

WEST VIRGINIA LEGISLATURE

2022 REGULAR SESSION

Introduced

Senate Bill 712

BY SENATOR AZINGER

[Introduced February 21, 2022; referred
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 §16-5Y-14, relating to strengthening the regulation of medication-assisted
3 treatment programs; providing for legislative findings; requiring the population of the city,
4 town, or municipality to correspond with number of beds within medication-assisted
5 treatment programs; establishing performance-based standards for medication-assisted
6 treatment programs; establishing a return plan for those participants who have
7 successfully completed the program; and providing for an effective date.

Be it enacted by the Legislature of West Virginia:

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

§16-5Y-14. Further regulation of medication-assisted treatment programs; performance-based standards; return plan for successful participants.

1 (a) Legislative findings. – The Legislature finds that medication-assisted treatment
2 programs require further regulation because of the disproportionate number of programs in
3 particular areas of West Virginia, which have resulted in higher numbers of property and nuisance
4 crimes in such areas. For example, as of the year 2022, the city of Parkersburg accounted for 25
5 percent of the number of licensed treatment beds within medication-assisted treatment programs,
6 yet the city of Parkersburg only accounted for roughly three percent of the state’s overall
7 population. The number of beds within medication-assisted treatment programs should not
8 exceed the proportional amount of that city, town, or municipality to the State of West Virginia,
9 because of the strain put upon that city, town or municipality. Additionally, medication-assisted
10 treatment programs presently have no performance-based standards, aside from minimum
11 standards provided for in this article. The establishment of such performance-based standards
12 will ensure the overall success and longevity of medication-assisted treatment programs in West
13 Virginia. Finally, The Legislature finds the need to return those participants in medication-assisted
14 treatment programs to their original city, town, municipality, or in some instances, to their original
15 state of residence upon completion of the program. Some cities, towns and municipalities are

16 housing out of state or out of town participants in medication-assisted treatment programs, and in
17 fact, some of those participants list the address of their medication-assisted treatment program
18 as their permanent residence for the purposes of parole or home confinement. Further, many
19 cities, towns and municipalities have experienced a disproportionate influx of property and
20 nuisance crimes associated with participants in medication-assisted treatment programs, and
21 there is no means by which to return participants of those programs to their original town, city,
22 municipality or state. By providing for a return path, participants in medication-assisted treatment
23 programs are better suited to rejoin their original community.

24 (b) Regulation of beds to not exceed proportion of population to state. – The number of
25 beds in medication-assisted treatment programs in a city, town, or municipality shall not exceed
26 the proportional population of that city, town, or municipality to the state of West Virginia where
27 the medication-assisted treatment program is located. The Director of the Office of Health Facility
28 Licensure and Certification shall ensure that the number of medication-assisted treatment
29 programs are reduced in areas where the number of beds exceeds the proportional population,
30 in order to conform with the requirements of this section. Those medication-assisted treatment
31 programs who have been in existence for the longest amount of time in a city, town, or municipality
32 shall have priority over newer medication-assisted treatment programs, in the event that any
33 medication-assisted treatment program must close pursuant to this subsection.

34 (c) Establishment of performance-based standards. – The Director of the Office of Health
35 Facility Licensure and Certification shall establish performance-based standards for the regulation
36 of medication-assisted treatment programs in West Virginia. Those medication-assisted treatment
37 programs who fail to meet these performance-based standards shall face a tiered level of
38 oversight by the Director of the Office of Health Facility Licensure and Certification. If, after the
39 first notice to the medication-assisted treatment program that the program is not in compliance
40 with its performance-based standards, the medication-assisted treatment program shall receive
41 a written warning by the Director of the Office of Health Facility Licensure and Certification, as

42 well as a timeframe to correct any violation or violations of the standards. After the second notice,
43 or upon failure to correct the original violation within the provided timeframe, the program shall
44 have its licensure revoked by the Director of the Office of Health Facility Licensure and
45 Certification. That program may not reapply for certification if such a program was shut down for
46 failure to meet the performance-based standards as outlined by the Director of the Office of Health
47 Facility Licensure and Certification. The Director of the Office of Health Facility Licensure and
48 Certification shall coordinate with the West Virginia Department of Health and Human Resources
49 (“DHHR”) for the establishment of such standards.

50 (d) Return plan; residency requirement. – Upon successful completion of a participant in
51 a medication-assisted treatment program, the participant shall be provided with a bus or train
52 ticket to return to their original city, town, municipality or state of residence where the person
53 resided before beginning the program. The Director of the Office of Health Facility Licensure and
54 Certification, in coordination with the West Virginia DHHR, shall arrange for a medication-assisted
55 treatment program to be provided with bus or train tickets for successful participants. Those
56 residents who wish to remain in a city, town, or municipality where the program is located, upon
57 successful completion of a program, must establish residence in that town, city, or municipality
58 within six months of successful completion of the program.

59 (e) Effective date. – The provisions of this section shall become effective July 1, 2022.

NOTE: The purpose of this bill is to strengthen the regulation of medication-assisted treatment programs. The bill provides for legislative findings. The bill requires the population of the city, town, or municipality to correspond with number of medication-assisted treatment programs. The bill establishes performance-based standards for medication-assisted treatment programs. The bill establishes a return plan for those participants who have successfully completed the program. Finally, the bill provides for an effective date.

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