

# **WEST VIRGINIA LEGISLATURE**

## **2026 REGULAR SESSION**

### **Committee Substitute**

**for**

### **Senate Bill 662**

By Senators Oliverio, Charnock, Clements, Garcia,

Queen, Rose, Takubo, Taylor, Morris, Woelfel,

Woodrum, Roberts, and Z. Maynard

[Reported February 18, 2026, from the Committee on

Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new article,  
2 designated §16-67-1, §16-67-2, §16-67-3, §16-67-4, §16-67-5, §16-67-6, §16-67-7, §16-  
3 67-8, §16-67-9, §16-67-10, and §16-67-11, relating to colorectal cancer prevention;  
4 defining terms; establishing a colorectal cancer program within the Bureau for Public  
5 Health; allowing for grants to be issued to approved organizations; setting forth grant  
6 criteria; setting forth procedure and eligibility for grants; requiring annual reporting;  
7 establishing a fund; setting forth financial eligibility; setting forth medical eligibility; setting  
8 forth the reimbursement process; setting forth a rate for the screening service; and setting  
9 forth the term of the pilot program.

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

**ARTICLE 67. COLORECTAL CANCER SCREENING, DIAGNOSTIC COLONOSCOPY,**  
**AND TREATMENT PILOT PROGRAM.**

**§16-67-1. Short title.**

1 This article may be cited as the "Colorectal Cancer Screening, Diagnostic Colonoscopy,  
2 and Treatment Pilot Program".

**§16-67-2. Definitions.**

1 For purposes of this article:

2 "Approved organization" means an organization approved by the director to provide  
3 colorectal cancer screening, diagnostic colonoscopy, and treatment under this article.

4 "Bureau" means the Bureau for Public Health established pursuant to the provisions of  
5 §16-1-1 et seq. of this code.

6 "Department" means the Department of Health.

7 "Director" means the State Health Officer.

8 "Fund" means the colorectal cancer, diagnostic colonoscopy, and treatment pilot program  
9 fund established pursuant to this article.

10 "Medical and Implementation Advisory Committee" means a group of medical  
11 professionals established by the Department of Health to oversee the program, including  
12 establishment of guidelines for program eligibility and treatment payment codes.

13 "Provider" means a physician, hospital, or medical provider currently licensed, operating,  
14 or practicing in this state.

15 "Qualified applicant" means a person who meets the financial and medical eligibility  
16 guidelines in this article.

17 "Unserved populations" means persons having inadequate access and financial resources  
18 to obtain colorectal cancer screening services, diagnostic colonoscopy, or treatment as set forth in  
19 the financial eligibility section of this article.

**§16-67-3. Establishment of colorectal cancer screening, diagnostic colonoscopy, and**  
**treatment pilot; and program components.**

1 (a) There is hereby created within the department the Colorectal Cancer Screening and  
2 Diagnostic Colonoscopy and Treatment Pilot Program. This program is established to screen,  
3 detect, and provide colorectal cancer treatment to unserved populations.

4 (b) The program shall include the following:

5 (1) Establishment of protocols for follow up colonoscopies, diagnostic colonoscopies, and  
6 colorectal cancer treatment for unserved individuals who meet eligibly criteria;

7 (2) Provision of payments to approved organizations under this article; and

8 (3) Compilation of data concerning the colorectal cancer screening and diagnostic  
9 colonoscopies, and colorectal cancer treatment and dissemination of the data to the public, and  
10 any related outcome information, if available.

11 (c) Colonoscopy services shall be provided by contracted colonoscopy sites with  
12 established agreements with the administering organization under a Memorandum of  
13 Understanding.

14 (d) Covered procedures for colonoscopy services include:

- 15           (1) Pre-visit consultation;
- 16           (2) Bowel prep;
- 17           (3) Physician fees;
- 18           (4) Facility fees;
- 19           (5) Polyp removal;
- 20           (6) Anesthesia; and
- 21           (7) Pathology.
- 22           (e) Approved organizations shall agree to deliver the services at no cost to the patient.
- 23           (f) Treatment services will be initiated and covered under the program in the event that
- 24 colorectal cancer is detected;
- 25           (g) Treatment and payment codes shall be established by the Medical and Implementation
- 26 Advisory Committee; and
- 27           (h) An agreement memorandum of understanding shall be established with approved
- 28 organizations to provide treatment established pursuant to this article.

**§16-67-4.           Payment           grants           for           approved           organizations.**

- 1           (a) The director, or his or her designee, shall make payment grants, within the amounts
- 2 appropriated to approved organizations for the provision of services relating to the detection of
- 3 colorectal cancer and diagnostic colonoscopy screening as part of this program. These
- 4 organizations shall have:
- 5           (1) Ability to provide and to ensure consistent, quality colorectal cancer detection and
- 6 treatment and to provide diagnostic colonoscopy screening;
- 7           (2) Expertise in colorectal cancer detection and treatment and the provision of diagnostic
- 8 colonoscopy screening services;
- 9           (3) Capacity to collaborate and coordinate services with physicians, hospitals, and other
- 10 appropriate local institutions or agencies;
- 11           (4) Ability to provide colorectal cancer detection, treatment, and diagnostic colonoscopy

12 screening services to unserved populations; and

13 (5) Ability to provide colorectal cancer detection and treatment and diagnostic colonoscopy  
14 screening in accordance with national organization standards of high quality and other  
15 requirements set forth in this article.

16 (b) Claim submissions applications shall be made on forms provided by the director for  
17 approval of payment grants to provide colorectal cancer screening, diagnostic colonoscopy, and  
18 treatment services by organizations.

**§16-67-5. Annual report.**

1 The director shall submit a final report to the Legislative Oversight Commission on Health  
2 and Human Resources Accountability concerning the operation of the program established  
3 pursuant to the article including any available data and assessment within 30 days upon  
4 conclusion of the year-long pilot. The report shall include any recommendations for additional  
5 action to respond to the high incidence of colorectal cancer in this state and the following  
6 information per year: the number of referrals, the number of procedures performed, screening and  
7 diagnostic outcomes/results, treatment initiation and completion, CPT codes billed, number of  
8 services, cost by service, average cost per patient, and overall cost. The report shall also include  
9 the operation and status of the fund, acts, policies, practices, and procedures of the bureau in  
10 implementing the provisions of this article. The report shall be transmitted to the Legislature  
11 electronically by December 15 of each year. The annual reporting shall begin one year after the  
12 effective date of this article.

**§16-67-6. Establishment of the Colorectal Cancer Screening, Diagnostic Colonoscopy, and**  
**Treatment Pilot Program.**

1 (a) There is hereby established the Colorectal Cancer Screening, Diagnostic Colonoscopy,  
2 and Treatment Pilot Program fund which shall provide financial assistance for the screening and  
3 treatment of patients eligible pursuant to this article.

4 (b) The fund may be comprised of moneys appropriated to the fund by the Legislature,

5 allocated to the fund by the federal government, and all other sums designated for deposit in the  
6 fund from any source, public, or private.

7 (c) The fund shall be administered by the Bureau for Public Health.

8 (d) Nothing in this article may be construed or interpreted to mean that diagnostic and  
9 treatment are required to be provided by the bureau or the department. Nothing in this article may  
10 be construed to mandate funding for the colorectal cancer screening, diagnostic colonoscopy, and  
11 treatment pilot program or to require any appropriation by the Legislature to the fund.

**§16-67-7. Financial eligibility.**

1 To be eligible for services under the fund, a patient's income must be at or below 300  
2 percent of the federal poverty level in accordance with the prevailing national poverty income  
3 guidelines and be medically eligible for participation pursuant to the provisions of this article. The  
4 patient may not be responsible for the cost of the screening colonoscopy or any related cancer  
5 treatment or facility fee.

**§16-67-8. Medical eligibility.**

1 In addition to meeting the requirements contained in the financial eligibility section of this  
2 article, in order to be eligible for services under the fund, a patient shall meet the screening  
3 guidelines set forth by the Medical and Implementation Advisory Committee, including but not  
4 limited to the following:

5 (1) The patient shall be 45-64 years old;

6 (2) The patient shall be a current resident of the State of West Virginia;

7 (3) The patient shall meet the eligibility criteria set forth in this article;

8 (4) The patient shall have tested positive on a non-invasive stool-based colorectal  
9 screening test; or

10 (5) The patient shall have symptoms for colorectal cancer requiring diagnostic  
11 colonoscopy; and

12 (6) The patient shall have a medical home and a West Virginia primary care provider.

**§16-67-9. Application forms and process.**

1 (a) The bureau shall develop authorization request forms and make the forms available to  
2 the provider upon request.

3 (b) An application for colonoscopy or treatment services shall be accompanied by a  
4 written, signed statement from the attending physician which includes the medical basis for the  
5 requested services.

**§16-67-10. Reimbursement process.**

1 (a) The fund is the payor of last resort. Payment for the facility and professional  
2 components of the service shall be made not to exceed the provider's current Medicare  
3 reimbursement rate.

4 (b) A claim for authorized services rendered shall be processed in accordance with this  
5 article.

**§16-67-11. Term.**

1 The term of this program shall be one year from the effective date.