

WEST VIRGINIA
HOSPITAL ASSOCIATION
**LEGISLATIVE
SUMMARY**

2025



2025 Legislative Recap



2025 Legislative Session Overview

2,460

Bills Introduced in the 87th
West Virginia Legislature

249

Bills Completed
Legislative Action

6

Bills Were Vetoed



WVHA 2025 State Legislative Agenda

- ✓ Ensuring Access to Care and Maintaining Financial Sustainability
- ✓ Protecting the Certificate Of Need Program
- ✓ Supporting our Health Care Workforce
- ✓ Enacting Regulatory and Administrative Relief

Help "Tell the Hospital Story"



- Showcase efforts to care for your community
- Educate policymakers about opportunities and challenges hospitals face
- Improve the public's perception of hospitals and health care
- Reinforce and support WVHA State and Federal Public Policy Priorities

WVHA Tracked Approximately

300 Bills

Playing Defense

Much of the 2025 Regular Session involved protecting hospitals and health systems from proposed legislation that imposed significant financial, clinical, regulatory and operational challenges. "Defense" was the name of the game this session:



Certificate of Need Repeal and other related legislation that would have had negative implications on access to care and our health care infrastructure;



Hospital Transparency and Reporting legislation that would have created redundant requirements, increased expenses, and added administrative burdens;



Care delivery legislation that would have introduced substantial clinical, regulatory, and operational burdens.

The WVHA and Interim Period



Advocacy is at the core of the WVHA mission to support hospitals to achieve a strong, healthy West Virginia. While most of the attention is focused on the State Capitol during session, the reality is most of the work occurs outside the confines of the 60-day legislative session. Efforts will continue as hospitals and WVHA will be active throughout the year continuing to build solid relationships with administration officials, legislators, and their staff, as we advocate on behalf of hospitals during interim committee meetings.



WEST VIRGINIA
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Executive Summary: WV Legislative Session 2025 Final Report

The first session of the 87th West Virginia Legislature ended April 12 following 60 days of debate on issues ranging from social topics to education reform and, of course, health care including Certificate of Need Repeal and Childhood Immunizations. The latter issues are priorities of Governor Patrick Morrisey. In total, **249** bills completed legislative action (**152 House Bills and 97 Senate Bills**); and **6 bills were vetoed**, none of which are health care related.

Key bills that completed legislative action in the 2025 session are highlighted in this *Final Report*.

WVHA continued its tradition of having policymakers respond to its legislative agenda and its efforts to protect health care for all of West Virginia. The WVHA celebrated *Hospital Day at the Legislature* on March 13, the mid-way point of the Session. A *Health Care Providers Legislative Reception* and our annual *Hospital Day at the Legislature* event featuring breakfast and legislative panel discussion were the highlights. There was an opportunity for WVHA members to attend Senate and House floor sessions, committee meetings, and to meet with their local legislators at the State Capitol.

Despite the numerous harmful bills introduced and the challenges we encountered, WVHA achieved remarkable success. This session was one of the more challenging sessions in recent years characterized by a new Governor and new faces in the Supermajority Legislature. Due to the influx of new legislators, it was necessary for WVHA to conduct extensive education and awareness campaigns about hospital and health care issues both before and throughout the Legislative Session to prevent unfavorable bills from gaining traction.

Much of the 2025 Regular Session involved protecting hospitals and health systems from proposed legislation that imposed significant financial, clinical, regulatory, and operational challenges. “Defense” was the name of the game this session, and we could not have accomplished our goals of defeating or containing bills in committee without WVHA member grassroots support. Some of the bills included: [HB 2007](#) Certificate of Need Repeal; duplicative bills with federal policy including Hospital Transparency Legislation such as [SB 675](#), [SB 718](#), [HB 2173](#), and [HB 2457](#); and clinically focused bills like [HB 2789](#), [HB 2631](#), and [SB 159](#), just to name a few. These bills are featured in this *Final Report*.

As noted, the success in advancing the WVHA legislative agenda began well in advance of the session. WVHA continued its grassroots efforts to educate policymakers and other stakeholders about the financial and other challenges faced by West Virginia hospitals. Media outreach played a significant role in this effort during the interim period as the WVHA team worked to raise awareness of hospital fiscal, clinical, regulatory, and operational challenges.

Advocacy is at the core of the WVHA mission to support hospitals to achieve a strong, healthy West Virginia. While most of the attention on advocacy is focused on the State Capitol during the session, the reality is most of the work occurs outside the confines of the 60-day legislative session. Efforts will continue as hospitals and WVHA will be active throughout the year continuing to build solid relationships with administration officials, legislators, and their staff, as we advocate on behalf of hospitals during interim committee meetings.

Important Hospital Operations Legislation

SB 325

Authorizing Department of Health to promulgate legislative rules including those related to Hospital Licensure and Surgical Smoke Evacuation Systems; and Critical Access Hospitals

EFFECTIVE DATE: From Passage – April 11, 2025

This Department of Health legislative rules “package” comprises two hospital-related rules of importance.

1. **Surgical Smoke Evacuation Systems** - Office of Inspector General ([Hospital Licensure 71 CSR 12](#)). This rule makes a series of technical changes to Hospital Licensure but the most important change addresses legislation which was passed during the 2024 Regular Session pertaining to surgical smoke evacuation systems. [HB 4376](#) required a health care facility licensed in West Virginia (including hospitals) that utilizes energy generating devices to use a smoke evacuation system during any surgical procedure that is likely to produce surgical smoke. The legislative rule approved during the 2025 Regular Session specifies the details of the law and states: that all hospitals shall have in place a surgical smoke evacuation system consistent with the standards established in the 2024 edition of the N.F.P.A. 99, Standard for Health Care Facilities adopted by the Centers for Medicare and Medicaid Services.
2. **Critical Access Hospitals** – Department of Health ([Health Care Authority Rule 65, CSR 9](#)). This rule simply extends the sunset date to August 2030 for the law that establishes the standards and procedures for the designation of a critical access hospital (CAH) as a community outpatient medical center (COMC) pursuant to W.Va. Code 16-5B-14 and 42 CFR 485.635.

SB 336

Authorizing Department of Homeland Security to promulgate legislative rules including those related to Sexual Assault Nurse Examiners

EFFECTIVE DATE: From Passage – March 20, 2025, with internal effective date of January 1, 2026

This Department of Homeland Security legislative rules “package” comprises a series of rules including one ([149, CSR 11](#)) related to the effective date of provisions pertaining to sexual assault nurse examiners (SANEs). Specifically, this rule extends the time the [Sexual Assault Forensic Examination \(SAFE\) Commission](#) has to develop a plan for every hospital to have available a qualified health care provider to perform medical forensic services. This time frame has been extended to January 1, 2026. [Hallie Morgan](#) on our WVHA Team serves on the SAFE Commission, and she’s the point person on this topic so please feel free to reach out to her with any questions regarding education and implementation.

[SB 369](#)

Authorizing miscellaneous professional licensing boards and agencies to promulgate legislative rules including those related to Certified Respiratory Therapists

EFFECTIVE DATE: From Passage – April 4, 2025

This legislative rules “package” comprises a series of rules governing many medical professional licensing boards and agencies including one ([30 CSR 01](#)) dealing with the Criteria for Licensure for Certified Respiratory Therapists. Specifically, this rule reinstates full licensure for CRTs, as it was before July 2022, when the Respiratory Board made some changes to licensure. The effective date of this positive change is as of passage of the legislative rule which was on April 4. [Amber Furman](#), WVHA Director of Workforce Development, is our point person on this issue so please feel free to reach out to her with any implementation questions.

[HB 2402](#)

Relating to providing access to a minor’s medical records

EFFECTIVE DATE: July 11, 2025

This bill modifies W.Va. Code 16-29-1 relating to providing copies of health care records to be furnished to patients. It specifically addresses copies of minors’ medical records and the changes state that:

(a) A parent, guardian, foster parent or kinship placement may not be denied access to the health records of their minor child unless ordered by a court or with three exceptions outlined in the bill:

- (1) The minor child has graduated high school or equivalent;
- (2) The minor child is emancipated; or
- (3) The minor child is married.

[HB 3444](#)

Relating to inflammation of the eyes of newborns

EFFECTIVE DATE: July 9, 2025

This bill repeals ONLY THE MANDATE in W.Va. Code that newborns in West Virginia automatically receive eye ointment after birth to prevent infection. The bill repeals the mandate but does not prevent a physician from administering the eye ointment so the standard of care still applies. This bill does not ban the use of the ointment. Also, currently, it’s a misdemeanor crime if a provider doesn’t apply a topical solution on a newborn’s eyes. This bill removes that misdemeanor crime.

SB 458

Universal Professional and Occupational Licensing Act of 2025

EFFECTIVE DATE: July 1, 2025

This bill allows for universal licensing reciprocity in West Virginia for occupations and professions governed by Chapter 30 of State Code. The legislation mandates that professional boards grant licenses to individuals who have been licensed in another state for at least a year under certain circumstances.

Licensees still need to show they are in good standing in their original state and show that they meet the minimum education, work experience, and clinical supervision requirements in the state they are coming from. The bill also applies to any new resident who previously passed any required examination for the out-of-state license.

The applicant still needs to have a clean disciplinary record, with no rescinding of licenses or voluntary surrenders in other states due to unprofessional conduct, as well as no criminal history. The licensee still needs to pay any applicable state fees for licensure under the legislation.

SB 526

Creating Pharmacist Prescribing Act

EFFECTIVE DATE: July 11, 2025

This bill modifies W.Va. Code 30-5-10 dealing with scope of practice for licensed pharmacists. The bill gives pharmacists the ability to prescribe certain medications. The bill states that a licensed pharmacist may:

- (1) Provide care related to the interpretation, evaluation, and implementation of medical orders;
- (2) Dispense of prescription drug orders; participate in drug and device selection;
- (3) Provide drug administration;
- (4) Provide drug regimen review;
- (5) Provide drug or drug-related research;
- (6) Perform patient counseling;
- (7) Provide pharmacy related primary care;
- (8) Provide pharmacist care in all areas of patient care, including collaborative pharmacy practice;
- (9) Compound and label drugs and drug devices;
- (10) Proper and safe storage of drugs and devices;
- (11) Maintain proper records;
- (12) Provide patient counseling concerning the therapeutic value and proper use of drugs and devices;
- (13) Order laboratory tests in accordance with drug therapy management;
- (14) Provide medication therapy management; and
- (15) Prescribe drugs, excluding controlled substances, that are in accordance with the product's federal Food and Drug Administration-approved labeling and that are limited to conditions for which a relevant patient medication history has been taken and:
 - (A) (i) Have a test that is used to guide diagnosis or clinical decision-making that is waived under the federal Clinical Laboratory Improvement Amendments of 1988 that indicates the existence of the following conditions only: influenza; SARS-COV-2; and RSV; or
 - (ii) refill an expired prescription for an epinephrine injection device.

(B) The pharmacist shall, within 72 hours, notify the patient's primary care physician of the test result and the permissible drug prescribed and dispensed.

(C) A prescription dispensed or prescribed pursuant to this article is limited to up to a 30-day supply within a six-month period, if more than 10 days is prescribed or dispensed, then the pharmacist shall notify the primary care physician. If no primary care physician is identified, the pharmacist shall attempt to make a patient referral to a primary care physician.

(b) A licensee meeting the requirements as promulgated by legislative rule may administer immunizations.

(c) The sale of any medicine, if the contents of its container, or any part thereof, taken at one time, are likely to prove poisonous, deleterious, or habit-forming is prohibited by any person other than a registered pharmacist, who shall take precautions to acquaint the purchaser of the nature of the medicine at the time of sale.

SB 810

Clarifying requirements for administration of anesthesia and chronic pain practice by certain licensed nurses

EFFECTIVE DATE: July 7, 2025

This bill deals with Certified Registered Nurse Anesthetists (CRNAs) and their scope of practice pertaining to administering anesthesia in cooperation with a physician, dentist, or podiatrist when providing the anesthesia.

The bill defines "cooperation" as a process in which the certified registered nurse anesthetist and the physician, dentist, or podiatrist work together as a team with each contributing an area of expertise at their individual and respective levels of education and training. At all times during such cooperation, the medical or dental care of the patient is directed by the physician, dentist, or podiatrist.

Other provisions in W.Va. Code state:

(2) A dentist may cooperate with a certified registered nurse anesthetist under this section only if he or she holds an anesthesia permit pursuant to article [§30-4A-1](#) *et seq.* of this code.

(3) The physician, dentist, or podiatrist is not liable for any act or omission of a certified registered nurse anesthetist who orders or administers anesthetics under this section.

(b) A certified registered nurse anesthetist lawfully may perform acts that determine, prepare, administer, and monitor anesthesia care and anesthesia care-related services if he or she:

(1) Has at any time held a registered professional nursing license under this article; and

(2) Holds a current advanced practice registered nurse license under this article; and

(3) Has completed successfully a nurse anesthetist educational program at a nationally accredited graduate or post-graduate advanced practice registered nurse educational institution; and

(4) Holds current certification by a national certifying body recognized by the Board of Nursing in the advanced practice registered nurse role and population foci appropriate for educational preparation.

(c) A certified registered nurse anesthetist does not have independent practice authority.

(d) A licensed advanced practice registered nurse practicing in the role of certified registered nurse anesthetist may only use the title "certified registered nurse anesthetist", "CRNA", "advanced practice registered nurse", or "APRN".

2025 WVHA Legislative Summary

(e) On or before July 1, 2026, and annually thereafter, the Board of Nursing shall report to the Legislature regarding the implementation and impact of this section. The report shall include:

(1) Any problems or issues that have been reported to the board by hospitals, dental offices, podiatrist offices, ambulatory surgical centers, and all other locations where nurse anesthetists are authorized to practice in the state; and

(2) Any treatment complications resulting from the administration of anesthesia by certified registered nurse anesthetists.

SB 833

Excluding pharmaceutical medication from prior authorization gold card process

EFFECTIVE DATE: From Passage – April 11, 2025

This bill is clarifying language pertaining to provisions in W.Va. Code related to the prior authorization process and the Gold Card Program. The Gold Card Program allows certain providers to be exempt from most prior authorization if they have a 90% prior authorizations approval rate over a six-month period. This bill clarifies that pharmaceutical medications are excluded from the prior authorization gold card process. This applies to PEIA, Medicaid Managed Care Plans and Commercial Insurance Plans governed by the West Virginia Insurance Commission.

HB 2347

Dealing with involuntary hospitalization and substance use disorder (“The Joel Archer Substance Abuse Intervention Act”)

EFFECTIVE DATE: July 11, 2025

This bill aims to address substance abuse issues through the involuntary custody and hospitalization process. The crux of the legislation permits hospitalization of individuals with substance use disorder under certain circumstances spelled out in the legislation and provides prohibition on consideration of refusal of substance abuse services when considering individual’s judgment. The bill provides for additional grounds for application for involuntary hospitalization and it modifies evidentiary standards for imposing civil liability on mental health professionals rendering services in mental hygiene cases. The legislation also requires individuals to agree to voluntary treatment before being removed from involuntary hospitalization prior to a probable cause hearing, among many other provisions.

HB 3014

Relating generally to liability of hospital police

EFFECTIVE DATE: July 10, 2025

This bill states that a hospital with a police department is immune from liability if a loss or claim results from civil disobedience, riot, insurrection, or rebellion. (j) Nothing in this section of the bill may be construed as creating a duty of a governing board of a hospital to establish a hospital police department.

For additional information or questions regarding implementation of these bills, please contact [Tony Gregory](#), Vice President Legislative Affairs or [Brandon Hatfield](#), Vice President and General Counsel.

Other Health Care Bills That Completed Legislative Action

Several other healthcare and related bills completed the legislative process. Below is a numerical list of the approved legislation signed into law and effective date. ***If you have questions about bills that completed legislative action, please contact [Tony Gregory](#), Vice President Legislative Affairs.***

- [SB 8](#) - Providing additional sites and devices for newborn safe surrender – **Effective June 17, 2025**
- [SB 128](#) - Preventing courts from ordering services at higher rate than Medicaid - **Effective July 11, 2025**
- [SB 291](#) - Time frame for pharmacies to register from annually to biennially - **Effective June 12, 2025**
- [SB 299](#) - Modifying WV regulations on pubertal modulation, hormonal therapy, and gender reassignment - **Effective July 11, 2025**
- [SB 443](#) - Authorizing Speech-Language Pathology and Audiology Board of Examiners to conduct criminal background checks for licensing - **Effective March 13, 2025**
- [SB 462](#) - Permitting Board of Occupational Therapy to require criminal history record checks - **Effective March 13, 2025**
- [SB 537](#) - Establishing WV Mothers and Babies Pregnancy Support Program - **Effective July 8, 2025**
- [SB 565](#) - Relating generally to optometry practice - **July 9, 2025**
- [SB 710](#) - Relating to the practice of tele-dentistry - **July 11, 2025**
- [SB 746](#) - Allowing Board of Education to delegate its Medicaid provider status to public charter schools - **Effective July 9, 2025**
- [HB 2066](#) - Creating a crime for the destruction of first responder equipment - **Effective July 11, 2025**
- [HB 2129](#) - Creating the Parents Bill of Rights - **Effective July 2, 2025**
- [HB 2152](#) - Prompt Payment Act of 2025 - **Effective July 8, 2025**
- [HB 2172](#) – Adding an athletic trainer to the Board of Physical Therapy- **Effective July 3, 2025**
- [HB 2267](#) – Legislative Rules relating to Medicare Supplemental Insurance; and Consumer sales and service and use tax for drugs, durable medical goods, mobility enhancing equipment and prosthetics - **Effective April 12, 2025**
- [HB 2354](#) - Banning certain products from food in West Virginia - **Effective March 14, 2025**
- [HB 2358](#) - Relating to postmortem examinations - **Effective July 11, 2025**
- [HB 2441](#) - To make those who fail drug test ineligible for unemployment - **Effective July 2, 2025**
- [HB 2575](#) - Establishing full-time Dementia Services Director position - **Effective July 10, 2025**
- [HB 2752](#) - Relating to motorcycle safety - **Effective July 9, 2025**
- [HB 2797](#) - Relating to post-traumatic stress disorder as a compensable injury - **Effective July 11, 2025**
- [HB 3277](#) - Defining terms for West Virginia Hospital Finance Authority Act- **Effective April 12, 2025**
- [HB 3313](#) - More opportunities for high school students in community college - **Effective July 6, 2025**
- [HB 3434](#) - Controlled substance schedule clean-up - **Effective July 10, 2025**

Certificate of Need Repeal Voted Down

The WVHA successfully defended against attempts to repeal or modify the Certificate of Need (CON) program during this legislative session, despite significant pressure from Governor Patrick Morrisey and some lawmakers. In total, there were three CON Repeal bills introduced in the Legislature ([HB 2007](#), [3308](#) and [SB 453](#)) this Session, along with six other CON related bills noted below which would have significantly modified the Program.

- [HB 2046](#) – Require hospitals under Certificate of Need to accept PEIA – **introduced on 2/12 and did not advance from the House Health Committee. Sponsor is: Burkhammer**
- [HB 2485](#) - Exempt an existing hospital under certificate of need to move their facility up to 10 miles to a new location – **introduced on 2/17 and did not advance from the House Health Committee. Sponsor is: Burkhammer**
- [HB 2707](#) - Relating to exempting a neighborhood hospital from certificate of need – **introduced on 2/20 and did not advance from the House Health Committee. Sponsor is: Horst**
- [HB 3250](#) - Relating to removing the Certificate of Need moratorium on opioid treatment facilities – **introduced on 3/7 and did not advance from the House Health Committee. Sponsor is Pushkin**
- [HB 3311](#) - Exempt counties with certain population growth from the CON process – **introduced on 3/11 and did not advance from the House Health Committee. Sponsors are: W. Clark and Kump**
- [HB 3487](#) - Providing that small format, micro hospitals are exempt from certificate of need review - **introduced on 3/18 and did not advance from the House Health Committee. Sponsor is: W. Clark.**

The main action involving CON was the House Health Committee narrowly **defeating** [HB 2007](#), the Governor’s bill to Repeal CON by a vote of 13-12 on February 24. Following the Committee’s action, WVHA issued the following statement:

"We would like to thank legislators for demonstrating their unwavering commitment to prioritizing healthcare access for all West Virginians, by rejecting HB 2007. Their actions to not repeal CON signify a clear understanding of how vital accessible healthcare is to the wellbeing of our communities and the future of our state. We look forward to working collaboratively with Governor Morrisey and the entire Legislature as we strive to ensure that every West Virginian has access to the quality care they deserve. Together, we can build on this foundation to create an even stronger healthcare delivery system that serves all residents, regardless of where they live or their economic circumstances."

Another bill ([HB 3487](#)) we dealt with aimed to eliminate CON requirements for construction or acquisition of a small format or micro-hospital owned by a system with one or more existing licensed hospitals in the state. The version the committee considered opened it up to anyone wishing to build a micro-hospital. That bill was considered by the House Health Committee on March 27, and was ultimately defeated on a voice vote.

There was an additional effort regarding CON repeal on March 28 as the House overwhelmingly voted down — *after a drawn out “debate” over rules and procedure* — a motion to discharge [HB 2007](#) – the bill to repeal CON. With 10 members absent and not voting, lawmakers in the body voted [74-16](#) against discharging the bill. The discharge motion, if successful, would have brought the original version of HB 2007 to the House floor, where the full body would have considered it for the first time.

Childhood Immunization Legislation Defeated

Another hot button health care issue of the legislative session involved an immunization exemption bill introduced by Governor Morrisey. The main action early in the Session centered on [SB 460](#), to allow religious exemptions to the state's school vaccination requirements.

The bill passed the Senate [20-12](#) on February 12 following debate by the Senate Health Committee. The bill was then sent to the House Health Committee for consideration where it sat for almost a month. The delay was so that the House could assess what could pass that chamber.

On March 18, the Committee adopted a version of the bill that included a more streamlined process for medical exemptions as well as a process for families to claim religious exemptions. That version did not specifically include philosophical exemptions.

Delegates engaged in a vigorous debate on the House floor, and on amendment stage in the full House, they [voted](#) to basically return the bill back to the version that was passed by the Senate with a religious exemption. When the bill hit passage stage and following hours of debate, the House then voted down the bill [42-56](#).

Later in the session, the Senate Health Committee made another attempt at religious exemptions by amending the provisions of SB 460 into an unrelated bill dealing with Alpha-gal syndrome ([HB 2776](#)). When that bill eventually hit the Senate Floor for consideration by the full Senate, the Senate Health Committee reversed course, dropping the vaccination exemptions provision from the bill.

This put to rest attempts by the Legislature to pass a bill dealing with religious exemptions to the state's school vaccination requirements.

However, the Governor's [Executive Order 7](#) issued on Jan. 14, 2025, relating to religious exemptions is still in effect.

Playing Defense during the 2025 Regular Session

The WVHA Legislative Team devoted considerable resources to monitoring and responding to several significant hospital and healthcare bills that ultimately did not advance this session. Our positioning and testimony explaining how many of these bills were duplicative with federal requirements helped shape the outcome of these proposals, which included some of the following bills:

Hospital Transparency and Reporting

- [SB 718](#) – Hospital Transparency/Reporting (Financial Disclosure etc.). This bill was turned into a [House Concurrent Resolution \(HCR\) 100](#) – a study for the upcoming interim period. The resolution requests the Joint Committee on Government and Finance (legislative leadership) to study cooperative agreements and hospital pricing transparency in West Virginia. It goes on to say: “anticompetitive pricing practices and hospital mergers is essential to ensuring fair market competition and consumer protection; and that nationwide many healthcare provider markets have become highly concentrated, with data indicating provider consolidation leads to increased prices as much as 40%.”
- [HB 2173](#) - Relating to requiring a hospital to disclose price and fee information for certain health care services
- [HB 2409](#) –Cooperative agreements and state anti-trust (part of [HCR 100](#))
- [HB 2457](#) - To require hospitals and or Counties to report costs associated with illegal or undocumented immigrants
- [SB 675](#) - 340B Drug Pricing Transparency and Reporting data to the WV Board of Pharmacy

PEIA and Medicaid

- [HB 2044](#) - Allow an entity enrolled in PEIA to leave PEIA and have a 5-year window to return
- [HB 2130](#) - Relating to setting the rate the PEIA shall pay for services
- [HB 3518](#) – Medicaid expansion trigger which would have terminated Medicaid Expansion population coverage if federal FMAP (Federal Medical Assistance Percentage) funding is reduced

Clinical Care

- [HB 2631](#) - To require all medical providers to orally explain all medical treatments and procedures
- [HB 2672](#) – To require all hospitals and medical offices to send a notice to all former or current patients when they turn 18, informing them that if they have had any negative or adverse side effects of a procedure that was performed on them as a child
- [HB 2789](#) – Unconscious patients in the ICU - turned into [House Resolution \(HR\) 13](#)
- [HB 3328](#) – Require hospitals with no ASL interpreter on staff provide technology
- [SB 159](#) - Prohibiting certain medical exams on anesthetized patients
- [SB 606](#) –Notification of breast density

If you have questions about these bills, please contact [Tony Gregory](#), Vice President Legislative Affairs.

Key bills that did not move forward this legislative session

Various legislation cited in our *Legislative Updates* and featured in our communications throughout the Session failed to move forward. Below is a list of some of these bills of interest. ***If you have questions about these bills, please contact [Tony Gregory](#), Vice President Legislative Affairs.***

- [SB 167](#) - Permitting care of patient by telemedicine across state line
- [SB 482](#) – Certified Professional Midwife Licensing
- [SB 515](#) - Involuntary hospitalization for substance use
- [SB 517](#) – Reporting injuries and side effects from vaccines
- [SB 557](#) - Relating to licensing by WV Board of Medicine and provisions related to Genetic Counseling
- [SB 594](#) - Right to try individualized treatments
- [SB 632](#) - Relating to surprise billing of out-of-network ambulance services
- [SB 655](#) - Immunity for mental health providers involved in mental hygiene checks
- [SB 719](#) - Relating to age minor can consent to medical decisions/services
- [SB 723](#) - Relating to clinical inpatient medical treatment centers for substance use disorder
- [SB 726](#) - Relating to medication-assisted treatment programs
- [SB 761](#) – Involuntary hospitalization of a dependent or spouse experiencing substance use disorder (*provisions are included in HB 2347 which completed legislative action*)
- [SB 917](#) - Limiting civil liability for academic medical centers and teaching hospitals
- [SB 921](#) – Creating WV Medical Services Oversight and Support Act
- [SB 925](#) – Creating needs-based assessment for EMS
- [SB 939](#) – Relating to testing for substance use disorder
- [HB 2166](#) –Behavioral Health Workforce Education initiative
- [HB 2174](#)– Licensure of Birthing Centers
- [HB 2349](#) - LARC to patients receiving methadone and suboxone
- [HB 2370](#) – Mental health professionals making application for involuntary hospitalization
- [HB 2410](#) - Safeguard the Right-To-Try Cutting-Edge Medicine Act
- [HB 2473](#) – MCO Tax
- [HB 2704](#) – Reimbursement/transportation process for post mental health involuntary commitment
- [HB 3067](#) and [HB 3087](#) – Prohibiting white bagging
- [HB 3092](#) - Relating to financial assistance available for a prescription drug
- [HB 3150](#) - Health Science and Medical Student Loan Programs
- [HB 3452](#)- Advanced Career Education (ACE) classes

Features of the FY 2026 State Budget

The Legislature approved the Fiscal Year (FY) 2026 Budget Bill ([HB 2026](#)) and various supplemental appropriations to support state agency spending. The budget bill sets the general revenue budget for FY 2026 beginning July 1, 2025, at \$5.317 billion.

Governor Morrisey initially proposed a \$5.323 billion budget.

The 2026 approved budget includes more than \$4.3 billion in federal funding for Medicaid with \$490 million of state funding being supplied through the health care provider tax.

The budget bill includes \$33 million to a personal income tax reserve fund that was established as West Virginia moves toward decreasing the tax load on citizens.

The budget also includes priorities for up to \$210 million in surplus spending if more money is available at the end of the next fiscal year, including \$125 million for the Division of Highways, \$10 million to the water development authority and more.

Although the Governor signed the budget bill, he used his [line-item veto power 29 separate times](#) to reduce spending. The Governor's line-item veto messages use similar language often saying, "it is imperative that a cautious and prudent approach be taken."

Among Morrisey's 29 cuts to the House and Senate-passed bill include more than \$110 million approved in three surplus funds. Morrisey said the money may be needed instead for anticipated gaps in Medicaid, PEIA and changes to the federal tax code.

Other cuts Morrisey made to the budget include \$250,000 in funding to Lily's Place, a nonprofit organization in Cabell County that provides treatment for newborns with neonatal abstinence syndrome and support for families dealing with substance use disorder. Other vetoes focused on: a \$25 million reduction to the State Road Fund, a \$3 million reduction of the original \$5 million allocation to the Ronald McDonald House in Morgantown, a total rejection of a \$250,000 allocation lawmakers made to the WVU College of Law and a \$187,000 reduction to the more than \$11 million allocation to the state Veterans Nursing home.

In a news release, the Governor further explained the use of his veto power:

"The budget for fiscal year 2026 is designed to provide flexibility to address future uncertainties, such as stock market fluctuations and changes to federal spending, ensuring programs will be fully funded throughout the year. In the case of a surplus, up to \$100 million will be allocated to funding road maintenance and improvement projects across the state. The budget fully funds Medicaid, senior services, and the HOPE scholarship, while making targeted cuts to spending," the release said.

If you have questions about the SFY 2026 Budget, please do not hesitate to contact [Melanie Dempsey](#), Vice President Financial Policy or [Tony Gregory](#), Vice President Legislative Affairs

2025 Legislative Interim Period

We expect another busy interim period for hospitals through December and prior to the start of the 2026 Regular Session (Jan. 14, 2026). The dates and locations for the 2025 Interim Period are below.

- June 22-24 (Stonewall)
- September 7-9 (State Capitol)
- October 5-7 (State Capitol)
- November 2-4 (Pipestem)
- December 7-9 (State Capitol)

Interim Topics

- Hospital Price Transparency per [House Concurrent Resolution \(HCR\) 100](#);
- Cooperative Agreements and State Anti-Trust and Competition, including Certificate of Need (CON) [House Concurrent Resolution \(HCR\) 100](#);
- 340B Price Transparency and further discussion of [SB 675](#); and
- Substance Use Disorder issues, to name a few areas of focus.

It's also worth noting that the Governor has indicated he will call the Legislature into a series of Special Sessions this year. Following the conclusion of the Regular Session, on statewide radio, the governor suggested education issues and financial pressures on the Public Employees Insurance Agency (PEIA) could be among the public policies to address over the coming months. It's highly likely that Certificate of Need (CON) and Childhood Immunizations will surface as Special Session items along with other possible topics like tax reform and changes to the Board of Risk and Insurance Management (BRIM).

Key interim committees we'll be following include the [Joint Health Committee](#) and the [Legislative Oversight Commission on Health and Human Resources Accountability](#) (LOCHHRA), among others.

Overall, we will utilize the interim period to continue building solid relationships with Administration officials, legislators, and their staff, as we advocate for stronger hospitals and stronger communities in West Virginia.

Interim Period Hospital Visits and Tours

To assist us in our efforts at the grassroots level, we encourage you once again during this interim period to invite legislators to your hospital to highlight the good things you are doing to care for West Virginians across the state. To support your efforts, the WVHA Legislative Team will be helping facilitate legislator and staff visits throughout the interim period. Our goal is to solidify our relationships at the Capitol, continue to improve the image of hospitals statewide and build upon the great momentum that the hospital community generated during the 2025 legislative session.

If you have any questions regarding coordinating a tour at your hospital during the interim period, please do not hesitate to contact [Tony Gregory](#), Vice President Legislative Affairs or [Brandon Hatfield](#), Vice President and General Counsel at bhatfield@wvha.org