

# WEST VIRGINIA LEGISLATURE

## 2026 REGULAR SESSION

Introduced

### House Bill 5573

FISCAL  
NOTE

By Delegates Canterbury, Ellington, Amos, Campbell,  
and Rohrbach

[Introduced February 16, 2026; referred to the  
Committee on Education]

1 A BILL to amend and reenact §18B-16-2, §18B-16-3, §18B-16-4, and §18B-16-7 of the Code of  
2 West Virginia, 1931, as amended; and to amend the code by adding a new section,  
3 designated §18B-16-10, relating to adding a new legislative finding to the Rural Health  
4 Initiative Act of 1991; adding a new definition to the Rural Health Initiative Act of 1991;  
5 updating the goals of the Rural Health Initiative; updating the requirements of primary  
6 health care education sites; and creating the Rural Medical Residency Program.

*Be it enacted by the Legislature of West Virginia:*

## **ARTICLE 16. HEALTH CARE EDUCATION.**

### **§18B-16-2. Legislative findings and declarations.**

1 (a) The Legislature hereby finds and declares that the health of the citizens of West Virginia  
2 is of paramount importance; that the education of health care professionals must be reshaped;  
3 that the delivery of health care services must be improved; that refocusing health sciences  
4 education will aid in the recruitment of health care professionals and their retention in the state;  
5 that the educational process should incorporate clinical experience in rural areas and provide  
6 improved availability of health care services throughout the state, especially in rural areas; and  
7 that the state investment in such education and services must be contained within reasonable  
8 limits.

9 (b) The Legislature further hereby finds and declares that the vice chancellor for health  
10 sciences shall provide an integral link among the advisory panel created in section six of this  
11 article, the health sciences programs at the state institutions of higher education, the governing  
12 boards of the state's institutions of higher education and the joint commission for vocational-  
13 technical-occupational education to assure cooperation and the coordination of efforts to  
14 effectuate the goals set forth in section four of this article.

15 (c) It is the further finding of the Legislature that the appropriations pursuant to section  
16 eight of this article are made with the understanding that the educational and clinical programs  
17 existing at the schools of medicine on the effective date of this section, as well as the goals of this

18 article, will be met without requests for increases in the annual appropriations through the fiscal  
19 year beginning on July 1, 1995, with the exception of requested increases in appropriations for the  
20 purpose of meeting any increases in the salaries of personnel as may be given to other employees  
21 at state institutions of higher education under the board of trustees.

22 (d) The Legislature further finds that there is a serious need throughout the state for a  
23 greater number of primary care physicians and allied health care professionals and a serious need  
24 for improved accessibility to adequate health care throughout the state, especially in rural areas;  
25 that the state's medical schools are finding it difficult to satisfy the ever increasing demand for  
26 qualified persons to deliver these health care services; and that the state's institutions of higher  
27 education and rural health care facilities existing throughout the state are a major educational  
28 resource for training students in these health care services, as well as a major resource for  
29 providing health care to underserved citizens of this state.

30 (e) The Legislature further finds that in order to provide adequate health care in rural  
31 communities there must be a cooperative initiative among educators, physicians, mid-level  
32 providers, allied health care providers and the rural communities.

33 (f) The Legislature further finds that the rural health initiative and the Kellogg program have  
34 together implemented a nationally acclaimed, highly successful effort to enable the health  
35 professions schools to serve the rural and primary care health needs of the state and should be  
36 continued as a single program within the office of the vice chancellor for health sciences.

37 (g) The Legislature further finds that many rural areas of this state are experiencing a  
38 health care desert with regard to many specialties, including but not limited to obstetric and  
39 gynecological care; that primary care health needs include gynecological and obstetric services  
40 for at least half of the population of the state of West Virginia, and should therefore be prioritized in  
41 the Rural Health Initiative, provided for in this article.

**§18B-16-3.**

**Definitions.**

1 For purposes of this article, and in addition to the definitions set forth in section two, article

2 one of this chapter, the terms used in this article have the following definitions ascribed to them:

3 (a) "Advisory panel" or "panel" means the West Virginia rural health advisory panel created  
4 under section six of this article.

5 (b) "Allied health care" means health care other than that provided by physicians, nurses,  
6 dentists and mid-level providers and includes, but is not limited to, care provided by clinical  
7 laboratory personnel, physical therapists, occupational therapists, respiratory therapists, medical  
8 records personnel, dietetic personnel, radiologic personnel, speech-language-hearing personnel  
9 and dental hygienists.

10 (c) "Medical care desert" means an area where population health care needs are unmet  
11 partially or totally due to lack of adequate access or improper quality of health care services  
12 caused by insufficient human resources in health or facilities, long waiting times, disproportionate  
13 high costs of services or other socio-cultural barriers. This term may apply to medical care as a  
14 whole, or to an individual medical specialty.

15 (e) (d) "Mid-level provider" includes, but is not limited to, advanced nurse practitioners,  
16 nurse-midwives and physician assistants.

17 (d) (e) "Office of community and rural health services" means that agency, staff or office  
18 within the Department of Health which has as its primary focus the delivery of rural health care.

19 (e) (f) "Primary care" means basic or general health care which emphasizes the point when  
20 the patient first seeks assistance from the medical care system and the care of the simpler and  
21 more common illnesses. This type of care is generally rendered by family practice physicians,  
22 general practice physicians, general internists, obstetricians, pediatricians, psychiatrists and mid-  
23 level providers.

24 (f) (g) "Primary health care education sites" or "sites", whether the term is used in the plural  
25 or singular, means those rural health care facilities established for the provision of educational and  
26 clinical experiences pursuant to section seven of this article.

27 (g) (h) "Rural health care facilities" or "facilities", whether the term is used in the plural or

28 singular, means nonprofit, free-standing primary care clinics in medically underserved or health  
29 professional shortage areas and nonprofit rural hospitals with one hundred or less licensed acute  
30 care beds located in a nonstandard metropolitan statistical area.

31 ~~(h)~~ (i) "Schools of medicine" means the West Virginia University school of medicine, which  
32 is the school of health sciences; the Marshall school of medicine, which is the Marshall medical  
33 school; and the West Virginia school of osteopathic medicine.

34 (†) (j) "Vice chancellor" means the vice chancellor for health sciences provided for under  
35 section six, article two of this chapter.

**§18B-16-4. Establishment of rural health initiative; goals of rural health initiative.**

1 There is hereby established a rural health initiative under the auspices of the board of  
2 trustees and under the direction and administration of the vice chancellor. This initiative shall  
3 combine the efforts of the rural health initiative as created by this article in the year one thousand  
4 nine hundred ninety-one, and the Kellogg program as administered by the vice chancellor before  
5 the effective date of this section. The goals of the rural health initiative include, but are not limited  
6 to:

7 (a) The development of at least six primary health care education sites, which shall include  
8 obstetric and gynecological care;

9 (b) The establishment of satellite programs from the primary health care education sites to  
10 provide additional opportunities for students and medical residents to serve under role models in  
11 rural areas;

12 (c) The provision of training to all medical students under the direction of primary care  
13 physicians practicing in rural areas;

14 (d) The provision of admission preferences for qualified students entering primary care in  
15 needed specialties, specifically including but not limited to obstetric and gynecological care, in  
16 underserved areas;

17 (e) The creation of medical residency rotations in hospitals and clinics in rural areas and

18 the provision of incentives to medical residents to accept the residencies at these hospitals and  
19 clinics;

20 (f) The placement of mid-level providers in rural communities and the provision of support  
21 to the mid-level providers;

22 (g) The extension of rural hospital physician respite loan programs to rural primary health  
23 care clinics, and obstetric and gynecological care clinics or practices;

24 (h) The development of innovative programs which enhance student interest in rural health  
25 care opportunities;

26 (i) The increased placement of primary care physicians in underserved areas;

27 (j) The increased placement and retention of obstetrical providers and the availability of  
28 prenatal care;

29 (k) The increased use of underserved areas of the state in the educational process;

30 (l) An increase in the number of support services provided to rural practitioners;

31 (m) An increase in the retention rate of graduates from West Virginia medical schools,  
32 nursing schools and allied health care education programs;

33 (n) The development of effective health promotion and disease prevention programs to  
34 enhance wellness; and

35 (o) The establishment of primary health care education sites, specifically including but not  
36 limited to obstetric and gynecological care, which complement existing community health care  
37 resources and which do not relocate the fundamental responsibility for health care from the  
38 community to the board of trustees.

**§18B-16-7. Establishment and operation of primary health care education sites.**

1 (a) In addition to the authority granted elsewhere in this chapter, the board of trustees is  
2 authorized and directed to establish at least six primary health care education sites at existing rural  
3 health care facilities at which students, interns and residents in health sciences and allied health  
4 care education programs may be provided educational and clinical experiences. The board of

5 trustees shall establish at least six sites prior to January 1, 1994. The vice chancellor shall, where  
6 practicable, and based upon recommendations of the joint commission on vocational-technical-  
7 occupational education established in section one, article three-a of this chapter, allow for the  
8 provision of educational experience to student practical nurses at the primary health care  
9 education sites.

10 (b) The advisory panel and the vice chancellor shall carefully analyze prospective sites so  
11 that the selection of the primary health care education sites and their satellites meet the ultimate  
12 goals of expanding rural health care without adversely impacting on existing health care providers  
13 or facilities.

14 (c) The advisory panel and the vice chancellor shall employ an open and competitive  
15 process in selecting locations for primary health care education sites and shall observe as criteria  
16 the following factors: (1) The degree of community interest, support and involvement in seeking  
17 award of the site; (2) qualification as a medically underserved or health professional shortage  
18 area; (3) the financial need of the community; (4) statewide geographic dispersion; (5) the amount  
19 of local financial support available to initiate and continue the site, including the possibility of the  
20 site's being financially self-sufficient within a reasonable period of time; (6) the adequacy of  
21 facilities available to accommodate the health sciences and allied health care education program;  
22 (7) consistency with planning efforts of the office of rural health and the health care planning  
23 commission; (8) the amount and manner in which health care needs unique to West Virginia are  
24 addressed and will be addressed; (9) the degree to which state institutions of higher education  
25 cooperate in the health care education site; (10) the number of patients and patient encounters;  
26 (11) the number of existing health care providers in the area and the degree to which the rural  
27 health care facility will work with and impact on those health care providers; and (12) the level of  
28 networking among local health care providers serving the area.

29 (d) The vice chancellor shall select the primary health care education sites from the list of  
30 recommendations made by the advisory panel in accordance with section six of this article. The

31 vice chancellor shall communicate his or her selection to the board of trustees for final approval by  
 32 the board. The vice chancellor shall notify the advisory panel and the board of trustees regarding  
 33 the extent to which the panel's recommendations were adopted by the vice chancellor and his or  
 34 her reasons for rejecting any recommendations of the panel.

35 (e) The board of trustees may enter into a contractual relationship with each primary health  
 36 care education site, which shall be in accordance with such laws as may apply to publicly funded  
 37 partnerships with private, nonprofit entities and the provisions of section three, article five of this  
 38 chapter.

39 (f) Not later than June 30, 2026, the vice chancellor and board of trustees shall evaluate  
 40 each rural health care education site currently operating under this article to ensure its compliance  
 41 with the changes enacted during the 2026 Regular Legislative Session. The vice chancellor and  
 42 board of trustees shall immediately take action to remedy any deficiency identified.

43 (g) Not later than June 30, 2026, the vice chancellor and board of trustees shall identify  
 44 health care deserts within this state. Not later than December 31, 2026, the vice chancellor and  
 45 board of trustees shall develop a plan to address the health care deserts identified,  
 46 implementation of which shall commence not later than April 1, 2027.

**§18B-16-10. Rural Medical Residency Program.**

1 (a) There is hereby created within the commission an office of rural medical education and  
 2 workforce development for the purpose of addressing the issues of education, recruitment, and  
 3 retention of physicians in rural areas and medical care deserts of West Virginia.

4 (b) The duties of the office shall include, but are not limited to:

5 (1) Promoting and coordinating, through the state's schools of medicine, opportunities for  
 6 physicians to participate in a medical residency program in a rural area or medical care desert of  
 7 West Virginia;

8 (2) Supporting initiatives for expansion of rural medical residency programs, specifically  
 9 those focused on obstetric and gynecological care;

- 10            (3) Gathering, quantifying, and disseminating dependable data on current rural medical  
11 healthcare educational programs and workforce capacities; and  
12            (4) Performing other activities necessary or expedient to accomplish the purposes of this  
13 article.

NOTE: The purpose of this bill is to create the Rural Medical Residency Program and to require the Rural Health Initiative to focus on certain medical care deserts such as obstetric and gynecological care.

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