

WEST VIRGINIA LEGISLATURE

2022 REGULAR SESSION

Committee Substitute

for

House Bill 4089

BY DELEGATES ROHRBACH, D. JEFFRIES, TULLY, PACK,

G. WARD, BATES, ROWAN, MALLOW, WORRELL AND

HAMRICK

[Originating in the Committee on Finance;

February 24, 2022]

1 A BILL to amend and reenact §9-5-20 of the Code of West Virginia, 1931, as amended, relating
2 to Medicaid coverage for hypertension; requiring benefits be provided; and requiring
3 reimbursement for costs.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

**§9-5-20. Medicaid program; chronic kidney disease and hypertension; evaluation and
classification; blood pressure monitors.**

1 (a) Any enrollee in Medicaid who is eligible for services and who has a diagnosis of
2 diabetes or hypertension or, who has a family history of kidney disease, shall receive coverage
3 for an evaluation for chronic kidney disease through routine clinical laboratory assessments of
4 kidney function.

5 (b) Any enrollee in Medicaid who is eligible for services and who has been diagnosed with
6 diabetes or hypertension or who has a family history of kidney disease and who has received a
7 diagnosis of kidney disease shall be classified as a chronic kidney patient.

8 (c) The diagnostic criteria used to define chronic kidney disease should be those generally
9 recognized through clinical practice guidelines which identify chronic kidney disease or its
10 complications based on the presence of kidney damage and level of kidney function.

11 (d) Medicaid providers shall be educated by the Bureau for Public Health in an effort to
12 increase the rate of evaluation and treatment for chronic kidney disease. Providers should be
13 made aware of:

14 (i) Managing risk factors, which prolong kidney function or delay progression to kidney
15 replacement therapy;

16 (ii) Managing risk factors for bone disease and cardiovascular disease associated with
17 chronic kidney disease;

18 (iii) Improving nutritional status of chronic kidney disease patients; and

19 (iv) Correcting anemia associated with chronic kidney disease.

20 (e) A Medicaid enrollee, who has a diagnosis of uncontrolled hypertension, is eligible to
21 receive a validated blood pressure monitoring device. The Bureau of Medical Services shall
22 amend the State Plan to revise the home blood pressure monitor coverage requirements to
23 include specific requirements for:

24 (1) Coverage determination for hypertension;

25 (2) Inclusion of a validated self-measured blood pressure device;

26 (3) Replacement frequency of self-measured blood pressure device;

27 (4) Providers should be reimbursed for costs associated with training patients,
28 transmission of blood pressure data, interpretation of readings and costs of delivering co-
29 interventions; and

30 (5) Reimbursement for self-measured blood pressure device and related services.

31 (f) The Bureau of Medical Services shall create a policy to enable data integration, storage
32 and transfer, and enable clinical oversight and compliance with this section.