



WEEKLY LEGISLATIVE UPDATE

West Virginia's 2026 Regular Legislative Session

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88TH WEST VIRGINIA LEGISLATURE - WEEK SEVEN RECAP

WV's 2026 Regular Legislative Session is progressing. 3/2/26 marks day 48 of 60. At this stage, all bills must be out of committee in the chamber of origin. The following is a summary report of activity from 2/23/26 – 3/2/26. If there are issues of interest not included in this report, please let us know - we will include them. **2,766** bills have been introduced. It is believed this is the most bills ever introduced in a single legislative session in state history.

2026 REGULAR SESSION LEGISLATIVE CALENDAR

2026 LEGISLATIVE CALENDAR		JANUARY							FEBRUARY						
		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
First Day - January 14, 2026: First day of session. (WV Const. Art. VI, §18)						1	2	3	1	2	3	4	5	6	7
Twentieth Day - February 2, 2026: Submission of Legislative Rule-Making Review bills due. (WV Code §29A-3-12)		4	5	6	7	8	9	10	8	9	10	11	12	13	14
Thirty-fifth Day - February 17, 2026: Last day to introduce bills in the House. House Rule 91a does not apply to originating or supplementary appropriation bills, and does not apply to Senate or House resolutions or concurrent resolutions.		11	12	13	14	15	16	17	15	16	17	18	19	20	21
Forty-first Day - February 23, 2026: Last day to introduce bills in the Senate. Senate Rule 14 does not apply to originating or supplementary appropriation bills, and does not apply to Senate or House resolutions or concurrent resolutions.		18	19	20	21	22	23	24	22	23	24	25	26	27	28
Forty-seventh Day - March 1, 2026: Bills due out of committees in house of origin to ensure three full days for readings.		25	26	27	28	29	30	31							
Fiftieth Day - March 4, 2026: Last day to consider bill on third reading in house of origin. Does not include budget or supplementary appropriation bills. (Joint Rule 5, paragraph b)															
Sixtieth Day - March 14, 2026: Adjournment at Midnight. (WV Const. Art. VI, §22)															
		MARCH													
		Sun	Mon	Tue	Wed	Thu	Fri	Sat							
		1	2	3	4	5	6	7							
		8	9	10	11	12	13	14							
		15	16	17	18	19	20	21							
		22	23	24	25	26	27	28							
		29	30	31											

87TH WEST VIRGINIA LEGISLATURE OVERVIEW

Republicans enjoy strong supermajorities in 2026 in the Senate (32-2) and House (91-9). Most committee meetings will be streamed live with audio and some with video, for those unable to be present at the Capitol. The WV Legislature's official website can be found [HERE](#).

HOUSE OF DELEGATES

The House of Delegates continues to be led by Speaker Roger Hanshaw (Clay). Hanshaw's leadership team looks similar to the 87th Legislature:

Majority Leader: [Pat McGeehan](#)

Majority Whip: [Marty Gearheart](#)

Speaker Pro Tempore, Deputy Speaker: [Matthew Rohrbach](#)

Deputy Speaker: [Joe Ellington](#) (Mercer)

Assistant Majority Leaders: [Thomas Clark](#), [David Elliott Pritt](#), [David Green](#), [Erica Moore](#), [David McCormick](#), [Mickey Petitto](#)



Key House Committee Chairs

Education: [Joe Statler](#) (Monongalia)

Energy: [Bill Anderson](#) (Wood)

Finance: [Vernon Criss](#) (Wood)

Government Organization: [Chris Phillips](#) (Barbour)

Health and Human Resources: [Evan Worrell](#) (Cabell)

Judiciary: [JB Akers](#) (Kanawha)

SENATE

The Senate is led by Senate President [Randy Smith](#) (Preston), with the team as follows:

President Pro Tempore: [Jay Taylor](#)

Majority Leader: [Patrick Martin](#)

Assistant Majority Leader: [Patricia Rucker](#)

Majority Whip: [Ben Queen](#)

Key Senate Committee Chairs

Education: [Amy Grady](#) (Mason)

Energy: [Chris Rose](#) (Monongalia)

Finance: [Jason Barrett](#) (Berkeley)

Government Organization: [Robbie Morris](#) (Randolph)

Health and Human Resources: [Brian Helton](#) (Fayette)

Judiciary: [Tom Willis](#) (Berkeley)

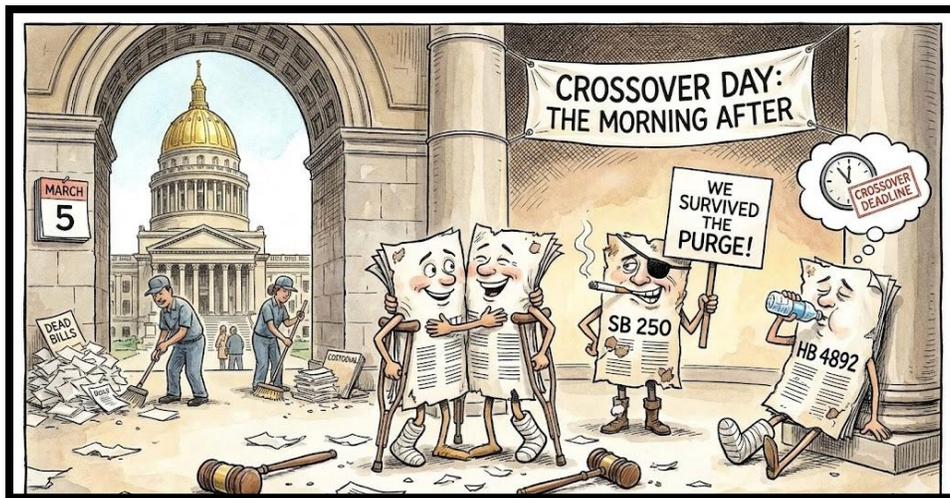
Context Corner: Update on WV Politics

The Legislative Purge: Crossover Day Chaos Consumes WV Capitol

If you listen closely near the West Virginia Capitol building this week, right over the gentle hum of century old steam heat and fake laughter amongst enemies, you can hear a distinct sound. That is the sound of lawmakers, state agencies, and lobbyists crying simultaneously as their bills die.

Welcome to the season of Crossover Day, which is the legislative equivalent of the Purge, but with more caffeine and way more tantrums. It is the unforgiving deadline by which a bill must pass its chamber of origin or be cast into the deafening darkness of maybe next year.

March 4th is the official Crossover Day. But the true bloodbath has already happened. To even *make* it to the floor for the big dance on Wednesday, a bill had to claw its way out of committee by March 1st. And with the legislature deciding not to meet over the weekend- a move scapegoated by those losing their bills, Friday afternoon turned into a silent graveyard.



The fact that only 447 bills have a shot of becoming law means more bills met their demise in the bottom drawer of a chairman's desk than ever before, a stinging fact in a Session where more bills were introduced than ever before with 2,766 wonderful and terrible ideas put into writing.

For the lucky bills that survived the Friday deadline, the upcoming floor sessions will be painfully long, as last-minute stays of execution are voluminous. Clerks will be reading bill titles at an auctioneers velocity but to those that lost it all it will feel sloth-like.

While the parade of the saved march inside the chambers, the center of the Capitol, known affectionately as "The Well," will be a scene of scapegoating despair. Those denying their fate will set a scene of pathetic pleading.

"Delegate! Delegate! Just one word about the crypto-mining tax credit!" one lobbyist will plead, clutching a lawmaker's ankle. "Not now! I have to vote on whether raccoons can legally be considered 'apprentice electricians' in five minutes!" the Delegate will shout, shaking loose.

As Crossover Day officially passes, the silence will be deafening. The survivors, the bruised and battered bills that actually passed, will be whisked away to the opposite chamber, where they will face a whole new gauntlet of committee chairs and deal-making with baseball bats.



Lawmakers and Governor staff are certainly still trying to make magic happen too. Parliamentary procedure allows for all sorts of quirky workarounds. Based on agendas released over the weekend, it appears that Senate Government Organization will meet Monday morning to push a Governor's proposed bill on boards and commissions. One does not even need to know what the bill does to know that there were threats or begging or both involved. In the other chamber, the House Health Committee will be taking up an early morning bill that appears to have had a late fiscal note dropped on it by state government's most notorious fiscal note saboteurs, PEIA. A fiscal note at this stage is usually a death sentence but an agency can only fool legislators 100 times or so before they get savvy. There may be a stoning in the form of hard, under oath questions posed during public testimony.

As for lobbyists who know what they are doing? If you haven't had success with your bill at this point you likely can't get it moving at this stage by itself. Sunshine generally kills controversial bills pushed by lobbyists- not because the bills are bad, per se, but because the politics are. No, your seasoned lobbyists will emerge from this weekend into the cool March air, ties loosened, as they have already identified half a dozen possum bills that they can latch onto through an amendment like a tick behind the ear. Hope springs eternal, especially for ticks.

RHTP Announcements Come Amidst Political Turmoil

The West Virginia Department of Health (DoH) has announced its Advisory Panel to guide implementation of the Rural Health Transformation Program (RHTP) and the \$199 million to be spent in year one. This Panel will serve in an advisory role under Secretary Dr. Arvin Singh to implement the RHTP's seven-pillar framework.

The appointed members include:

- Sherri Ferrell, WV Primary Care Association
- Trish Watson, WV EMS Coalition
- Dr. Katherine Calloway, Hospice Care West Virginia
- Jason Landers, Highmark and Association of Health Plans
- Merinda Stricklen, Food is Medicine Coalition
- Sarah Tucker, Higher Education Policy Commission
- Dr. Ali Rezai, WVU Neurosciences Institute
- Dr. John Cornell, Marshall Health
- Dr. Mark McDaniel, Acting State Health Officer
- Rebecca McPhail, Gas and Oil Association
- Josh Spence, Stitch AI
- Nick Fantasia, Marion Regional Development Corporation
- Heather Sigel, Valley Health (Eastern Panhandle)
- Virgil Underwood, Boone Memorial
- Dr. Andy Tanner, Vandalia Health

At the same time, rumor is the House Finance Committee is considering delaying action on **House Bill 4717 (Supplemental Appropriation for RHTP)** until Governor Patrick Morrisey acts on the House/Senate budget bill. Without passage the RHTP supplemental, Governor Morrisey may not be able to distribute RHTP dollars before July 1, 2026, which would cause significant delay to the RHTP effort. The Governor's Office recently circulated a letter it requested organizations to send to the House of Delegates. The First Lady Denise Morrisey and Secretary Singh made several social media statements criticizing the House Finance Committee. In his own right, Governor Morrisey has been pressuring lawmakers to pass the RHTP Supplemental, make additional cuts to state income taxes, and reduce base budget spending:



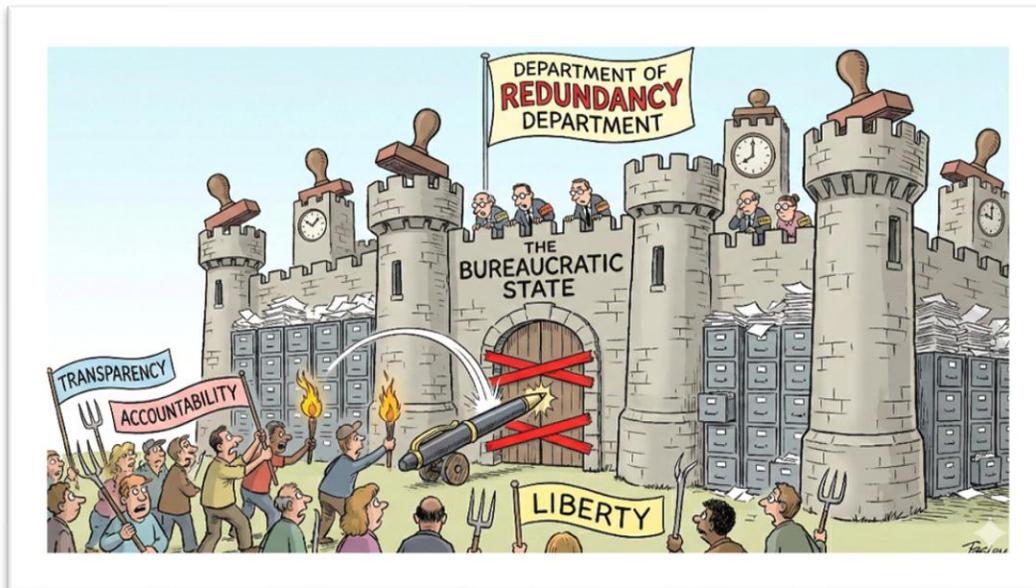
Weakening the Bureaucratic State, Senate Quietly Passes WV Loper Bright Doctrine

Slipping through the legislative process with less attention than it deserves, the West Virginia Senate has passed a bill that could fundamentally alter the balance of power between state regulators, the courts, and the Legislature.

Senate Bill 888, formally titled the **Judicial Deference Reform Act**, explicitly prohibits West Virginia courts and administrative hearing officers from simply deferring to state agencies' interpretations of their own rules and regulations when legal disputes arise.

Sponsored by Senators Rose, Rucker, and Tarr, the legislation represents a state-level mirror to the U.S. Supreme Court's landmark *Loper Bright* decision last year, which struck down the decades-old federal *Chevron* doctrine.

For years, when a state statute or regulation was vague, courts generally deferred to the subject-matter expertise of the state agency enforcing it. SB 888 officially kills that practice in West Virginia. According to the text of the bill, the legislation mandates a strict "**de novo**" review. This means judges and hearing officers must interpret the meaning of statutes, regulations, and even sub-regulatory documents (like agency memos or policy statements) completely independently, utilizing textual analysis and legislative intent rather than taking the agency's word for it.



The bill creates a strict "tie-breaker" rule for administrative ambiguity. If, after applying all customary tools of interpretation, a law or rule remains ambiguous, the court is legally required to resolve the ambiguity in a way that limits the scope of the state agency's power and authority and maximizes the protection of individual liberty. The bill explicitly states that courts "shall not presume that ambiguity in a statute, regulation, or sub-regulatory document grants discretionary authority to a state agency."

In practice, this is a massive shift of power away from executive branch regulatory agencies—such as the Department of Environmental Protection or the Department of Human Resources—and toward the judicial branch and Legislature. Agencies will no longer be able to stretch the boundaries of vague



statutes to implement new administrative policies. If the Legislature didn't explicitly authorize it, the agency likely can't do it.

If passed, this bill will have a long, slow-burning ripple effect in the coming years. Regulatory fights, particularly in highly technical and heavily regulated sectors like energy and health, will now be fought on much more favorable turf for private businesses and citizens challenging state agency actions.

The bill sparked debate on the Senate Floor and saw an amendment from Senator Ryan Weld defeated. The Senate went on to pass the bill with a 21-10 vote. If passed by the House and signed by the Governor, the Judicial Deference Reform Act will take effect on July 1, 2026, applying to all administrative proceedings and lawsuits initiated on or after that date.

WV House Clashes with Governor Morrisey, Passes \$5.46 Billion Budget

The West Virginia House of Delegates passed its \$5.46 billion budget bill this past week, setting the stage for a contentious end of the Regular Session.

The House's Budget comes in \$30 million lower than the Governor's proposed budget and highlights stark differences regarding tax cuts, education funding, and state healthcare obligations. Chairman Criss did not mince words: "We've done our due diligence on the governor's budget, his budget was actually unconstitutional because he actually spent more money than he had revenue for."

This year's budget bill is SB 250. Because the House and Senate alternate years on which chamber passes the budget bill first, the opposite chamber amends its own proposal into the bill, a maneuver that leads to the final state budget bill being hammered out in a conference committee.

Perhaps the most glaring difference between the competing bills is the approach to the Personal Income Tax (PIT). A full 10% PIT cut equates to roughly \$250 million, a figure that has divided state leadership:

- **The Governor:** Included a 5% PIT cut in his official budget proposal, though he publicly advocated for a 10% reduction during his State of the State address.
- **The Senate:** Included the full 10% PIT cut in their budget proposal.
- **The House:** Did not include any PIT cut in its budget.

House Finance Chairman Vernon Criss defended the chamber's decision to decouple the tax cut from the general spending bill. "There is a tax cut bill that the Senate has sent over," Criss stated. "We will take that up at a later time when we start taking up Senate bills."

The structural integrity of the budget was also a major point of contention, particularly regarding whether to fund major programs through the base budget or through anticipated surplus funds. Both the House and Senate opted to fully fund Medicaid within the base budget. In contrast, the Governor's proposal relied on \$170 million in surplus funds to cover Medicaid obligations.

Education funding, specifically the Hope Scholarship, saw similar philosophical splits. While the Senate paid for the program using surplus funds, the House passed legislation to release the payments quarterly, effectively reducing Hope funding by \$19 million.

Addressing his colleagues on the floor, Criss argued that the House's approach was a matter of constitutional boundaries. "We are funding Hope Scholarship at the level the governor wants for one year, not for a year and a half. Because constitutionally, you cannot force another legislature with an obligation from this legislature, and that's what you're doing by funding it a year and a half out."

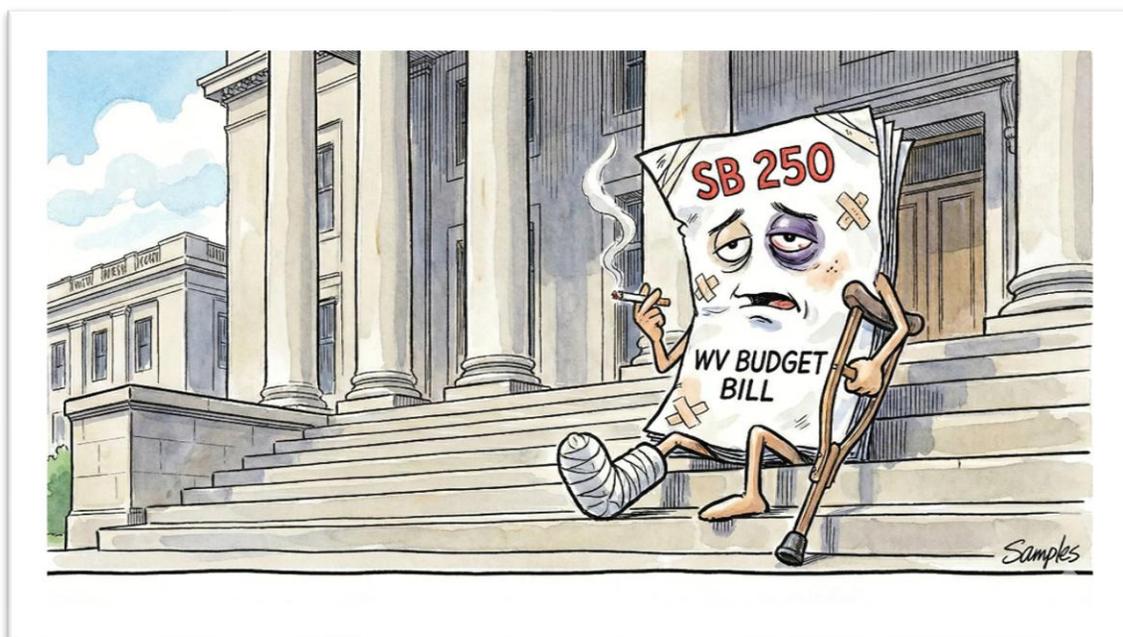
The differences in policy have rapidly deteriorated into personal attacks between the House Finance Chairman and Governor Morrisey. The conflict took another level when the Governor and First Lady unexpectedly appeared at a committee hearing intended to take up the Hope Scholarship—a move widely interpreted as an intimidation tactic. Criss, who has previously used harsh language to describe the Governor's tactics, reportedly confronted the First Lady about their presence at the hearing. Criss did not acknowledge the Governor during the hearing, a move that also caught attention of observers.

The Governor retaliated publicly, taking to social media to express his frustration. "Tax cuts and school choice used to be page one of the Republican platform— guess House Finance Chair Vernon Criss hasn't gotten that far," the Governor tweeted.

Amidst the high-level clashes, the House also took targeted action to rein in the Department of Human Services (DOHS). The chamber adopted an amendment introduced by House Health Vice Chairman Mike Hite aimed at protecting home and community-based waiver programs.

The amendment features strict language stipulating that the DOHS "shall only use appropriations for IDD Waiver... Title XIX for Senior Citizens Waiver... and Traumatic Brain Injury Waiver... for approved waiver services within that appropriation."

This language acts as a financial guardrail, intended to explicitly stop the Department from siphoning money away from waiver programs to cover non-waiver expenses. The issue has been a flashpoint over the past three years. Similar protective language was vetoed last year. Lawmakers have also been frustrated with Secretary Alex Mayer failing to provide requested data about waiver spending, an action that has further weakened the struggling department's leader.





As the budget moves to the Senate and ultimately to a conference committee, the House and Senate appear to be getting along much better with one another than the House is with the Governor. Key House members have indicated that a budget deal with the Senate has already been struck. The timing of the release of that deal is critical because of the Governor's ability to line item veto. For the budget bill and supplemental bills, the governor may lower or remove specific amounts or language from the bill. The Governor is not permitted to increase amounts or add language. If the Legislature passed the budget early enough then a line item veto can be overcome. When the Legislature sends the budget bill to the Governor during the legislative session, he only has five days to return the bill or it becomes law.

Homeschooling Becoming Litmus Test for Far Right Conservatives

A turbulent week in the West Virginia Legislature laid bare a sharp, emotional divide over education, pitting child safety advocates against defenders of absolute parental rights. Homeschooling has evolved into a definitive political litmus test for West Virginia conservatives. Lawmakers are being increasingly forced to make votes that are being scrutinized by homeschooling advocates.

The Senate committed SB 966 to inactive calendar, a bill that would effectively strip core curriculum mandates and educational requirements from the state's homeschooling laws. Sen. Mike Woelfel attempted a rare floor maneuver to reject SB 966 outright by stopping it on First Reading. "It eliminates instruction of reading, math and science. The teacher is not even required to have a GED," he argued. His motion failed 10-24, but drew lots of media attention. Ultimately, with little hope of the bill advancing in the House, the Senate did not want to lose time debating the bill. The legislation was also rumored to have been sacrificed in order to have another bill, Raylee's Law, removed from the Senate Health agenda.

The Senate Health Committee tabled Raylee's Law following what lawmakers said was an extremely contentious debate in caucus. The legislation would prevent parents currently under active Child Protective Services (CPS) investigations for abuse from pulling their children out of school to homeschool them. This legislation exposed a growing division between the current and previous Senate Education Chairs.

Senator Rucker was working hard to stop the bill from being on the agenda, trading votes on other issues for it. Senator Grady later stated that the caucus debate "was very contentious" and went on to tell capitol reporter Amelia Knisely, "I don't understand how anybody could not support that, but people in this building surprise me every day. In the cases where a child is being abused, this could mean the difference in life and death."

Alarms Sounded on SB 937: Bill Threatens to Monopolize Child Welfare

A fierce battle is brewing over the future of West Virginia's most vulnerable children. A growing coalition of West Virginia child welfare providers are fighting back against SB 937. The coalition, representing child placement agencies, residential treatment facilities, licensed behavioral health centers, in-home family preservation services, socially necessary service providers, advocates, and social work organizations, has expressed strong opposition to the proposed legislation.

Despite sweeping concerns, SB 937 recently advanced out of the Senate Judiciary Committee. Chairman Tom Willis championed the legislation after picking up the concept from national providers pushing the model. While organizations on the ground universally agree that the state's child welfare system needs



significant reform, they warn that moving to this "community-based" Lead Agency model is a dangerous misstep.

The "Lead Agency" Model: Picking Winners and Losers

Under the proposed framework, the state would privatize everything in the child welfare system following the initial investigation. A single "lead agency" would be granted oversight over all its competitors within a specific region.

Conservatives and market advocates have raised immediate red flags about this approach, arguing it relies on the flawed philosophy of the government picking winners and losers in the free market. Providers share these concerns, actively opposing the legislation because they do not want the government to create provider monopolies in regional service areas.

By design, the lead agency would be empowered to dictate the reimbursement rates, patient referrals, and internal systems used by other competing agencies. The coalition argues that creating a provider monopoly places children at risk because it sacrifices the necessary checks and balances of government interaction with individual provider groups.

According to the provider coalition, this framework creates a profound inherent conflict of interest of self dealing by allowing one agency to manage and oversee its direct peers and potential competitors. The lead agency could establish arbitrary standards for its competitors. This could include cherry-picking cases based on patient acuity. It could also force competing providers to adopt the lead agency's internal systems. Furthermore, the lead agency could set reimbursement rates that benefit themselves over fellow providers.

The Nebraska Warning Sign and Exploding Costs

This specific privatization concept has been tried in fewer than a handful of jurisdictions nationwide, most notably in Nebraska. According to reports from the [Center for Public Integrity](#) and the Nebraska Legislature's LR 37 investigative [REPORT](#), Nebraska's experiment into a lead-agency child welfare system was a systemic collapse.

Nebraska's experiment led to bankrupt subcontractors, overwhelmed caseworkers, and severe disruption in care for children. The failure was so profound that Nebraska lawmakers had to completely reverse course and pass emergency legislation to dismantle the privatized system and return case management to the state.

The most glaring issue for West Virginia lawmakers to consider is the cost. West Virginia's child welfare system currently costs \$700 million annually. Based on the analysis of the failed Nebraska experiment, privatization drove child welfare costs up by 27%. If West Virginia follows the same trajectory, the state could be looking at an additional \$190 million in costs every single year.

Despite these massive financial implications, the bill has yet to receive a fiscal note. What would it cost the state to do an actuarial analysis to develop such a model? Providers are also questioning if the state even possesses the data breakdowns necessary to set accurate rates. In other jurisdictions, lead agencies required massive additional funding infusions just to develop the required infrastructure.

WV.L.G. placed several of these dire concerns on the record during the Senate Judiciary hearings, also providing members with letters signed by nearly 20 agencies opposing the measure. However, the bill was going to pass committee based on the sponsor's influence, circumventing the financial and structural warnings.



Existing Crises and Unanswered Questions

Beyond the threat of monopolies and ballooning budgets, the providers emphasize that the state's most pressing issue is a severe lack of frontline workforce and direct-care resources. Funding a new tier of lead agency middle management does nothing to address the urgent need for caseworkers, therapists, and direct-care staff on the ground.

Ultimately, state dollars must be prioritized for direct interventions and family support, not administrative restructuring. The coalition of providers is pleading with lawmakers, stating that reckless structural upheaval for the sake of change will actively harm children and exacerbate an already dire situation. West Virginia cannot afford to gamble on a model with so many unresolved liabilities.



NOTABLE LEGISLATION SHOWING MOVEMENT

PLEASE NOTE: There have been numerous abortion-related, vaccine mandate/exemption, health freedom, child welfare / foster care, and other bills introduced during this session. If these bills begin to show movement or appear on committee agendas, they will be added to this list. Please note that this list will grow exponentially as bills are introduced and show signs of movement. Please inform WVLG of any bills you would like specifically monitored. **Of note, only 10.1% of bills introduced in 2025 ultimately passed the Legislature.**

BUDGET/ TAXATION

1. **SB 250 / HB 4027: SFY 2027 Budget Bill**

- a. The state budget is the only bill that the Legislature is constitutionally required to pass. It is typically the most contentious issue between the Executive and Legislative Branches, especially the House of Delegates.
- b. The Senate has generally been more supportive in public statements about the budget. As is tradition, the first budget presentations are made to the House and Senate by the Department of Revenue, covering budget expenditures in one hearing and budget revenues in another. The Governor's budget is presented in both the House and Senate.
- c. Each chamber will use these bills as a vehicle to pass their own respective budget. The two chambers then typically enter into a budget conference committee to hammer out the final details. The House and Senate alternate years as to which chamber's bill will be the vehicle for the state's budget. This year the budget will be a Senate Bill. That bill is found [HERE](#).
- d. Budget Presentations: The Governor's Revenue, Expenditure, and Budget Bills were presented to both the House and Senate Finance Committees in Week 1. The Senate archived videos of the presentations can be found [HERE](#). The House archived audio of the presentations can be found [HERE](#).
- e. SB 250 was reported out of Committee on 2/17. It passed the Senate on 2/20 with a vote of 28-4. It has been reported to the House.
- f. HB 4027 reported out of Committee on 2/20; on first reading on the active calendar on 2/23.
- g. HB 4027 was amended into SB 250 on the House Floor. Several amendments were taken up.
- h. On 2/25, SB 250 passed the House Floor 83-14 and was sent back to the Senate.

2. **HB 4717 / SB 570: Supplemental for Rural Health Transformation Program (details [HERE](#)).**

- a. Governor's proposed RHTP supplemental to allow for expenditures from RHTP in SFY 2026. Total amount requested is roughly \$200 million.
- b. As of 2/8, the House Finance Committee has not moved HB 4717 since 1/22.
- c. PASSED Senate 32-0-2.
- d. Referred to House Finance on 2/16.
- e. On 2/23/26, the WV DoH released: "Delay in Authorizing \$199 Million Rural Health Transformation Program Risks Federal Funding, Rural Health Access" (see the release [HERE](#)), seeking to pressure the House Finance Committee to pass this supplemental.

3. **HB 5291 / SB 821: Supplemental Appropriation to the Department of Administration - Board of Risk and Insurance Management from Special Revenue (details [HERE](#))**



- a. Governor proposed supplemental
- b. Senate bill passed Senate Finance on 2/13.
- c. Passed Senate 31-0.
- d. Bill referred to House Finance on 2/19.

4. **SB 766**: Creating Caregiver Tax Credit Act (details [HERE](#))
 - a. Legislation being advocated by AARP
 - b. Bill passed Senate Health on 2/13 and has been second referenced to Senate Finance

MEDICAID

5. **HB 4767**: Relating to requiring the Bureau of Medical Service to file a legislative rule (details [HERE](#))
 - a. Legislation proposed by Chairman Worrell and Vice Chairman Hite.
 - b. Legislation was taken up on 1/29 for public hearing in House Health.
 - c. PASSED House 96-1-2.
 - d. Referred to Senate Judiciary Committee on 2/12.
 - e. This legislation only focuses on Medicaid policy manuals and not State Plan or Medicaid waivers. One of the reasons brought forth by lawmakers to bring forth this bill was to address issues with over regulation and bureaucratic agencies making law through policy.
 - f. Several states require Medicaid to get various types of approvals from the state legislature. IL, OH, WI, MI represent a couple examples. Currently, there are over 1,630 legislative rules. There are roughly 45 Medicaid policy manuals. By comparison, there are 83 Insurance Commission rules, 82 tax rules and 70 Dept of Health rules.
6. **HB 5327**: Creating the Amyotrophic Lateral Sclerosis (ALS) Act (details [HERE](#))
 - a. Passed House Health on 2/27 with Comm Sub
 - b. Expected to pass House Floor this week
7. **HB 4335**: Relating to Medicaid providers and credentialing (details [HERE](#)).
 - a. This bill establishes uniform and expedited credentialing standards for Medicaid providers and require electronic submission of credentialing applications. The bill further directs the DoHS to transition to a unified statewide electronic credentialing system.
 - b. The bill's lead sponsor is House Health Chairman, Evan Worrell, stating that MCOs sometimes take up to six months for credentialing and enrollment of health care providers. The bill requires credentialing within 60 days with an allowable 30-day extension and would require the electronic submission of a universal credentialing application created by DoHS.
 - c. PASSED House 93-0-6.
 - d. PASSED Senate Health Committee.
 - e. A late fiscal note was submitted by the Dept of Human Services for \$4M. It is unknown whether this will trigger a Governor's veto.
 - f. Legislation has **COMPLETED** the legislative process.
 - g. Bill **SIGNED** by Governor.
8. **SB 231**: Relating to value-based payment requirements (details [HERE](#)).
 - a. This bill requires value-based contracting for SUD, requiring value-based outcomes for grants, and requiring a SPA to the extent necessary.



- b. The WV Bureau for Medical Services fiscal note can be reviewed [HERE](#).
 - c. PASSED Senate Health Committee after long discussion and Q&A via committee substitute (see the comm sub [HERE](#)), which calls for anonymized data provided to LOCHHRA. At this meeting, it was discussed that various stakeholder meetings were held throughout 2025 to develop and improve this bill. This includes flexibilities provided at the request of Medicaid.
 - d. PASSED Senate Finance Committee, with various amendments being voted down.
 - e. The fiscal note for this legislation is projected at \$13 million. This has very much upset Chairman Helton; anticipated Senate will pass with sharp criticisms of the DoHS.
 - f. Passed Senate 33-0.
 - g. PASSED House Health Committee following lengthy discussion.
 - h. Referred to House Finance Committee.
9. **SB 729**: Setting forth mandatory Medicaid program requirements (details [HERE](#))
- a. Legislation aims at codifying HR 1 and is being promoted by the White House across the country
 - b. Legislation was on agenda for Senate Health on 2/26 but was pulled
 - c. Pieces of this legislation may be amended into other bills
 - d. **Likely Dead**
10. **HB 4772**: To ensure the integrity of West Virginia's Medicaid program by requiring regular verification of enrollee status and prompt removal of deceased individuals from active Medicaid rolls (details [HERE](#))
- a. Passed House Health on 2/27
 - b. Expected to pass House Floor this week
11. **HB 5022**: Relating to including the Aged and Disabled Waiver, Traumatic Brain Injury and Personal Care Program in the annual HCBS Rate Study (details [HERE](#))
- a. Legislation proposed by House Health Chairman Worrell.
 - b. The 2025 study release initially only included IDD Waiver analysis. This bill would add three other HCBS programs to the analysis.
 - c. PASSED House Health Committee
 - d. PASSED House 97-0-2.
 - e. Referred to Senate Health Committee; 2nd reference to Senate Finance Committee.

HEALTH

12. **HB 4196**: To offer long-acting reversible contraception (LARC) to patients receiving methadone and suboxone at the treatment facility for the methadone and suboxone (details [HERE](#)).
- a. PASSED discussion phase; to markup and passage phase.
 - b. This bill requires licensed programs, under the MAT Program Licensing Act, to offer LARC to patients recovering from addiction to new and current patients. According to lead sponsor, Delegate and RN Sarah Drennan, "the focus of this bill is not to limit families...it's to help women become healthy before becoming pregnant, so that when they do choose to start or grow their family, they can do so from a place of stability, recovery and strength."
 - c. Bill passed House Health on 1/20/26.
 - d. Democratic amendments were defeated on the floor via voice vote. Bill is expected to pass House and be sent to Senate on 1/26/26.



- e. PASSED House 83-5.
- f. A minor fiscal note of less than \$20k was issued by the Department of Human Services late.
- g. Legislation was passed by Senate Health on 2/16.
- h. Bill was passed by full Senate 32-1. House concurred with Senate amendment 92-4.
- a. Legislation has **COMPLETED** the legislative process.

13. **SB 1012**: Developing juvenile inpatient substance use disorder treatment beds in Cabell County (details [HERE](#))

- a. Legislation allows for the development of additional SUD bids for under 18 so as to circumvent bed cap of 250
- b. Legislation being pushed by OVP
- c. Bill passed Senate Health on 2/27
- d. Bill will likely pass Senate this week

14. **HB 4965**: Relating to patient centered treatment flexibility within PEIA (detail [HERE](#))

- a. Introduced by Delegate Kimble
- b. Hearing in House Health on 2/26
- c. PEIA dropped a late sizable fiscal note
- d. Bill will be taken up by House Health on 3/2

15. **HB 4474**: Extending the Alzheimer's Disease and Other Dementia Advisory Council sunset date (details [HERE](#))

- a. Legislation proposed by Delegate Hall.
- b. Legislation passed House Health.
- c. Legislation passed House 97-0.
- d. Senate dispensed with committee reference and passed bill 32-0.
- e. Legislation has **COMPLETED** the legislative process.
- f. Bill **SIGNED** by Governor

16. **SB 888**: Creating Judicial Deference Reform Act (details [HERE](#))

- a. Passed Senate Judiciary 2/20
- b. Passed Senate Floor 21-10
- c. Referred to House Judiciary

17. **HB 4981**: Relating to designating a psychiatric hospital that treats exclusively civil and forensic patients committed to it from the state or from state hospitals a state-designated hospital for purposes of the statute (details [HERE](#))

- a. Introduced 1/29
- b. Governor's Office opposed to bill.
- c. Passed by House Finance on 2/20
- d. Passed House Floor 93-0 on 2/27

18. **SB 897**: Relating to licensure and certification of alcohol and drug counselors (details [HERE](#))

- a. Bill passed Senate Health on 2/24 and was second referenced to Senate Finance



- b. Testimony from Addiction Counselors argued that standards need created to give upward mobility in the field.
 - c. This creates a new board under Chapter 16
 - d. **LIKELY DEAD**
19. **SB 1055**: Mandating behavioral health rate study by Medicaid (details [HERE](#))
- a. Bill passed Senate Health on 2/24 with second reference to Finance
 - b. Legislation appears to be in response to concerns raised by MCOs about CCBHCs
 - c. BH providers believe this bill is in retaliation for their actions on SB 231
 - d. **LIKELY DEAD**
20. **HB 4359**: Exempt an existing hospital under certificate of need to move their facility up to 10 miles to a new location (details [HERE](#)).
- a. This legislation is in response to a recent Supreme Court ruling that Mon Health will have to get CON to build a new Stonewall Jackson Memorial Hospital in the Weston area.
 - b. The legislation can be anticipated to run given Delegate Burkhammer is sponsor and chairs the House Human Services Committee.
 - c. It is possible that there will be attempt to amend this bill into legislation on the House Floor.
 - d. In deal with House Leadership, this legislation was taken up in House Health for a hearing on 2/18 in lieu of Floor Amendment on different legislation.
 - e. Bill had hearing on 2/18.
 - f. Legislation was **DEFEATED** on 10 -10 tie vote in House Health on 2/19.
21. **HB 4770**: Establishing limitations on the use of artificial intelligence and artificial intelligence technology to deliver mental health care, with exceptions for administrative support functions (details [HERE](#)).
- a. Legislation proposed by Chairman Worrell on behalf of the Licensed Professional Counselors Association.
 - b. PASSED House Health Committee with comm sub; 2nd reference to House Finance Committee on 2/3.
 - c. **LIKELY DEAD**
22. **HB 5096**: relating to removing services from requiring a certificate of need (details [HERE](#)).
- a. This bill removes Personal Care Services (PCS) and Intellectual and Developmental Disability Waiver (IDDW) Services from under the Certificate of Need (CON) program. West Virginia has 23 different services that require a full CON, which can be a time-consuming, costly, and burdensome process, with expenses like application fees, consultants, attorneys, and accountants, required to complete the process, as well as the likelihood of opposing parties forcing decisions to hearings and litigation. Various services have complex need methodologies.
 - b. There were various questions from Committee members, including concerns about the scope of the bill and specific services being removed from CON.
 - c. Some PCS and IDDW agencies were present, with a mix of support and opposition.
 - d. Fiscal note from HCA reflects \$24k savings.
 - e. PASSED House Health Committee.
 - f. Legislation passed House Floor 94-2 after defeat of amendment.



- g. Senate referred bill to Senate Health Committee on 2/17.
23. **HB 5458 / SB 677**: Relating to professionals to be licensed by the West Virginia Board of Medicine (details [HERE](#))
- HB referred to House Govt Org on 2/12
 - SB referred to Senate Health on 1/30
 - Passed Senate Health on 2/26. Will likely pass Senate Floor this week.
24. **HB 5021**: Relating to limited circumstances which RN may administer anesthetics (details [HERE](#)).
- Bill sponsor, Delegate Saran Drennan, testified about this clarifying legislation, explaining that it does not expand scope of practices for RNs, but it is needed to give hospitals some comfort with legislation passed in 2025, a “clean up” bill of sorts.
 - A rep from the RN board, Michael Payne, general counsel, explained this is a limited area, to allow intubated patients to be treated quickly by RNs in anesthetic drips. He stated this procedure does not require the presence of a CRNA or anesthesiologist.
 - Legislation passed House Health with Committee Substitute on 2/11.
 - Legislation was placed on House Inactive Calendar on 2/13.
25. **HB 4951**: Requiring MD/DO to complete continuing medical education in nutrition (details [HERE](#)).
- This bill requires MDs and DOs to complete CME in nutrition, to be consistent with the WV commitments to CMS re the RHTP.
 - Legislation was split out from HB 4740.
 - PASSED House 58-35-6 (see the surprisingly close vote [HERE](#)).
 - Referred to Senate Health Committee on 2/4.
26. **HB 4981/ SB 650**: Designating psychiatric hospital that treats exclusively civil and forensic patients (details [HERE](#))
- Senate Bill passed on 2/13 with second reference to Senate Finance
 - Passed Senate Finance on 2/27. Likely to pass Senate Floor this week.
27. **SB 742**: Permitting physicians to determine 72-hour holds without contacting enumerated individuals (details [HERE](#))
- Senate legislation passed House Health on 2/13 with second reference to Senate Judiciary
 - Legislation passed Senate 28-0 on 2/21.
 - Referred to House Health and then Judiciary.
28. **SB 595**: Requiring both parents content for non-emergency and non-life-threatening procedures on children (details [HERE](#)).
- This bill was introduced by Senator Laura Chapman, and would require courts to allocate that both children must agree to procedures for a child.
 - Referred to Senate Health Committee; 2nd reference to Senate Judiciary Committee.
 - This bill is unlikely to pass.
 - Likely Dead**
29. **HB 5057**: To create the Rural Mobile Health and Mental Health Access Act. (details [HERE](#))
- Bill referred to House Health on 2/02



- b. Bill has fiscal note of \$100k
 - c. **Likely Dead**
30. **HB 4599**: Relating to WV Cares background check variance process (details [HERE](#))
- a. The purpose of this bill is to modify the West Virginia Clearance for Access: Registry and Employment Screening Act ("WV Cares") background check variance process.
 - b. 1/29 Legislation was heard by House Health for hearing. Testimony was taken from Jessica Whitmore at the OIG, who opposed the bill.
 - c. This bill has not moved from the Hearing stage to the Markup and Passage stage.
 - d. Bill passed House Health.
 - e. Bill passed House Floor 94-0 on 2/19.
 - f. Senate referred to Senate Health on 2/20.
31. **HB 4982**: Relating generally to the re-establishment of a statewide Healthy Lifestyles program (details [HERE](#))
- a. Legislation proposed by Chairman Worrell and labeled as the "Make West Virginia Healthy Act of 2026."
 - b. Legislation sets up a 13-member coalition with a plethora of output requirements. Legislation requires Medicaid to explore nutritional improvement policies, ranging from managed care policies to food is medicine policies.
 - c. HB 4982 is much more comprehensive than SB 562, a similar but narrower bill that does not require the broader Medicaid population to be considered for Food is Medicine.
 - d. PASSED House 91-4-4.
 - e. Dept of Health fiscal note of 101k.
 - f. Referred to Senate Health Committee.
 - g. Senate Health passed with Amendment.
 - h. Senate passed 32-1.
 - i. House concurred 90-6.
 - j. Legislation has **COMPLETED** the legislative process
32. **SB 649**: Requiring coverage of home blood pressure monitoring devices for certain Medicaid recipients (details [HERE](#))
- a. Passed Senate Health on 2/11 and second referenced to Senate Finance
 - b. **Likely Dead**
33. **SB 562**: Establishing Food is Medicine Program Under Medicaid (details [HERE](#))
- a. Passed Senate Health on 2/11 with second reference to Senate Finance
 - b. Legislation incorporated into HB 4982.
 - c. **Likely Dead**
34. **HB 4852**: Relating to regulation of food dyes (details [HERE](#)).
- a. This bill makes subtle changes to the food dye and additive ban law passed in 2025, but was tied up in litigation. These definition changes are commonly thought to be necessary to allow the 2025 law to survive the court challenge. The AG's office testified to this effect.
 - b. PASSED House Health Committee.
 - c. Two House Floor Amendments adopted concerning the Department of Agriculture playing a role and the Department of Education.



- d. Passed House Floor 77-18
 - e. Referred to Senate Health and then Judiciary on 2/18.
35. **HB 4760**: Requiring insurance to cover certain nutrition and dietary needs (details [HERE](#))
- a. Introduced by Delegate Burkhammer and Delegate Worrell.
 - b. Passed House Health.
 - c. Fiscal notes from PEIA and OIC under \$100k
 - d. 2nd reference to House Finance Committee.
 - e. **Likely Dead**
36. **HB 5437**: Creating the Vape Safety Act (details [HERE](#)).
- a. This bill creates strict regulations for vape and smoke shops by establishing a state-run Vapor Products Directory, requiring FDA marketing authorization, and implementing licensing for retailers.
 - b. PASSED House Health Committee via comm sub.
 - c. Passed to House Judiciary Committee.
 - d. Passed House Floor 88-5
37. **HB 4740 / SB 571**: Statutory Commitments in RHTP (details [HERE](#)).
- a. The purpose of this bill is to make certain changes consistent with relating to creation of WV's Rural Health Transformation Program and WV's commitments to the CMS.
 - b. Legislation will be discussed by House Health Committee on 1/27/26.
 - c. Legislation was split apart because of single object rule whereby this bill impacted several disparate sections of code.
 - d. This bill now focuses specifically on purchasing exemptions.
 - e. PASSED House 92-1-7.
 - f. Referred to Senate Government Organization Committee.
 - g. Senate Floor passed 33-0.
 - h. Legislation has **COMPLETED** the legislative process
38. **HB 4715**: To remove restrictions for supervising physicians for APRNs/PAs in WV (Details [HERE](#)).
- a. This bill has mixed support in House Health Committee, with a predominantly conservative group of delegates backing it, seeking to increase the scope of practice for APRNs & PAs. Opposed by all physician groups in WV (see joint statement at the end of this document).
 - b. The bill was discussed on 1/27/26 at the House Health Committee, where lead sponsor, Delegate Lisa White, presented the bill and answered questions. White stated her goal for the bill was to expand the scope of practice for APRNs and PAs with the hope of addressing provider shortages and improving access to care in rural WV. Clearly, White and fellow bill sponsors see the "supervision" and "collaboration" requirements in current WV law and licensing board rules as burdensome and unnecessary impediments to providing care. It was stated that 27 other states have implemented similar laws, although those vary.
 - c. Various issues were discussed, such as differences in provider training, education, and experience; increased liability/malpractice costs; increased ER visits; increased prescribing rates; patient safety safeguards; and exacerbating an already alarming physician shortage.
 - d. Dr. Joe Prud'homme spoke against the bill, as current President of the WV State Medical Association, and answered a variety of questions from Committee members. He also read a statement of opposition from all major physician advocacy groups in WV, stating that



expanding scope of practice does not result in improved access in rural areas. The Dr. stressed that his wife is a PA and his most trusted provider colleague is an APRN – but he stressed the importance of a physician-led health care team.

- e. Finally, recent graduate APRN and ICU nurse Adam Fannin spoke in favor of the bill on behalf of the WV Nurses Association, asking legislators to allow APRNs and PAs to “practice to the fullest extent of their education and training.”
- f. It appears this bill does not have support but separate legislation on APRN only has been rumored in the House.
- g. **Likely Dead**

39. **HB 5681**: Relating to empowering qualified certified nurse practitioners and certified nurse midwives to prescribe, administer, and dispense prescriptions drugs without a collaborating physician. (details [HERE](#))

- a. Legislation up for hearing on 2/23 in House Health Committee.
- b. **Likely Dead**

40. **SB 956**: Removing collaborative and supervisory requirements for physician assistants (details [HERE](#))

- a. Passed Senate Health on 2/26
- b. Bill on third reading and will likely pass the Senate Floor this week

41. **SB 210**: Modifying oversight provisions for Legislative Oversight Commission on Health and Human Resources Accountability (details [HERE](#))

- a. Legislation introduced by Senator Helton
- b. This bill requires Department of Health, Human Services, and Health Facilities to submit a program performance report annually based on budget bill.
- c. Legislation is opposed by the Administration and the Department of Human Services.
- d. Secretary Mayer opposed the legislation in testimony in Judiciary Committee. The Secretary stated that the legislation would require additional staff. Senator Tarr interpreted this
- e. Legislation passed Senate Judiciary on 1/30 and will be on 1st reading on 2/2
- f. PASSED Senate 34-0.
- g. Legislation being taken up by House Health Committee on 2/9 for hearing.
- h. 2/25 Passed House Health
- i. Likely to pass House Floor this week.

42. **SB 42**: Authorizing over-the-counter sale of ivermectin (details [HERE](#)).

- a. This bill enables pharmacists to dispense Ivermectin for human use without a prescription.
- b. Ivermectin is currently a prescription-only medication in WV.
- c. PASSED Senate Health Committee.
- d. Referred to Senate Judiciary Committee on 1/16.
- e. **Likely Dead**

43. **HB 4810**: Relating to dental health care service plans (details [HERE](#)).

- a. JoyLynn Fix, with the WVOIC, spoke about the bill, expressing doubt that this bill will have any real impact on dental rates in WV. She did admit that the WVOIC should make dental insurance statistics more readily available on their website, for providers and consumers to research. She stated that the number of fully insured WVians is small, only about 150,000.



- b. Hallie Mason, Executive Director of the WV Dental Association, testified in support of the bill, criticizing dental insurance companies for high dental premiums, low dental loss ratios (DLRs), and poor reimbursement to dentists. She stated that 30+ states have similar legislation, based on a NCOIL model law, protecting dentists and patients. Mason stated a majority of the dentists completing dental school are leaving than staying. Mason stated that many dentists are leaving dental insurance networks on a case-by-case basis, depending on the insurer. Mason said virtual credit cards (called “P-cards”) are sometimes used for reimbursement, where 3-5% fees are being passed on to the dentist. The WVDA is asking for reimbursement options.
- c. **Likely Dead**

44. **HB 4336**: Relating to standards for a MAT program (details [HERE](#)).

- a. This bill updates the drug testing standards for MAT programs.
- b. Advocates for the bill stated “West Virginia’s MAT-licensing requirements discourage telemedicine access and therefore increase the risk of overdose deaths in West Virginia.”
- c. Bill had hearing on 1/15. Hearing went poorly for those pushing legislation.
- d. This bill was discussed at a House Health Committee hearing, and has been moved to the Markup and Passage stage, but is unlikely to pass.
- e. **Likely Dead**

45. **SB 446**: Including certain mental health disorders in existing public health programs (details [HERE](#)).

- a. Jenny Entsminger (Executive Director of the WV Pregnancy Center Coalition and affiliated with the WV Mothers and Babies Support Program) testified in support of the bill, stating the need is greater than our resources and that WV can expand these services to care for more mothers before they reach a crisis point.
- b. PASSED Senate Health Committee.
- c. 2nd reference to Senate Finance Committee.
- d. Fiscal note from Dept of Health shows \$45k. A fiscal note has been requested from DoHS.
- e. **Likely Dead**

PHARMACY POLICY

46. **HB 5430**: Relating to pharmaceutical benefits (details [HERE](#))

- a. This bill furthers regulation of PBMs by eliminating “spread pricing” in WV (PBMs charging plans more for drugs than paid to pharmacies), by requiring an annual pharmacy dispensing fee study to be conducted by the WVOIC, by prohibiting PBMs that own GPOs and that own/affiliate with pharmacies from contracting with PEIA, requiring a PBM contracting with Medicaid to pay all pharmacies the same amounts, and by requiring Medicaid and PEIA to implement a cost containment tool to seek lowest net cost drug alternatives and address polypharmacy issues when clinically appropriate.
- b. A summary of HB 5430, provided by the WV Independent Pharmacy Association, can be found at the end of this document.
- c. House Health Committee hearing on 2/12/26.
- d. House Health takes up legislation on 2/15 for passage.
- e. House Floor passed 95-0 with amendment.
- f. Referred to Senate Health Committee.



47. **HB 5109**: Updating regulation of PBMs (details [HERE](#))
- This legislation was proposed by PEIA in the past to narrow the definition for PBMs.
 - This bill is not anticipated to run because of HB 5430.
 - Likely Dead**
48. **HB 5365**: Relating to the regulation of pharmacy benefit managers providing services to the Public Employees Insurance Agency (details [HERE](#))
- This legislation would move PEIA under the OIC for regulatory purposes.
 - Referred to House Banking and Insurance.
 - This bill is not anticipated to move given HB 5430.
 - Likely Dead**

CHILD WELFARE

49. **SB 436**: Relating to statewide prevention plan (details [HERE](#))
- Lorie Bragg (BSS Commissioner) testified that an amendment has been proposed to bill but seemed tentatively supportive.
 - Mark Drennan (WV Behavioral Healthcare Providers Association) testified in support of bill.
 - PASSED Senate Health Committee.
 - 2nd reference to Senate Finance Committee on 1/21.
 - Likely dead**
50. **SB 228**: Relating to use of technology in child abuse and neglect investigations (details [HERE](#))
- PASSED Senate Health Committee.
 - 2nd reference to Senate Finance Committee. Fiscal note has been submitted.
 - Passed Senate Finance.
 - Passed Senate 33-0.
 - Referred to House Health.
 - Taken up for hearing on 2/24 in House Health
51. **SB 540**: Relating to audio recording during CPS investigation
- Bill passed Judiciary on 2/24/2026 with second reference to Senate Finance
 - Fiscal note requested but not yet provided.
 - Likely dead**
52. **HB 4022**: The purpose of this bill is to clarify the application of the allocation formula for child protective services workers by county, and to set forth what information should be included in the annual report. (details [HERE](#))
- Bill introduced by Governor
 - Bill passed House Health on 1/21
 - Bill passed House Floor 88-0 on 1/27
 - Bill passed by Senate Health on 2/21
 - Bill taken up by Senate Judiciary on 2/24
 - Likely to pass Senate Floor this week.



53. **SB 523**: Increase circumstances where Department of Human Services is required to seek termination of parental rights (details [HERE](#))
- Bill taken up by Senate Judiciary on 2/24
 - Bill proposed by Joint Committee on Children and Families.
 - Likely dead**
54. **SB 541**: Requiring circuit courts make certain findings of fact and conclusions of law as it relates to court's order (details [HERE](#))
- Bill taken up by Senate Judiciary on 2/224
 - The purpose of this bill is to amend the West Virginia Code in relation to juvenile abuse and neglect proceedings to require that circuit courts make certain findings of fact and conclusions of law as it relates to the court's orders.
 - This bill was recommended by the Joint Committee on Children and Families
 - Passed Senate Judiciary on 2/24.
 - Passed Senate Floor on 2/27 33-0
55. **SB 901**: Creating truancy pre-trial diversion program (details [HERE](#))
- Bill taken up by Senate Judiciary on 2/24/2026
 - Governor's Bill
 - Likely Dead**
56. **HB 4390**: Relating to the temporary payment to a kinship parent of a subsidy equal to that of a foster parent (details [HERE](#))
- This legislation was proposed by Delegate Burkhammer to address lack of payment and poor communications from the department to kinship families.
 - Department and Children Home Society opposed the bill in hearing stage.
 - Legislation was modified by Burkhammer/ Committee to be more permissive for Child Placement Agencies.
 - Legislation passed House Health on 1/23/26 and is second referenced to House Finance.
 - Taken up and passed by House Finance on 2/20.
 - Passed House Floor on 2/26 93-0
 - Referred to Senate Health and then Finance
57. **SB 744**: Relating to Critical Incident Review Team (details [HERE](#))
- Legislation passed Senate Health on 2/24
 - Several tweaks have been made to this process over several years
 - Passed Senate Floor 2/26 34-0
58. **HB 4393**: Requiring development and implementation of statewide prevention plan (details [HERE](#))
- Legislation proposed by Delegate Burkhammer with cosponsors of Pinson and Heckert.
 - Bill requires DoHS to create a state prevention plan.
 - Legislation passed House Health on 1/23 with no second reference.
 - Legislation passed House Floor 96-0 and referred to Senate Finance.
 - Legislation has not moved since 1/30.
59. **HB 4021 / SB 399**: Bring them Home Fund (details [HERE](#))



- a. This is the Governor's proposal to set up a fund of \$6 million to build out placements in WV to mitigate the number of children in out of state placements.
 - b. This bill was pulled from the House Health agenda on 1/20/26.
 - c. HB 4021 was passed with a committee substitute on 1/23. The comm sub expanded the types of property locations beyond just state owned properties.
 - d. 2nd reference to House Finance Committee on 1/23.
 - e. SB 399 taken up in Senate Health on 2/20 with second reference to Judiciary and third reference to Finance.
 - f. Both bills sit in respective finance committees
60. **HB 4782**: Sustainable Child-serving Workforce and Foster Care Modernization Act (details [HERE](#))
- a. Triggers rate increases for CPAs
 - b. Introduced by Burkhammer.
 - c. Committee substitute anticipated following hearing on 2/12
 - d. Likely dead
61. **SB 1036**: Creating Sustainable Child-Serving Workforce and Foster Care Modernization Act (details [HERE](#))
- a. Bill passed out of Senate Health on 2/24 and second referenced to Finance
 - b. Department lack of fiscal note has become issue on this and the House bill, risking legislation failing to pass before cross over.
 - c. Likely dead
62. **HB 4352**: Prohibiting cameras and recording devices in bedrooms and bathrooms of foster children (details [HERE](#))
- a. This legislation is part of a package of child welfare bills worked on by a taskforce during the off-season.
 - b. The legislation sets forth restrictions and exemptions for electronic recording of foster children in private locations.
 - c. This bill is on the House Judiciary Agenda for markup and passage on Monday, 1/19/26.
 - d. Passed House Floor 93-0
 - e. Referred to Senate Health and then Senate Judiciary on 1/27.
63. **HB 5529**: Relating to performance-based contracting for child placing agencies (details [HERE](#))
- a. Bill taken up by House Health for hearing on 2/24/2026
 - b. HB 4782 will be amended into this bill
 - c. Language removes the \$1000 language in the bill
 - d. Likely dead
64. **HB 4354/ SB 546**: Relating to Necessity Allowance (details [HERE](#) and [HERE](#))
- a. This bill is part of a package of child welfare bills worked on by a taskforce during the off-season. The bill sets forth a solution to a long-broken process of securing items of necessity, like clothing, for children entering the foster care system.
 - b. PASSED House Health Committee via committee substitute.
 - c. Passed Senate Health on 1/27 with second reference to Finance
 - d. 2nd reference to Finance was dispensed with
 - e. Bill passed 88-0 on House Floor.



- f. Bill has been referred to Senate Health, then Senate Judiciary, then Senate Finance.
- g. Bill passed Senate Health on 2/21.
- h. Bill passed Senate Judiciary on 2/24 and referred to Senate Finance
- i. Fiscal note of 444k submitted

65. **HB 4749**: Adding requirements to Foster Care Bill of Rights (details [HERE](#))

- a. Passed out of House Judiciary on 2/5.
- b. Passed House Floor 96-0 with amendment.
- c. Passed by Senate Health on 2/21.
- d. Referred to Senate Judiciary.
- e. Likely to pass Senate Floor this week

66. **SB 1029**: Providing parents plain-language statements of immediate rights and ongoing rights (details [HERE](#))

- a. Bill passed by Senate Judiciary on 2/24/2026
- b. Concerns have been raised that legislation is will make CPS responsibilities more challenging and could result in children being at risk.
- c. Passed Senate Floor 34-0 on 2/27

67. **SB 543 / HB 4375**: To require the Bureau for Social Services to file is Social Services Manual as a legislative rule (details [HERE](#))

- a. Introduced by Senator Deeds
- b. Passed Senate Health on 1/28 and referred to Senate Judiciary
- c. This legislation was discussed at length during a Senate Judiciary hearing 1/29
- d. On Senate Judiciary Agenda on 2/2
- e. This legislation resulted in heated criticism in the Senate Judiciary of DOHS. Legislation was amended to add provision giving the state and vendors qualified immunity.
- f. On 1/29, legislation was taken up by House Health for public hearing. Questions were raised by some members if this would create a situation where the department could not quickly act. It was responded that in an emergency situation the department would still be able to proceed using long established emergency rule authorities.
- g. Legislation passed Senate Judiciary and has been laid over on the Senate Floor twice meaning that the legislation may be in trouble or an amendment may be in the process of being negotiated.
- h. Legislation passed Senate Floor 32-0 on 2/11
- i. Bill referred to House Health and then House Judiciary on 2/16.

68. **HB 4044**: To require hair follicle drug testing of parents or guardians in cases of substantiated child abuse or neglect of a minor (details [HERE](#))

- a. Legislation would require drug testing before a child returns to a parent or guardian in response to traumatic events that have taken place with drugs follow reunification.
- b. Legislation was considered by the House Judiciary Courts Committee on 1/19

69. **SB 16**: Creating Child Protection Investigations Reform Act (details [HERE](#))



- a. Legislation proposed by Senator Rose and would limit the ability of CPS to engage families subject of a referral
- b. Referred to Senate Judiciary and then Senate Committee.
- c. **Likely Dead**

70. **SB 404:** Relating to Department of Human Services authority to contract with certain providers (details [HERE](#))

- a. The purpose of this bill is to provide the Secretary of the Department of Human Services with the authority to enter into contracts and partnerships with child welfare providers, including faith-based organizations, to carry out the statutory responsibilities imposed upon the Department of Human Services under Chapter 49.
- b. Governor's Bill.
- c. Legislation passed Senate Health
- d. Bill passed Senate Floor 32-0.
- e. Bill referred to House Health and taken up for hearing on 2/16.

71. **SB 595:** Requiring both parents' consent for non-emergency and non-life-threatening procedures on children (details [HERE](#))

- a. Legislation would require a judge to mandate that both parents approve all non-emergent health care procedures.
- b. Referred to Senate Health and then Judiciary.
- c. **Likely Dead**

72. **HB 4573:** Foster Youth Post Secondary Transition Awareness Act (details [HERE](#))

- a. The purpose of this bill is to ensure West Virginia students with current or former foster care experience receive clear, consistent information about education, job training, housing, healthcare, and independent-living support before graduating high school.
- b. Bill discussed in House Education during Markup Discussion on 2/5.
- c. Bill passed House Floor 95-0.
- d. Bill referred to Senate Education on 2/18.

73. **HB 4602:** Relating to requiring the Department of Human Services to establish a pilot program to contract for supplemental caseworker aide services for the Bureau of Social Services (details [HERE](#))

- a. The purpose of this bill is to establish a pilot program to support caseworker administrative tasks with technology and human caseworker aide services to increase the number, frequency and timeliness of caseworker interactions with children and families served by caseworkers within the Department of Human Services.
- b. Legislation will be taken up for passage on 2/8 in House Health.
- c. Bill passed House Floor 89-0 and referred to Senate

74. **SB 1003:** Creating regional pediatric mental health hubs (details [HERE](#))

- a. Passed Senate health on 2/24
- b. Second referenced to Senate Finance
- c. **Likely Dead**



75. **SB 763**: Requiring children to be screened for sex trafficking upon entering foster care (details [HERE](#))
- Passed Senate Health on 2/18
 - Passed Senate Floor 28-0 on 2/21
 - Referred to House Health
76. **SB 459**: Ensuring meaningful contact between child and step-siblings (details [HERE](#))
- Senate Judiciary passed Comm Sub on 2/26
 - Bill likely to pass Senate Floor this week
77. **SB 937**: Establishing community-based child welfare system program
- SB 937 introduced 2/12 and referred to Senate Judiciary
 - Passed Senate Judiciary
 - Bill likely to pass Senate Floor this week
78. **HB 4730**: Continuing of independent living and transitional support services for youth (details [HERE](#))
- Senate bill passed Senate Health on 2/6 and was second referenced to Senate Finance. A fiscal note has been requested on the Senate bill.
 - The House bill was taken up for hearing on 2/12.
 - Bill passed House Floor 89-0.
 - Bill passed Senate Health on 2/21 but referred to Senate Judiciary then Senate Finance.

BRIM/ INSURANCE

79. **SB 196**: Relating generally to liability insurance coverage for board of education
- The purpose of this bill is to change the minimum amount of insurance that county boards of education must maintain.
 - Legislation passed Senate Education with Comm Sub and second referenced to Senate Finance on 1/30.
 - Fiscal note from Education and BRIM indicate zero impact to state.
 - Likely Dead
80. **HB 5521**: The purpose of this bill is to create application, licensure, and examination requirements for public adjusters and to create standards of conduct which govern public adjusters (details [HERE](#))
- Legislation introduced by Delegate Hott
 - Bill ran in B and I subcommittee on 2/24 and passed. Bill referred to Committee on Finance.
 - Likely Dead
81. **HB 5463**: Relating to Decreasing Board of Education Limit (details [HERE](#))
- Legislation introduced on 2/12 and referenced to House Finance/ Banking and Insurance on 2/16.
 - Legislation introduced by Delegate Hall and Delegate Jeffries
 - Fiscal note from BRIM indicates savings of \$5M. There appears to be error in fiscal note showing \$502M savings in one area and \$5M savings in another.



- d. Bill passed House B and I and House Finance on 2/16 and 2/24 respectively
- e. Bill likely to pass House Floor this week

82. **HB 5462**: The purpose of this bill is to clarify limitations on mine subsidence insurance recovery limits (details [HERE](#))

- a. Legislation introduced on 2/12 and referenced to House Finance/ Banking and Insurance on 2/16.
- b. Legislation introduced by Delegate Hall and Delegate Jeffries
- c. Fiscal note from BRIM showing savings of \$1.5M
- d. Bill passed B and I on 2/24 but not taken up by House Finance

83. **SB 38**: Establishing revocation of authority for spending by agency in support of challenge to WV law (details [HERE](#))

- a. Legislation proposed by Senator Tarr.
- b. Bill referenced to Judiciary and then Finance on 1/14. Bill not expected to move.
- c. **Likely Dead**

84. **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 (details [HERE](#))

- a. Legislation proposed by Delegate Pritt
- b. Bill single referenced to House Judiciary on 1/28.
- c. **Likely Dead**



2026 Regular Session Legislation

- + All introduced bills can be found here: [Introduced Legislation](#)
- + All Health bills introduced can be found here: [Health Legislation](#)
- + All Human Service bills introduced can be found here: [Human Services Legislation](#)
- + All Insurance bills introduced can be found here: [Insurance Bills](#)
- + Any bill can be searched at the following link: [Bill Status](#)

Legislative Process

Once legislation has passed, Governor Morrisey may:

- + Sign a bill into law;
- + Veto a bill;
 - o The Legislature may override a Governor's veto with by a simple majority vote.
- + Allow a bill to become law without his signature.
- + During session, the Governor has five days to act on bills that have passed; outside of session, the Governor has 15 days to act on bills that have passed.

Completed Legislation (0.7% of Introduced Bills)

BILL	TITLE	STATUS	EFFECTIVE DATE
SB 1	Small Business Growth Act	Approved by Governor 2/23/2026	Effective from passage - (February 16, 2026)
SB 207	Clarifying sheriff's compensation for collection of taxes	Approved by Governor 2/25/2026 - House Journal	Effective Ninety Days from Passage - (May 20, 2026)
SB 208	Exempting certain military records from public release	Approved by Governor 2/25/2026 - House Journal	Effective Ninety Days from Passage - (May 19, 2026)
SB 251	Authorizing Department of Administration to promulgate legislative rules	To Governor 2/27/2026 - House Journal	Completed Legislation awaiting Governor's signature
SB 256	Authorizing DEP to promulgate legislative rules	To Governor 2/25/2026 - House Journal	Completed Legislation awaiting Governor's signature
SB 309	Authorizing DOT to promulgate legislative rules	To Governor 2/23/2026	Completed Legislation awaiting Governor's signature
SB 393	Updating corporate net income tax definitions	To Governor 2/24/2026	Completed Legislation awaiting Governor's signature
SB 400	Updating personal income tax definitions and provision of law relating to gaming and gambling losses	To Governor 2/25/2026 - House Journal	Completed Legislation awaiting Governor's signature



SB 640	Prohibiting release of certain personal information of contributors to political elections	To Governor 2/25/2026 - House Journal	Completed Legislation awaiting Governor's signature
SB 692	Authorizing green flashing warning lights on DOH vehicles	Approved by Governor 2/25/2026	Effective Ninety Days from Passage - (May 19, 2026)
SB 749	Relating to county economic opportunity development districts	Completed legislative action	Completed Legislation awaiting Governor's signature
SB 862	Repealing Addiction Treatment Pilot Program	Completed legislative action	Completed Legislation awaiting Governor's signature
HB 4088	Relating to certified public accountants	To Governor 2/24/2026 - Senate Journal	Completed Legislation awaiting Governor's signature
HB 4196	To offer long-acting reversible contraception to patients receiving methadone and suboxone at the treatment facility for the methadone and suboxone	To Governor 2/23/2026 - Senate Journal	Completed Legislation awaiting Governor's signature
HB 4215	Department of Health Rules Bundle	Completed legislative action	Completed Legislation awaiting Governor's signature
HB 4335	Relating to Medicaid providers	To Governor 2/23/2026 - Senate Journal	Completed Legislation awaiting Governor's signature
HB 4474	Extending the Alzheimer's Disease and Other Dementia Advisory Council sunset date.	Approved by Governor 2/25/2026 - Senate Journal	Effective Ninety Days from Passage - (May 18, 2026)
HB 4575	Making Supplemental Appropriation to State Board of Education	Completed legislative action	Completed Legislation awaiting Governor's signature
HB 4696	Authorize the Department of Environmental Protection to deposit funds granted pursuant to federal programs	Approved by Governor 2/25/2026 - Senate Journal	Effective from passage - (February 19, 2026)
HB 4740	Statutory Commitments in Rural Health Transformation Program	To Governor 2/23/2026 - Senate Journal	Completed Legislation awaiting Governor's signature
HB 4982	Make West Virginia Healthy Act of 2026	To Governor 2/23/2026 - Senate Journal	Completed Legislation awaiting Governor's signature

Bills highlighted in YELLOW have been signed. Bills highlighted in RED have been vetoed.



WVIPA

West Virginia Independent
Pharmacy Association

SUMMARY: HB 5430

The WVIPA supports HB 5430, which improves protections for West Virginia patients and pharmacies. West Virginia has become a national leader in pharmacy benefit manager (PBM) reform, prescription drug price transparency, and patient/consumer pharmacy choice.

Several key provisions of HB 5430 include:

- PBMs may not charge health plans offered by WV employers amounts greater than national average drug acquisition cost (NADAC) for prescription drugs. This effectively **eliminates “spread pricing”** by mandating that PBMs must charge WV health plans reasonable amounts for drugs, the same amounts paid to pharmacies.
 - If NADAC is not available, PBMs may charge the same amounts paid to pharmacies. This is called “pass-through pricing.”
 - **This provision will result in cost savings for WV employers. WV employer-sponsored plans are currently being overcharged for drugs by PBMs.**
- PBMs may not utilize, participate in, or own part of a group purchasing organization (GPO) for purposes of circumventing WV law under the *Pharmacy Audit Integrity Act* or the PBM regulator – the WV Offices of the Insurance Commissioner (WVOIC).
 - Under recent WVOIC Order re the PBM Navitus, it was identified that **WV patients and health plans are being taken advantage of and financially harmed by PBMs diverting millions of drug rebate dollars** to PBM-owned/affiliated GPOs and PBM-owned/affiliated mail order pharmacies.¹
 - Under WV’s “rebate shared savings” law, drug rebates must eliminate patient cost sharing (deductibles and co-insurance) at the point-of-sale, with excess rebates going to plan sponsors for purposes of reducing future premium increases and cost sharing.²

¹ W. Va. Offices Ins. Comm’r. “In the Matter of: Navitus Health Solutions, LLC.” Final Orders: 25-IC-182243. [<https://www.wvinsurance.gov/LinkClick.aspx?fileticket=dyndPWgmdp4%3d&tabid=915&portalid=0&mid=6924>] (pub. 1/21/26).

² W. Va. Code § 33-51-9-k.



- Recent releases by the WVOIC have proven, with plan year 2024 / 2025 / 2026 data provided by WV insurance carriers, that drug rebates shared with patients and plan sponsors result in reduced health insurance premiums in WV.³ The data is clear.
 - PBMs must not be allowed to avoid these highly effective consumer cost saving measures enacted by the WV Legislature by funneling millions of dollars in drug rebate savings to overseas corporations at the expense of WV.
- WVOIC will conduct an annual study on the cost to dispense outpatient prescription drugs by soliciting data from WV licensed pharmacies and by collecting information from surrounding states conducting recent studies.
 - The results of this study will be presented to several Legislative committees annually.
 - There is no requirement that the results of the study be implemented, but decision-makers must have reliable and up-to-date information when making decisions on pharmacy dispensing fees. **The \$10.49 dispensing fee has not increased since 2017, when WV Medicaid implemented an actual acquisition cost (AAC) model, with great savings and success.**
 - Since 2017, WV has seen a pandemic, significant inflation, and the true cost to dispense prescriptions increase. A refreshed dispensing fee study is necessary.
 - Language is removed from WV Code that mandated a 2024 PEIA comprehensive pharmacy business intelligence study, which was released in 2025.⁴ This language is now outdated.
 - The required pharmacy study (34 pages), entitled “*Business Intelligence Study Report*,” was released in 2024. This study failed to identify various examples of unlawful PBM conduct, identified by the WVOIC in 2025 / 2026.
 - A 74-page BDO study entitled “*West Virginia PEIA Evaluation*,” released on Sept. 9, 2025, included data and in-depth analysis about PEIA’s pharmacy approach, expenditures, and trends – which is concerning – considering pharmacy is PEIA’s #1 spending item and projects to be greater than \$800M, post-rebate, by 2030.
 - PEIA and Medicaid may not contract with a PBM if that PBM owns licensed pharmacies in WV or has affiliate mail order pharmacies.
 - **This is important and fair because it has been proven that PBM have steered patients to their owned/affiliated pharmacies, away from WV pharmacies patients choose. PBM pharmacies have commonly been paid more than WV pharmacies, according to recent WVOIC Orders against several PBMs.**
 - **This language does not reach as far as a recent law passed in Arkansas that is being considered in several other states, that disallows PBMs from doing business in**

³ W. Va. Offices Ins. Comm’r. “Prescription Drug Rebate Impact to Commercial Health Insurance Plans.” *Insurance Bulletins*: 26-01. [<https://www.wvinsurance.gov/LinkClick.aspx?fileticket=-Qj9HA6z7lQ%3d&tabid=785&portalid=0&mid=5153>] (pub. 2/2/26).

⁴ W. Va. Code § 5-16-9-i-1.



- states where they own licensed pharmacies.⁵ PBMs will compare this provision to that Arkansas law, but they are very different – the differences are obvious.
- PBMs favoring pharmacies they own and affiliate with is leading to WV pharmacy closures. **Dozens of WV pharmacies have closed their doors in recent years.** Just look for the empty buildings in your communities that previously housed pharmacies.
- PEIA's PBM will be subject to the laws, rules, regs, and jurisdiction of the WVOIC.
 - **The WVOIC has proven itself as a national leader in PBM regulation,** with Insurance Commissioner Allan McVey and National Association of Insurance Commissioners (NAIC) PBM Regulatory Issues Subgroup Chair Joylynn Fix establishing themselves as national experts. PEIA should use the WVOIC as a resource to control their PBM and out of control drug spending.
 - WVOIC consent orders have resulted in \$5M+ in PBM fines and \$25M+ in pharmacy and patient restitution, paid by PBMs in recent years.
 - The Federal Trade Commission (FTC) has filed lawsuits against the nation's three largest PBMs, with Express Scripts entering into a landmark settlement on Feb. 4, 2026.⁶ It is estimated the settlement will bring down patient out of pocket costs around \$7 billion over 10 years.
 - WV's AG has sued PBMs multiple times, for several different types of conduct.
 - **PEIA and Medicaid must contract with and implement a pharmacy cost containment tool** that actively engages prescribing providers by presenting information related to lowest net cost alternatives and reductions to polypharmacy rates, when clinically reviewed and appropriate.
 - This is important because PEIA and Medicaid pharmacy spending has reached unsustainable levels, with projections as follows:
 - **Medicaid:** growing from \$156M (post rebate) in 2015 to almost \$297M in 2026 (post rebate), a 90% increase, with no additional projection available.
 - **PEIA:** growing from \$130M (post rebate) in 2015 to \$173M (post rebate) in 2023 to \$616M in 2030 (post rebate), **a projected growth rate of 234%.**

⁵ Arkansas HB 1150 (<https://arkleg.state.ar.us/Bills/Detail?id=hb1150&ddBienniumSession=2025%2F2025R>)

⁶ Press Release: "FTC Secures Landmark Settlement with Express Scripts to Lower Drug Costs for American Patients." Federal Trade Commission: [<https://www.ftc.gov/news-events/news/press-releases/2026/02/ftc-secures-landmark-settlement-express-scripts-lower-drug-costs-american-patients>] (pub. 2/4/26).

Year	Medicaid Rx Spend	Medicaid Rx Rebate	Medicaid Net Rx Spend	PEIA Rx Spend	PEIA Rx Rebate	PEIA Net Rx Spend
2015	\$446,971,859	\$290,806,372	\$156,165,487	\$130,360,117		\$130,360,117
2020	\$735,519,694	\$493,521,621	\$241,998,073	\$225,224,736	\$83,754,086	\$141,470,650
2021	\$799,557,061	\$584,786,346	\$214,770,715	\$271,040,904	\$97,750,000	\$173,290,904
2022	\$863,893,847	\$577,027,865	\$286,865,982	\$317,879,769	\$117,245,276	\$200,634,493
2023	\$889,666,463	\$697,740,664	\$191,925,799	\$295,003,661	\$121,754,312	\$173,249,349
2024	\$870,892,219	\$615,826,429	\$255,065,790	\$369,925,894	\$127,449,886	\$242,476,008
2025	\$862,159,059	\$578,838,200	\$283,320,859	\$397,564,388	\$149,001,472	\$248,562,916
2026	\$905,651,499	\$608,839,304	\$296,812,195	\$436,385,341	\$154,686,651	\$281,698,690
2027	X	X	X	\$505,237,666	\$162,420,984	\$342,816,682
2028	X	X	X	\$587,480,508	\$170,542,033	\$416,938,475
2029	X	X	X	\$686,049,323	\$179,069,135	\$506,980,188
2030	X	X	X	\$804,587,692	\$188,022,591	\$616,565,101

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- WV has some of the nation’s highest polypharmacy rates (patients on 5 or more drugs) in the nation, resulting in growing expenditures and poor health outcomes.
- The pharmacy cost containment vendor must not be provided by the current PBM.
- The pharmacy cost containment vendor must work with PEIA and Medicaid to ensure a lowest net cost outcome is achieved, considering drug manufacturer rebates and other considerations that may benefit the state.
- The pharmacy cost containment vendor contract must contain a guarantee showing itemized activity, a savings report, and a total net savings guarantee, as added protections for the state.
- Similar pharmacy cost containment tools are being used by other plans in WV, including by some of WV’s largest employers, with great success.

Insurance companies with their PBMs and GPOs:

Conglomerate			
PBM			
PBM GPO			
	Minnesota	Switzerland	Ireland

⁷ Data collected from West Virginia Medicaid and West Virginia Public Employees Insurance Agency actuarial reporting, as provided to the West Virginia Legislature.



West Virginia
State Medical
Association



West
Virginia
CHAPTER

American College of Cardiology



WEST VIRGINIA ACADEMY
of FAMILY PHYSICIANS



acofp | WEST VIRGINIA
chapter



West Virginia
Chapter



West Virginia
Chapter

West Virginia Society of
Addiction Medicine
A Chapter of American Society of Addiction Medicine

Joint Statement Opposing House Bill 4715

The West Virginia State Medical Association, West Virginia Osteopathic Medical Association, West Virginia Academy of Family Physicians, West Virginia Chapter of the American College of Emergency Physicians, West Virginia Chapter of the American College of Osteopathic Family Physicians, West Virginia Chapter of the American College of Physicians, West Virginia Chapter of the American College of Surgeons, West Virginia Orthopaedic Society, West Virginia Chapter of the American College of Cardiology, West Virginia Society of Addiction Medicine, and West Virginia Podiatric Medical Association jointly oppose House Bill 4715, which would expand the independent scope of practice for non-physician providers in West Virginia.

Across the country, some states have enacted similar scope expansion policies, often with the promise that they would improve access to care, particularly in rural and underserved areas. Those promises have not materialized. Repeated analyses show that states adopting independent practice models did not experience improved access to care, including in rural communities. What did occur, consistently, was higher health care utilization and increased overall costs, driven by greater emergency department use, additional imaging and testing, and more referrals all without improved patient outcomes.

West Virginia's health care system already operates with little margin for additional inefficiency or risk. Any policy change that alters how care is delivered must be evaluated not only for cost implications but for its impact on clinical oversight, care coordination, and patient safety, particularly in complex and high-acuity settings.

In contrast, physician-led, team-based care has consistently demonstrated lower emergency department use, better care coordination, and lower total costs especially for patients with complex medical needs. Removing physician leadership from the care team undermines accountability and places additional burden on hospitals and emergency departments at a time when West Virginia can least afford it.

Our organizations strongly support collaborative models in which physicians, nurse practitioners, and physician assistants work together to care for patients. Nurse practitioners and physician assistants are essential members of the health care team. However, experience from other states makes clear that eliminating physician leadership does not expand access and does increase cost and system burden.

We urge lawmakers to **reject House Bill 4715** and instead focus on evidence-based solutions that have been shown to work, including telehealth expansion, physician workforce recruitment and retention, loan forgiveness for rural practice, and residency training programs tied to service in West Virginia.

West Virginians deserve health care policies grounded in evidence – policies that protect patient safety, control costs, and strengthen access to care, not legislation that repeats failed experiments from other states.