

N/A

WEST VIRGINIA SECRETARY OF STATE

MAC WARNER

ADMINISTRATIVE LAW DIVISION

eFILED

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Office of West Virginia Secretary Of State

NOTICE OF SUNSET PROVISION EXTENSION REQUEST

| AGENCY: | Health And Human Resources | | TITLE-SERIES: 69-11 | | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------|-------------------------------------------|--|--|--|
| RULE TYPE: | Legislative | CITE STATUTORY AUTHORITY: | 16-5Y-13 | | | |
| RULE NAME: | 69-11 Medication-Assisted Treatment - Opioid Treatment Programs | | | | | |
| PLEASE SELECT A SUNSET PROVISION OPTION: | | | | | | |
| X EXTEND THE SUNSET DATE OF THE RULE. | | | | | | |
| 5 REQUESTED NUMBER OF YEARS FOR EXTENSION (SUBJECT TO LRMRC REVIEW). | | | | | | |
| LET THIS RULE EXPIRE. | | | | | | |
| PLEASE INDICATE IF THIS RULE INCLUDES: | | | | | | |
| RELEVANT FEDERAL STATUTES OR REGULATIONS INCORPORATED BY REFERENCE | | | | | | |
| PLEASE PROVID | E A BRIEF SUMMAR | Y OF THE CONTENT OF THE RULE | • | | | |
| • | rule establishes star sisted treatment (MA | • | ensure of opioid treatment programs (OTP) | | | |
| SUMMARIZE IN EXTENSION: | I A CLEAR AND CONC | ISE MANNER THE REASONS FOR | REQUESTING A SUNSET PROVISION | | | |
| | statue requiring the sible for its impleme | • | artment of Health and Human Resources | | | |
| SUMMARIZE IN | A CLEAR AND CONCI | SE MANNER THE OVERALL ECON | IOMIC IMPACT OF THE RULE: | | | |
| A. EC | A. ECONOMIC IMPACT ON REVENUES OF STATE GOVERNMENT: | | | | | |
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |

B. ECONOMIC IMPACT OF THE LEGISLATIVE RULE ON THE STATE OR ITS RESIDENTS:

C. FISCAL NOTE DETAIL:

| Effect of Proposal | Fiscal Year | | | |
|--------------------------------|----------------------------------------|----------------------------------------|----------------------------------------------|--|
| | 2021 Increase/Decrease (use "-") | 2022 Increase/Decrease (use "-") | Fiscal Year (Upon Full Implementation) | |
| 1. Estimated Total Cost | | | 0 | |
| Personal Services | | | 0 | |
| Current Expenses | | | 0 | |
| Repairs and Alterations | | | 0 | |
| Assets | | | 0 | |
| Other | | | 0 | |
| 2. Estimated Total Revenues | | | 0 | |

| D. | EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT): |
|-----|---------------------------------------------------------------|
| N/A | |

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENT IS TRUE AND CORRECT.

Yes

April L Robertson -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.