

# HB 3205

The purpose of this bill is to eliminate the certificate of need program.

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# SB 528

A BILL to amend and reenact §16-2D-1, §16-2D-3, §16-2D-4, §16-2D-6, §16-2D-12, and §16-2D-15, all relating to certificate of need, requiring that the certificate of need standards be subject to legislative rule-making review procedures by requiring the certificate of need standards be filed as legislative rules; and providing that the certificate of need standards shall be repealed upon the approval by the Legislature of the legislative rule.

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# SB 676

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §9-5-16b, relating to requiring a report on Medicaid fees for service and managed care provider reimbursements compared to PEIA, Medicare, and surrounding states.

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## **SB 732**

A BILL to amend the Code of West Virginia, all relating to prohibiting an insurer from imposing a copayment, for services rendered by a licensed occupational therapist, licensed occupational therapist assistant, licensed speech-language pathologist, licensed speech-language pathologist assistant, licensed physical therapist or a licensed physical therapist assistant, that is more than a copayment imposed for the services of a primary care physician or an osteopathic physician.

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## **HB 2535 (see companion bill SB 267)**

A BILL to amend and reenact §5-16-7f of the Code of West Virginia, 1931, as amended; to amend said code by adding thereto a new section, designated §9-5-31; to amend and reenact §33-15-4s of said code; to amend and reenact §33-16-3dd of said code; to amend and reenact §33-24-7s of said code; to amend and reenact §33-25-8p of said code; and to amend and reenact §33-25A-8s of said code, all relating to prior authorizations; defining terms; requiring prior authorizations and relating communications to be submitted via an electronic portal; requiring electronic notification to the health care provider and insured confirming receipt of the prior authorization;

establishing timelines for compliance; providing communication via the portal regarding the current status of the prior authorization; reducing timeframes for prior authorization requests; providing a timeframe for a decision to be rendered after the receipt of additional information; providing a timeframe for a claim to be submitted to audit or if the step therapy is incomplete; requiring a provider conducting peer review to be licensed in West Virginia; revising the percentage approval for a health care provider to be considered for an exemption from prior authorization criteria; removing criteria related to electronic submission of pharmacy benefits; amending effective date; requiring oversight and data collection by the Office of the Insurance Commissioner and the Inspector General; providing for civil penalties.

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## **HB 2537**

Prohibiting covenant not to compete

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## **HB 2678 (see companion bill SB 347)**

Authorizing Insurance Commission to promulgate legislative rule relating to pharmacy auditing entities and pharmacy benefit managers

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## **HB 2719 (see companion bill SB 388)**

Authorizing Board of Optometry to promulgate legislative rule relating to optometric telehealth practice

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## **HB 2728 (see companion bill SB 403)**

Authorizing Board of Registered Nurses to promulgate legislative rule relating to telehealth practice

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## **HB 2785**

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §5-16-30, relating to reimbursing individuals for healthcare costs at a facility who no longer accepts PEIA.