

WVHA **LEGISLATIVE UPDATE**

February 6, 2026

Legislative Update: Day 24 of 60

We're on Day 24 of the 60-day session with over [2000](#) bills introduced. The WVHA is actively monitoring numerous bills and below is an overview of key legislation by topic. Please contact [me](#) if you have questions about legislation and visit the Legislature's [website](#) for committee schedules and livestreams.

WVHA Legislative Agenda and Priority Bills

Several bills directly aligned with WVHA's legislative priorities are moving through the legislature.

- **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 – *pending Senate Floor*. Key provisions, which are the same as what the House passed, include:
 - **Enrollment:** The Department of Human Services or its agent must complete Medicaid provider enrollment within 5 business days of receiving a complete application. Incomplete applications must be flagged within 2 business days with detailed explanations.
 - **Credentialing:** Medicaid managed care organizations (MCOs) must complete provider credentialing within 60 calendar days, with a possible one-time 30-day extension if justified. Failure to meet deadlines results in penalties including corrective action plans, monetary sanctions, or automatic credentialing-by-default.
 - **Standardization:** By July 1, 2026, all credentialing must use the Council for Affordable Quality Healthcare's standard electronic form prescribed by the Office of the Insurance Commissioner. MCOs cannot require additional information beyond what's on the standard form.
 - **Electronic Submission:** All enrollment and credentialing applications, renewals, and supporting documents must be submitted electronically.
- **SB 822 – Prior Authorization** – This bill revises the gold card process to include hospitals or department hospitals – *pending Senate Health Committee*
- **SB 741 (same as [HB 5213](#)) - Involuntary Commitment Pilot Program County Expansion** – Expands the counties (Hampshire, Morgan and Wood) that can participate in the current pilot program to implement involuntary commitment process. Existing counties include Cabell, Berkeley, and Ohio – *pending Senate Health Committee and House Judiciary Committee*

- **SB 742** (same as **HB 5003**) **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 – *pending Senate Health Committee and House Judiciary Committee*
- **HB 4179** - **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. Under the proposed bill, battery on a healthcare worker—which involves physical contact or harm—would change from a misdemeanor punishable by up to \$500 fine and/or 1-12 months in jail to a felony carrying 1-3 years in state prison with a mandatory minimum of one year. A second offense would result in 2-5 years in prison, and a third offense would carry 5-10 years. Similarly, assault on a healthcare worker—which involves attempting to injure them or placing them in reasonable fear of immediate injury—would shift from a misdemeanor with 24 hours to 6 months in jail and/or a \$200 fine to a felony with 1-3 years in state prison and a mandatory minimum of one year – *pending House Floor*
- **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. The requirement would apply to policies issued or renewed on or after January 1, 2027, and would affect multiple types of insurance including public employee insurance (PEIA), Medicaid managed care, and private health insurance. Coverage for scalp cooling systems would be subject to the same deductibles, coinsurance, and copayments as other benefits under a given policy – *pending full House*
- **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. The state would track five key measures: stable housing, sobriety, avoiding jail or CPS involvement, returning to work or school, and smooth transitions between providers. The new payment model would begin by mid-2028 and providers that consistently miss performance benchmarks for three quarters in a row could face payment reductions or removal from the program – *pending Senate Finance Committee*
- **Other Bills:** **HB 4169**, which relates to mental health examination requirements; **HB 4807**, which concerns mental hygiene regions by the Supreme Court of Appeals; **SB 677**, which addresses WV Board of Medicine licensing and credentialing; and **SB 650** (which is the same as **HB 4981**), which deals with the Directed Payment Program (DPP) as it relates to designating psychiatric hospitals that treat exclusively civil and forensic patients (Highland-Clarksburg Hospital)

Certificate of Need Legislation

Several Certificate of Need (CON) bills have been introduced in the Legislature with the following new bills introduced this week:

- **HB 5096** - Removing personal care services and intellectual development disabilities services from CON – *pending House Health Committee*
- **HB 5181** - Removing CON moratorium on opioid treatment facilities – *pending House Health Committee*

Hospital-Centered Legislation

Several bills directly impacting hospital operations have been introduced this session and while none have advanced beyond the committee stage, we continue to monitor these bills very closely.

- **HB 4059** - requires hospitals and counties to report costs associated with providing care to illegal or undocumented immigrants. This reporting requirement could impose new administrative burdens and raise questions about patient privacy and federal EMTALA obligations – *pending House Health Committee*. Other related bills include: **SB 615** (same as **HB 4671**) - requiring persons with illegal immigration status be turned over to ICE; and **HB 4845** - prohibiting entry by illegal aliens
- **HB 4344** - addresses protocols and decision-making for unconscious patients in intensive care units – *pending House Judiciary Committee*
- **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 – *pending House Health Committee*
- **HB 4899** - mandates that hospitals and medical offices send notification to all former or current patients when they turn 18 years old, informing them of the right to report any negative or adverse side effects from procedures performed during childhood. This creates new patient notification and tracking requirements – *pending House Health Committee*
- **HB 5097** - requires hospitals and healthcare facilities to provide effective communication assistance for deaf and hard of hearing patients, including American Sign Language interpreters (approved by the WV Commission for the Deaf and Hard of Hearing), assistive listening devices, accessible medical documents, and visual alarm systems. It's worth noting that hospitals are already required to provide these accommodations under the Americans with Disabilities Act (ADA), among other existing requirements – *pending House Health Committee*
- **HB 5113** - grants patients the right to refuse medical treatment from residents (physicians in training) during non-emergency, routine healthcare appointments, and procedures when a licensed physician is available. Healthcare facilities would be required to ask patients in advance whether they consent to receiving care from a resident or to having a resident observe the procedure – *pending House Health Committee*

Rural Health Transformation, OBBBA, and Healthy Lifestyle Initiatives

Several bills associated with the Rural Health Transformation Program (RHTP), OBBBA and wellness initiatives aligned with the RHTP, and the Governor's health policy are under consideration.

- [HB 4740](#) (same as [SB 571](#)) – 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 – *Senate Government Organization Committee*
- [HB 4717](#) (same as [SB 570](#)) - appropriates the \$199 million in federal funds to the Department of Health for the RHTP in fiscal year 2026 - *Both bills are pending in the Senate and House Finance committees*
- [HB 4951](#) – requires MDs and DOs to complete continuing education - requires 2 hours of nutrition education within existing continuing education requirements – *Senate Health Committee*
- [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. Key provisions include authorizing “Food is Medicine” Medicaid services (medically tailored meals, nutrition counseling, and grocery provisions for members with nutrition-related chronic diseases), strengthening school physical education requirements and implementing the Presidential Fitness Test, developing Farm-to-School programs, creating a county grant program for healthy lifestyle promotion, establishing a Healthy Lifestyles Coalition to coordinate state agencies and community organizations, and conducting studies on food additives and food desert zones – *House Floor*
- [SB 729](#) – implements state-level changes aligned with the federal One Big Beautiful Bill Act (OBBA). It establishes a Medicaid work requirement by January 1, 2027, and amends managed care taxes, provider taxes, and directed payments according to OBBBA provisions. The bill also adds state-driven restrictions including prohibiting undocumented immigrants from using benefits, increasing eligibility verification to twice annually, preventing multi-state enrollment, and requiring cost-sharing for expansion adults. The Bureau of Medical Services (Medicaid) is authorized to seek necessary federal approval to implement all requirements –*pending Senate Health Committee*

Medical Professional Liability Act (MPLA) Bills

Several bills related to medical liability are surfacing in the legislature this year and below are ones directly impacting hospitals -*all pending in House and Senate Judiciary committees*

- [HB 4083](#) - Clarify parameters for medical malpractice civil actions
- [HB 4873](#) - To remove the 2-year timeframe for medical malpractice suits to be filed only for individuals who were minors when they had their procedures performed
- [SB 507](#) - Extending statute of limitations for bringing actions for gender reassignment surgeries

Healthcare Provider Bills

Several bills addressing healthcare providers from a licensure and scope of practice angle are under consideration including some of the following:

- [**SB 189**](#) - Relating to certified professional midwives
- [**SB 583**](#) - Creating emeritus physician license
- [**SB 580**](#) - Updating practice act for WV Medical Imaging and Radiation Therapy Technology Board
- [**SB 647**](#) (same as [**SB 471**](#)) - Allowing physician assistants to own practice
- [**SB 743**](#) - Creating exemption to prescription limitations for mid-level providers
- [**HB 4715**](#) - Remove restrictions for supervising physicians for nurse practitioners or physician assistants in WV
- [**HB 5015**](#) - Respiratory Care Interstate Compact
- [**HB 5021**](#) - Relating to the limited circumstances in which a registered nurse may administer anesthetics
- [**HB 5057**](#) - Rural Mobile Health and Mental Health Access Act

Miscellaneous Healthcare Bills

Additional miscellaneous healthcare bills are highlighted for member awareness, including [**HB 4622**](#) (same as [**SB 626**](#)) to the Office of the Inspector General, [**HB 4815**](#) allowing community health centers to provide sign-on bonuses, [**HB 4840**](#) exempting FQHCs from obtaining prior authorization for behavioral health services, [**HB 5112**](#) prohibiting laws requiring persons to receive or use medical products, and [**HB 5109**](#) updating the regulation of pharmacy benefit managers.

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

Thanks.

Tony