

WEST VIRGINIA LEGISLATURE

2021 REGULAR SESSION

Committee Substitute

for

House Bill 2634

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LONGANACRE, G. WARD, FORSHT, SMITH, BATES, STEELE
AND ESPINOSA

[Originating in the House Committee on Health and Human Resources;
reported on March 11, 2021]

1 A BILL to amend and reenact §16-54-8 of the Code of West Virginia, 1931, as amended, relating
2 to treatment of pain; and requiring insurance providers to provide coverage certain
3 treatment.

Be it enacted by the Legislature of West Virginia:

ARTICLE 54. OPIOID REDUCTION ACT.

§16-54-8. Treatment of pain.

1 (a) When a patient seeks treatment, a health care practitioner shall refer or prescribe to
2 the patient any of the following treatment alternatives, as is appropriate based on the practitioner's
3 clinical judgment and the availability of the treatment, before starting a patient on a Schedule II
4 opioid drug: physical therapy, occupational therapy, acupuncture, massage therapy, osteopathic
5 manipulation, chronic pain management program, and chiropractic services, as defined in §30-
6 16-3 of this code.

7 (b) Nothing in this section should be construed to require that all of the treatment
8 alternatives set forth in §16-54-8(a) of this code are required to be exhausted prior to the patient's
9 receiving a prescription for a Schedule II opioid drug.

10 (c) At a minimum, an insurance provider who offers an insurance product in this state, the
11 Bureau for Medical Services, and the Public Employees Insurance Agency shall provide coverage
12 for 20 visits per event, of physical therapy, occupational therapy, osteopathic manipulation, a
13 chronic pain management program, and chiropractic services, when ordered or prescribed by a
14 health care practitioner. The insurance provider who offers an insurance product in this state, the
15 Bureau for Medical Services, and the Public Employees Insurance Agency may not combine the
16 treatments together to arrive at 20 visits per event.

17 (d) A person may seek physical therapy, occupational therapy, osteopathic manipulation,
18 a chronic pain management program, and chiropractic services, as defined in §30-16-3 of this
19 code, prior to seeking treatment from any other health care practitioner. The licensed health care
20 practitioner providing services pursuant to this section may prescribe within their scope of practice

21 as defined in §16-54-1 of this code. A health care practitioner referral although permitted is not
22 required as a condition of coverage by the Bureau for Medical Services the Public Employees
23 Insurance Agency, and any insurance provider who offers an insurance product in this state. Any
24 deductible, coinsurance, or copay required for any of these services may not be greater than the
25 deductible, coinsurance, or copay required for a primary care visit.

26 (e) Nothing in this section precludes a practitioner from simultaneously prescribing a
27 Schedule II opioid drug and prescribing or recommending any of the procedures set forth in §16-
28 54-8(a) of this code.

NOTE: The bill provides that an insurance provider who offers an insurance product in this state, the Bureau for Medical Services, and the Public Employees Insurance Agency must provide coverage for 20 visits per event for each of the treatment modalities of physical therapy, occupational therapy, osteopathic manipulation, a chronic pain management program, and chiropractic services when ordered or prescribed by a health care practitioner.

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