WEST VIRGINIA LEGISLATURE

2023 REGULAR SESSION

Introduced

House Bill 3116

By Delegates Crouse, Jeffries, Lucas, Butler, Maynor,
Longanacre, Mazzocchi, Petitto, and Honaker
[Introduced January 27, 2023; Referred to the
Committee on Health and Human Resources]

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A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article, designated §16-66-1, and §16-66-2, relating to in-person visitation in in-patient and resident health care facilities; providing a short title; applicability; requiring certain health care providers to establish visitation policies and procedures within a specified timeframe; providing requirements for such policies and procedures; authorizing the resident, client, or patient to designate an essential caregiver; establishing requirements related to essential caregivers; requiring in-person visitation in certain circumstances; providing that the policies and procedures may require visitors to agree in writing to follow such policies and procedures; authorizing providers to suspend in-person visitation of specific visitors under certain circumstances; requiring providers to provide their policies and procedures to the Agency for Health Care Administration at specified times; requiring providers to make their policies and procedures available to the agency for review at any time, upon request; requiring providers to make their policies and procedures easily accessible from the homepage of their websites within a specified timeframe; requiring the agency to dedicate a stand-alone page on its website for specified purposes; providing a directive to the Division of Law Revision; providing an effective date.

Be it enacted by the Legislature of West Virginia:

ARTICLE 66. NO PATIENT LEFT ALONE ACT.

§16-66-1. Short title.

This act may be cited as the "No Patient Left Alone Act."

§16-66-2. In-person visitation in in-patient and resident health care facilities.

(a) This section applies to hospitals and similar institutions licensed under §16-5B-1 et seq. of this code, nursing home facilities licensed under §16-5c-1 et seq. of this code, assisted living facilities licensed under §16-5d-1 et seq. of this code, legally unlicensed health care homes subject to the provisions of §16-5E-1 et seq. of this code, and hospice facilities licensed under §16-5I-1 et seq. of this code.

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(b)(1) No later than 30 days after the effective date of this article, each health care provider
subject to this article shall establish visitation policies and procedures. The policies and
procedures must, at a minimum, include infection control and education policies for visitors;
screening, personal protective equipment, and other infection control protocols for visitors;
permissible length of visits and numbers of visitors, which must meet or exceed the standards as
applicable; and designation of a person responsible for ensuring that staff adhere to the policies
and procedures. Safety-related policies and procedures may not be more stringent than those
established for the provider's staff and may not require visitors to submit proof of any vaccination
or immunization. The policies and procedures must allow consensual physical contact between a
resident, client, or patient and the visitor.
(b) A resident, client, or patient may designate a visitor who is a family member, friend,
guardian, or other individual as an essential caregiver. The provider must allow in-person visitation
by the essential caregiver for at least two hours daily in addition to any other visitation authorized
by the provider. This section does not require an essential caregiver to provide necessary care to a
resident, client, or patient of a provider, and providers may not require an essential caregiver to
provide such care.
(c) The visitation policies and procedures required by this section must allow in-person
visitation in all of the following circumstances, unless the resident, client, or patient objects:
(1) End-of-life situations;
(2) A resident, client, or patient who was living with family before being admitted to the
provider's care is struggling with the change in environment and lack of in-person family support;
(3) The resident, client, or patient is making one or more major medical decisions;
(4) A resident, client, or patient is experiencing emotional distress or grieving the loss of a
friend or family member who recently died;
(5) A resident, client, or patient needs cueing or encouragement to eat or drink which was

previously provided by a family member or caregiver;

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32	(6) A resident, client, or patient who used to talk and interact with others is seldom
33	speaking;
34	(7) For hospitals, childbirth, including labor and delivery; and
35	(8) Pediatric patients;
36	(d) The policies and procedures may require a visitor to agree in writing to follow the
37	provider's policies and procedures. A provider may suspend in-person visitation of a specific
38	visitor if the visitor violates the provider's policies and procedures.
39	(e) The providers shall provide their visitation policies and procedures to the applicable
40	licensing agency when applying for initial licensure, licensure renewal, or change of ownership
41	required in this chapter. The provider must make the visitation policies and procedures available to
42	the applicable licensing agency for review at any time, upon request.
43	(f) Within 24 hours after establishing the policies and procedures required under this
44	section, providers must make such policies and procedures easily accessible from the homepage
45	of their websites.

NOTE: The purpose of this bill is create the "No Patient Left Alone Act" to provide in-person visitation in certain in-patient and resident health care facilities to ensure that no patient is left alone in the facility.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.

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