

WEST VIRGINIA LEGISLATURE

2022 REGULAR SESSION

Introduced

Senate Bill 511

BY SENATOR AZINGER

[Introduced January 31, 2022; referred
to the Committee on Banking and Insurance; and then
to the Committee on Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
 2 designated §9-4C-12; to amend said code by adding thereto a new section, designated
 3 §33-15-23; to amend said code by adding thereto a new section, designated §33-16-18;
 4 and to amend said code by adding thereto a new section, designated §33-25-23, all
 5 relating to addiction treatment prescription drugs; and prohibiting insurers, including a
 6 Medicaid-managed care organization from denying prescription drugs for the mitigation of
 7 opioid withdrawal symptoms.

Be it enacted by the Legislature of West Virginia:

CHAPTER 9. HUMAN SERVICES.

ARTICLE 4C. HEALTH CARE PROVIDER MEDICAID ENHANCEMENT ACT.

§9-4C-12. Addiction treatment prescription drugs.

1 A Medicaid managed care organization contracted to provide Medicaid benefits pursuant
 2 to Chapter 9 of this code may not retrospectively deny coverage for health care services provided
 3 to a covered person when prior approval has been obtained from the insurer or its designee for
 4 those services, unless the approval was based upon fraudulent, materially inaccurate, or
 5 misrepresented information submitted by the covered person, authorized person, or the provider
 6 for health benefit plans issued or renewed on or after the effective date of this section. A Medicaid
 7 managed care organization may not require or conduct a prospective or concurrent review for a
 8 prescription drug:

9 (1) That is used in the treatment of alcohol or opioid use disorder; and contains
 10 Methadone, Buprenorphine, or Naltrexone; or

11 (2) That was approved before the effective date of this section by the United 16 States
 12 Food and Drug Administration for the mitigation of opioid withdrawal symptoms.

CHAPTER 33. INSURANCE.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-23. Addiction treatment prescription drugs.

1 An insurer may not retrospectively deny coverage for health care services provided to a
2 covered person when prior approval has been obtained from the insurer or its designee for those
3 services, unless the approval was based upon fraudulent, materially inaccurate, or
4 misrepresented information submitted by the covered person, authorized person, or the provider
5 for health benefit plans issued or renewed on or after the effective date of this section. An insurer
6 may not require or conduct a prospective or concurrent review for a prescription drug:

7 (1) That is used in the treatment of alcohol or opioid use disorder; and contains
8 Methadone, Buprenorphine, or Naltrexone; or

9 (2) That was approved before the effective date of this section by the United 16 States
10 Food and Drug Administration for the mitigation of opioid withdrawal symptoms.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-18. Addiction treatment prescription drugs.

1 An insurer may not retrospectively deny coverage for health care services provided to a
2 covered person when prior approval has been obtained from the insurer or its designee for those
3 services, unless the approval was based upon fraudulent, materially inaccurate, or
4 misrepresented information submitted by the covered person, authorized person, or the provider
5 for health benefit plans issued or renewed on or after the effective date of this section. An insurer
6 may not require or conduct a prospective or concurrent review for a prescription drug:

7 (1) That is used in the treatment of alcohol or opioid use disorder; and contains
8 Methadone, Buprenorphine, or Naltrexone; or

9 (2) That was approved before the effective date of this section by the United 16 States
10 Food and Drug Administration for the mitigation of opioid withdrawal symptoms.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-23. Addiction treatment prescription drugs.

1 An insurer may not retrospectively deny coverage for health care services provided to a
2 covered person when prior approval has been obtained from the insurer or its designee for those
3 services, unless the approval was based upon fraudulent, materially inaccurate, or
4 misrepresented information submitted by the covered person, authorized person, or the provider
5 for health benefit plans issued or renewed on or after the effective date of this section. An insurer
6 may not require or conduct a prospective or concurrent review for a prescription drug:
7 (1) That is used in the treatment of alcohol or opioid use disorder; and contains
8 Methadone, Buprenorphine, or Naltrexone; or
9 (2) That was approved before the effective date of this section by the United 16 States
10 Food and Drug Administration for the mitigation of opioid withdrawal symptoms.

NOTE: The purpose of this bill is to prohibit insurers from denying prescription drugs for the mitigation of opioid withdrawal symptoms.

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