat patients with substance use disorders to ensure that patients may be
3 lawfully treated by the use of medication and drug screens, in combination with counseling and
4 behavioral therapies, to provide a holistic approach to the treatment of substance use disorders
5 and comply with oversight requirements developed by the Department of Health and Human
6 Resources. The Legislature recognizes the problem of substance use disorders in West Virginia
7 and the need for quality, safe treatment of substance use disorders to adequately protect the

8 people of West Virginia.

§ 16-5Y-2. Definitions.

1 (a) “Addiction” means a primary, chronic disease of brain reward, motivation, memory
2 and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological,
3 social and spiritual manifestations, which is reflected in an individual pathologically pursuing
4 reward or relief by substance use, or both, and other behaviors. Addiction is characterized by
5 inability to consistently abstain, impairment in behavioral control; craving; diminished recognition
6 of significant problems with one’s behaviors; interpersonal problems with one’s behaviors and
7 interpersonal relationships; a dysfunctional emotional response; and as addiction is currently
8 defined by the American Society of Addiction Medicine.

9 (b) “Administrator” means an individual designated by the governing body to be
10 responsible for the day-to-day operation of the opioid treatment programs.

11 (c) “Advanced alcohol and drug abuse counselor” means an alcohol and drug abuse
12 counselor who is certified by the West Virginia Certification Board for Addiction & Prevention
13 Professionals who demonstrates a high degree of competence in the addiction counseling field.

14 (d) “Alcohol and drug abuse counselor” means a counselor certified by the West Virginia
15 Certification Board for Addiction & Prevention Professionals for specialized work with patients
16 who have substance use problems.

17 (e) “Biopsychosocial” means of, relating to, or concerned with biological, psychological
18 and social aspects in contrast to the strictly biomedical aspects of disease.

19 (f) “Center for Substance Abuse Treatment” means the center under the Substance Abuse
20 and Mental Health Services Administration that promotes community-based substance abuse
21 treatment and recovery services for individuals and families in the community and provides
22 national leadership to improve access, reduce barriers, and promote high quality, effective
23 treatment and recovery services.

24 (g) “Controlled substances monitoring program database” means the database

25 maintained by the West Virginia Board of Pharmacy pursuant to section three, article nine, chapter
26 sixty-a of this code that monitors and tracks certain prescriptions written or dispensed by
27 dispensers and prescribers in West Virginia.

28 (h) "Director" means the Director of the Office of Health Facility Licensure and Certification.

29 (i) "Dispense" means the preparation and delivery of a medication-assisted treatment
30 medication in an appropriately labeled and suitable container to a patient by a medication-assisted
31 treatment program or pharmacist.

32 (j) "Governing body" means the person or persons identified as being legally responsible
33 for the operation of the opioid treatment program. A governing body may be a board, a single
34 entity or owner, or a partnership. The governing body must comply with the requirements
35 prescribed in rules promulgated pursuant to this article.

36 (k) "Medical director" means a physician licensed within the State of West Virginia who
37 assumes responsibility for administering all medical services performed by the medication-
38 assisted treatment program, either by performing them directly or by delegating specific
39 responsibility to authorized program physicians and health care professionals functioning under
40 the medical director's direct supervision and functioning within their scope of practice.

41 (l) "Medication-assisted treatment" means the use of medications and drug screens, in
42 combination with counseling and behavioral therapies, to provide a holistic approach to the
43 treatment of substance use disorders.

44 (m) "Medication-assisted treatment program" means all publicly and privately owned
45 opioid treatment programs and office based medication-assisted treatment programs, which
46 prescribe medication-assisted treatment medications and treat substance use disorders, as those
47 terms are defined in this article.

48 (n) "Medication-assisted treatment medication" means any medication that is approved by
49 the United States Food and Drug Administration under section 505 of the Federal Food, Drug and
50 Cosmetic Act, 21 U.S.C. § 355, for use in the treatment of substance use disorders that is an

51 opioid agonist and is not listed on the schedule of controlled substances in article two, chapter
52 sixty-A of this code.

53 (o) “Office based medication-assisted treatment” means all publicly or privately owned
54 medication-assisted treatment programs in clinics, facilities, offices or programs that treat
55 individuals with substance use disorders through the prescription, administration or dispensing of
56 a medication-assisted treatment medication in the form of a partial opioid agonist or other
57 medication-assisted medication approved for use in office based medication-assisted treatment
58 setting.

59 (p) “Opioid agonist” means substances that bind to and activate the opiate receptors
60 resulting in analgesia and pain regulation, respiratory depression and a wide variety of behavioral
61 changes. As used in this article, the term “opioid agonist” does not include partial agonist
62 medications used as an alternative to opioid agonists in the treatment of opioid addiction.

63 (q) “Opioid treatment program” means all publicly or privately owned medication-assisted
64 treatment programs in clinics, facilities, offices or programs that treat individuals with substance
65 use disorders through on-site administration or dispensing of a medication-assisted treatment
66 medication in the form of an opioid agonist or partial opioid agonist.

67 (r) “Owner” means any person, partnership, association or corporation listed as the owner
68 of a medication-assisted treatment program on the licensing or registration forms required by this
69 article.

70 (s) “Partial opioid agonist” means a Federal Drug Administration approved medication
71 that is used as an alternative to opioid agonists for the treatment of substance use disorders and
72 that binds to and activates opiate receptors, but not to the same degree as full agonists.

73 (t) “Physician” means an individual licensed in this state to practice allopathic medicine or
74 surgery by the West Virginia Board of Medicine or osteopathic medicine or surgery by the West
75 Virginia Board of Osteopathic Medicine and that meets the requirements of this article.

76 (u) “Prescriber” means a person authorized in this state, working within their scope of

77 practice, to give direction, either orally or in writing, for the preparation and administration of a
78 remedy to be used in the treatment of substance use disorders.

79 (v) "Program sponsor" means the person named in the application for the certification and
80 licensure of a opioid treatment program who is responsible for the administrative operation of the
81 opioid treatment program, and who assumes responsibility for all of its employees, including any
82 practitioners, agents or other persons providing medical, rehabilitative or counseling services at
83 the program.

84 (w) "Secretary" means the Secretary of the West Virginia Department of Health and
85 Human Resources or his or her designee.

86 (x) "State opioid treatment authority" means the agency or individual designated by the
87 Governor to exercise the responsibility and authority of the state for governing the treatment of
88 substance use disorders, including, but not limited to, the treatment of opiate addiction with opioid
89 drugs.

90 (y) "State oversight agency" means the agency or office of state government identified by
91 the secretary to provide regulatory oversight of medication-assisted treatment programs on behalf
92 of the State of West Virginia.

93 (z) "Substance" means the following:

94 (1) Alcohol;

95 (2) Controlled substances defined by section two hundred four, article two, chapter sixty-
96 a; section two hundred six, article two, chapter sixty-a; section two hundred eight, article two,
97 chapter sixty-a and section two hundred ten, article two, chapter sixty-a of this code; or

98 (3) Any chemical, gas, drug or medication consumed which causes clinically and
99 functionally significant impairment, such as health problems, disability and failure to meet major
100 responsibilities at work, school or home.

101 (aa) "Substance Abuse and Mental Health Services Administration" means the agency
102 under the United States Department of Health and Human Services responsible for the

103 accreditation and certification of medication-assisted treatment programs and that provides
104 leadership, resources, programs, policies, information, data, contracts and grants for the purpose
105 of reducing the impact of substance abuse and mental or behavioral illness.

106 (bb) "Substance use disorder" means patterns of symptoms resulting from use of a
107 substance that the individual continues to take, despite experiencing problems as a result; or as
108 defined in the most recent edition of the American Psychiatric Association's Diagnostic and
109 Statistical Manual of Mental Disorders.

110 (cc) "Variance" means written permission granted by the secretary to a medication-
111 assisted treatment program that a requirement of this article or rules promulgated pursuant to this
112 article may be accomplished in a manner different from the manner set forth in this article or
113 associated rules.

114 (dd) "Waiver" means a formal, time-limited agreement between the designated oversight
115 agency and the medication-assisted treatment program that suspends a rule, policy or standard
116 for a specific situation so long as the health and safety of patients is better served in the situation
117 by suspension of the rule, policy or standard than by enforcement.

§16-5Y-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 secretary in accordance with the provisions of
3 this 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 secretary 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 provide a recommendation to the secretary whether to approve or deny

11 the application for a license. The secretary shall issue a license if the facility is in compliance with
12 the provisions of this article and with the rules lawfully promulgated pursuant to this article.

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

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

18 (2) A provisional license shall be issued when an opioid treatment program seeks a
19 renewal license, or is an existing program as of the effective date of this article and is seeking an
20 initial license, and the opioid treatment program is not in substantial compliance with this article
21 and with all rules promulgated pursuant to this article, but does not pose a significant risk to the
22 rights, health and safety of a consumer. It shall expire not more than six months from the date of
23 issuance, and may not be consecutively reissued; or

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

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

36 (f) Any person, partnership, association or corporation that seeks to obtain or renew a

37 license for an opioid treatment program in this state must submit to the secretary the following
38 documentation:

39 (1) Full operating name of the program as advertised;

40 (2) Legal name of the program as registered with the West Virginia Secretary of State;

41 (3) Physical address of the program;

42 (4) Preferred mailing address for the program;

43 (5) Email address to be used as the primary contact for the program;

44 (6) Federal Employer Identification Number assigned to the program.

45 (7) All business licenses issued to the program by this state, the state Tax Department,
46 the Secretary of State and all other applicable business entities;

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

48 (9) Hours of operation;

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

52 (11) Medical Director's full name, medical license number, Drug Enforcement
53 Administration registration number, and a list of all current certifications;

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

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

56 (B) Full legal name;

57 (C) Medical license, if applicable;

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

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

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

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

63 (14) Notarized signature of applicant;

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

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

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

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

72 (g) Upon satisfaction that an applicant has met all of the requirements of this article, the
73 secretary shall issue a license to operate an opioid treatment program. An entity that obtains this
74 license may possess, have custody or control of, and dispense drugs indicated and approved by
75 the United States Food and Drug Administration for the treatment of substance use disorders.

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

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

81 (j) Any license in effect at the time of the passage of this section in the 2016 Regular
82 Session of the Legislature shall remain in effect until such time as new legislative rules
83 promulgated pursuant to this article become effective. Upon the effective date of the new rules
84 any licensee shall file for a new license within six months pursuant to the licensing procedures
85 and requirements of this section and the new rules promulgated hereunder. The existing license
86 shall remain effective until receipt of the new license.

§16-5Y-4. Office based medication-assisted treatment programs to obtain registration;
application; fees and inspections.

1 (a) No person, partnership, association or corporation may operate an office based
2 medication-assisted treatment program without first obtaining a registration from the secretary in
3 accordance with the provisions of this article and the rules lawfully promulgated pursuant to this
4 article.

5 (b) Any person, partnership, association or corporation desiring a registration to operate
6 an office based medication-assisted treatment program in this state shall file with the Office of
7 Health Facility Licensure and Certification an application in such form and with such information
8 as the secretary shall prescribe and furnish accompanied by an application fee.

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

14 (d) A registration shall be issued in one of three categories:

15 (1) An initial twelve month registration shall be issued to an office based medication-
16 assisted treatment program establishing a new program or service for which there is insufficient
17 consumer participation to demonstrate substantial compliance with this article and with all rules
18 promulgated pursuant to this article;

19 (2) A provisional registration shall be issued when an office based medication-assisted
20 treatment program seeks a renewal registration, or is an existing program as of the effective date
21 of this article and is seeking an initial registration, and the office based medication-assisted
22 treatment program is not in substantial compliance with this article and with all rules promulgated
23 pursuant to this article, but does not pose a significant risk to the rights, health and safety of a
24 consumer. It shall expire not more than six months from the date of issuance, and may not be
25 consecutively reissued; or

26 (3) A renewal registration shall be issued when an office based medication-assisted

27 treatment program is in substantial compliance with this article and with all rules promulgated
28 pursuant to this article. A renewal registration shall expire not more than one year from the date
29 of issuance.

30 (e) At least sixty days prior to the registration expiration date, an application for renewal
31 shall be submitted by the office based medication-assisted treatment program to the secretary on
32 forms furnished by the secretary. A registration shall be renewed if the secretary determines that
33 the applicant is in compliance with this article and with all rules promulgated pursuant to this
34 article. A registration issued to one program location pursuant to this article is not transferrable
35 or assignable. Any change of ownership of a registered medication-assisted treatment program
36 requires submission of a new application. The medication-assisted treatment program shall notify
37 the secretary of any change in ownership within ten days of the change and must submit a new
38 application within the time frame prescribed by the secretary.

39 (f) Any person, partnership, association or corporation seeking to obtain or renew a
40 registration for an office based medication-assisted treatment program in this state must submit
41 to the secretary the following documentation:

42 (1) Full operating name of the program as advertised;

43 (2) Legal name of the program as registered with the West Virginia Secretary of State;

44 (3) Physical address of the program;

45 (4) Preferred mailing address for the program;

46 (5) Email address to be used as the primary contact for the program;

47 (6) Federal Employer Identification Number assigned to the program.

48 (7) All business licenses issued to the program by this state, the state Tax Department,
49 the Secretary of State and all other applicable business entities;

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

51 (9) Hours of operation;

52 (10) Legal Registered Owner Name – name of the person registered as the legal owner

53 of the program. If more than one legal owner (i.e., partnership, corporation, etc.) list each legal
54 owner separately, indicating the percentage of ownership;

55 (11) Medical Director's full name, medical license number, Drug Enforcement
56 Administration registration number, and a listing of all current certifications;

57 (12) For each physician, counselor or social worker of the program, provide the following:

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

59 (B) Full legal name;

60 (C) Medical license, if applicable;

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

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

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

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

66 (14) Notarized signature of applicant;

67 (15) Check or money order for registration fee;

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

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

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

75 (g) Upon satisfaction that an applicant has met all of the requirements of this article, the
76 secretary shall issue a registration to operate an office based medication-assisted treatment
77 program. An entity that obtains this registration may possess, have custody or control of, and
78 dispense drugs indicated and approved by the United States Food and Drug Administration for

79 the treatment of substance use disorders.

80 (h) The office based medication-assisted treatment program shall display the current
81 registration in a prominent location where services are provided and in clear view of all patients.

82 (i) The secretary or his or her designee shall perform complaint and verification
83 inspections on all office based medication-assisted treatment programs that are subject to this
84 article and all rules adopted pursuant to this article to ensure continued compliance.

85 (j) Any person, partnership, association or corporation operating a medication-assisted
86 treatment program shall be permitted to continue operation until the effective date of the new rules
87 promulgated pursuant to this article. At that time a person, partnership, association or corporation
88 shall file for registration within six months pursuant to the licensing procedures and requirements
89 of this section and the new rules promulgated hereunder. The existing procedures of the person,
90 partnership, association or corporation shall remain effective until receipt of the registration.

§16-5Y-5. Operational requirements.

1 (a) The medication-assisted treatment program shall be licensed and registered in this
2 state with the secretary, 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 (SAMHSA) approved accrediting body that meets nationally accepted
10 standards for providing medication-assisted treatment, including the Commission on
11 Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission on Accreditation of
12 Healthcare Organizations, then the program may designate a medical director to oversee all
13 facilities associated with the accredited medication-assisted treatment program. The medical

14 director shall be responsible for the operation of the medication-assisted treatment program, as
15 further specified in the rules promulgated pursuant to this article. He or she may delegate the day
16 to day operation of medication-assisted treatment program as provided in rules promulgated
17 pursuant to this article. Within ten days after termination of a medical director, the medication-
18 assisted treatment program shall notify the director of the identity of another medical director for
19 that program. Failure to have a medical director practicing at the program may be the basis for a
20 suspension or revocation of the program license. The medical director shall:

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

28 (B) Complete other programs and continuing education requirements as further described
29 in the rules promulgated pursuant to this article;

30 (3) Practice at the licensed or registered medication-assisted treatment program a
31 sufficient number of hours, based upon the type of medication-assisted treatment license or
32 registration issued pursuant to this article, to assure regulatory compliance and carry out those
33 duties specifically assigned to the medical director as further described in the rules promulgated
34 pursuant to this article;

35 (4) Be responsible for monitoring and ensuring compliance with all requirements related
36 to the licensing and operation of the medication-assisted treatment program;

37 (5) Supervise, control and direct the activities of each individual working or operating at
38 the medication-assisted treatment program, including any employee, volunteer or individual under
39 contract, who provides medication-assisted treatment at the program or is associated with the

40 provision of that treatment. The supervision, control and direction shall be provided in accordance
41 with rules promulgated by the secretary; and

42 (6) Complete other requirements prescribed by the secretary by rule.

43 (d) Each medication-assisted treatment program shall designate counseling staff, either
44 employee or used on a referral-basis by the program, which meet the requirements of this article
45 and the rules promulgated pursuant to this article. The individual members of the counseling staff
46 shall have one or more of the following qualifications:

47 (1) A licensed psychiatrist;

48 (2) Certification as an alcohol and drug counselor;

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

50 (4) A counselor, psychologist, marriage and family therapist or social worker with a
51 master's level education with a specialty or specific training in treatment for substance use
52 disorders, as further described in the rules promulgated pursuant to this article;

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

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

60 (e) The medication-assisted treatment program shall be eligible for, and not prohibited
61 from, enrollment with West Virginia Medicaid and other private insurance. Prior to directly billing
62 a patient for any medication-assisted treatment, a medication-assisted treatment program must
63 receive either a rejection of prior authorization, rejection of a submitted claim, or a written denial
64 from a patient's insurer or West Virginia Medicaid denying coverage for such treatment. The
65 program shall also document if a patient has no insurance. At the option of the medication-

66 assisted treatment program, treatment may commence prior to billing.

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

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

74 (h) All employees of an opioid treatment program shall furnish fingerprints for a state and
75 federal criminal records check by the Criminal Identification Bureau of the West Virginia State
76 Police and the Federal Bureau of Investigation. The fingerprints shall be accompanied by a
77 signed authorization for the release of information and retention of the fingerprints by the Criminal
78 Identification Bureau and the Federal Bureau of Investigation. The opioid treatment program shall
79 be subject to the provisions of article forty-nine, chapter sixteen of this code and subsequent rules
80 promulgated thereunder.

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

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

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

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

91 (j) A person may not dispense any medication-assisted treatment medication, including a

92 controlled substance as defined by section one hundred one, article one, chapter sixty-a of this
93 code, on the premises of a licensed medication-assisted treatment program, unless he or she is
94 a physician or pharmacist licensed in this state and employed by the medication-assisted
95 treatment program unless the medication-assisted treatment program is a federally-certified
96 narcotic treatment program. Prior to dispensing or prescribing medication-assisted treatment
97 medications, the treating physician must access the Controlled Substances Monitoring Program
98 Database to ensure the patient is not seeking medication-assisted treatment medications that are
99 controlled substances from multiple sources, and to assess potential adverse drug interactions,
100 or both. Prior to dispensing or prescribing medication-assisted treatment medications, the treating
101 physician shall also ensure that the medication-assisted treatment medication utilized is related
102 to an appropriate diagnosis of a substance use disorder and approved for such usage. The
103 physician shall also review the Controlled Substances Monitoring Program Database no less than
104 quarterly and at each patient's physical examination. The results obtained from the Controlled
105 Substances Monitoring Program Database shall be maintained with the patient's medical records.

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

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

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

115 (m) The medication-assisted treatment program shall develop and implement patient
116 protocols, treatment plans and profiles, which shall include, but not be limited by, the following
117 guidelines:

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

125 (2) The medication-assisted treatment program shall maintain a record of all of the
126 following:

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

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

129 (C) The plan of treatment proposed, the patient's response to the treatment and any
130 modification to the plan of treatment;

131 (D) The dates on which any medications were prescribed, dispensed or administered, the
132 name and address of the individual for whom the medications were prescribed, dispensed or
133 administered and the amounts and dosage forms for any medications prescribed, dispensed or
134 administered;

135 (E) A copy of the report made by the physician or counselor to whom referral for evaluation
136 was made, if applicable; and

137 (F) A copy of the coordination of care agreement, which is to be signed by the patient,
138 treating physician and treating counselor. If a change of treating physician or treating counselor
139 takes place, a new agreement must be signed. The coordination of care agreement must be
140 updated or reviewed at least annually. If the coordination of care agreement is reviewed, but not
141 updated, this review must be documented in the patient's record. The coordination of care
142 agreement will be provided in a form prescribed and made available by the secretary;

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

144 other information as directed in this code, and the rules promulgated pursuant to this article to
145 required agencies and other authorities;

146 (4) A physician, physician assistant, or advanced practice registered nurse shall perform
147 a physical examination of a patient on the same day that the prescriber initially prescribes,
148 dispenses or administers a medication-assisted treatment medication to a patient and at intervals
149 as required in the rules promulgated pursuant to this article;

150 (5) An alcohol and drug abuse counselor, an advanced alcohol and drug abuse counselor
151 or other qualified counselor, psychiatrist, psychologist or social worker shall perform a
152 biopsychosocial assessment, including, but not limited to, a mental status examination of a patient
153 on the same day or no more than seven days prior to the day that the physician initially prescribes,
154 dispenses or administers a medication-assisted treatment medication to a patient and at intervals
155 as required in the rules promulgated pursuant to this article; and

156 (6) A prescriber authorized to prescribe a medication-assisted treatment medication who
157 practices at a medication-assisted treatment program is responsible for maintaining the control
158 and security of his or her prescription blanks and any other method used for prescribing a
159 medication-assisted treatment medication. The prescriber shall comply with all state and federal
160 requirements for tamper-resistant prescription paper. In addition to any other requirements
161 imposed by statute or rule, the prescriber shall notify the secretary and appropriate law
162 enforcement agencies in writing within twenty-four hours following any theft or loss of a
163 prescription blank or breach of any other method of prescribing a medication-assisted treatment
164 medication.

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

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

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

§16-5Y-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 article five-h, chapter sixteen of this code is located.

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

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

9 (1) 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 of a mile of a public or private licensed day care center or public or private K-12 school, shall
12 be 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) The secretary may grant a waiver or a variance from any licensure or registration
16 standard, or portion thereof, for the period during which the license or registration is in effect.

17 (1) Requests for waivers or variances of licensure or registration standards shall be in
18 writing to the secretary and shall include:

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

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

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

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

26 (2) The secretary shall issue a written statement to the medication-assisted treatment
27 program granting or denying a request for a waiver or variance of program licensure or registration
28 standards.

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

32 (4) The Office of Health Facility Licensure and Certification shall inspect each medication-
33 assisted treatment program prior to a waiver or variance being granted, including a review of
34 patient records, to ensure and verify any waiver or variance request meets the spirit and purpose
35 of this article and the rules promulgated pursuant to this article. The Office of Health Facility
36 Licensure and Certification may verify, by unannounced inspection, that the medication-assisted
37 treatment program is in compliance with any waiver or variance granted by the secretary for the
38 duration of such waiver or variance.

§16-5Y-7. Inspection; inspection warrant.

1 (a) The Office of Health Facility Licensure and Certification shall inspect each opioid
2 treatment program annually, including a review of the patient records, to ensure that the program
3 complies with this article and the applicable rules. A pharmacist, employed or contracted by the
4 secretary, licensed in this state, and a law-enforcement officer shall be present at each inspection.

5 (b) The Office of Health Facility Licensure and Certification shall perform unannounced
6 complaint and verification inspections at office based medication-assisted treatment programs,
7 including a review of the patient records, to ensure that the program complies with this article and
8 the applicable rules. A pharmacist, employed or contracted by the secretary, licensed in this state
9 and a law-enforcement officer shall be present at each inspection.

10 (c) During an onsite inspection, the inspectors shall make a reasonable attempt to discuss
11 each violation with the medical director or other owners of the medication-assisted treatment

12 program before issuing a formal written notification.

13 (d) Any action taken to correct a violation shall be documented in writing by the medical
14 director or other owners of the medication-assisted treatment program and may be verified by
15 follow-up visits by the Office of Health Facility Licensure and Certification.

16 (e) Notwithstanding the existence or pursuit of any other remedy, the secretary may, in
17 the manner provided by law, maintain an action in the name of the state for an inspection warrant
18 against any person, partnership, association or corporation to allow any inspection or seizure of
19 records in order to complete any inspection allowed by this article or the rules promulgated
20 pursuant to this article, or to meet any other purpose of this article or the rules promulgated
21 pursuant to this article.

22 (f) When possible, inspections for annual certification and licensure by the medication-
23 assisted treatment programs will be done consecutively or concurrently. However, this provision
24 does not limit the ability to conduct unannounced inspections pursuant to a complaint.

§16-5Y-8. License and registration limitation; denial; suspension; revocation.

1 (a) The secretary may, by order, impose a ban on the admission of patients or reduce the
2 patient capacity of the medication-assisted treatment program, or any combination thereof, when
3 he or she finds upon inspection of the medication-assisted treatment program that the licensee
4 or registeree is not providing adequate care under the medication-assisted treatment program's
5 existing patient quota, and that a reduction in quota or imposition of a ban on admissions, or any
6 combination thereof, would place the licensee or registeree in a position to render adequate care.
7 Any notice to a licensee or registeree of reduction in quota or ban on new admissions shall include
8 the terms of the order, the reasons therefor and the date set for compliance.

9 (b) The secretary shall deny, suspend or revoke a license or registration issued pursuant
10 to this article if the provisions of this article or of the rules promulgated pursuant to this article are
11 violated. The secretary may revoke a program's license or registration and prohibit all physicians
12 and licensed disciplines associated with that medication-assisted treatment program from

13 practicing at the program location based upon an annual, periodic, complaint, verification or other
14 inspection and evaluation.

15 (c) Before any such license or registration is denied, suspended or revoked, however,
16 written notice shall be given to the licensee or registeree, stating the grounds for such denial,
17 suspension or revocation.

18 (d) An applicant, licensee or registeree has ten working days after receipt of the secretary's
19 order denying, suspending or revoking a license or registration to request a formal hearing
20 contesting such denial, suspension or revocation of a license or registration under this article. If
21 a formal hearing is requested, the applicant, licensee or registeree and the secretary shall
22 proceed in accordance with the provisions of article five, chapter twenty-nine-a of this code.

23 (e) If a license or registration is denied or revoked as herein provided, a new application
24 for license or registration shall be considered by the secretary if, when and after the conditions
25 upon which the denial or revocation was based have been corrected and evidence of this fact has
26 been furnished. A new license or registration shall then be granted after proper inspection, if
27 applicable, has been made and all provisions of this article and rules promulgated pursuant to
28 this article have been satisfied.

29 (f) Any applicant, licensee or registeree who is dissatisfied with the decision of the
30 secretary as a result of the hearing provided in this section may, within thirty days after receiving
31 notice of the decision, petition the circuit court of Kanawha County, in term or in vacation, for
32 judicial review of the decision.

33 (g) The court may affirm, modify or reverse the decision of the secretary and either the
34 applicant, licensee or registeree or the secretary may appeal from the court's decision to the
35 Supreme Court of Appeals.

36 (h) If the license or registration of a medication-assisted treatment program is denied,
37 suspended or revoked, the medical director of the program, any owner of the program or owner
38 or lessor of the medication-assisted treatment program property shall cease to operate the clinic,

39 facility, office or program as a medication-assisted treatment program as of the effective date of
40 the denial, suspension or revocation. The owner or lessor of the medication-assisted treatment
41 program property is responsible for removing all signs and symbols identifying the premises as a
42 medication-assisted treatment program within thirty days. Any administrative appeal of such
43 denial, suspension or revocation shall not stay the denial, suspension or revocation.

44 (i) Upon the effective date of the denial, suspension or revocation, the medical director of
45 the medication-assisted treatment program shall advise the secretary and the Board of Pharmacy
46 of the disposition of all medications located on the premises. The disposition is subject to the
47 supervision and approval of the secretary. Medications that are purchased or held by a
48 medication-assisted treatment program that is not licensed may be deemed adulterated.

49 (j) If the license or registration of a medication-assisted treatment program is suspended
50 or revoked, any person named in the licensing or registration documents of the program, including
51 persons owning or operating the medication-assisted treatment program, may not, as an
52 individual or as part of a group, apply to operate another medication-assisted treatment program
53 for up to five years after the date of suspension or revocation. The secretary may grant a variance
54 pursuant to section six of this article to the prohibition of this subsection.

55 (k) The period of suspension for the license or registration of a medication-assisted
56 treatment program shall be prescribed by the secretary, but may not exceed one year.

§16-5Y-9. Violations; penalties; injunction.

1 (a) Any person, partnership, association or corporation which establishes, conducts,
2 manages or operates a medication-assisted treatment program without first obtaining a license
3 or registration as herein provided, or who violates any provisions of this article or any rule lawfully
4 promulgated pursuant to this article, shall be assessed a civil penalty by the secretary in
5 accordance with this subsection. Each day of continuing violation after conviction shall be
6 considered a separate violation:

7 (1) If a medication-assisted treatment program or any owner or medical director is found

8 to be in violation of any provision of this article, unless otherwise noted herein, the secretary may
9 limit, suspend or revoke the program's license or registration;

10 (2) If the program's medical director knowingly and intentionally misrepresents actions
11 taken to correct a violation, the secretary may impose a civil money penalty not to exceed \$10,000
12 and, in the case of any owner-operator medication-assisted treatment program, limit or revoke a
13 medication-assisted treatment program's license or registration;

14 (3) If any owner or medical director of a medication-assisted treatment program
15 concurrently operates an unlicensed or unregistered medication-assisted treatment program, the
16 secretary may impose a civil money penalty upon the owner or medical director, or both, not to
17 exceed \$5,000 per day;

18 (4) If the owner of a medication-assisted treatment program that requires a license or
19 registration under this article fails to apply for a new license or registration for the program upon
20 a change of ownership and operates the program under new ownership, the secretary may
21 impose a civil money penalty upon the owner, not to exceed \$5,000; or

22 (5) If a physician operates, owns or manages an unlicensed or unregistered medication-
23 assisted treatment program that is required to be licensed or registered pursuant to this article;
24 knowingly prescribes or dispenses or causes to be prescribed or dispensed, a medication-
25 assisted treatment medication through misrepresentation or fraud; procures or attempts to
26 procure a license or registration for a medication-assisted treatment program for any other person
27 by making or causing to be made any false representation, the secretary may assess a civil money
28 penalty of not more than \$20,000. The penalty may be in addition to or in lieu of any other action
29 that may be taken by the secretary or any other board, court or entity.

30 (b) Notwithstanding the existence or pursuit of any other remedy, the secretary may, in
31 the manner provided by law, maintain an action in the name of the state for an injunction against
32 any person, partnership, association or corporation to restrain or prevent the establishment,
33 conduct, management or operation of any medication-assisted treatment program or violation of

34 any provision of this article or any rule lawfully promulgated thereunder without first obtaining a
35 license or registration therefore in the manner herein provided.

36 (c) In determining whether a penalty is to be imposed and in fixing the amount of the
37 penalty, the secretary shall consider the following factors:

38 (1) The gravity of the violation, including the probability that death or serious physical or
39 emotional harm to a patient has resulted, or could have resulted, from the medication-assisted
40 treatment program's actions or the actions of the medical director or any practicing physician, the
41 severity of the action or potential harm, and the extent to which the provisions of the applicable
42 laws or rules were violated;

43 (2) What actions, if any, the owner or medical director took to correct the violations;

44 (3) Whether there were any previous violations at the medication-assisted treatment
45 program; and

46 (4) The financial benefits that the medication-assisted treatment program derived from
47 committing or continuing to commit the violation.

48 (d) Upon finding that a physician has violated the provisions of this article or rules adopted
49 pursuant to this article, the secretary shall provide notice of the violation to the applicable licensing
50 board.

§16-5Y-10. Advertisement disclosure.

1 Any advertisement made by or on behalf of a medication-assisted treatment program
2 through public media, such as a telephone directory, medical directory, newspaper or other
3 periodical, outdoor advertising, radio or television, or through written or recorded communication,
4 concerning the treatment of substance use disorders, as defined in section two of this article, shall
5 include the name of, at a minimum the medical director responsible for the content of the
6 advertisement.

§16-5Y-11. State Opioid Treatment Authority.

1 (a) Prior to establishing, operating, maintaining or advertising a medication-assisted

2 treatment program within this state, a medication-assisted treatment program shall be approved
3 by the state opioid treatment authority for operation of a medication-assisted treatment program
4 in this state.

5 (b) The state opioid treatment authority shall act as the state's coordinator for the
6 development and monitoring of medication-assisted treatment programs and it shall serve as a
7 liaison with the appropriate federal agencies.

8 (c) The designated state oversight agency is responsible for licensing, monitoring and
9 investigating complaints and grievances regarding medication-assisted treatment programs.

10 (d) The powers and duties of the state opioid treatment authority include, but are not
11 limited to, the following:

12 (1) Facilitate the development and implementation of rules, regulations, standards and
13 best practice guidelines to ensure the quality of services delivered by medication-assisted
14 treatment programs;

15 (2) Act as a liaison between relevant state and federal agencies;

16 (3) Review medication-assisted treatment guidelines, rules, regulations and recovery
17 models for individualized treatment plans of care developed by the federal government and other
18 nationally recognized authorities approved by the secretary;

19 (4) Ensure delivery of technical assistance and informational materials to medication-
20 assisted treatment programs as needed;

21 (5) Perform both scheduled and unscheduled site visits to medication-assisted treatment
22 programs in cooperation with the identified state oversight agency when necessary and
23 appropriate;

24 (6) Consult with the federal government regarding approval or disapproval of requests for
25 exceptions to federal regulations, where appropriate;

26 (7) Review and approve exceptions to federal and state dosage policies and procedures;

27 (8) Receive and refer patient appeals and grievances to the designated state oversight

28 agency when appropriate; and

29 (9) Work cooperatively with other relevant state agencies to determine the services
30 needed and the location of a proposed medication-assisted treatment program.

§16-5Y-12. Moratorium; certificate of need.

1 There is a moratorium on the licensure of new opioid treatment programs which do not
2 have a certificate of need as of the effective date of the enactment of this section during the 2016
3 Regular Session of the Legislature which shall continue until the Legislature determines that there
4 is a necessity for additional opioid treatment programs in West Virginia.

§16-5Y-13. Rules; minimum standards for medication-assisted treatment programs.

1 (a) The secretary shall promulgate rules in accordance with the provisions of chapter
2 twenty-nine-a of this code for the licensure of medication-assisted treatment programs to ensure
3 adequate care, treatment, health, safety, welfare and comfort of patients at these facilities. These
4 rules shall include, at a minimum:

5 (1) The process to be followed by applicants seeking a license;

6 (2) The qualifications and supervision of licensed and nonlicensed personnel at
7 medication-assisted treatment programs and training requirements for all facility health care
8 practitioners who are not regulated by another board;

9 (3) The provision and coordination of patient care, including the development of a written
10 plan of care and patient contract;

11 (4) The management, operation, staffing and equipping of the medication-assisted
12 treatment program;

13 (5) The clinical, medical, patient and business records kept by the medication-assisted
14 treatment program;

15 (6) The procedures for inspections and for review of utilization and quality of patient care;

16 (7) The standards and procedures for the general operation of a medication-assisted
17 treatment program, including facility operations, physical operations, infection control

18 requirements, health and safety requirements and quality assurance;

19 (8) Identification of drugs that may be used to treat substance use disorders that identify
20 a facility as a medication-assisted treatment program;

21 (9) Any other criteria that identify a facility as a medication-assisted treatment program;

22 (10) The standards and procedures to be followed by an owner in providing supervision,
23 direction and control of individuals employed by or associated with a medication-assisted
24 treatment program;

25 (11) Data collection and reporting requirements;

26 (12) Criteria and requirements related to specific medication-assisted treatment
27 medications; and

28 (13) Such other standards or requirements as the secretary determines are appropriate.

29 (b) The Legislature finds that an emergency exists and, therefore, the secretary shall file
30 an emergency rule to implement the provisions of this section pursuant to the provisions of section
31 fifteen, article three, chapter twenty-nine-a of this code.

CHAPTER 60A. UNIFORM CONTROLLED SUBSTANCES ACT.

ARTICLE 9. CONTROLLED SUBSTANCES MONITORING.

§60A-9-5. Confidentiality; limited access to records; period of retention; no civil liability for required reporting.

1 (a) (1) The information required by this article to be kept by the board is confidential and
2 not subject to the provisions of chapter twenty-nine-b of this code or obtainable as discovery in
3 civil matters absent a court order and is open to inspection only by inspectors and agents of the
4 board, members of the West Virginia State Police expressly authorized by the superintendent of
5 the West Virginia State Police to have access to the information, authorized agents of local law-
6 enforcement agencies as members of a federally affiliated drug task force, authorized agents of
7 the federal Drug Enforcement Administration, duly authorized agents of the Bureau for Medical

8 Services, duly authorized agents of the Office of the Chief Medical Examiner for use in post-
9 mortem examinations, duly authorized agents of the Office of Health Facility Licensure and
10 Certification for use in certification, licensure and regulation of health facilities, duly authorized
11 agents of licensing boards of practitioners in this state and other states authorized to prescribe
12 Schedules II, III, and IV controlled substances, prescribing practitioners and pharmacists and
13 persons with an enforceable court order or regulatory agency administrative subpoena: Provided,
14 That all law-enforcement personnel who have access to the Controlled Substances Monitoring
15 Program database shall be granted access in accordance with applicable state laws and the
16 board's legislative rules, shall be certified as a West Virginia law-enforcement officer and shall
17 have successfully completed training approved by the board. All information released by the board
18 must be related to a specific patient or a specific individual or entity under investigation by any of
19 the above parties except that practitioners who prescribe or dispense controlled substances may
20 request specific data related to their Drug Enforcement Administration controlled substance
21 registration number or for the purpose of providing treatment to a patient: Provided, however,
22 That the West Virginia Controlled Substances Monitoring Program Database Review Committee
23 established in subsection (b) of this section is authorized to query the database to comply with
24 said subsection.

25 (2) Subject to the provisions of subdivision (1) of this subsection, the board shall also
26 review the West Virginia Controlled Substance Monitoring Program database and issue reports
27 that identify abnormal or unusual practices of patients who exceed parameters as determined by
28 the advisory committee established in this section. The board shall communicate with prescribers
29 and dispensers to more effectively manage the medications of their patients in the manner
30 recommended by the advisory committee. All other reports produced by the board shall be kept
31 confidential. The board shall maintain the information required by this article for a period of not
32 less than five years. Notwithstanding any other provisions of this code to the contrary, data
33 obtained under the provisions of this article may be used for compilation of educational, scholarly

34 or statistical purposes, and may be shared with the West Virginia Department of Health and
35 Human Resources for those purposes, as long as the identities of persons or entities and any
36 personally identifiable information, including protected health information, contained therein shall
37 be redacted, scrubbed or otherwise irreversibly destroyed in a manner that will preserve the
38 confidential nature of the information. No individual or entity required to report under section four
39 of this article may be subject to a claim for civil damages or other civil relief for the reporting of
40 information to the board as required under and in accordance with the provisions of this article.

41 (3) The board shall establish an advisory committee to develop, implement and
42 recommend parameters to be used in identifying abnormal or unusual usage patterns of patients
43 in this state. This advisory committee shall:

44 (A) Consist of the following members: A physician licensed by the West Virginia Board of
45 Medicine, a dentist licensed by the West Virginia Board of Dental Examiners, a physician licensed
46 by the West Virginia Board of ~~Osteopathy~~ Osteopathic Medicine, a licensed physician certified by
47 the American Board of Pain Medicine or subspecialty certified by the American Osteopathic
48 Association in Pain Medicine or Pain Management, a licensed physician board certified in medical
49 oncology recommended by the West Virginia State Medical Association or West Virginia
50 Osteopathic Medical Association, a licensed physician board certified in palliative care
51 recommended by the West Virginia Center on End of Life Care, a pharmacist licensed by the
52 West Virginia Board of Pharmacy, a licensed physician member of the West Virginia Academy of
53 Family Physicians, an expert in drug diversion and such other members as determined by the
54 board.

55 (B) Recommend parameters to identify abnormal or unusual usage patterns of controlled
56 substances for patients in order to prepare reports as requested in accordance with subsection
57 (a), subdivision (2) of this section.

58 (C) Make recommendations for training, research and other areas that are determined by
59 the committee to have the potential to reduce inappropriate use of prescription drugs in this state,

60 including, but not limited to, studying issues related to diversion of controlled substances used for
61 the management of opioid addiction.

62 (D) Monitor the ability of medical services providers, health care facilities, pharmacists and
63 pharmacies to meet the twenty-four hour reporting requirement for the Controlled Substances
64 Monitoring Program set forth in section three of this article, and report on the feasibility of requiring
65 real-time reporting.

66 (E) Establish outreach programs with local law enforcement to provide education to local
67 law enforcement on the requirements and use of the Controlled Substances Monitoring Program
68 database established in this article.

69 (b) The board shall create a West Virginia Controlled Substances Monitoring Program
70 Database Review Committee of individuals consisting of two prosecuting attorneys from West
71 Virginia counties, two physicians with specialties which require extensive use of controlled
72 substances and a pharmacist who is trained in the use and abuse of controlled substances. The
73 review committee may determine that an additional physician who is an expert in the field under
74 investigation be added to the team when the facts of a case indicate that the additional expertise
75 is required. The review committee, working independently, may query the database based on
76 parameters established by the advisory committee. The review committee may make
77 determinations on a case-by-case basis on specific unusual prescribing or dispensing patterns
78 indicated by outliers in the system or abnormal or unusual usage patterns of controlled
79 substances by patients which the review committee has reasonable cause to believe necessitates
80 further action by law enforcement or the licensing board having jurisdiction over the prescribers
81 or dispensers under consideration. The review committee shall also review notices provided by
82 the chief medical examiner pursuant to subsection (h), section ten, article twelve, chapter
83 sixty-one of this code and determine on a case-by-case basis whether a practitioner who
84 prescribed or dispensed a controlled substance resulting in or contributing to the drug overdose
85 may have breached professional or occupational standards or committed a criminal act when

86 prescribing the controlled substance at issue to the decedent. Only in those cases in which there
87 is reasonable cause to believe a breach of professional or occupational standards or a criminal
88 act may have occurred, the review committee shall notify the appropriate professional licensing
89 agency having jurisdiction over the applicable prescriber or dispenser and appropriate
90 law-enforcement agencies and provide pertinent information from the database for their
91 consideration. The number of cases identified shall be determined by the review committee based
92 on a number that can be adequately reviewed by the review committee. The information obtained
93 and developed may not be shared except as provided in this article and is not subject to the
94 provisions of chapter twenty-nine-b of this code or obtainable as discovering in civil matters
95 absent a court order.

96 (c) The board is responsible for establishing and providing administrative support for the
97 advisory committee and the West Virginia Controlled Substances Monitoring Program Database
98 Review Committee. The advisory committee and the review committee shall elect a chair by
99 majority vote. Members of the advisory committee and the review committee may not be
100 compensated in their capacity as members but shall be reimbursed for reasonable expenses
101 incurred in the performance of their duties.

102 (d) The board shall promulgate rules with advice and consent of the advisory committee,
103 in accordance with the provisions of article three, chapter twenty-nine-a of this code. The
104 legislative rules must include, but shall not be limited to, the following matters:

105 (1) Identifying parameters used in identifying abnormal or unusual prescribing or
106 dispensing patterns;

107 (2) Processing parameters and developing reports of abnormal or unusual prescribing or
108 dispensing patterns for patients, practitioners and dispensers;

109 (3) Establishing the information to be contained in reports and the process by which the
110 reports will be generated and disseminated; and

111 (4) Setting up processes and procedures to ensure that the privacy, confidentiality, and

112 security of information collected, recorded, transmitted and maintained by the review committee
113 is not disclosed except as provided in this section.

114 (e) All practitioners, as that term is defined in section one hundred-one, article two of this
115 chapter who prescribe or dispense schedule II, III, or IV controlled substances shall have online
116 or other form of electronic access to the West Virginia Controlled Substances Monitoring Program
117 database;

118 (f) Persons or entities with access to the West Virginia Controlled Substances Monitoring
119 Program database pursuant to this section may, pursuant to rules promulgated by the board,
120 delegate appropriate personnel to have access to said database;

121 (g) Good faith reliance by a practitioner on information contained in the West Virginia
122 Controlled Substances Monitoring Program database in prescribing or dispensing or refusing or
123 declining to prescribe or dispense a schedule II, III, or IV controlled substance shall constitute an
124 absolute defense in any civil or criminal action brought due to prescribing or dispensing or refusing
125 or declining to prescribe or dispense; and

126 (h) A prescribing or dispensing practitioner may notify law enforcement of a patient who,
127 in the prescribing or dispensing practitioner's judgment, may be in violation of section four
128 hundred ten, article four of this chapter, based on information obtained and reviewed from the
129 controlled substances monitoring database. A prescribing or dispensing practitioner who makes
130 a notification pursuant to this subsection is immune from any civil, administrative or criminal
131 liability that otherwise might be incurred or imposed because of the notification if the notification
132 is made in good faith.

133 (i) Nothing in the article may be construed to require a practitioner to access the West
134 Virginia Controlled Substances Monitoring Program database except as provided in section five-a
135 of this article.

136 (j) The board shall provide an annual report on the West Virginia Controlled Substance
137 Monitoring Program to the Legislative Oversight Commission on Health and Human Resources

138 Accountability with recommendations for needed legislation no later than January 1 of each year.

NOTE: The purpose of this bill is to repeal the regulation of opioid treatment programs, to create licenses for all medication-assisted treatment programs, including opioid treatment programs and office based medication-assisted treatment programs, and provide for regulation and oversight by the Office of Health Facility Licensure and Certification and to grant the Office Health Facility Licensure and Certification access to the Controlled Substance Monitoring Database for use in certification, licensure and regulation of health facilities.

Chapter 16, Article 5X is a new article. Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.