

WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

Introduced

Senate Bill 288

BY SENATOR TARR

[Introduced January 10, 2020; referred
to the Select Committee on Children and Families;
and then to the Committee on Finance]

1 A BILL to amend and reenact §16-2B-1, §16-2B-3, and §16-2B-4 of the Code of West Virginia,
 2 1931, as amended, all relating to family planning and child spacing; charging the Bureau
 3 for Public Health with developing and implementing a plan to prevent and reduce exposure
 4 of unborn children to illicit substances and neonatal abstinence syndrome.

Be it enacted by the Legislature of West Virginia:

ARTICLE 2B. FAMILY PLANNING AND CHILD SPACING.

§16-2B-1. Family planning and child spacing; authorized functions; funds.

1 (a) The Legislature finds that neonatal abstinence syndrome (NAS) occurs after a mother
 2 exposes her preborn child to illicit drugs then the drug is discontinued suddenly at birth. NAS
 3 involves multiple systems in the infant’s body. Infants with NAS often require longer hospital stays
 4 to monitor and treat withdrawal symptoms such as tremors, feeding difficulties, excessive crying,
 5 and sensitivity to stimuli. From 2009-2014, the rate of NAS increased from 18 to 51.2 per 1,000
 6 births In West Virginia. During this same time period, the national rate increased from five to 10.7.
 7 West Virginia must act to address this issue.

8 (b) The Legislature further finds that the degree of long-term harmful impact of NAS is
 9 unknown and could have devastating and generational consequences on these children’s health
 10 and prosperity.

11 (c) Further, the Legislature finds that a person in the active throws of addiction has
 12 impaired decision-making that, combined with the use of illicit substances, leads to exposing their
 13 unborn child to harmful, illicit substances.

14 (d) Therefore, it is the intent of the Legislature that West Virginia take a proactive approach
 15 to preventing exposure of unborn children to illicit substances by outreach, education, facilitation,
 16 and provision of convenient, free, and effective pregnancy prevention for addicted individuals at
 17 risk for pregnancy. West Virginia must act to address this issue.

18 (e) ~~The state department of health Bureau for Public Health is authorized to~~ may provide
 19 printed material, guidance, advice, financial assistance, appliances, devices, drugs, approved

20 methods, and medicines to local boards of health requesting the same for use in the operation of
21 family planning and child spacing clinics to the extent of funds appropriated by the Legislature
22 and any federal funds made available for such purpose.

23 (f) The Bureau for Medical Services shall ensure that multiple office visits for a woman
24 who selects the long acting reversible contraceptives (LARC) methods are not required. The
25 bureau shall provide payment for replacement or reinsertion when necessary.

26 (g) If a practitioner supplies the LARC, the practitioner may also bill for the device and
27 shall be reimbursed the full cost of the LARC. The Bureau for Public Health shall make these
28 products available in physician offices without upfront physician costs, prior authorization for
29 LARC devices, or procedures are prohibited. A managed care company contracted with the
30 bureau shall perform a training for providers who offer family planning services on the professional
31 guidelines for LARC methods. The Bureau for Public Health shall update the managed care
32 organization contract to include language that provider policies/protocols may not present barriers
33 that delay or prevent access, such as prior authorizations or step-therapy failure requirements;
34 and that clients should receive education and counseling on all U. S. Food and Drug
35 Administration (FDA) approved birth control methods from most effective to least effective, and
36 have the option to choose the preferred birth control method that is most appropriate for them.

37 (h) The Bureau for Public Health shall develop a statewide plan with the goal of reducing
38 exposure of unborn children to illicit substances by increasing the number of clients served and
39 enabling access to LARC methods. This family planning initiative shall provide funding for LARC
40 purchases, trained health care providers, and provide operational and outreach support targeted
41 at reducing neonatal absence syndrome in the State of West Virginia.

42 (i) The Bureau for Public Health shall report annually to the Legislative Oversight
43 Commission on Health and Human Resources Accountability. The report shall include at a
44 minimum, the number of LARC treatments provided, number of NAS births in the past year,
45 interagency collaboration initiatives, and comparison of these matrices to the previous three

46 years.

NOTE: The purpose of this bill is to charge the Bureau of Public Health with developing and implementing a plan to prevent exposure of unborn children to illicit substances and neonatal abstinence syndrome.

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