

WEST VIRGINIA LEGISLATURE

2025 REGULAR SESSION

Introduced

Senate Bill 110

By Senator Tarr

[Introduced February 12, 2025; referred
to the Committee on Health and Human Resources;
and then to the Committee on Finance]

1 A BILL to amend and reenact §16-9G-1 of the Code of West Virginia, 1931, as amended; and to
 2 amend the code by adding a new section, designated §9-3-7, relating to a Medicaid state
 3 plan amendment; providing that the Bureau for Medical Services shall seek a state plan
 4 amendment; providing that the state plan amendment provide for cost sharing and/or
 5 premiums for certain populations; allowing that the state plan amendment may provide for
 6 a demonstration project; and providing for an effective date.

Be it enacted by the Legislature of West Virginia:

CHAPTER 9. HUMAN SERVICES.

ARTICLE 3. APPLICATION FOR AND GRANTING OF ASSISTANCE.

§9-3-7. Authority to charge premiums and provide for cost sharing.

1 (a) Not later than 90 days after the effective date of this section, the Bureau for Medical
 2 Services shall file a state plan amendment, pursuant to Title XIX of the United States Social
 3 Security Act and any amendments thereto, to the United States Department of Health and Human
 4 Services to establish cost sharing and premiums for Medicaid recipients. Cost sharing and
 5 premiums shall be limited to individuals who sign and execute an acknowledgement that they are
 6 tobacco users which makes them at greater risk to of being medically vulnerable and potentially
 7 requiring greater medical care.

8 (b) The state plan amendment shall comply with the requirements of 42 CFR 435 et seq.
 9 and shall comply with all income limitations and other exclusions as required by federal law, rules,
 10 and regulations.

11 (c) The state plan amendment shall provide for a means to provide notice to current
 12 Medicaid recipients and shall provide a means for notification of new applicants at the time of the
 13 application. The notice shall place all recipients and applicants who would be subject to the cost
 14 sharing and premium provisions of these requirements. The notice shall include the amounts due,
 15 the manner in which they may make payments, and any consequences for non-payment. The

16 notice may include any other information deemed necessary to effectively provide notice to
17 appropriate recipients.

18 (d) If in the judgment of the Secretary of the Department of Human Services, in
19 consultation with the Commissioner of the Bureau for Medical Services, a demonstration project
20 would be more appropriate, such project shall meet the requirements of this section if it provides
21 for cost sharing and premiums for recipients of services who are tobacco users.

CHAPTER 16. PUBLIC HEALTH.

ARTICLE 9G. TOBACCO CESSATION INITIATIVE.

§16-9G-1. Tobacco Use Prevention and Cessation Task Force.

1 (a) The West Virginia Tobacco Use Prevention and Cessation Task Force is created for the
2 purpose of recommending and monitoring the establishment and management of programs that
3 are found to be effective in the reduction of tobacco, tobacco products, alternative nicotine
4 products, and vapor products use by all state citizens, with a strong focus on the prevention of
5 children and young adults use of tobacco, tobacco products, alternative nicotine products, and
6 vapor products.

7 (b) The task force shall have the following members:

8 (1) The Commissioner of the Bureau for Public Health or his or her designee, who shall
9 serve as chair;

10 (2) The Superintendent of the Department of Education or his or her designee;

11 (3) Ten members to be appointed by the Governor:

12 (A) A representative of a nationwide nonprofit organization dedicated to the elimination of
13 cancer;

14 (B) A representative of a nonprofit national organization that funds cardiovascular medical
15 research;

16 (C) A dentist, licensed pursuant to §30-4-1 *et seq.*, with an expertise in oral health;

17 (D) A physician, licensed pursuant to either §30-3-1 *et seq.* or §30-14-1 *et seq.* with
18 expertise in health impacts associated with tobacco, tobacco products, alternative nicotine
19 products, or vapor products consumption;

20 (E) A representative of a national voluntary health organization whose mission is to save
21 lives by improving lung health and preventing lung disease through education, advocacy, and
22 research;

23 (F) A representative who is certified from one of the programs accredited by the Council for
24 Tobacco Treatment Training Programs or has received a National Certificate in Tobacco
25 Treatment Practice, who has advanced education in evidence-based tobacco treatment
26 competencies, skills, and practices;

27 (G) A representative from a national youth tobacco, tobacco products, alternative nicotine
28 products, or vapor products prevention organization;

29 (H) A representative from the West Virginia Prevention First Network within the West
30 Virginia Bureau for Behavioral Health; and

31 (I) Two citizen members that through professional or medical experience or advocacy are
32 committed to work and advocate for cessation of tobacco, tobacco products, alternative nicotine
33 products, and vapor products consumption in all forms in the state.

34 (c) The task force shall meet quarterly at the call of the chair to study, monitor, and
35 recommend funding and initiation of programs that reduce tobacco, tobacco products, alternative
36 nicotine products, and vapor products consumption in West Virginia, and to initiate studies and
37 processes to provide the most efficient and effective use of the funds dedicated for this purpose.
38 The task force shall include a variety of persons in the health care field, including individuals
39 certified from one of the programs accredited by the Council for Tobacco Treatment Training
40 Programs or received a National Certificate in Tobacco Treatment Practice, advocates, and
41 citizens, with the intention of the Legislature to create a dynamic and innovative group to focus,
42 monitor, and facilitate state resources towards this goal.

43 (d) The Director of the Division of Tobacco Prevention shall attend each task force meeting
44 and shall provide staff support services for the task force. The task force shall monitor the Division
45 of Tobacco Prevention's programs and make recommendations to the division on expenditures
46 and programs which are being administered by that office. The task force shall report annually to
47 the Legislative Oversight Committee on Health and Human Resources Accountability by
48 December 1st, which shall include at a minimum, the following:

49 (1) An assessment of each program administered by the Division of Tobacco Prevention
50 towards reducing tobacco, tobacco products, alternative nicotine products, and vapor products
51 consumption and include an overview of its budget for the prior year and how state moneys and
52 any other funding or grants received by the office are being expended that year;

53 (2) Review and analysis the types of tobacco, tobacco products, alternative nicotine
54 products, and vapor products consumption practices in the state and identify emerging trends
55 related to tobacco, tobacco products, alternative nicotine products, or vapor products delivery
56 devices and related activities impacting tobacco, tobacco products, alternative nicotine products,
57 and vapor products use, with particular emphasis on youth consumption trends and practices;
58 and,

59 (3) Recommend for legislation or implementation of legislation, public policies; and funding
60 of programs that can further facilitate a reduction in tobacco, tobacco products, alternative nicotine
61 products, or vapor products usage in our state.

62 (e) The West Virginia Tobacco Use Prevention and Cessation Task Force shall develop
63 and approve implementation of tobacco cessation programming from recommendations through
64 the Division of Tobacco Prevention effective with any increase in funding received in the 2026
65 fiscal year budget.

NOTE: The purpose of this bill is to create a Medicaid state plan amendment. The bill provides that the Bureau of Medical Services shall seek a state plan amendment. The bill provides that the state plan amendment provides for cost sharing and/or premiums for certain populations. The bill allows that the state plan amendment may provide for a demonstration project. 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.