WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

Senate Bill 992

FISCAL NOTE

By Senator Rucker

[Introduced February 18, 2026; referred

to the Committee on Health and Human Resources;

and then to the Committee on Finance]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new article, designated §16-67-1, §16-67-2, §16-67-3, §16-67-4, §16-67-5, §16-67-6, and §16-67-7, relating to conducting a study of vaccinated and unvaccinated pediatric populations; setting forth legislative findings; setting forth purpose; setting forth methodology for study; setting forth data sets to be used in study; setting forth limitations and safeguards; requiring reporting; providing rule-making authority; and setting forth an effective date.

Be it enacted by the Legislature of West Virginia:

ARTICLE 67. STUDY OF VACCINATED AND UNVACCINATED PEDIATRIC POPULATIONS.

§16-67-1. Legislative findings and purpose.

(a) *Findings.* – The Legislature finds that:

(1) West Virginia continues to experience rising rates of chronic childhood conditions, including but not limited to asthma, autoimmune disorders, neurodevelopmental conditions, metabolic disease, and other long-term health outcomes;

(2) Public confidence in health policy is strengthened by transparency, rigorous data analysis, and evidence generated from real-world populations;

(3) Large-scale administrative and clinical datasets already maintained by the state of West Virginia provide an opportunity to evaluate long-term health outcomes while protecting individual privacy;

(4) Retrospective observational studies are a recognized and widely used public health tool for identifying associations, trends, and areas requiring further investigation.

(b*) Purpose.* – The purpose of this act is to require the Secretary of the Department Health to conduct a retrospective, longitudinal analysis, using existing data to the extent practicable, comparing health outcomes between vaccinated and unvaccinated pediatric populations in West Virginia, in order to inform policy, improve public trust, and guide future health decision making.

§16-67-2. Study requirement.

(a) The Secretary of the Department of Health shall conduct, or cause to be conducted, a retrospective, longitudinal, observational study comparing health outcomes among:

(1) Children who received vaccinations according to the recommended childhood immunization schedule; and

(2) Children who received no vaccinations or substantially fewer vaccinations, as identifiable within available data.

(b) For purposes of this study, vaccination exposure categories may be defined based on the timing, number, completeness, or delay of immunizations, to the extent supported by available data. The study may include multiple vaccination exposure groups, including fully vaccinated, partially vaccinated, delayed vaccination, and unvaccinated cohorts, as feasible.

(c) In the study, the department shall examine associations between vaccination status and selected health outcomes, including but not limited to:

(1) Chronis respiratory conditions:

(2) Autoimmune or inflammatory conditions;

(3) Neurodevelopmental diagnoses:

(4) Metabolic or endocrine disorders:

(5) Frequency or healthcare utilizations; or

(6) Other chronic health conditions identifiable in the data.

§16-67-3. Study requirement.

(a) In the study, the department shall utilize existing state-held or state-accessible datasets, including but not limited to:

(1) Medicaid claims data;

(2) State immunizations registry data;

(3) Hospital discharge data;

(4) Vital records; or

(5) Other relevant public health datasets.

(b) To the extent practicable, the department shall follow children from a defined point in early life such as birth or first eligibility for inclusion in state datasets, through a specified observation period, as permitted by data availability. The study shall prioritize sufficient follow up duration to assess longer-term health outcomes, recognizing limitations related to data completeness and availability.

(c) The department shall identify health outcomes using clinical diagnoses, claims-based indicators, and other objective measures available within the datasets, rather than self-reported information.

(d) To the extent practicable, the department shall use reasonable efforts to control confounding variables using accepted epidemiologic methods, including but not limited to multivariable adjustment, stratification, or similar analytical approaches. Confounding variables may include:

(1) Frequency of healthcare visits;

(2) Socioeconomic indicators;

(3) Geographic factors;

(4) Birth outcomes; or

(5) Known comorbidities.

(e) Where a sample size and data quality permit, analyses may be stratified by sex, geography, age cohort, or other relevant characteristics.

(f) The department may include sensitivity, robustness, or negative control analyses to assess the stability of findings and the potential impact of residual confounding factors or bias under alternative assumptions or exposure definitions.

(g) The department may develop and document an analyses plan prior to conducting primary analyses, consistent with accepted research and public health practices.

(h) The secretary may consult and spend general revenue funds, as appropriate, with

academic institutions, public or private research organizations, or independent statisticians, provided that no consultations compromises data ownership, privacy protections, or the independence of the analysis.

§16-67-4. Limitations and safeguards.

(a) Nothing in this act shall be construed to:

(1) Require the collection of new personal health data;

(2) Violate state or federal privacy laws, including the Health Insurance Portability and Accountability Act; or

(3) Mandate experimental or interventional research.

(b) The department shall clearly identify the study as observational in nature and shall not claim causal conclusions beyond what the data support.

(c) The department shall conduct the study to the best of the department's ability, recognizing limitations related to data completeness, availability, quality duration of follow up, and the potential for residual confounding factors to exist.

§16-67-5. Limitations and safeguards.

(a) The Secretary of the Department of Health shall submit a written report on the findings to:

(1) The Governor;

(2) The President of the Senate;

(3) The Speaker of the House; and

(4) The Joint Committee on Health and Human Resources.

(b) The secretary shall include in the report:

(1) A description of the data sources used;

(2) Study design and analytic methods;

(3) Summary findings;

(4) Identified limitations; and

(5) Recommendations for future research or policy considerations.

(c) The department shall submit the report no later than eight months after the effective date of this article.

§16-67-6. Rulemaking.

The Secretary of the Department of Health may promulgate legislative rules, pursuant to §29A-3-1 *et seq.* of this code, necessary to implement this article.

§16-67-7. Effective date.

This article shall take effect upon passage.

NOTE: The purpose of this bill is to require the Secretary of Health to conduct a study of vaccinated and unvaccinated pediatric populations and to set forth the parameters of that study.

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