

# **WEST VIRGINIA LEGISLATURE**

## **2023 REGULAR SESSION**

**Introduced**

### **House Bill 2086**

By Delegate Walker

[Introduced January 11, 2023; Referred to the  
Committee on Banking and Insurance then the  
Judiciary]

1 A BILL to amend and reenact §16-54-8 of the Code of West Virginia, 1931, as amended, relating to  
2 increasing the number of pain management visits insurance companies must cover under  
3 the opioid reduction act.

*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 the  
2 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 §30-16-  
6 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~~ 40 visits per event of physical therapy, occupational therapy, osteopathic manipulation, a  
13 chronic pain management program, and chiropractic services, as defined in §30-16-3 of this code,  
14 when ordered or prescribed by a health care practitioner.

15 (d) A person may seek physical therapy, occupational therapy, osteopathic manipulation, a  
16 chronic pain management program, and chiropractic services, as defined in §30-16-3 of this code,  
17 prior to seeking treatment from any other health care practitioner. The licensed health care  
18 practitioner providing services pursuant to this section may prescribe within their scope of practice  
19 as defined in §16-54-1 of this code. A health care practitioner referral although permitted is not  
20 required as a condition of coverage by the Bureau for Medical Services the Public Employees

21 Insurance Agency, and any insurance provider who offers an insurance product in this state. Any  
22 deductible, coinsurance, or copay required for any of these services may not be greater than the  
23 deductible, coinsurance, or copay required for a primary care visit.

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

NOTE: The purpose of this bill is to increase the number of pain management visits insurance companies must cover under the opioid reduction act.

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