

# WVHA

## LEGISLATIVE UPDATE

February 20, 2026

### Legislative Update: Day 38 of 60

We're on Day 38 of the 60-day session with over 2700 bills introduced. The WVHA is actively monitoring numerous bills and below is an overview and status of key legislation. The window for introducing House bills has closed; the Senate's deadline is Monday, Feb. 23. Please contact me if you have questions about legislation and visit the [Legislature's website](#) for committee schedules and livestreams.

### Key Bills of Interest

**HB 4335 - Medicaid Provider Enrollment and Credentialing Streamlining** – This bill streamlines Medicaid provider enrollment and credentialing by establishing strict timelines and standardized processes. The bill aims to eliminate lengthy delays that prevent healthcare providers from billing Medicaid, thereby improving provider recruitment and patient access to care across the State –*passed Senate, pending House Floor*

**SB 200 - Healthcare Worker Protections** –Increases criminal penalties for assaults on healthcare workers - nurses, nurse practitioners, physicians, physician assistants, technicians, and anyone employed by or under contract with a hospital– *advanced from Senate Judiciary this week, now pending Senate Floor*

**SB 741 - Involuntary Commitment Pilot Program County Expansion**– Expands the counties (Hampshire, Morgan, Wood, and Raleigh) that can participate in the current pilot program to implement involuntary commitment process. Existing counties include Cabell, Berkeley, and Ohio. This bill will allow more counties flexibility in implementing a process that works best for their communities– *pending Senate Finance*

**SB 742 - Involuntary Hospitalization Petition Timeline Extension** – Changes the deadline for filing a mental hygiene petition from 24 hours to 72 hours after the involuntary hospitalization begins. This gives hospitals and physicians more time to complete the necessary paperwork. Patients can still only be held involuntarily for up to 72 hours under this provision unless further detained through the formal hearing process – *advanced from Senate Judiciary this week, now pending Senate Floor*

**SB 231 - Performance-Based Payment Model for Addiction Treatment Services** - Changes how West Virginia pays for addiction treatment, shifting from paying for *services delivered* to paying for *results achieved*. Today, providers are paid for each visit or service, regardless of whether patients actually improve. Under this bill, payments would be tied to real recovery outcomes– *passed Senate, now pending in House Health*

**HB 4089 - Required Coverage for Chemotherapy Hair Loss Prevention Devices** - Designated as "Jessica Huffman's Law," this bill requires all health insurance policies in the state that cover cancer chemotherapy treatment to also provide coverage for scalp cooling systems—devices that cool the scalp to prevent or reduce hair loss during chemotherapy– *passed House, now pending Senate Health*

**SB 650 (same as HB 4981) – Directed Payment Program changes** – Deals with the Directed Payment Program (DPP) as it relates to designating psychiatric hospitals that treat exclusively civil and forensic patients (Highland-Clarksburg Hospital) – *pending Senate Finance and House Floor*

**SB 822 – Prior Authorization** – This bill revises the gold card process to include hospitals or department hospitals – *pending Senate Health*

**SB 677 (same as HB 5458) - WV Board of Medicine licensing / credentialing** - This bill modernizes physician/podiatrist licensing rules under the Board of Medicine and creates a new licensing framework for genetic counselors, effective July 1, 2026. Genetic counselors would need a master's degree and national certification to practice, with a temporary permit available for those awaiting certification – *pending Senate Health and House Government Organization*

### **Certificate of Need bills receive attention this week**

Two CON bills are currently moving through the Legislature: **HB 5096** - exempting personal care services (*passed the House this week as introduced and with no amendments, now in Senate Health*); and **HB 4359** which saw action yesterday when the House Health Committee defeated a committee substitute on a 10-10 tie vote, after which the original bill was tabled.

As introduced, **HB 4359** would allow any licensed health care facility to relocate up to 10 miles from its previously licensed location without obtaining a new license or CON approval. The committee substitute narrowed the bill significantly, limiting the exemption to hospitals located in counties with a "historic asylum" — language effectively tailored to a single hospital in Lewis County.

Opponents characterized the substitute as "micro-legislation" crafted for one district with no analysis of long-term statewide impacts and raised concerns that relocating the hospital could jeopardize the critical access designation of a nearby facility. The lead sponsor argued the substitute successfully eliminated any statewide implications by narrowing the bill's scope.

### **New Hospital bills introduced**

The WVHA is actively monitoring a broad range of legislation that addresses critical hospital finance, clinical, regulatory, and operational issues, including several newly introduced bills of significance to member hospitals. Although none have advanced beyond Committee, we continue to monitor these and others very closely:

- **HB 4853** –Requires hospitals to establish formal protocols for trauma-informed care, particularly for patients who have experienced miscarriages, abuse, neglect, or other traumatic events
- **HB 5442** – Relating to training on the uses and indications of certain drugs for pregnant women
- **HB 5447** - Changes to the requirements for do not resuscitate orders.
- **HB 5476** - Monitoring of electronic records maintained by hospitals
- **HB 5523** - Establishing requirements for discharge of women in later stages of pregnancy from hospitals
- **HB 5573** - Rural Medical Residency Program concentrating on obstetrics and gynecology
- **HB 5581** - Relating to newborn screening (Dawson’s Law)
- **SB 946** - Relating to hospital facility fee oversight
- **SB 1003** - Improving access to medical services in rural areas

## Rural Health Transformation Program / Wellness Initiatives

The WVHA is closely monitoring several bills tied to the state's \$199 million Rural Health Transformation Program (RHTP), and broader healthy lifestyle initiatives being championed by legislators this session.

- **HB 4740 – RHTP (purchasing)** - Provides the Department of Health with procurement flexibility necessary to meet strict federal deadlines and compliance requirements for the RHTP, avoiding the risk of losing federal funding due to delays from standard state purchasing procedures. The flexibility enables quicker deployment of the \$199 million in available federal funds – *completed legislative action*
- **SB 570 - RHTP (appropriations)** - Appropriates the \$199 million in federal funds to the Department of Health for the RHTP in fiscal year 2026 – *pending House Finance*
- **SB 995 – Oversight of RHTP** – Establishes legislative oversight of the state's RHTP. The bill requires the Secretary of Health to submit detailed monthly reports to legislative leaders covering the program's budget, expenditures, vendors, new programs created, and health outcomes achieved– *pending Senate Finance*
- **HB 4982 – “Make West Virginia Healthy Act of 2026”** - Reestablishes the Office of Healthy Lifestyles within the Department of Health to coordinate statewide wellness initiatives addressing chronic diet- and lifestyle-related diseases – *pending House floor*
- **SB 562 – Food is Medicine Program** – Authorizes "Food Is Medicine" services — such as medically tailored meals, produce prescriptions, and nutrition counseling — to be covered under the state's Medicaid program. It directs the Department of Human Services to encourage Medicaid MCOs to offer these nutrition-based interventions to members with chronic diseases, with a preference for sourcing food from local West Virginia farmers where possible – *pending Senate Finance*
- **HB 4951 - MD/DO continuing education** - Requires MDs and DOs to complete continuing education - 2 hours of nutrition education within existing continuing education requirements – *pending Senate Health*

## Healthcare Provider Bills

The WVHA is monitoring several bills covering a broad range of healthcare delivery issues:

- On the Medicaid front, the Association is closely following bills that address program integrity and eligibility verification, MCO taxation, work requirements for enrollees, changes to the Medical Services Fund Advisory Council membership, and requirements for the Bureau for Medical Services to file legislative rules — all of which could have significant implications for hospital reimbursement and the broader Medicaid landscape in West Virginia.
- Pharmacy Benefit Manager (PBM) reform bills are surfacing that seek to increase regulation and oversight of PBMs, including measures affecting PEIA.
- Additionally, the Association is tracking a broad range of healthcare and operational bills, including legislation related to expanding interstate compacts for respiratory care, clarifying nurse anesthesia administration authority, increasing EMS funding, updating medical imaging and radiation therapy practice standards, and creating an emeritus physician licensure pathway.
- The WVHA is also monitoring workforce-related measures such as E-Verify safe harbor provisions, medical liability proposals, and immigration enforcement legislation that could have implications for hospital operations and patient care delivery.

If you have any questions regarding bills introduced and legislative activity, please do not hesitate to reach out.

Thanks. Tony