

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

Senate Bill 1055

**FISCAL
NOTE**

By Senator Helton

[Introduced February 21, 2026; referred
to the Committee on Health and Human Resources;
and then to the Committee on Finance]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new article,
 2 designated §9-5A-1, §9-5A-2, §9-5A-3, and §9-5A-4, relating to conducting a rate study for
 3 substance use disorder; setting forth legislative findings and purpose; defining terms;
 4 setting forth rate methodology; requiring reporting; requiring stakeholder engagement; and
 5 setting forth deadline.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5A. SUBSTANCE USE DISORDER RATE REVIEW AND TRANSPARENCY.

§9-5A-1. Legislative findings and purpose.

1 (a) The Legislature finds that:

2 (1) Substance use disorder is a chronic, treatable, medical condition requiring a continuum
 3 of evidence-based care;

4 (2) Regular review of reimbursement methodologies promotes transparency and program
 5 integrity;

6 (3) Data-driven decision-making supports the efficient use of state and federal funds.

7 (b) The purpose of this article is to:

8 (1) Establish a structured and transparent process for reviewing Medicaid reimbursement
 9 rates for substance use disorder services;

10 (2) Ensure periodic evaluation of rates using reliable cost and utilization data; and

11 (3) Support access to services while maintaining fiscal responsibility.

§9-5A-2. Definitions.

1 For purposes of this article:

2 (1) "Bureau" means the Bureau for Medical Services;

3 (2) "Substance use disorder services" includes Medicaid-covered services related to the
 4 treatment of substance use disorder, including but not limited to:

5 (A) Residential treatment (ASAM Levels 3.1, 3.5, 3.7);

6 (B) Withdrawal management;

- 7 (C) Outpatient and intensive outpatient services;
- 8 (D) Medication-assisted treatment;
- 9 (E) Peer recovery support services; and
- 10 (F) Case management and care coordination.
- 11 (3) "Rate study" means an actuarial or cost analysis evaluating the costs, utilization, and
- 12 delivery _____ of _____ services.

§9-5A-3. Rate review methodology.

- 1 (a) The Bureau shall utilize a data-informed methodology when reviewing reimbursement
- 2 rates for substance use disorder services.
- 3 (b) The review may include consideration of:
- 4 (1) Provider cost data or surveys;
- 5 (2) Workforce costs, including wages and benefits;
- 6 (3) Service utilization and access trends;
- 7 (4) Geographic and rural service delivery considerations;
- 8 (5) Administrative and regulatory requirements;
- 9 (6) Patient acuity and service intensity;
- 10 (7) Inflationary pressures; and
- 11 (8) Regional or national benchmarks.
- 12 (c) Nothing in this section shall be construed to require the Bureau to adopt any specific
- 13 reimbursement _____ methodology _____ or _____ rate _____ structure.

§9-5A-4. Reporting and stakeholder engagement.

- 1 (a) The Bureau shall engage stakeholders in the rate review process, including providers,
- 2 managed care organizations, and consumer representatives.
- 3 (b) The Bureau shall publish, to the extent practicable:
- 4 (1) A summary of rate study findings;
- 5 (2) The general methodology used in reviewing rates; and

- 6 (3) Any factors considered in rate adjustments.
- 7 (c) The Bureau shall provide an annual report to the Legislative Oversight Commission on
- 8 Health and Human Resources Accountability prior to the 2027 Regular Session of the Legislature,
- 9 including:
 - 10 (1) Current reimbursement rates;
 - 11 (2) Trends in service utilization;
 - 12 (3) Access to care indicators; and
 - 13 (4) Summary of stakeholder input.

NOTE: The purpose of this bill is to require the Bureau of Medical Services to use a data informed methodology when reviewing reimbursement rates for substance use disorder services.

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