

WVHA

LEGISLATIVE UPDATE

January 23, 2026

Legislative Update: Day 10 of 60

We're on Day 10 of the 60-day session, and over [1,300 bills](#) have been introduced. Many could impact hospitals statewide and our team is reviewing and tracking these bills daily. Please contact [me](#) about any legislation we should monitor. Visit the Legislature's [website](#) for committee schedules and livestreams. Here's a summary of key action at the State Capitol this week.

Provider Enrollment and Credentialing bill advances to the Senate

[HB 4335](#) streamlines provider enrollment and credentialing processes for all Medicaid payers to allow providers to begin seeing patients faster and reduce administrative burden. At its core, the bill requires traditional and Medicaid managed care payers to use a single, standardized enrollment form, requires electronic submission of this information and establishes and tightens timelines for processing enrollment. This WVHA supported bill passed the full House today [93-0](#) and now moves on to the Senate.

Another administrative bill we're monitoring is [HB 4569](#) which amends West Virginia's prior authorization law to allow healthcare providers to submit prior authorization forms via fax in addition to electronic portals. The change gives providers more flexibility in how they communicate with health insurers when seeking advance approval for medical services or medications. This bill is pending in the House Health Committee.

Rural Health Transformation Program bills introduced this week

- [SB 570/HB 4717](#) provides supplemental spending authority for the Rural Health Transformation Program (RHTP), appropriating a little over \$199 million in federal funds to the Department of Health for the current fiscal year 2026. These companion bills authorize the expenditure of federal funds that have been made available by the Governor for the RHTP during the current fiscal year. Both bills are pending in the Senate and House Finance committees.
- [SB 571/HB 4740](#) make several changes to align state law with West Virginia's commitments under the RHTP. The bills exempt RHTP implementation from state purchasing restrictions to allow the rapid, targeted deployment of federal funds within the strict timeframes required by the Centers for Medicare and Medicaid Services (CMS). Additionally, the legislation requires the State Board of Education to adopt the Presidential Fitness Test as part of the existing physical education fitness program for grades 4-8 and high school. The bills also mandate that both the Board of Medicine and Board of Osteopathic Medicine require physicians to complete continuing medical education credits in nutrition as part of their biennial license renewal requirements. Both bills are pending in the Senate and House Health committees.

Certificate of Need bills in the Legislature

The following CON-related bills have been introduced so far:

- [HB 4359](#) – allows existing hospitals to relocate their facilities up to 10 miles without additional CON approval - *pending in the House Health Committee*.
- [HB 4223 \(bundled into HB 4215\)](#) - authorizes the Department of Health to maintain rules governing Certificate of Need (CON) exemptions. Please note: this is a routine 5-year renewal, not a new rule. West Virginia requires all agency rules to be reviewed and renewed every five years under the "Sunset Provision." This is "administrative housekeeping" that keeps existing CON exemption rules in place for another five years. No new regulations or policy changes – *pending on House Floor*.

Addiction Treatment Bill pending in Senate Finance Committee

[SB 231](#) 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 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. The bill is pending in the Senate Finance Committee.

Other Bills to Watch

Several other notable bills have been introduced, including this small sampling of hospital/healthcare bills:

- [HB 4089](#) addresses preservation of hair during chemotherapy treatment, which may impact oncology service protocols – *pending House Finance Committee*
- [HB 4059](#) requires hospitals and counties to report costs for care provided to undocumented immigrants – *pending House Health Committee*
- [HB 4344](#) addresses treatment protocols for unconscious ICU patients - *pending House Judiciary Committee*
- [HB 4715](#) proposes removing physician supervision restrictions for nurse practitioners and physician assistants – *pending House Health Committee*
- [HB 4757](#) establishes medical treatment privacy protections – *pending House Health Committee*
- [SB 580](#) updates the practice act for the Medical Imaging and Radiation Therapy Technology Board – *pending Senate Government Organization Committee*
- Various Immunization bills – *pending Health and Education committees*
 - [HB4070](#) - Relating to natural immunity or antibodies to any illness to be treated as equal or vaccine induced immunity (FN)
 - [HB 4073](#) - Permitting religious exemptions for compulsory immunizations
 - [HB4146](#) - To require compulsory vaccinations for anyone employed by public school system in this state

- [HB4168](#) - Relating to vaccine requirements
- [HB4666](#) - Require medical examiners to review medical and immunization records and document any immunizations or emergency countermeasures given within 90 days of their death (FN)
- [HB4681](#) - To create state civil liability for pharmaceutical companies for vaccine injuries from the COVID19 vaccines
- [SB26](#) - Revising Requirements and process for compulsory immunization exemptions
- [SB72](#) - Requiring medical professionals to report injuries and side effects from vaccines to BPH
- [SB237](#) - Prohibiting mandates for vaccines
- [SB408](#) - Prohibiting laws coercing persons to use medical product
- [SB415](#) - Requiring vaccine side effects be reported by medical professionals to BPH (FN)

While not yet introduced, WVHA is closely monitoring several issues that could emerge as legislation: hospital price transparency requirements, 340B transparency measures, WV Board of Medicine licensing and credentialing changes, an interstate compact for respiratory therapists, and a technical fix for Board of Nursing anesthesia regulations, to name just a few issues. As always, our team continues engaging with legislators and key stakeholders on these issues.

If you have any questions, please feel free to contact [me](#). Thanks.

Tony