

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

House Bill 5216

By Delegate Jefferies

[Introduced February 05, 2026; referred to the
Committee on Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new section §16-4C-
2 8a; and to amend and reenact §33-25A-8d of said code; relating to community
3 paramedicine programs; authorizing emergency medical services agencies to establish
4 community paramedicine programs; defining program requirements; and permitting health
5 insurance coverage for community paramedicine services.

Be it enacted by the Legislature of West Virginia:

CHAPTER 16. PUBLIC HEALTH.

ARTICLE 4C. EMERGENCY MEDICAL SERVICES ACT.

§16-4C-8a. Community paramedicine programs.

1 (a) A licensed emergency medical services agency may establish and operate a
2 community paramedicine program in accordance with this section to permit an emergency
3 medical technician, emergency medical technician-intermediate, or paramedic to provide
4 nonemergency medical services to individuals within the community served by the agency.

5 (b) A community paramedicine program established under this section shall operate under
6 the supervision and direction of the emergency medical services agency's medical director.

7 (c) The medical director shall establish:

8 (1) The nonemergency medical services that may be provided under the community
9 paramedicine program, which may include, but are not limited to:

10 (A) Chronic disease management and prevention;

11 (B) Health evaluations and assessments;

12 (C) Home safety inspections and fall prevention services;

13 (D) Health education;

14 (E) Medication adherence and compliance assistance;

15 (F) Referral to community-based health and social services;

16 (G) Enhanced access to primary, behavioral, and specialty health care services;

17 (H) Post-discharge or post-surgical follow-up care; and

18 (I) Care coordination and case management;

19 (2) Clinical protocols governing the delivery of nonemergency medical services;

20 (3) Initial training requirements for emergency medical services personnel participating in
21 the program; and

22 (4) Continuing education requirements necessary to maintain eligibility to provide services
23 under the program.

24 (d) The medical director may establish:

25 (1) Partnerships with licensed health care professionals, health care facilities, and
26 nonprofit or for-profit health care organizations; and

27 (2) Strategies to identify social determinants of health and to coordinate services for at-risk
28 populations within the community.

29 (e) Nonemergency medical services provided under a community paramedicine program
30 may be delivered through telehealth, in accordance with state and federal law.

31 (f) The Office of Emergency Medical Services may propose legislative rules in accordance
32 with §29A-3-1 et seq. to implement the provisions of this section.

CHAPTER 33. INSURANCE.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-8d. Coverage of emergency services.

1 (a) Notwithstanding any provision of any policy, provision, contract, plan, or agreement to
2 which this article applies, any entity regulated by this article shall provide as benefits to all
3 subscribers and members coverage for emergency services. A policy, provision, contract, plan, or
4 agreement may apply to emergency services the same deductibles, coinsurance, and other
5 limitations as apply to other covered services: *Provided*, That preauthorization or precertification
6 shall not be required.

7 (b) From July 1, 1998, the following provisions apply:

8 (1) Every insurer shall provide coverage for emergency medical services, including
9 prehospital services, and to the extent necessary to screen and to stabilize an emergency medical
10 condition, and may provide coverage for community paramedicine programs. The insurer shall not
11 require prior authorization of the screening services if a prudent layperson acting reasonably
12 would have believed that an emergency medical condition existed. Prior authorization of coverage
13 shall not be required for stabilization if an emergency medical condition exists. Payment of claims
14 for emergency services shall be based on the retrospective review of the presenting history and
15 symptoms of the covered person.

16 (2) The coverage for prehospital screening and stabilization of an emergency medical
17 condition shall include ambulance services provided under the provisions of §16-4C-1 *et seq.* of
18 this code, excluding air ambulance services as defined in §16-4C-3(a) of this code. The insurer
19 shall pay claims for prehospital screening and stabilization of emergency condition by ambulance
20 service if the insured is transported to an emergency room of a facility provider or if the patient
21 declines to be transported against medical advice. The coverage under this section is subject to
22 deductibles or copayment requirements of the policy, contract, or plan.

23 (3) An insurer that has given prior authorization for emergency services shall cover the
24 services and shall not retract the authorization after the services have been provided unless the
25 authorization was based on a material misrepresentation about the covered person's health
26 condition made by the referring provider, the provider of the emergency services, or the covered
27 person.

28 (4) Coverage of emergency services shall be subject to coinsurance, copayments, and
29 deductibles applicable under the health benefit plan.

30 (5) The emergency department and the insurer shall make a good faith effort to
31 communicate with each other in a timely fashion to expedite post evaluation or post stabilization
32 services in order to avoid material deterioration of the covered person's condition.

(6) As used in this section:

(A) "Emergency medical services" means those services required to screen for or treat an emergency medical condition until the condition is stabilized, including prehospital care;

(B) "Prudent layperson" means a person who is without medical training and who draws on his or her practical experience when making a decision regarding whether an emergency medical condition exists for which emergency treatment should be sought;

(C) "Emergency medical condition for the prudent layperson" means one that manifests itself by acute symptoms of sufficient severity, including severe pain, such that the person could reasonably expect the absence of immediate medical attention to result in serious jeopardy to the individual's health, or, with respect to a pregnant woman, the health of the unborn child; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part;

(D) "Stabilize" means with respect to an emergency medical condition, to provide medical treatment of the condition necessary to assure, with reasonable medical probability, that no medical deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility: *Provided*, That this provision may not be construed to prohibit, limit, or otherwise delay the transportation required for a higher level of care than that possible at the treating facility;

(E) "Medical screening examination" means an appropriate examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists; and

(F) "Emergency medical condition" means a condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to the individual's health, or, with respect to a pregnant woman, the health of the unborn child, serious impairment to bodily functions or serious dysfunction of any bodily part or organ.

NOTE: The purpose of this bill is to permit the creation of community paramedicine programs.

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