

Meeting Minutes

Treatment, Health Systems, and Research Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment

Tuesday, April 21, 2026, Approved

Attendees:

Subcommittee Members Attending: Rebecca Alley, Dr. Thomas Bailey, Dr. Jim Berry, Shawna Chapman, Candace Facemyer, Jennifer Fields, Ken Fitzwater, Constance Harvey, Emalene Heaton, Heidi Life, Raj Masih, Dr. Garrett Moran, Brienne Taylor, Josh Titlow

Invited Subcommittee Members Not Attending: Dr. Jorge Cortina, Heather Jarrett, Keith King, Anita Mallett, Amy Proffitt, Victoria Swain, Timothy Watson, Jessica Whitmore, Danielle Woods-Huffman, Lisa Zappia

Guests Speakers: Jaclyn Foster, Alexis Gannon

Guests Attending: Mary-Agnes Argento, Ashli Cottrill, Charles Mullins, Kristi Walker,

Office of Drug Control Policy (ODCP) Staff Attending: N/A

State Opioid Response (SOR) Staff Attending: Mark Lanyon

State Opioid Response (SOR) Regional Coordinators Attending: Barbra Masih, Jill Poe

Marshall University Staff Attending: Deb Koester, Bradley McCoy

Opening:

Deb Koester provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment – Treatment, Health Systems, and Research Subcommittee. The meeting was called to order on Tuesday, April 21, 2026, and was conducted by Google Meet conference. Deb Koester approved the March 25, 2026 meeting minutes. There was no further discussion. The purpose of the meeting was for guest speakers Jaclyn Foster and Alexis Gannon to discuss student loan repayment programs.

Agenda:

Guest Speaker – Jaclyn Foster (Workforce Programs Manager at the State Office of Rural Health)

- Jaclyn Foster provided PDF documents that were shared with the Subcommittee by email. They are additionally available upon request. The documents included one-pagers describing the West Virginian State Loan Repayment Program (SLRP), The Recruitment and Retention Community Project (RRCP), and the National Rural Recruitment and Retention Network (3RNET). A summary of this information is provided below. Additionally shared was a loan repayment program comparison sheet.
- The West Virginian State Loan Repayment Program (SLRP)
 - This program offers loan repayment to primary care physicians, nurse practitioners, physician assistants, dentists, and other healthcare providers in return for service in a Health Professional Shortage Area (HPSA) in West Virginia for a non-profit employer. SLRP will pay for qualified government and commercial education loans obtained for medical school tuition expenses, reasonable educational expenses required by the medical school or training program, and reasonable living expenses, as determined by the Program.

- Eligibility:
 - United States citizens who are licensed to practice their profession in West Virginia.
 - Healthcare provider eligible disciplines include family practice, pediatrics, obstetrics/ gynecology, psychiatry, internal medicine, dentistry, pharmacy, and others.
- Requirements:
 - Practice full-time clinical medicine that includes providing a full continuum of care with arrangements for after-hours and acute care. (Full-time is defined as 40 hours a week, 45 weeks a year. On-call time is not counted in the 40-hour week.)
 - Agree to not discriminate against patients based on their ability to pay for healthcare services.
 - Complete a minimum two-year obligation for the first award.
 - Have completely fulfilled any other obligation for health professional service owed under an agreement with any other state or federal entity before beginning a service obligation under SLRP.
- Benefits:
 - The maximum repayment amount for the initial two-year obligation is \$40,000. Candidates are eligible for two, one-year extensions at \$20,000 per year. (CNM & LPCs: \$20,000 for two years and \$10,000 each additional)
- Closing:
 - This closes on April 30, 2026 with awards going out in June.
- The Recruitment and Retention Community Project (RRCP)
 - This program helps fill gaps that exist with state and federal loan repayment/scholarship programs. RRCP builds on existing incentives to develop a more competitive package for the recruitment and retention of primary care providers. This grant helps rural communities recruit and retain healthcare providers by providing financial support in the form of recruitment grants (loan repayment and loan forgiveness), retention grants (locum tenens), or other approved incentives.
 - Eligibility:
 - A community demonstrating a need that classifies it as a Medically Underserved Community (MUC) by the federal definition, such as a Health Professional Shortage Area (HPSA), or other designations approved by the Bureau for Public Health.
 - Requirements
 - The community organization must:
 - Be in an MUC as determined by the Bureau for Public Health
 - Provide a full continuum of care, including arrangements for after-hour and acute care
 - Have an open policy to provide health services regardless of a person's ability to pay
 - Be able to provide 50% matching dollars
 - The sponsored candidate must:
 - Have U.S. citizenship
 - Be a provider (family practice, internal medicine, psychiatry, pediatrics, OB/GYN, dentist, nurse practitioner, nurse midwife, physician assistant, or pharmacist) licensed to practice in West Virginia or in a primary care training program
 - Meet educational, licensure, and certification requirements necessary to be a primary care physician or a non-physician provider in West Virginia.

- Provide medical services with the sponsor equal to the number of years for which financial incentives are provided
- Not discriminate against patients based on their ability to pay for healthcare services
- Practice full-time clinical medicine that includes providing a full continuum of care with arrangement for after-hour and acute care
- Benefits
 - A 50% match between the Bureau for Public Health and the Sponsoring Community Organization, not to exceed a combined total of \$20,000 per year.
- Retention data shows that people stay even after this program is completed.
- Individuals cannot be funded by both programs concurrently.
- In 2025, 14 providers were funded between both programs and a reallocation of funds.
- Any facility in West Virginia can post jobs on The National Rural Recruitment and Retention Network (3RNET). A one-pager was provided on this process.

Guest Speaker – Alexis Gannon (West Virginia Division of Primary Care)

- The following link was provided to the National Health Service Core (NHSC) for a list of their loan repayment programs. Individuals can also sign up for notifications of when applications are opening and closing. These programs have a clinician focus for Health Professional Shortage Areas (HPSA).
 - Home page: <https://nhsc.hrsa.gov/>
 - List of Loan Repayment Programs: <https://nhsc.hrsa.gov/loan-repayment>
 - Fact Sheets and Comparison Charts: <https://nhsc.hrsa.gov/about-us/nhsc-fact-sheets>
 - Job Searches: <https://nhsc.hrsa.gov/job-search>
 - How to Become an Approved Site: <https://nhsc.hrsa.gov/sites/how-to-apply>
- NHSC site approval applications close May 19, 2026. Federally Qualified Health Centers (FQHCs) automatically are an NHSC site.
- There are 78 active providers being federally funded by these programs, so they are less limited.
- 10% of applicants are funded nationally.

Guest Speaker – Raj Masih

- Raj Masih gave a brief presentation on Prescription Digital Therapeutics (PDTs). A PowerPoint presentation is available upon request.
- A PDT is an FDA-regulated software program, typically a smartphone app, that delivers evidence-based therapeutic interventions directly to patients.
- PDTs require a clinician's prescription.
- PDTs supplement conventional treatment by extending therapeutic reach between visits, improving adherence, and collecting real-world data for care teams.
- RESET-O (Reset for Opioid Use Disorder)
 - Delivered via smartphone app, co-prescribed alongside MOUD (buprenorphine/naltrexone)
 - Provides Cognitive Behavioral Therapy-based modules to reinforce recovery skills between clinical visits
 - Access issued via unique code and refills every 3 months
 - Patient breakdown:
 - 3,619 total patients
 - 2,042 currently active patients (patient also receiving MOUD/therapy from treatment services)

- 1,426 refill patients
- 1,263 active refill patients (patient also receiving MOUD/therapy from treatment services)
- 68.8% use modules weekly
- 57% of West Virginia patients are currently active

Guest Speaker – Bradley McCoy

- At the 2026 Rx and Illicit Drug Summit, Timothy Seplaki and Cassandra Angelo from New Jersey presented “Expanding the EMS Role: Encouraging Prehospital Buprenorphine Programs Through Legislation.” They described how to start an EMS-Bup program through changes in legislation, infrastructure, treatment protocols, the referral process, data collection, and training. EMS workers providing buprenorphine has improved their connection to treatment outcomes.
- The Subcommittee discussed researching the barriers to implementation in West Virginia.
- Deb and Bradley will reach out to the New Jersey team for a key-informant interview.
- Links to the New Jersey team’s program are included here:
 - Expanded Scope of Practice document: <https://www.nj.gov/health/ems/documents/ed-25-001-bup.pdf>
 - Program expansion: <https://blogs.cooperhealth.org/news/2025/11/cooper-expands-nations-first-ems-buprenorphine-program-to-newark-and-paterson/>
- Wake County, North Carolina piloted a similar program.
 - <https://www.wake.gov/news/wake-county-ems-pilots-successful-program-treating-opioid-use-disorder#:~:text=With%20the%20MOUD%20program%2C%20Wake,are%20now%20equipped%20with%20buprenorphine.&text=When%20the%20paramedics%20arrive%20at,they%20are%20eligible%20for%20buprenorphine.>

2026 State Plan Key Performance Indicators (KPIs)

- **Goal 1, Strategy 1, KPI 1:** The Quick Response Team (QRT) Survey is being piloted by three counties right now. It will be sent to all additional counties in May with data compiled by the June meeting of the Subcommittee.
- **Goal 2, Strategy 4, KPI 1:** Deb Koester will meet with interested Subcommittee members individually outside of the regularly scheduled meetings for their expertise in preparation of the roundtables.

Additional Discussion

- None.

Adjournment:

Deb Koester closed the meeting by thanking all Subcommittee members for their attendance. The Subcommittee will meet again in May 2026.