

WEST VIRGINIA LEGISLATURE

SENATE JOURNAL

EIGHTY-SIXTH LEGISLATURE
REGULAR SESSION, 2023
FIFTY-FIFTH DAY

Charleston, West Virginia, Monday, March 6, 2023

The Senate met at 11:11 a.m.

(Senator Blair, Mr. President, in the Chair.)

Prayer was offered by Tyler Garden, Administrative Assistant to the Honorable Rupie Phillips, a senator from the seventh district.

The Senate was then led in recitation of the Pledge of Allegiance by the Honorable Chandler Swope, a senator from the sixth district.

Pending the reading of the Journal of Friday, March 3, 2023,

At the request of Senator Stuart, unanimous consent being granted, the Journal was approved and the further reading thereof dispensed with.

The Senate proceeded to the second order of business and the introduction of guests.

The Senate then proceeded to the third order of business.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the passage of

Eng. Senate Bill 131, Allowing municipal fire marshals to receive service weapon upon retirement.

A message from the Clerk of the House of Delegates announced the amendment by that body, passage as amended, and requested the concurrence of the Senate in the House of Delegates amendments, as to

Eng. Com. Sub. for Senate Bill 188, Grid Stabilization and Security Act of 2023.

On motion of Senator Takubo, the bill was taken up for immediate consideration.

The following House of Delegates amendments to the bill were reported by the Clerk:

On page 4, section 5B-2N-4, line 8, after the word "certificate" by inserting the words:

"pursuant to §24-2-11c of the West Virginia Code";

And,

On page 8, section 22B-1-7, line 58 after the word "a" by striking the words "a permit issued or denied for the construction and operation of a natural gas electric generation facility" and inserting in lieu thereof the following:

"an appeal of any permit pursuant to §22-5-14 of the code".

On motion of Senator Takubo, the Senate concurred in the House of Delegates amendments to the bill.

Engrossed Committee Substitute for Senate Bill 188, as amended by the House of Delegates, was then put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—30.

The nays were: Chapman and Smith—2.

Absent: Phillips and Woelfel—2.

So, a majority of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for S. B. 188) passed with its title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the passage of

Eng. Senate Bill 246, Revising membership of Broadband Enhancement Council.

A message from the Clerk of the House of Delegates announced the amendment by that body, passage as amended with its House of Delegates amended title, to take effect from passage, and requested the concurrence of the Senate in the House of Delegates amendments, as to

Eng. Com. Sub. for Com. Sub. for Senate Bill 268, Relating to PEIA.

On motion of Senator Takubo, the bill was taken up for immediate consideration.

The following House of Delegates amendments to the bill were reported by the Clerk:

On page one, following the enacting clause, by striking out the remainder of the bill and inserting in lieu thereof the following:

ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES' INSURANCE ACT.

§5-16-2. Definitions.

The following words and phrases as used in this article, unless a different meaning is clearly indicated by the context, have the following meanings:

(1) "Agency" or "PEIA" means the Public Employees Insurance Agency created by this article.

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences in order to produce socially significant improvement in human behavior and includes the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

"Autism spectrum disorder" means any pervasive developmental disorder, including autistic disorder, Asperger's syndrome, Rett syndrome, childhood disintegrative disorder, or Pervasive Development Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

"Certified behavior analyst" means an individual who is certified by the Behavior Analyst Certification Board or certified by a similar nationally recognized organization.

"Dependent" includes an eligible employee's child under the age of 26 as defined in the Patient Protection and Affordable Care Act.

"Device" means a blood glucose test strip, glucometer, continuous glucose monitor (CGM), lancet, lancing device, or insulin syringe used to cure, diagnose, mitigate, prevent, or treat diabetes or low blood sugar, but does not include insulin pumps.

(2) "Director" means the Director of the Public Employees Insurance Agency created by this article.

"Distant site" means the telehealth site where the health care practitioner is seeing the patient at a distance or consulting with a patient's health care practitioner.

(3) "Employee" means any person, including an elected officer, who works regularly full-time in the service of the State of West Virginia; and, for the purpose of this article only, the term "employee" also means any person, including an elected officer, who works regularly full-time in the service of a county board of education; a public charter school established pursuant to §18-5G-1 *et seq.* of this code if the charter school includes in its charter contract entered into pursuant to §18-5G-7 of this code a determination to participate in the Public Employees Insurance program; a county, city, or town in the State state; any separate corporation or instrumentality established by one or more counties, cities, or towns, as permitted by law; any corporation or instrumentality supported in most part by counties, cities, or towns; any public corporation charged by law with the performance of a governmental function and whose jurisdiction is coextensive with one or more counties, cities, or towns; any comprehensive community mental health center or intellectually and developmentally disabled facility established, operated, or licensed by the Secretary of the Department of Health and Human Resources pursuant to §27-2A-1 of this code and which is supported in part by state, county, or municipal funds; any person who works regularly full-time in the service of the Higher Education Policy Commission, the West Virginia Council for Community and Technical College Education, or a governing board as defined in §18B-1-2 of this code; any person who works regularly full-time in the service of a combined city-county health department created pursuant to §16-2-1 *et seq.* of this code; any person designated

as a 21st Century Learner Fellow pursuant to §18A-3-11 of this code; and any person who works as a long-term substitute as defined in §18A-1-1 of this code in the service of a county board of education: *Provided*, That a long-term substitute who is continuously employed for at least 133 instructional days during an instructional term, and, until the end of that instructional term, is eligible for the benefits provided in this article until September 1 following that instructional term: *Provided, however*, That a long-term substitute employed fewer than 133 instructional days during an instructional term is eligible for the benefits provided in this article only during such time as he or she is actually employed as a long-term substitute. On and after January 1, 1994, and upon election by a county board of education to allow elected board members to participate in the Public Employees Insurance Program pursuant to this article, any person elected to a county board of education shall be considered to be an "employee" during the term of office of the elected member. Upon election by the ~~state~~ State Board of Education to allow appointed board members to participate in the Public Employees Insurance Program pursuant to this article, any person appointed to the ~~state~~ State Board of Education is considered an "employee" during the term of office of the appointed member: *Provided further*, That the elected member of a county board of education and the appointed member of the ~~state~~ State Board of Education shall pay the entire cost of the premium if he or she elects to be covered under this article. Any matters of doubt as to who is an employee within the meaning of this article shall be decided by the director.

On or after July 1, 1997, a person shall be considered an "employee" if that person meets the following criteria:

(A) Participates in a job-sharing arrangement as defined in §18A-1-1 of this code;

(B) Has been designated, in writing, by all other participants in that job-sharing arrangement as the "employee" for purposes of this section; and

(C) Works at least one-third of the time required for a full-time employee.

(4) "Employer" means the State of West Virginia, its boards, agencies, commissions, departments, institutions, or spending units; a county board of education; a public charter school established pursuant to §18-5G-1 *et seq.* of this code if the charter school includes in its charter contract entered into pursuant to §18-5G-7 of this code a determination to participate in the Public Employees Insurance Program; a county, city, or town in the state; any separate corporation or instrumentality established by one or more counties, cities, or towns, as permitted by law; any corporation or instrumentality supported in most part by counties, cities, or towns; any public corporation charged by law with the performance of a governmental function and whose jurisdiction is coextensive with one or more counties, cities, or towns; any comprehensive community mental health center or intellectually and developmentally disabled facility established, operated, or licensed by the Secretary of the Department of Health and Human Resources pursuant to §27-2A-1 of this code and which is supported in part by state, county, or municipal funds; a combined city-county health department created pursuant to §16-2-1 *et seq.* of this code; and a corporation meeting the description set forth in §18B-12-3 of this code that is employing a 21st Century Learner Fellow pursuant to §18A-3-11 of this code but the corporation is not considered an employer with respect to any employee other than a 21st Century Learner Fellow. Any matters of doubt as to who is an "employer" within the meaning of this article shall be decided by the director. The term "employer" does not include within its meaning the National Guard.

"Established patient" means a patient who has received professional services, face-to-face, from the physician, qualified health care professional, or another physician or qualified health care

professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

(5) "Finance board" means the Public Employees Insurance Agency finance board created by this article.

"Health care practitioner" means a person licensed under §30-1-1 et seq. of this code who provides health care services.

"Originating site" means the location where the patient is located, whether or not accompanied by a health care practitioner, at the time services are provided by a health care practitioner through telehealth, including, but not limited to, a health care practitioner's office, hospital, critical access hospital, rural health clinic, federally qualified health center, a patient's home, and other nonmedical environments such as school-based health centers, university-based health centers, or the work location of a patient.

"Objective evidence" means standardized patient assessment instruments, outcome measurements tools, or measurable assessments of functional outcome. Use of objective measures at the beginning of treatment, during, and after treatment is recommended to quantify progress and support justifications for continued treatment. The tools are not required but their use will enhance the justification for continued treatment.

~~(6) "Person" means any individual, company, association, organization, corporation, or other legal entity. including, but not limited to, hospital, medical or dental service corporations; health maintenance organizations or similar organization providing prepaid health benefits; or individuals entitled to benefits under the provisions of this article~~

~~(7) "Plan" unless the context indicates otherwise, means the medical indemnity plan, the managed care plan option, or the group life insurance plan offered by the agency. a group hospital and surgical insurance plan or plans, a group prescription drug insurance plan or plans, a group major medical insurance plan or plans, and a group life and accidental death insurance plan or plans.~~

"Prescription insulin drug" means a prescription drug that contains insulin and is used to treat diabetes, and includes at least one type of insulin in all of the following categories:

(1) Rapid-acting;

(2) Short-acting;

(3) Intermediate-acting;

(4) Long-acting;

(5) Pre-mixed insulin products;

(6) Pre-mixed insulin/GLP-1 RA products; and

(7) Concentrated human regular insulin.

"Primary coverage" means individual or group hospital and surgical insurance coverage or individual or group major medical insurance coverage or group prescription drug coverage in which the spouse or dependent is the named insured or certificate holder.

"Remote patient monitoring services" means the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other condition-specific data; medication adherence monitoring; and interactive video conferencing with or without digital image upload.

(8) "Retired employee" means an employee of the state who retired after April 29, 1971, and an employee of the Higher Education Policy Commission, the Council for Community and Technical College Education, a state institution of higher education, or a county board of education who retires on or after April 21, 1972, and all additional eligible employees who retire on or after the effective date of this article, meet the minimum eligibility requirements for their respective state retirement system, and whose last employer immediately prior to retirement under the state retirement system is a participating employer in the state retirement system and in the Public Employees Insurance Agency: *Provided*, That for the purposes of this article, the employees who are not covered by a state retirement system, but who are covered by a state-approved or state-contracted retirement program or a system approved by the director, shall, in the case of education employees, meet the minimum eligibility requirements of the State Teachers Retirement System, and in all other cases, meet the minimum eligibility requirements of the Public Employees Retirement System and may participate in the Public Employees Insurance Agency as retired employees upon terms as the director sets by rule as authorized in this article. Employers with employees who are, or who are eligible to become, retired employees under this article shall be mandatory participants in the Retiree Health Benefit Trust Fund created pursuant to §5-16D-1 *et seq.* of this code. Nonstate employers may opt out of the West Virginia other post-employment benefits plan of the Retiree Health Benefit Trust Fund and elect to not provide benefits under the Public Employees Insurance Agency to retirees of the nonstate employer, but may do so only upon the written certification, under oath, of an authorized officer of the employer that the employer has no employees who are, or who are eligible to become, retired employees and that the employer will defend and hold harmless the Public Employees Insurance Agency from any claim by one of the employer's past, present, or future employees for eligibility to participate in the Public Employees Insurance Agency as a retired employee. As a matter of law, the Public Employees Insurance Agency shall not be liable in any respect to provide plan benefits to a retired employee of a nonstate employer which has opted out of the West Virginia other post-employment benefits plan of the Retiree Health Benefit Trust Fund pursuant to this section.

"Telehealth services" means the use of synchronous or asynchronous telecommunications technology or audio-only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include e-mail messages or facsimile transmissions.

"Virtual telehealth" means a new patient or follow-up patient for acute care that does not require chronic management or scheduled medications.

~~§5-16-3. Composition of Public Employees Insurance Agency; appointment, qualifications, compensation and duties of director of agency; employees; civil service coverage.~~

(a) The Public Employees Insurance Agency consists of the director, the finance board, the advisory board, and any employees who may be authorized by law. The director shall be appointed by the Governor, with the advice and consent of the Senate, and serves at the will and pleasure of the Governor. The director shall have at least three years' experience in health or governmental health benefit administration as his or her primary employment duty prior to appointment as director. The director shall receive actual expenses incurred in the performance of official business. The director shall employ any administrative, technical, and clerical employees required for the proper administration of the programs provided in this article. The director shall perform the duties that are required of him or her under the provisions of this article and is the Chief Administrative Officer of the Public Employees Insurance Agency. The director may employ a deputy director.

(b) Except for the director, his or her personal secretary, the deputy director, and the chief financial officer, all positions in the agency shall be included in the classified service of the civil service system pursuant to §29-6-1 *et seq.* of this code.

(c) The director is responsible for the administration and management of the Public Employees Insurance Agency as provided in this article and in connection with his or her responsibility may make all rules necessary to effectuate the provisions of this article. Nothing in §5-16-4 or §5-16-5 of this code limits the director's ability to manage on a day-to-day basis the group insurance plans required or authorized by this article, including, but not limited to, administrative contracting, studies, analyses and audits, eligibility determinations, utilization management provisions and incentives, provider negotiations, provider contracting and payment, designation of covered and noncovered services, offering of additional coverage options or cost containment incentives, pursuit of coordination of benefits, and subrogation, or any other actions which would serve to implement the plan or plans designed by the finance board. The director is to function as a benefits management professional and should avoid political involvement in managing the affairs of the Public Employees Insurance Agency.

(d) The director may, if it is financially advantageous to the state, operate the Medicare retiree health benefit plan offered by the agency based on a plan year that runs concurrent with the calendar year. Financial plans as addressed in section five of this article shall continue to be on a fiscal-year basis.

(e) The director should make every effort to evaluate and administer programs to improve quality, improve health status of members, develop innovative payment methodologies, manage health care delivery costs, evaluate effective benefit designs, evaluate cost sharing and benefit-based programs, and adopt effective industry programs that can manage the long-term effectiveness and costs for the programs at the Public Employees Insurance Agency to include, but not be limited to:

(1) Increasing generic fill rates;

(2) Managing specialty pharmacy costs;

(3) Implementing and evaluating medical home models and health care delivery;

(4) Coordinating with providers, private insurance carriers, and, to the extent possible, Medicare to encourage the establishment of cost-effective accountable care organizations;

(5) Exploring and developing advanced payment methodologies for care delivery such as case rates, capitation, and other potential risk-sharing models and partial risk-sharing models for accountable care organizations and/or medical homes;

(6) Adopting measures identified by the Centers for Medicare and Medicaid Services to reduce cost and enhance quality;

(7) Evaluating the expenditures to reduce excessive use of emergency room visits, imaging services, and other drivers of the agency's medical rate of inflation;

(8) Recommending cutting-edge benefit designs to the finance board to drive behavior and control costs for the plans;

(9) Implementing programs to encourage the use of the most efficient and high-quality providers by employees and retired employees;

(10) Identifying employees and retired employees who have multiple chronic illnesses and initiating programs to coordinate the care of these patients;

(11) Initiating steps ~~by the agency~~ to adjust payment by the agency for the treatment of hospital-acquired infections and related events consistent with the payment policies, operational guidelines, and implementation timetable established by the Centers of Medicare and Medicaid Services. The agency shall protect employees and retired employees from any adjustment in payment for hospital acquired infections; and

(12) Initiating steps ~~by the agency~~ to reduce the number of employees and retired employees who experience avoidable readmissions to a hospital for the same diagnosis-related group illness within 30 days of being discharged by a hospital in this state or another state consistent with the payment policies, operational guidelines, and implementation timetable established by the Centers of Medicare and Medicaid Services.

~~(f) The director shall issue an annual progress report to the Joint Committee on Government and Finance on the implementation of any reforms initiated pursuant to this section and other initiatives developed by the agency~~

~~§5-16-4. Public Employees Insurance Agency Finance Board continued; qualifications, terms, and removal of members; quorum; compensation and expenses; termination date.~~

(a) The Public Employees Insurance Agency Finance Board is continued and consists of the Secretary of the Department of Administration or his or her designee, as a voting member, and 10 members appointed by the Governor, with the advice and consent of the Senate, for terms of four years and each may serve until his or her successor is appointed and qualified. Members may be reappointed for successive terms. No more than six members, including the Secretary of the Department of Administration, may be of the same political party. ~~Effective July 1, 2017,~~ Members of the board shall satisfy the qualification requirements provided for by subsection (b) of this section. ~~Provided, That any member serving upon the effective date of this section who does not satisfy a requirement of subsection (b) of this section may continue to serve until his or her successor has been appointed and qualified~~ The Governor shall make appointments necessary to satisfy the requirements of subsection (b) of this section to staggered terms as determined by the Governor.

(b) (1) Of the 10 members appointed by the Governor with advice and consent of the Senate:

(A) One member shall represent the interests of education employees. The member shall hold a bachelor's degree, shall have obtained teacher certification, shall be employed as a teacher for a period of at least three years prior to his or her appointment, and shall remain a teacher for the duration of his or her appointment to remain eligible to serve on the board.

(B) One member shall represent the interests of public employees. The member shall be employed to perform full- or part-time service for wages, salary, or remuneration for a public body for a period of at least three years prior to his or her appointment and shall remain an employee of a public body for the duration of his or her appointment to remain eligible to serve on the board.

(C) One member shall represent the interests of retired employees. The member shall meet the definition of retired employee as provided in §5-16-2 of this code.

(D) One member shall represent the interests of a participating political subdivision. The member shall have been employed by a political subdivision for a period of at least three years prior to his or her appointment and shall remain an employee of a political subdivision for the duration of his or her appointment to remain eligible to serve on the board. The member may not be an elected official.

(E) One member shall represent the interests of hospitals. The member shall have been employed by a hospital for a period of at least three years prior to his or her appointment and shall remain an employee of a hospital for the duration of his or her appointment to remain eligible to serve on the board.

(F) One member shall represent the interests of non-hospital health care providers. The member shall have owned his or her non-hospital health care provider business for a period of at least three years prior to his or her appointment and shall maintain ownership of his or her non-hospital health care provider business for the duration of his or her appointment to remain eligible to serve on the board.

(G) Four members shall be selected from the public at large, meeting the following requirements:

(i) One member selected from the public at large shall generally have knowledge and expertise relating to the financing, development, or management of employee benefit programs;

(ii) One member selected from the public at large shall have at least three years of experience in the insurance benefits business;

(iii) One member selected from the public at large shall be a certified public accountant with at least three years of experience with financial management and employee benefits program experience; and

(iv) One member selected from the public at large shall be a health care actuary or certified public accountant with at least three years of financial experience with the health care marketplace.

(2) No member of the board may be a registered lobbyist.

(3) All appointments shall be selected to represent the different geographical areas within the state and all members shall be residents of West Virginia. No member may be removed from office by the Governor except for official misconduct, incompetence, neglect of duty, neglect of fiduciary duty, or other specific responsibility imposed by this article or gross immorality.

(4) All members of the board shall have a fiduciary responsibility to protect plan assets for the benefit of plan participants.

(5) Beginning July 1, 2023, and every year thereafter, all board members shall complete fiduciary training and timely complete any conflict-of-interest forms required to serve as a fiduciary.

(c) The Secretary of the Department of Administration shall serve as chair of the finance board, which shall meet at times and places specified by the call of the chair or upon the written request to the chair by at least two members. The Director of the Public Employees Insurance Agency shall serve as staff to the board. Notice of each meeting shall be given in writing to each member by the director at least three days in advance of the meeting. Six members shall constitute a quorum. The board shall pay each member the same compensation and expense reimbursement that is paid to members of the Legislature for their interim duties for each day or portion of a day engaged in the discharge of official duties.

(d) Upon termination of the board and notwithstanding any provisions of this article to the contrary, the director is authorized to assess monthly employee premium contributions and to change the types and levels of costs to employees only in accordance with this subsection. Any assessments or changes in costs imposed pursuant to this subsection shall be implemented by legislative rule proposed by the director for promulgation pursuant to §29A-3-1 *et seq.* of this code. Any employee assessments or costs previously authorized by the finance board shall then remain in effect until amended by rule of the director promulgated pursuant to this subsection.

§5-16-5. Purpose, Powers and duties of the finance board; ~~initial finance plan; financial plan for following year; and annual financial plans.~~

(a) The purpose of the finance board ~~created by this article~~ is to bring fiscal stability to the Public Employees Insurance Agency through development of annual financial plans and long-range plans designed to meet the agency's estimated total financial requirements, taking into account all revenues projected to be made available to the agency and apportioning necessary costs equitably among participating employers, employees, and retired employees and providers of health care services.

(b) The finance board shall retain the services of an impartial, professional actuary, with demonstrated experience in analysis of large group health insurance plans, to estimate the total financial requirements of the Public Employees Insurance Agency for each fiscal year and to review and render written professional opinions as to financial plans proposed by the finance board. The actuary shall also assist in the development of alternative financing options and perform any other services requested by the finance board or the director. All reasonable fees and expenses for actuarial services shall be paid by the Public Employees Insurance Agency. Any financial plan or modifications to a financial plan approved or proposed by the finance board ~~pursuant to this section~~ shall be submitted to and reviewed by the actuary and may not be finally approved and submitted to the Governor and to the Legislature without the actuary's written professional opinion that the plan may be reasonably expected to generate sufficient revenues to meet all estimated program and administrative costs of the agency, including incurred but

unreported claims, for the fiscal year for which the plan is proposed. ~~The actuary's opinion on the financial plan for each fiscal year shall allow for no more than thirty days of accounts payable to be carried over into the next fiscal year. The actuary's opinion for any fiscal year shall not include a requirement for establishment of a reserve fund~~

(c) All financial plans ~~required by this section~~ shall establish:

(1) ~~Maximum levels of reimbursement which the Public Employees Insurance Agency makes to categories of health care providers~~ The minimum level of reimbursement at 110 percent of the Medicare amount for all providers: *Provided*, That the plan shall reimburse a West Virginia hospital that provides inpatient medical care to a beneficiary, covered by the state and non-state plans, at a minimum rate of 110 percent of the Medicare diagnosis-related group rate for the admission, or the Medicare per diem, per day rate applicable to a critical access hospital, as appropriate: *Provided, however*, That the rates established pursuant to this subdivision do not apply to any Medicare primary retiree health plan.

(2) Any necessary cost-containment measures for implementation by the director;

(3) The levels of premium costs to participating employers; and

(4) The types and levels of cost to participating employees and retired employees.

The financial plans may provide for different levels of costs based on the insureds' ability to pay. The finance board may establish different levels of costs to retired employees based upon length of employment with a participating employer, ability to pay, or other relevant factors. The financial plans may also include optional alternative benefit plans with alternative types and levels of cost. The finance board may develop policies which encourage the use of West Virginia health care providers.

In addition, the finance board may allocate a portion of the premium costs charged to participating employers to subsidize the cost of coverage for participating retired employees, on such terms as the finance board determines are equitable and financially responsible.

(d)(1) The finance board shall prepare an annual financial plan for each fiscal year. ~~during which the finance board remains in existence~~ The finance board chairman shall request the actuary to estimate the total financial requirements of the Public Employees Insurance Agency for the fiscal year.

(2) The finance board shall prepare a proposed financial plan designed to generate revenues sufficient to meet all estimated program and administrative costs of the Public Employees Insurance Agency for the fiscal year. The proposed financial plan shall allow for no more than 30 days of accounts payable to be carried over into the next fiscal year. Before final adoption of the proposed financial plan, the finance board shall request the actuary to review the plan and to render a written professional opinion stating whether the plan will generate sufficient revenues to meet all estimated program and administrative costs of the Public Employees Insurance Agency for the fiscal year. The actuary's report shall explain the basis of its opinion. If the actuary concludes that the proposed financial plan will not generate sufficient revenues to meet all anticipated costs, then the finance board shall make necessary modifications to the proposed plan to ensure that all actuarially determined financial requirements of the agency will be met.

(3) Upon obtaining the actuary's opinion, the finance board shall conduct ~~one or more~~ at least two public hearings in each congressional district to receive public comment on the proposed financial plan, shall review the comments, and shall finalize and approve the financial plan.

(4) ~~Any financial plan shall be designed to allow thirty days or less of accounts payable to be carried over into the next fiscal year.~~ For each fiscal year, the Governor shall provide his or her estimate of total revenues to the finance board no later than October 15 of the preceding fiscal year: *Provided*, That for the prospective financial plans required by this section, the Governor shall estimate the revenues available for each fiscal year of the plans based on the estimated percentage of growth in general fund revenues: *Provided, however, That the director and finance board may only use revenue estimates from the Governor as necessary to maintain an actuarially recommended reserve fund and to maintain premium cost-sharing percentages as required in this article: Provided further, That the director and finance board may not incorporate revenue sources into the finance board plan beyond the premium cost-sharing percentages as required in this article.* The director shall provide the number of covered lives for the current fiscal year and a five-year analysis of the costs for covering paid claims to the finance board no later than October 15 of the preceding year. The finance board shall submit its final approved financial plan after obtaining the necessary actuary's opinion, which opinion shall include, but not be limited to, the aggregate premium cost-sharing percentages between employers and employees, including the amounts of any subsidization of retired employee benefits, at a level of 80 percent for the employer and 20 percent for employees, and conducting one or more public hearings in each congressional district to the Governor and to the Legislature no later than January 1 preceding the fiscal year. The financial plan for a fiscal year becomes effective and shall be implemented by the director on July 1 of the fiscal year. In addition to each final approved financial plan required under this section, the finance board shall also simultaneously submit financial statements based on generally accepted accounting practices (GAAP) and the final approved plan restated on an accrual basis of accounting, which shall include allowances for incurred but not reported claims. ~~*Provided, however, That*~~ The financial statements and the accrual-based financial plan restatement shall not affect the approved financial plan.

(e) The provisions of §29A-1-1 *et seq.* of this code shall not apply to the preparation, approval and implementation of the financial plans required by this section.

(f) By January 1 of each year, the finance board shall submit to the Governor and the Legislature a prospective financial plan for a period not to exceed five years for the programs provided in this article. Factors ~~that~~ the board shall consider include, but are not limited to, the trends for the program and the industry; the medical rate of inflation; utilization patterns; cost of services; and specific information such as average age of employee population, active to retiree ratios, the service delivery system, and health status of the population.

(g) The prospective financial plans shall be based on the estimated revenues submitted in accordance §5-16-5(d)(4) of this code and shall include an average of the projected cost-sharing percentages of premiums and an average of the projected deductibles and copays for the various programs. ~~Beginning in the plan year which commences on July 1, 2002, and in each plan year thereafter, until and including the plan year which commences on July 1, 2006, the prospective plans shall include incremental adjustments toward the ultimate level required in this subsection, in the aggregate cost-sharing percentages of premium between employers and employees, including the amounts of any subsidization of retired employee benefits. Effective in the plan year commencing on July 1, 2006, and in~~ Each plan year, thereafter the aggregate premium cost-sharing percentages between employers and employees, including the amounts of any subsidization of retired employee benefits, shall be at a level of 80 percent for the employer and

20 percent for employees, except for the employers provided in §5-16-18(d) of this code whose premium cost-sharing percentages shall be governed by that subsection. After the submission of the initial prospective plan, the board may not increase costs to the participating employers or change the average of the premiums, deductibles, and copays for employees, except in the event of a true emergency. ~~as provided in this section: *Provided*, That~~ If the board invokes the emergency provisions, the cost shall be borne between the employers and employees in proportion to the cost-sharing ratio for that plan year. ~~*Provided, however, That*~~ For purposes of this section, "emergency" means that the most recent projections demonstrate that plan expenses will exceed plan revenues by more than one percent in any plan year. ~~*Provided further, That*~~ The aggregate premium cost-sharing percentages between employers and employees, including the amounts of any subsidization of retired employee benefits, may be offset, in part, by a legislative appropriation for that purpose.

(h) The finance board shall meet on at least a quarterly basis to review implementation of its current financial plan in light of the actual experience of the Public Employees Insurance Agency. The board shall review actual costs incurred, any revised cost estimates provided by the actuary, expenditures, and any other factors affecting the fiscal stability of the plan, and may make any additional modifications to the plan necessary to ensure that the total financial requirements of the agency for the current fiscal year are met. The finance board may not increase the types and levels of cost to employees during its quarterly review except in the event of a true emergency.

(i) For any fiscal year in which legislative appropriations differ from the Governor's estimate of general and special revenues available to the agency, the finance board shall, within 30 days after passage of the budget bill, make any modifications to the plan necessary to ensure that the total financial requirements of the agency for the current fiscal year are met.

(j) In the event the revenues in a given year exceed the expenses, the amount of revenues in excess of the expenses shall be retained by the Public Employees Insurance Agency to offset future premium increases.

§5-16-5b. Creation of trust for retirees hired on or after July 1, 2010.

[Repealed.]

§5-16-7. ~~Authorization to establish group hospital and surgical insurance plan, group major medical insurance plan, group drug prescription plans, and group life and accidental death insurance plan; rules for administration of plans; mandated benefits; optional plans; separate rating for claims experience purposes.~~

(a) ~~The agency shall establish a group hospital and surgical insurance plan or plans, a group prescription drug insurance plan or plans, a group major medical insurance plan or plans, and a group life and accidental death insurance plan or plans for those employees herein made eligible and establish and promulgate rules for the administration of these plans subject to the limitations contained in this article. These plans shall include:~~

(1) Coverages and benefits for x-ray and laboratory services in connection with mammograms when medically appropriate and consistent with current guidelines from the United States Preventive Services Task Force; pap smears, either conventional or liquid-based cytology, whichever is medically appropriate and consistent with the current guidelines from either the United States Preventive Services Task Force or the American College of Obstetricians and Gynecologists; and a test for the human papilloma virus when medically appropriate and

consistent with current guidelines from either the United States Preventive Services Task Force or the American College of Obstetricians and Gynecologists, when performed for cancer screening or diagnostic services on a woman age 18 or over;

(2) Annual checkups for prostate cancer in men age 50 and over;

(3) Annual screening for kidney disease as determined to be medically necessary by a physician using any combination of blood pressure testing, urine albumin or urine protein testing, and serum creatinine testing as recommended by the National Kidney Foundation;

(4) For plans that include maternity benefits, coverage for inpatient care in a duly licensed health care facility for a mother and her newly born infant for the length of time which the attending physician considers medically necessary for the mother or her newly born child. No plan may deny payment for a mother or her newborn child prior to 48 hours following a vaginal delivery or prior to 96 hours following a caesarean section delivery if the attending physician considers discharge medically inappropriate;

(5) For plans which provide coverages for post-delivery care to a mother and her newly born child in the home, coverage for inpatient care following childbirth as provided in subdivision (4) of this subsection if inpatient care is determined to be medically necessary by the attending physician. These plans may include, among other things, medicines, medical equipment, prosthetic appliances, and any other inpatient and outpatient services and expenses considered appropriate and desirable by the agency; and

(6) Coverage for treatment of serious mental illness:

(A) The coverage does not include custodial care, residential care, or schooling. For purposes of this section, "serious mental illness" means an illness included in the American Psychiatric Association's diagnostic and statistical manual of mental disorders, as periodically revised, under the diagnostic categories or subclassifications of:

(i) Schizophrenia and other psychotic disorders;

(ii) Bipolar disorders;

(iii) Depressive disorders;

(iv) Substance-related disorders with the exception of caffeine-related disorders and nicotine-related disorders;

(v) Anxiety disorders; and

(vi) Anorexia and bulimia.

With regard to a covered individual who has not yet attained the age of 19 years, "serious mental illness" also includes attention deficit hyperactivity disorder, separation anxiety disorder, and conduct disorder.

(B) The agency shall not discriminate between medical-surgical benefits and mental health benefits in the administration of its plan. With regard to both medical-surgical and mental health benefits, it may make determinations of medical necessity and appropriateness and it may use

recognized health care quality and cost management tools including, but not limited to, limitations on inpatient and outpatient benefits, utilization review, implementation of cost-containment measures, preauthorization for certain treatments, setting coverage levels, setting maximum number of visits within certain time periods, using capitated benefit arrangements, using fee-for-service arrangements, using third-party administrators, using provider networks, and using patient cost sharing in the form of copayments, deductibles, and coinsurance. Additionally, the agency shall comply with the financial requirements and quantitative treatment limitations specified in 45 CFR 146.136(c)(2) and (c)(3), or any successor regulation. The agency may not apply any nonquantitative treatment limitations to benefits for behavioral health, mental health, and substance use disorders that are not applied to medical and surgical benefits within the same classification of benefits: *Provided*, That any service, even if it is related to the behavioral health, mental health, or substance use diagnosis if medical in nature, shall be reviewed as a medical claim and undergo all utilization review as applicable;

(7) Coverage for general anesthesia for dental procedures and associated outpatient hospital or ambulatory facility charges provided by appropriately licensed health care individuals in conjunction with dental care if the covered person is:

(A) Seven years of age or younger or is developmentally disabled and is an individual for whom a successful result cannot be expected from dental care provided under local anesthesia because of a physical, intellectual, or other medically compromising condition of the individual and for whom a superior result can be expected from dental care provided under general anesthesia.

(B) A child who is 12 years of age or younger with documented phobias or with documented mental illness and with dental needs of such magnitude that treatment should not be delayed or deferred and for whom lack of treatment can be expected to result in infection, loss of teeth, or other increased oral or dental morbidity and for whom a successful result cannot be expected from dental care provided under local anesthesia because of such condition and for whom a superior result can be expected from dental care provided under general anesthesia.

(8) (A) ~~Any plan issued or renewed on or after January 1, 2012, shall include coverage for All plans shall include coverage for~~ diagnosis, evaluation, and treatment of autism spectrum disorder in individuals ages 18 months to 18 years. To be eligible for coverage and benefits under this subdivision, the individual must be diagnosed with autism spectrum disorder at age eight or younger. Such plan shall provide coverage for treatments that are medically necessary and ordered or prescribed by a licensed physician or licensed psychologist and in accordance with a treatment plan developed from a comprehensive evaluation by a certified behavior analyst for an individual diagnosed with autism spectrum disorder.

(B) The coverage shall include, but not be limited to, applied behavior analysis which shall be provided or supervised by a certified behavior analyst. ~~The annual maximum benefit for applied behavior analysis required by this subdivision shall be in an amount not to exceed \$30,000 per individual for three consecutive years from the date treatment commences. At the conclusion of the third year, coverage for applied behavior analysis required by this subdivision shall be in an amount not to exceed \$2,000 per month, until the individual reaches 18 years of age, as long as the treatment is medically necessary and in accordance with a treatment plan developed by a certified behavior analyst pursuant to a comprehensive evaluation or reevaluation of the individual~~ This subdivision does not limit, replace, or affect any obligation to provide services to an individual under the Individuals with Disabilities Education Act, 20 U. S. C. §1400 *et seq.*, as amended from

time to time, or other publicly funded programs. Nothing in this subdivision requires reimbursement for services provided by public school personnel.

(C) The certified behavior analyst shall file progress reports with the agency semiannually. In order for treatment to continue, the agency must receive objective evidence or a clinically supportable statement of expectation that:

(i) The individual's condition is improving in response to treatment;

(ii) A maximum improvement is yet to be attained; and

(iii) There is an expectation that the anticipated improvement is attainable in a reasonable and generally predictable period of time.

~~(D) On or before January 1 each year, the agency shall file an annual report with the Joint Committee on Government and Finance describing its implementation of the coverage provided pursuant to this subdivision. The report shall include, but not be limited to, the number of individuals in the plan utilizing the coverage required by this subdivision, the fiscal and administrative impact of the implementation and any recommendations the agency may have as to changes in law or policy related to the coverage provided under this subdivision. In addition, the agency shall provide such other information as required by the Joint Committee on Government and Finance as it may request.~~

~~(E) For purposes of this subdivision, the term:~~

~~(i) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences in order to produce socially significant improvement in human behavior and includes the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.~~

~~(ii) "Autism spectrum disorder" means any pervasive developmental disorder including autistic disorder, Asperger's syndrome, Rett syndrome, childhood disintegrative disorder, or Pervasive Development Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.~~

~~(iii) "Certified behavior analyst" means an individual who is certified by the Behavior Analyst Certification Board or certified by a similar nationally recognized organization.~~

~~(iv) "Objective evidence" means standardized patient assessment instruments, outcome measurements tools, or measurable assessments of functional outcome. Use of objective measures at the beginning of treatment, during, and after treatment is recommended to quantify progress and support justifications for continued treatment. The tools are not required but their use will enhance the justification for continued treatment~~

(F) (D) To the extent that the provisions of this subdivision require benefits that exceed the essential health benefits specified under section 1302(b) of the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended, the specific benefits that exceed the specified essential health benefits shall not be required of insurance plans offered by the Public Employees Insurance Agency.

(9) For plans that include maternity benefits, coverage for the same maternity benefits for all individuals participating in or receiving coverage under plans that are issued or renewed on or after January 1, 2014: *Provided*, That to the extent that the provisions of this subdivision require benefits that exceed the essential health benefits specified under section 1302(b) of the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended, the specific benefits that exceed the specified essential health benefits shall not be required of a health benefit plan when the plan is offered in this state.

(10) (A) ~~A policy, plan, or contract that is issued or renewed on or after January 1, 2019, and that is subject to this section, shall provide~~ Coverage, through the age of 20, for amino acid-based formula for the treatment of severe protein-allergic conditions or impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract. This includes the following conditions, if diagnosed as related to the disorder by a physician licensed to practice in this state pursuant to either §30-3-1 *et seq.* or §30-14-1 *et seq.* of this code:

- (i) Immunoglobulin E and nonimmunoglobulin E-medicated allergies to multiple food proteins;
- (ii) Severe food protein-induced enterocolitis syndrome;
- (iii) Eosinophilic disorders as evidenced by the results of a biopsy; and

(iv) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract (short bowel).

(B) The coverage required by paragraph (A) of this subdivision shall include medical foods for home use for which a physician has issued a prescription and has declared them to be medically necessary, regardless of methodology of delivery.

(C) For purposes of this subdivision, "medically necessary foods" or "medical foods" shall mean prescription amino acid-based elemental formulas obtained through a pharmacy: *Provided*, That these foods are specifically designated and manufactured for the treatment of severe allergic conditions or short bowel.

(D) The provisions of this subdivision shall not apply to persons with an intolerance for lactose or soy.

(11) The cost for coverage of children's immunization services from birth through age 16 years to provide immunization against the following illnesses: Diphtheria, polio, mumps, measles, rubella, tetanus, hepatitis-b, hemophilia influenzae-b, and whooping cough. Any contract entered into to cover these services shall require that all costs associated with immunization, including the cost of the vaccine, if incurred by the health care provider, and all costs of vaccine administration be exempt from any deductible, per visit charge, and copayment provisions which may be in force in these policies or contracts. This section does not require that other health care services provided at the time of immunization be exempt from any deductible or copayment provisions.

(12) The provision requiring coverage for 12-month refill for contraceptive drugs codified at §33-58-1 of this code.

(13) The group life and accidental death insurance herein provided shall be in the amount of \$10,000 for every employee.

(b) The agency shall ~~with full authorization~~ make available to each eligible employee, at full cost to the employee, the opportunity to purchase optional group life and accidental death insurance as established under the rules of the agency. In addition, each employee is entitled to have his or her spouse and dependents, as defined by the rules of the agency, included in the optional coverage, at full cost to the employee, for each eligible dependent.

(c) The finance board may cause to be separately rated for claims experience purposes:

(1) All employees of the State of West Virginia;

(2) All teaching and professional employees of state public institutions of higher education and county boards of education;

(3) All nonteaching employees of the Higher Education Policy Commission, West Virginia Council for Community and Technical College Education, and county boards of education; or

(4) Any other categorization which would ensure the stability of the overall program.

(d) The agency shall maintain the medical and prescription drug coverage for Medicare-eligible retirees by providing coverage through one of the existing plans or by enrolling the Medicare-eligible retired employees into a Medicare-specific plan, including, but not limited to, the Medicare/Advantage Prescription Drug Plan. If a Medicare-specific plan is no longer available or advantageous for the agency and the retirees, the retirees remain eligible for coverage through the agency.

(e) The agency shall establish procedures to authorize treatment with a nonparticipating provider if a covered service is not available within established time and distance standards and within a reasonable period after service is requested, and with the same coinsurance, deductible, or copayment requirements as would apply if the service were provided at a participating provider, and at no greater cost to the covered person than if the services were obtained at or from a participating provider.

(f) If the Public Employees Insurance Agency offers a plan that does not cover services provided by an out-of-network provider, it may provide the benefits required in paragraph (A), subdivision (6), subsection (a) of this section if the services are rendered by a provider who is designated by and affiliated with the Public Employees Insurance Agency, and only if the same requirements apply for services for a physical illness.

(g) In the event of a concurrent review for a claim for coverage of services for the prevention of, screening for, and treatment of behavioral health, mental health, and substance use disorders, the service continues to be a covered service until the Public Employees Insurance Agency notifies the covered person of the determination of the claim.

(h) Unless denied for nonpayment of premium, a denial of reimbursement for services for the prevention of, screening for, or treatment of behavioral health, mental health, and substance use disorders by the Public Employees Insurance Agency shall include the following language:

(1) A statement explaining that covered persons are protected under this section, which provides that limitations placed on the access to mental health and substance use disorder benefits may be no greater than any limitations placed on access to medical and surgical benefits;

(2) A statement providing information about the internal appeals process if the covered person believes his or her rights under this section have been violated; and

(3) A statement specifying that covered persons are entitled, upon request to the Public Employees Insurance Agency, to a copy of the medical necessity criteria for any behavioral health, mental health, and substance use disorder benefit.

(i) On or after June 1, 2021, and annually thereafter, the Public Employees Insurance Agency shall submit a written report to the Joint Committee on Government and Finance that contains the following information regarding plans offered pursuant to this section:

(1) Data that demonstrates parity compliance for adverse determination regarding claims for behavioral health, mental health, or substance use disorder services and includes the total number of adverse determinations for such claims;

(2) A description of the process used to develop and select:

(A) The medical necessity criteria used in determining benefits for behavioral health, mental health, and substance use disorders; and

(B) The medical necessity criteria used in determining medical and surgical benefits;

(3) Identification of all nonquantitative treatment limitations that are applied to benefits for behavioral health, mental health, and substance use disorders and to medical and surgical benefits within each classification of benefits; and

(4) The results of analyses demonstrating that, for medical necessity criteria described in subdivision (2) of this subsection and for each nonquantitative treatment limitation identified in subdivision (3) of this subsection, as written and in operation, the processes, strategies, evidentiary standards, or other factors used in applying the medical necessity criteria and each nonquantitative treatment limitation to benefits for behavioral health, mental health, and substance use disorders within each classification of benefits are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the medical necessity criteria and each nonquantitative treatment limitation to medical and surgical benefits within the corresponding classification of benefits;

(5) The Public Employees Insurance Agency's report of the analyses regarding nonquantitative treatment limitations shall include at a minimum:

(A) Identify factors used to determine whether a nonquantitative treatment limitation will apply to a benefit, including factors that were considered but rejected;

(B) Identify and define the specific evidentiary standards used to define the factors and any other evidence relied on in designing each nonquantitative treatment limitation;

(C) Provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to design each nonquantitative treatment

limitation, as written, and the written processes and strategies used to apply each nonquantitative treatment limitation for benefits for behavioral health, mental health, and substance use disorders are comparable to, and are applied no more stringently than, the processes and strategies used to design and apply each nonquantitative treatment limitation, as written, and the written processes and strategies used to apply each nonquantitative treatment limitation for medical and surgical benefits;

(D) Provide the comparative analysis, including the results of the analyses, performed to determine that the processes and strategies used to apply each nonquantitative treatment limitation, in operation, for benefits for behavioral health, mental health, and substance use disorders are comparable to, and are applied no more stringently than, the processes and strategies used to apply each nonquantitative treatment limitation, in operation, for medical and surgical benefits; and

(E) Disclose the specific findings and conclusions reached by the Public Employees Insurance Agency that the results of the analyses indicate that each health benefit plan offered by the Public Employees Insurance Agency complies with paragraph (B), subdivision (6), subsection (a) of this section; and

(6) After the initial report required by this subsection, annual reports are only required for any year thereafter during which the Public Employees Insurance Agency makes significant changes to how it designs and applies medical management protocols.

(j) The Public Employees Insurance Agency shall update its annual plan document to reflect its comprehensive parity compliance. An annual report shall also be filed with the Joint Committee on Government and Finance and the Public Employees Insurance Agency Finance Board.

~~(k) This section is effective for policies, contracts, plans or agreements, beginning on or after January 1, 2021. This section applies to all policies, contracts, plans, or agreements, subject to this article that are delivered, executed, issued, amended, adjusted, or renewed in this state on or after the effective date of this section.~~

§5-16-7b. Coverage for telehealth services.

(a) The following terms are defined:

~~(1) "Distant site" means the telehealth site where the health care practitioner is seeing the patient at a distance or consulting with a patient's health care practitioner.~~

~~(2) "Established patient" means a patient who has received professional services, face-to-face, from the physician, qualified health care professional, or another physician or qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.~~

~~(3) "Health care practitioner" means a person licensed under §30-1-1 *et seq.* of this code who provides health care services.~~

~~(4) "Originating site" means the location where the patient is located, whether or not accompanied by a health care practitioner, at the time services are provided by a health care practitioner through telehealth, including, but not limited to, a health care practitioner's office, hospital, critical access hospital, rural health clinic, federally qualified health center, a patient's~~

~~home, and other nonmedical environments such as school-based health centers, university-based health centers, or the work location of a patient.~~

~~(5) "Remote patient monitoring services" means the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other condition specific data; medication adherence monitoring; and interactive video conferencing with or without digital image upload.~~

~~(6) "Telehealth services" means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health related education; public health services; and health administration. The term does not include e-mail messages, or facsimile transmissions.~~

~~(7) "Virtual telehealth" means a new patient or follow up patient for acute care that does not require chronic management or scheduled medications.~~

~~(b) (a) After July 1, 2020 The plan shall provide coverage of health care services provided through telehealth services if those same services are covered through face-to-face consultation by the policy.~~

~~(c) (b) After July 1, 2020 The plan may not exclude a service for coverage solely because the service is provided through telehealth services.~~

~~(d) (c) The plan which issues, renews, amends, or adjusts a plan, policy, contract, or agreement on or after July 1, 2021 shall provide reimbursement for a telehealth service at a rate negotiated between the provider and the insurance company for virtual telehealth encounters. The plan which issues, renews, amends, or adjusts a plan, policy, contract, or agreement on or after July 1, 2021 shall provide reimbursement for a telehealth service for an established patient, or care rendered on a consulting basis to a patient located in an acute care facility, whether inpatient or outpatient, on the same basis and at the same rate under a contract, plan, agreement, or policy as if the service is provided through an in-person encounter rather than provided via telehealth.~~

~~(e) (d) The plan may not impose any annual or lifetime dollar maximum on coverage for telehealth services other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy, or impose upon any person receiving benefits pursuant to the provisions of or the requirements of this section any copayment, coinsurance, or deductible amounts, or any policy year, calendar year, lifetime, or other durational benefit limitation or maximum for benefits or services that is not equally imposed upon all terms and services covered under the policy, contract, or plan.~~

~~(f) (e) An originating site may charge the plan a site fee.~~

~~(g) (f) The coverage required by this section shall include the use of telehealth technologies as it pertains to medically necessary remote patient monitoring services to the full extent that those services are available.~~

§5-16-7c. Required coverage for reconstruction surgery following mastectomies.

(a) The plan shall provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for:

- (1) All stages of reconstruction of the breast on which the mastectomy has been performed;
- (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

(3) Protheses and physical complications of mastectomy, including lymphedemas in a manner determined in consultation with the attending physician and the patient. Coverage shall be provided for a minimum stay in the hospital of not less than 48 hours for a patient following a radical or modified mastectomy and not less than 24 hours of inpatient care following a total mastectomy or partial mastectomy with lymph node dissection for the treatment of breast cancer. Nothing in this section shall be construed as requiring inpatient coverage where inpatient coverage is not medically necessary or where the attending physician in consultation with the patient determines that a shorter period of hospital stay is appropriate. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter in the summary plan description or similar document.

(b) The plan may not:

(1) Deny to a patient eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of this section; and

(2) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or provide incentives (monetary or otherwise) to an attending provider, to induce such provider to provide care to an individual participant or beneficiary in a manner inconsistent with this section.

~~(c) Nothing in this section shall be construed to prevent a health benefit plan policy or a health insurer offering health insurance coverage from negotiating the level and type of reimbursement with a provider for care provided in accordance with this section.~~

~~(d) The provisions of this section shall be included under any policy, contract or plan delivered after July 1, 2002~~

§5-16-7g. Coverage for prescription insulin drugs.

(a) A policy, plan, or contract that is issued or renewed on or after January 1, 2023 shall provide coverage for prescription insulin drugs and equipment pursuant to this section.

~~(b) For the purposes of this subdivision, "prescription insulin drug" means a prescription drug that contains insulin and is used to treat diabetes, and includes at least one type of insulin in all of the following categories:~~

- ~~(1) Rapid-acting;~~
- ~~(2) Short-acting;~~
- ~~(3) Intermediate-acting;~~

~~(4) Long-acting;~~

~~(5) Pre-mixed insulin products;~~

~~(6) Pre-mixed insulin/GLP-1 RA products; and~~

~~(7) Concentrated human regular insulin~~

~~(e)~~ (b) Cost sharing for a 30-day supply of a covered prescription insulin drug may not exceed \$35 in aggregate, including situations where the covered person is prescribed more than one insulin drug, per 30-day supply, regardless of the amount or type of insulin needed to fill such covered person's prescription. Cost sharing for a 30-day supply of covered device(s) may not exceed \$100 in aggregate, including situations where the covered person is prescribed more than one device, per 30-day supply. Each cost-share maximum is covered regardless of the person's deductible, copayment, coinsurance or any other cost-sharing requirement.

~~(d)~~ (c) Nothing in this section prevents the agency from reducing a covered person's cost sharing by an amount greater than the amount specified in this subsection.

~~(e)~~ (d) No contract between the agency or its pharmacy benefits manager and a pharmacy or its contracting agent shall contain a provision: (i) Authorizing the agency's pharmacy benefits manager or the pharmacy to charge; (ii) requiring the pharmacy to collect; or (iii) requiring a covered person to make a cost-sharing payment for a covered prescription insulin drug in an amount that exceeds the amount of the cost-sharing payment for the covered prescription insulin drug established by the agency as provided in subsection (c) of this section.

~~(f)~~ (e) The agency shall provide coverage for the following equipment and supplies for the treatment or management of diabetes for both insulin-dependent and noninsulin-dependent persons with diabetes and those with gestational diabetes: Blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar, and orthotics.

~~(g)~~ (f) The agency shall provide coverage for diabetes self-management education to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet shall be provided by a health care practitioner who has been appropriately trained as provided in §33-53-1(k) of this code.

~~(h)~~ (g) The education may be provided by a health care practitioner as part of an office visit for diabetes diagnosis or treatment, or by a licensed pharmacist for instructing and monitoring a patient regarding the proper use of covered equipment, supplies, and medications, or by a certified diabetes educator or registered dietitian.

~~(i)~~ (h) A pharmacy benefits manager, a health plan, or any other third party that reimburses a pharmacy for drugs or services shall not reimburse a pharmacy at a lower rate and shall not assess any fee, charge-back, or adjustment upon a pharmacy on the basis that a covered person's costs sharing is being impacted.

§5-16-8. Conditions of insurance program.

The insurance plans provided for in this article shall be designed by the Public Employees Insurance Agency:

(1) To provide a reasonable relationship between the hospital, surgical, medical, and prescription drug benefits to be included and the expected reasonable and customary hospital, surgical, medical, and prescription drug expenses as established by the director to be incurred by the affected employee, his or her spouse, and his or her dependents. The establishment of reasonable and customary expenses by the Public Employees Insurance Agency pursuant to the preceding sentence is not subject to ~~the state administrative procedures act in chapter §29A-1-1 et seq.~~ of this code;

(2) To include reasonable controls which may include deductible and coinsurance provisions applicable to some or all of the benefits, and shall include other provisions, including, but not limited to, copayments, preadmission certification, case management programs, and preferred provider arrangements;

(3) To prevent unnecessary utilization of the various hospital, surgical, medical, and prescription drug services available;

(4) To provide reasonable assurance of stability in future years for the plans;

(5) To provide major medical insurance for the employees covered under this article;

(6) To provide certain group life and accidental death insurance for the employees covered under this article;

(7) To include provisions for the coordination of benefits payable by the terms of the plans with the benefits to which the employee, or his or her spouse, or his or her dependents may be entitled by the provisions of any other group hospital, surgical, medical, major medical, or prescription drug insurance, or any combination thereof;

(8) To provide a cash incentive plan for employees, spouses, and dependents to increase utilization of, and to encourage the use of, lower cost alternative health care facilities, health care providers, and generic drugs. The plan shall be reviewed annually by the director and the advisory board;

(9) To provide health and wellness programs and resources impacting various components of health and wellness. PEIA may explore, review, evaluate, and offer a variety of health and wellness programming and resources to meet the needs of its members. These programs are voluntary for participants and are separate and distinct from any medical benefit and activities which will include, but not be limited to, benefit plan incentives to discourage tobacco, alcohol and chemical abuse and an educational program to encourage proper diet and exercise. In establishing "wellness" programs, the division of vocational rehabilitation shall cooperate with the Public Employees Insurance Agency in establishing statewide wellness programs. The director of the Public Employees Insurance Agency shall contract with county boards of education for the use of facilities, equipment or any service related to that purpose. Boards of education may charge only the cost of janitorial service and increased utilities for the use of the gymnasium and related equipment. The cost of the exercise program shall be paid by county boards of education, the Public Employees Insurance Agency, or participating employees, their spouses or dependents. All exercise programs shall be made available to all employees, their spouses or dependents and shall not be limited to employees of county boards of education;

(10) To provide a program, to be administered by the director, for a patient audit plan with reimbursement up to a maximum of \$1,000 annually to employees for discovery of health care provider or hospital overcharges when the affected employee brings the overcharge to the attention of the plan. The hospital or health care provider shall certify to the director that it has provided, prior to or simultaneously with the submission of the statement of charges for payments, an itemized statement of the charges to the employee participant for which payment is requested of the plan;

(11) To require that all employers give written notice to each covered employee prior to institution of any changes in benefits to employees, and to include appropriate penalty for any employer not providing the required information to any employee; and

~~(12)(a) (A) To provide coverage for emergency services under offered plans. For the purposes of this subsection, "emergency services" means services provided in or by a hospital emergency facility, an ambulance providing related services under the provisions of §16-4C-1 et seq. of this code, or the private office of a dentist to evaluate and treat a medical condition manifesting itself by the sudden, and at the time, unexpected onset of symptoms that require immediate medical attention and for which failure to provide medical attention would result in serious impairment to bodily function, serious dysfunction to any bodily organ or part, or would place the person's health in jeopardy.~~

~~(b) (B) From July 1, 1998, Plans shall provide coverage for emergency services, including any pre-hospital services, to the extent necessary to screen and stabilize the covered person. The plans shall reimburse, less any applicable copayments, deductibles, or coinsurance for emergency services rendered and related to the condition for which the covered person presented. Prior authorization of coverage shall not be required for the screening services if a prudent layperson acting reasonably would have believed that an emergency medical condition existed. Prior authorization of coverage shall not be required for stabilization if an emergency medical condition exists. In the event that prior authorization was obtained, the authorization may not be retracted after the services have been provided except when the authorization was based on a material misrepresentation about the medical condition by the provider of the services or the insured person. The provider of the emergency services and the plan representative shall make a good faith effort to communicate with each other in a timely fashion to expedite post-evaluation or post-stabilization services. Payment of claims for emergency services shall be based on the retrospective review of the presenting history and symptoms of the covered person.~~

~~(c) (C) For purposes of this subdivision:~~

~~(A) "Emergency services" means those services required to screen for or treat an emergency medical condition until the condition is stabilized, including pre-hospital 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.

~~§5-16-9. Authorization to execute contracts. for group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance, and other accidental death insurance; mandated benefits; limitations; awarding of contracts; reinsurance; certificates for covered employees; discontinuance of contracts~~

(a) The director is given exclusive authorization to execute such contract or contracts as are necessary to carry out the provisions of this article. ~~and to provide the plan or plans of group hospital and surgical insurance coverage, group major medical insurance coverage, group prescription drug insurance coverage, and group life and accidental death insurance coverage selected in accordance with the provisions of this article, such contract or contracts to be executed with one or more agencies, corporations, insurance companies, or service organizations licensed to sell group hospital and surgical insurance, group major medical insurance, group prescription drug insurance and group life and accidental death insurance in this state.~~

(b) ~~The group hospital or surgical insurance coverage and group major medical insurance coverage herein provided shall include coverages and benefits for x ray and laboratory services in connection with mammogram and pap smears when performed for cancer screening or diagnostic services and annual checkups for prostate cancer in men age 50 and over. Such benefits shall include, but not be limited to, the following:~~

~~(1) Mammograms when medically appropriate and consistent with the current guidelines from the United States Preventive Services Task Force;~~

~~(2) A pap smear, either conventional or liquid-based cytology, whichever is medically appropriate and consistent with the current guidelines from the United States Preventive Services Task Force or The American College of Obstetricians and Gynecologists, for women age 18 and over;~~

~~(3) A test for the human papilloma virus (HPV) for women age 18 or over, when medically appropriate and consistent with the current guidelines from either the United States Preventive Services Task Force or the American College of Obstetricians and Gynecologists for women age 18 and over;~~

~~(4) A checkup for prostate cancer annually for men age 50 or over; and~~

~~(5) Annual screening for kidney disease as determined to be medically necessary by a physician using any combination of blood pressure testing, urine albumin or urine protein testing, and serum creatinine testing as recommended by the National Kidney Foundation.~~

~~(6) Coverage for general anesthesia for dental procedures and associated outpatient hospital or ambulatory facility charges provided by appropriately licensed healthcare individuals in conjunction with dental care if the covered person is:~~

~~(A) Seven years of age or younger or is developmentally disabled and is either an individual for whom a successful result cannot be expected from dental care provided under local anesthesia because of a physical, intellectual, or other medically compromising condition of the individual and for whom a superior result can be expected from dental care provided under general anesthesia; or~~

~~(B) A child who is 12 years of age or younger with documented phobias, or with documented mental illness, and with dental needs of such magnitude that treatment should not be delayed or deferred and for whom lack of treatment can be expected to result in infection, loss of teeth or other increased oral or dental morbidity and for whom a successful result cannot be expected from dental care provided under local anesthesia because of such condition and for whom a superior result can be expected from dental care provided under general anesthesia.~~

~~(7) (A) A policy, plan, or contract that is issued or renewed on or after January 1, 2019, and that is subject to this section, shall provide coverage, through the age of 20, for amino acid-based formula for the treatment of severe protein allergic conditions or impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract. This includes the following conditions, if diagnosed as related to the disorder by a physician licensed to practice in this state pursuant to either §30-3-1 et seq. or §30-14-1 et seq. of this code:~~

~~(i) Immunoglobulin E and Nonimmunoglobulin E-mediated allergies to multiple food proteins;~~

~~(ii) Severe food protein-induced enterocolitis syndrome;~~

~~(iii) Eosinophilic disorders as evidenced by the results of a biopsy; and~~

~~(iv) Impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract (short bowel).~~

~~(B) The coverage required by §5-16-9(b)(7)(A) of this code shall include medical foods for home use for which a physician has issued a prescription and has declared them to be medically necessary, regardless of methodology of delivery.~~

~~(C) For purposes of this subdivision, "medically necessary foods" or "medical foods" shall mean prescription amino acid-based elemental formulas obtained through a pharmacy: *Provided*, That these foods are specifically designated and manufactured for the treatment of severe allergic conditions or short bowel.~~

~~(D) The provisions of this subdivision shall not apply to persons with an intolerance for lactose or soy.~~

~~(c) The group life and accidental death insurance herein provided shall be in the amount of \$10,000 for every employee. The amount of the group life and accidental death insurance to which an employee would otherwise be entitled shall be reduced to \$5,000 upon such employee attaining age 65.~~

~~(d) All of the insurance coverage to be provided for under this article may be included in one or more similar contracts issued by the same or different carriers~~

~~(e) (b) The provisions of §5A-3-1 et seq. of this code, relating to the Division of Purchasing of the Department of Finance and Administration, shall not apply to any contracts for any insurance coverage or professional services authorized to be executed under the provisions of this article. Before entering into any contract for any insurance coverage, as authorized in this article, the director shall invite competent bids from all qualified and licensed insurance companies or carriers, who that may wish to offer plans for the insurance coverage desired. *Provided, That* The director shall negotiate and contract directly with health care providers and other entities, organizations, and vendors in order to secure competitive premiums, prices, and other financial advantages. The director shall deal directly with insurers or health care providers and other entities, organizations, and vendors in presenting specifications and receiving quotations for bid purposes. No commission or finder's fee, or any combination thereof, shall be paid to any individual or agent; but, *Provided, That* this shall not preclude an underwriting insurance company or companies, at their own expense, from appointing a licensed resident agent within this state to service the companies' contracts awarded under the provisions of this article. Commissions reasonably related to actual service rendered for the agent or agents may be paid by the underwriting company or companies. *Provided, however, That* In no event shall payment be made to any agent or agents when no actual services are rendered or performed. The director shall award the contract or contracts on a competitive basis. In awarding the contract or contracts the director shall take into account the experience of the offering agency, corporation, insurance company, or service organization in the group hospital and surgical insurance field, group major medical insurance field, group prescription drug field, and group life and accidental death insurance field, and its facilities for the handling of claims. In evaluating these factors, the director may employ the services of impartial, professional insurance analysts or actuaries, or both. Any contract executed by the director with a selected carrier shall be a contract to govern all eligible employees subject to the provisions of this article. Nothing contained in this article shall prohibit any insurance carrier from soliciting employees covered hereunder to purchase additional hospital and surgical, major medical, or life and accidental death insurance coverage.~~

~~(f) (c) The director may authorize the carrier with whom a primary contract is executed to reinsure portions of the contract with other carriers which elect to be a reinsurer and who are legally qualified to enter into a reinsurance agreement under the laws of this state.~~

~~(g) (d) Each employee who is covered under any contract or contracts shall receive a statement of benefits to which the employee, his or her spouse, and his or her dependents are entitled under the contract, setting forth the information as to whom the benefits are payable, to whom claims shall be submitted, and a summary of the provisions of the contract or contracts as they affect the employee, his or her spouse, and his or her dependents.~~

~~(h) (e) The director may at the end of any contract period discontinue any contract or contracts it has executed with any carrier and replace the same with a contract or contracts with any other carrier or carriers meeting the requirements of this article.~~

~~(i) The director shall provide by contract or contracts entered into under the provisions of this article the cost for coverage of children's immunization services from birth through age 16 years to provide immunization against the following illnesses: Diphtheria, polio, mumps, measles, rubella, tetanus, hepatitis b, hemophilia influenzae b, and whooping cough. Additional immunizations may be required by the Commissioner of the Bureau for Public Health for public health purposes. Any contract entered into to cover these services shall require that all costs associated with immunization, including the cost of the vaccine, if incurred by the healthcare provider, and all costs of vaccine administration be exempt from any deductible, per visit charge and/or copayment provisions which may be in force in these policies or contracts. This section does not require that other healthcare services provided at the time of immunization be exempt from any deductible and/or copayment provisions~~

~~(j)~~ (f) The director shall include language in all contracts for pharmacy benefits management, as defined by §33-51-3 of this code, requiring the pharmacy benefit manager to report quarterly to the agency the following:

(1) The overall total amount charged to the agency for all claims processed by the pharmacy benefit manager during the quarter;

(2) The overall total amount of reimbursements paid to pharmacy providers during the quarter;

(3) The overall total number of claims in which the pharmacy benefits manager reimbursed a pharmacy provider for less than the amount charged to the agency for all claims processed by the pharmacy benefit manager during the quarter; and

(4) For all pharmacy claims, the total amount paid to the pharmacy provider per claim, including, but not limited to, the following:

(A) The cost of drug reimbursement;

(B) Dispensing fees;

(C) Copayments; and

(D) The amount charged to the agency for each claim by the pharmacy benefit manager.

In the event there is a difference between the amount for any pharmacy claim paid to the pharmacy provider and the amount reimbursed to the agency, the pharmacy benefit manager shall report an itemization of all administrative fees, rebates, or processing charges associated with the claim. All data and information provided by the pharmacy benefit manager shall be kept secure, and notwithstanding any other provision of this code to the contrary, the agency shall maintain the confidentiality of the proprietary information and not share or disclose the proprietary information contained in the report or data collected with persons outside the agency. All data and information provided by the pharmacy benefit manager shall be considered proprietary and confidential and exempt from disclosure under the West Virginia Freedom of Information Act pursuant to §29B-1-4(a)(1) of this code. Only those agency employees involved in collecting, securing, and analyzing the data for the purpose of preparing the report provided for herein shall have access to the proprietary data. The director shall provide a quarterly report to ~~the Joint Committee on Government and Finance~~ and the Joint Committee on Health detailing the information required by this section, including any difference or spread between the overall amount paid by pharmacy benefit managers to the pharmacy providers and the overall amount

charged to the agency for each claim by the pharmacy benefit manager. To the extent necessary, the director shall use aggregated, nonproprietary data only: *Provided*, That the director must provide a clear and concise summary of the total amounts charged to the agency and reimbursed to pharmacy providers on a quarterly basis.

~~(k)~~ (g) If the information required herein is not provided, the agency may terminate the contract with the pharmacy benefit manager and the Office of the Insurance Commissioner shall discipline the pharmacy benefit manager as provided in §33-51-8(e) of this code.

(h) The Public Employees Insurance Agency shall contract with networks to provide care to its members out of state.

§5-16-10. Contract provisions for group hospital and surgical, group major medical, group prescription drug and group life, and accidental death insurance for retired employees, their spouses, and dependents.

~~Any contract or contracts entered into hereunder may provide for group hospital and surgical, group major medical, group prescription drug and group life and accidental death insurance~~ A plan may provide benefits for retired employees and their spouses and dependents as defined by rules and regulations of the Public Employees Insurance Agency, and on such terms as the director may deem appropriate.

In the event the Public Employees Insurance Agency provides the above benefits for retired employees, their spouses, and dependents, the Public Employees Insurance Agency shall adopt rules and regulations prescribing the conditions under which retired employees may elect to participate in or withdraw from the plan or plans. ~~Any contract or contracts herein~~ plan provided for shall be secondary to any ~~hospital, surgical, major medical, prescription drug or other health~~ insurance plan administered by the United States Department of Health and Human Services to which the retired employee, spouse, or dependent may be eligible under any law or regulation of the United States. If an employee eligible to participate in the Public Employees Insurance Agency plans is also eligible to participate in the state Medicaid program, and chooses to do so, then the Public Employees Insurance Agency may transfer to the Medicaid program funds to pay the required state share of such employee's participation in Medicaid except that the amount transferred may not exceed the amount that would be allocated by the agency to subsidize the cost of coverage for the retired employee if he or she were enrolled in the Public Employees Insurance Agency's plans.

§5-16-11. To whom benefits paid.

Any benefits payable under ~~any group hospital and surgical, group major medical and group prescription drug plan or plans~~ a plan may be paid either directly to the ~~attending physician medical provider,~~ hospital, medical group, or other person, firm, association, or corporation furnishing the service upon which the claim is based, or to the insured upon presentation of valid bills for such service, subject to such provisions designed to facilitate payments as may be made by the director.

§5-16-13. Payment of costs by employer and employee; spouse and dependent coverage; involuntary employee termination coverage; conversion of annual leave and sick leave authorized for health or retirement benefits; authorization for retiree participation; continuation of health insurance for surviving dependents of deceased employees; requirement of new health plan; limiting employer contribution.

~~(a) *Cost-sharing.* — The director shall provide under any contract or contracts entered into under the provisions of this article that the costs of any group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance benefit plan or plans that shall be paid by the employer and employee.~~

~~(b) *Spouse and dependent coverage.* — Each (1) An employee is entitled to have his or her spouse and dependents included in any ~~group hospital and surgical insurance, group major medical insurance or group prescription drug insurance coverage~~ plan to which the employee is entitled to participate. ~~Provided, That~~~~

~~(2) The spouse and dependent coverage is limited to excess or secondary coverage for each spouse and dependent who has primary coverage from any other source. If an employee's spouse has health insurance available through an employer not defined in §5-16-2 of this code, then the employer may not cover any portion of premiums for the employee's spouse coverage, unless the employee adds his or her spouse to his or her coverage by paying the cost of the actuarial value of the plan: Provided, That this does not apply to spouses of retired employees or employers subject to §5-16-22 of this code. For purposes of this subsection, "actuarial value" means the value as recommended by healthcare actuaries under §5-16-5 of this code.~~

~~For purposes of this section, the term "primary coverage" means individual or group hospital and surgical insurance coverage or individual or group major medical insurance coverage or group prescription drug coverage in which the spouse or dependent is the named insured or certificate holder. For the purposes of this section, "dependent" includes an eligible employee's unmarried child or stepchild under the age of 25 if that child or stepchild meets the definition of a "qualifying child" or a "qualifying relative" in Section 152 of the Internal Revenue Code. The director may require proof regarding spouse and dependent primary coverage and shall adopt rules governing the nature, discontinuance, and resumption of any employee's coverage for his or her spouse and dependents.~~

~~(c) *Continuation after termination.* — If an employee participating in the plan is terminated from employment involuntarily or in reduction of work force, the employee's insurance coverage provided under this article shall continue for a period of three months at no additional cost to the employee and the employer shall continue to contribute the employer's share of plan premiums for the coverage. An employee discharged for misconduct shall not be eligible for extended benefits under this section. Coverage may be extended up to the maximum period of three months, while administrative remedies contesting the charge of misconduct are pursued. If the discharge for misconduct be upheld, the full cost of the extended coverage shall be reimbursed by the employee. If the employee is again employed or recalled to active employment within 12 months of his or her prior termination, he or she shall not be considered a new enrollee and may not be required to again contribute his or her share of the premium cost if he or she had already fully contributed such share during the prior period of employment.~~

~~(d) *Conversion of accrued annual and sick leave for extended insurance coverage upon retirement for employees who elected to participate in the plan before July, 1988.* - Except as otherwise provided in subsection (g) of this section, when an employee participating in the plan, who elected to participate in the plan before July 1, 1988, is compelled or required by law to retire before reaching the age of ~~sixty-five~~ 65, or when a participating employee voluntarily retires as provided by law, that employee's accrued annual leave and sick leave, if any, shall be credited toward an extension of the insurance coverage provided by this article, according to the following formulae: The insurance coverage for a retired employee shall continue one additional month for every two days of annual leave or sick leave, or both, which the employee had accrued as of the~~

effective date of his or her retirement. For a retired employee, his or her spouse and dependents, the insurance coverage shall continue one additional month for every three days of annual leave or sick leave, or both, which the employee had accrued as of the effective date of his or her retirement.

(e) *Conversion of accrued annual and sick leave for extended insurance coverage upon retirement for employees who elected to participate in the plan after June, 1988.* — Notwithstanding subsection (d) of this section, and except as otherwise provided in subsections (g) and (l) of this section, when an employee participating in the plan who elected to participate in the plan on and after July 1, 1988, is compelled or required by law to retire before reaching the age of 65, or when the participating employee voluntarily retires as provided by law, that employee's annual leave or sick leave, if any, shall be credited toward one half of the premium cost of the insurance provided by this article, for periods and scope of coverage determined according to the following formulae: (1) One additional month of single retiree coverage for every two days of annual leave or sick leave, or both, which the employee had accrued as of the effective date of his or her retirement; or (2) one additional month of coverage for a retiree, his or her spouse, and dependents for every three days of annual leave or sick leave, or both, which the employee had accrued as of the effective date of his or her retirement. The remaining premium cost shall be borne by the retired employee if he or she elects the coverage. For purposes of this subsection, an employee who has been a participant under spouse or dependent coverage and who reenters the plan within 12 months after termination of his or her prior coverage shall be considered to have elected to participate in the plan as of the date of commencement of the prior coverage. For purposes of this subsection, an employee shall not be considered a new employee after returning from extended authorized leave on or after July 1, 1988.

~~(f) Increased retirement benefits for retired employees with accrued annual and sick leave.~~ In the alternative to the extension of insurance coverage through premium payment provided in subsections (d) and (e) of this section, the accrued annual leave and sick leave of an employee participating in the plan may be applied, on the basis of two days' retirement service credit for each one day of accrued annual and sick leave, toward an increase in the employee's retirement benefits with those days constituting additional credited service in computation of the benefits under any state retirement system: *Provided*, That for a person who first becomes a member of the Teachers Retirement System as provided in §18-7A-1 *et seq.* of this code on or after July 1, 2015, accrued annual and sick leave of an employee participating in the plan may not be applied for retirement service credit. ~~However;~~ *Provided, however,* That the additional credited service shall not be used in meeting initial eligibility for retirement criteria, but only as additional service credited in excess thereof.

(g) *Conversion of accrued annual and sick leave for extended insurance coverage upon retirement for certain higher education employees.*— Except as otherwise provided in subsection ~~(j)~~ (k) of this section, when an employee, who is a higher education full-time faculty member employed on an annual contract basis other than for 12 months, is compelled or required by law to retire before reaching the age of 65, or when such a participating employee voluntarily retires as provided by law, that employee's insurance coverage, as provided by this article, shall be extended according to the following formulae: The insurance coverage for a retired higher education full-time faculty member, formerly employed on an annual contract basis other than for 12 months, shall continue beyond the effective date of his or her retirement one additional year for each three and one-third years of teaching service, as determined by uniform guidelines established by the University of West Virginia Board of Trustees and the Board of Directors of the State College System, for individual coverage, or one additional year for each five years of teaching service for family coverage.

~~(h) Any employee who retired prior to April 21, 1972, and who also otherwise meets the conditions of the "retired employee" definition in section two of this article, shall be eligible for insurance coverage under the same terms and provisions of this article. The retired employee's premium contribution for any such coverage shall be established by the finance board.~~

~~(i) (h) *Retiree participation.* — All retirees under the provisions of this article, including those defined in section two of this article; those retiring prior to April 21, 1972; and those hereafter retiring~~ All retired employees are eligible to obtain health insurance coverage. The retired employee's premium contribution for the coverage shall be established by the finance board.

~~(j) (i) *Surviving spouse and dependent participation.* — A surviving spouse and dependents of a deceased employee, who was either an active or retired employee participating in the plan just prior to his or her death, are entitled to be included in any comprehensive group health insurance coverage provided under this article to which the deceased employee was entitled, and the spouse and dependents shall bear the premium cost of the insurance coverage. The finance board shall establish the premium cost of the coverage.~~

~~(k) (j) *Elected officials.* — In construing the provisions of this section or any other provisions of this code, the Legislature declares that it is not now, nor has it ever been the Legislature's intent that elected public officials be provided any sick leave, annual leave, or personal leave, and the enactment of this section is based upon the fact and assumption that no statutory or inherent authority exists extending sick leave, annual leave, or personal leave to elected public officials, and the very nature of those positions preclude the arising or accumulation of any leave so as to be thereafter usable as premium paying credits for which the officials may claim extended insurance benefits.~~

~~(l) (k) *Participation of certain former employees.* — An employee, eligible for coverage under the provisions of this article who has twenty years of service with any agency or entity participating in the public employees insurance program or who has been covered by the public employees insurance program for twenty years may, upon leaving employment with a participating agency or entity, continue to be covered by the program if the employee pays one hundred five percent of the cost of retiree coverage: *Provided*, That the employee shall elect to continue coverage under this subsection within two years of the date the employment with a participating agency or entity is terminated.~~

~~(m) (l) *Prohibition on conversion of accrued annual and sick leave for extended coverage upon retirement for new employees who elect to participate in the plan after June, 2001.* — Any employee hired on or after July 1, 2001, who elects to participate in the plan may not apply accrued annual or sick leave toward the cost of premiums for extended insurance coverage upon his or her retirement. This prohibition does not apply to the conversion of accrued annual or sick leave for increased retirement benefits, as authorized by this section: *Provided*, That any person who has participated in the plan prior to July 1, 2001, is not a new employee for purposes of this subsection if he or she becomes reemployed with an employer participating in the plan within two years following his or her separation from employment and he or she elects to participate in the plan upon his or her reemployment.~~

~~(n) (m) *Prohibition on conversion of accrued years of teaching service for extended coverage upon retirement for new employees who elect to participate in the plan July, 2009.* — Any employee hired on or after July 1, 2009, who elects to participate in the plan may not apply accrued years of teaching service toward the cost of premiums for extended insurance coverage upon his or her retirement.~~

§5-16-14. Program qualifying for favorable federal income tax treatment.

The director shall develop, ~~implement and have in place by December 31, 1990,~~ deductible and employee premium programs which qualify for favorable federal income tax treatment under section 125 of the Internal Revenue Code.

§5-16-15. Optional dental, optical, disability, and prepaid retirement plan, and audiology and hearing-aid service plan.

~~(a) On and after July 1, 1989~~ The director shall make available to participants in the public employees insurance system:

- (1) A dental insurance plan;
- (2) An optical insurance plan;
- (3) A disability insurance plan;
- (4) A prepaid retirement insurance plan; and
- (5) An audiology and hearing-aid services insurance plan.

~~(b) Public employees insurance participants may elect to participate in any one of these plans separately or in combination. All actuarial and administrative costs of each plan shall be totally borne by the premium payments of the participants or local governing bodies electing to participate in that plan. The director is authorized to employ such administrative practices and procedures with respect to these optional plans as are authorized for the administration of other plans under this article. The director shall establish separate funds (1) For deposit of dental insurance premiums and payment of dental insurance claims; (2) for deposit of optical insurance premium payments and payment of optical insurance claims; (3) for deposit of disability insurance premium payments and payment of disability insurance claims; and (4) for deposit of audiology and hearing-aid service insurance premiums and payment of audiology and hearing-aid insurance claims for each of the above listed plans. Such The funds shall not be supplemented by nor be used to supplement any other funds.~~

~~(b) The Finance Board shall study the feasibility of an oral health benefit for children of participants~~

§5-16-16. Preferred provider plan.

The director shall ~~on or before April 1, 1988, or as soon as practicable~~ establish a preferred provider system for the delivery of health care to plan participants by all health care providers, which may include, but not be limited to, medical doctors, chiropractors, physicians, osteopathic physicians, surgeons, hospitals, clinics, nursing homes, pharmacies, and pharmaceutical companies.

The director shall establish the terms of the preferred provider system and the incentives therefor. The terms and incentives may include multiyear renewal options as are not prohibited by the Constitution of this state and capitated primary care arrangements which are not subject to the provisions of §33-25A-1 *et seq.* of this code.

§5-16-18. Payment of costs by employer; schedule of insurance; special funds created; duties of Treasurer with respect thereto.

(a) All employers operating from state general revenue or special revenue funds, or federal funds, or any combination of those funds, shall budget the cost of insurance coverage provided by the Public Employees Insurance Agency to current and retired employees of the employer as a separate line item titled "PEIA" in its respective annual budget and are responsible for the transfer of funds to the director for the cost of insurance for employees covered by the plan. Each spending unit shall pay to the director its proportionate share from each source of funds. Any agency wishing to charge General Revenue Funds for insurance benefits for retirees under §5-16-13 of this code shall provide documentation to the director that the benefits cannot be paid for by any special revenue account or that the retiring employee has been paid solely with General Revenue Funds for ~~twelve~~ 12 months prior to retirement.

(b) If the general revenue appropriation for any employer, excluding county boards of education, is insufficient to cover the cost of insurance coverage for the employer's participating employees, retired employees, and surviving dependents, the employer shall pay the remainder of the cost from its "personal services" or "unclassified" line items. The amount of the payments for county boards of education shall be determined by the method set forth in §18-9A-24 of this code: *Provided*, That local excess levy funds shall be used only for the purposes for which they were raised: *Provided, however*, That after approval of its annual financial plan, but in no event later than December 31 of each year, the finance board shall notify the Legislature and county boards of education of the maximum amount of employer premiums that the county boards of education shall pay for covered employees during the following fiscal year.

(c) All other employers not operating from the state General Revenue Fund shall pay to the director their share of premium costs from their respective budgets. The finance board shall establish the employers' share of premium costs to reflect and pay the actual costs of the coverage including incurred but not reported claims.

(d) The contribution of the other employers (~~namely: A county, city, or town~~) that are counties, cities, or towns in the state; any separate corporation or instrumentality established by one or more counties, cities, or towns, as permitted by law; any corporation or instrumentality supported in most part by counties, cities or towns; any public corporation charged by law with the performance of a governmental function and whose jurisdiction is coextensive with one or more counties, cities, or towns; any comprehensive community mental health center or comprehensive mental ~~retardation~~ health facility established, operated, or licensed by the Secretary of the Department of Health and Human Resources pursuant to ~~section one, article two-a, chapter twenty-seven~~ §27-2A-1 et seq. of this code, and which is supported in part by state, county, or municipal funds; and a combined city-county health department created pursuant to §16-2-1 *et seq.* of this code for their employees shall be the percentage of the cost of the employees' insurance package as the employers determine reasonable and proper under their own particular circumstances.

(e) The employee's proportionate share of the premium or cost shall be withheld or deducted by the employer from the employee's salary or wages as and when paid and the sums shall be forwarded to the director with any supporting data as the director may require.

(f) All moneys received by the Public Employees Insurance Agency shall be deposited in a special fund or funds as are necessary in the State Treasury and the Treasurer ~~of the state~~ is custodian of the fund or funds and shall administer the fund or funds in accordance with the

provisions of this article or as the director may from time to time direct. The Treasurer shall pay all warrants issued by the State Auditor against the fund or funds as the director may direct in accordance with the provisions of this article. All funds received by the agency, ~~including, but not limited to, basic insurance premiums, administrative expenses and optional life insurance premiums~~ shall be deposited, as determined by the director, in any of the investment pools with the West Virginia Investment Management Board, ~~including, but not limited to, the equity and fixed income pools~~ with the interest income or other earnings a proper credit to all such funds for the benefit of the Public Employees Insurance Agency.

(g) The Public Employees Insurance Agency may recover an additional interest amount from any employer that fails to pay in a timely manner any premium or minimum annual employer payment, as defined in ~~article sixteen-d of this chapter~~ §5-16D-1 et seq. of this code, which is due and payable to the Public Employees Insurance Agency or the Retiree Health Benefit Trust. The agency may recover the amount due plus an additional amount equal to 2.5 percent per annum of the amount due. Accrual of interest owed by the delinquent employer commences upon the ~~thirty-first~~ 31st day following the due date for the amount owed and shall continue until receipt by the Public Employees Insurance Agency of the delinquent payment. Interest shall compound every ~~thirty~~ 30 days.

§5-16-23. Members of Legislature may be covered if cost of the entire coverage is paid by such members.

~~Notwithstanding the definition of the term "employee" contained in section two of this article and~~ Notwithstanding any other provision of this article to the contrary, members of the Legislature may participate in and be covered by any insurance plan or plans authorized hereunder for state officers and employees, except that all members of the Legislature who elect to participate in or to be covered by any such plan or plans shall pay their proportionate individual share of the full cost for all group coverage on themselves, ~~and~~ their spouses, and dependents, so that there will be no cost to the state for the coverage of any such members, spouses, and dependents.

§5-16-25. Reserve fund.

~~Upon the effective date of this section~~ The finance board shall establish and maintain a reserve fund for the purposes of offsetting unanticipated claim losses in any fiscal year. ~~Beginning with the fiscal year 2002 plan and for each succeeding fiscal year plan~~ The finance board shall maintain the actuarially recommended reserve in an amount no less than 10 percent of the projected total plan costs for that fiscal year in the reserve fund, which is to be certified by the actuary and included in the final, approved financial plan submitted to the Governor and Legislature. ~~in accordance with the provisions of this article.~~

§5-16-26. Quarterly report.

~~By October 30, 1991, and~~ On or before the ~~thirtieth~~ 30th day of January, April, July, and October of each year thereafter the director shall prepare for the approval of the finance board, and thereafter present to the Joint Committee on Government and Finance a quarterly report setting forth:

(a) A summary of the cost to the plan of health care claims incurred in the preceding calendar quarter;

(b) A summary of the funds accrued to the plan by legislative appropriation, employer and employee premiums, or otherwise, in the preceding calendar quarter for payment of health care claims;

(c) An explanation of all cost containment measures, increased premium rates, and any other plan changes adopted by the director in the preceding calendar quarter and estimated cost savings and enhanced revenues resulting therefrom, and a certification that the director made a good faith effort to develop and implement all reasonable health care cost containment alternatives;

(d) Expected claim costs for the next calendar year;

(e) Such other information as the director deems appropriate; and

(f) Any other financial or other information as may be requested by the Joint Committee on Government and Finance.

§5-16-28. Incorporation of the coverage for 12-month refill for contraceptive drugs.

[Repealed.]

§5-16-30. PEIA solvency.

The Public Employees Insurance Agency shall return to, and provide that, the aggregate premium cost-sharing percentages between employers and employees, including the amounts of any subsidization of retired employee benefits, shall be at a level of 80 percent for the employer and 20 percent for employees during fiscal year 2024 and thereafter.

§5-16-31. PEIA actuarial study.

PEIA shall conduct an independent actuarial study of the financial solvency of the plan, including, but not limited to, a consideration of alternatives to bring long-term financial stability to the plan, options regarding continued nonstate employee participation in the plan, collapsing salary levels, and any other cost-saving measures. PEIA shall seek input from public employees, retirees, providers, and other interested parties on solutions to evaluate in the study. The actuarial study shall begin on or before July 1, 2023. A report on the study shall be presented to the Joint Committee on Government and Finance on or before July 1, 2024.

§5-16-32. Effective date of amendments.

The amendments made to this article during the 2023 regular session of the Legislature shall be incorporated into the plan beginning with plan year 2024.;

And,

By striking out the title and substituting therefor a new title, to read as follows:

Eng. Com. Sub. for Com. Sub. for Senate Bill 268—A Bill to amend and reenact §5-16-2, §5-16-3, §5-16-4, §5-16-5, §5-16-7, §5-16-7b, §5-16-7c, §5-16-7g, §5-16-8, §5-16-9, §5-16-10, §5-16-11, §5-16-13, §5-16-14, §5-16-15, §5-16-16, §5-16-18, §5-16-23, §5-16-25, and §5-16-26 of the Code of West Virginia, 1931, as amended; to repeal §5-16-5b and §5-16-28 of said code;

and to amend said code by adding thereto three new sections, designated §5-16-30, §5-16-31, and §5-16-32, all relating generally to the West Virginia Public Employees Insurance Act; providing definitions; removing antiquated reporting requirement; imposing fiduciary responsibility on finance board members and requiring training; providing requirements for actuary opinions and financial plans; modifying levels of reimbursements to health care providers; modifying public hearing requirements; providing for the use of Governor's revenue estimates; requiring director to provide certain information to the board; requiring that certain actuary opinions and financial plans include, but not be limited to, the aggregate premium cost-sharing percentages between employers and employees, including the amounts of any subsidization of retired employee benefits, at a level of 80 percent for the employer and 20 percent for employees beginning with the plan year for fiscal year 2024; providing for retention of excess revenues; terminating the Post-July 1, 2010, Employee Trust Fund; removing limitations on benefits for certain services provided for autism spectrum disorder; moving certain provisions of law to other places within the code; modifying provisions relating to coverage for reconstructive surgery following mastectomies; modifying provisions relating to coverage for prescription insulin drugs; providing for health and wellness programs; require PEIA to use networks to provide care to members out of state; clarifying language allowing a PEIA plan to provide benefits for retired employees and their spouses and dependents; requiring employees to pay actuarial value of plan for spouse coverage in certain circumstances; requiring programs that qualify for favorable income tax treatment; providing for optional dental, optical, disability, and prepaid retirement plan, and audiology and hearing-aid service plans, and preferred provider plans; providing for employers' payment of PEIA costs; providing for coverage of members of the Legislature; providing for reserve fund and quarterly reports; requiring an independent actuarial study of financial solvency of plan; and providing that amendments made to article shall be incorporated into the plan beginning with plan year 2024.

Senator Takubo moved that the Senate concur in the House of Delegates amendments to the bill.

Following discussion,

Senator Azinger requested a ruling from the Chair as to whether he should be excused from voting under Rule 43 of the Rules of the Senate as he is a PEIA plan participant.

The Chair replied that any impact on Senator Azinger would be as a member of a class of persons and that he would be required to vote.

The question now being on the adoption of Senator Takubo's motion to concur in the House of Delegates amendments to the bill, the same was put and prevailed.

Engrossed Committee Substitute for Committee Substitute for Senate Bill 268, as amended by the House of Delegates, was then put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Maroney, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—26.

The nays were: Caputo, Chapman, Karnes, Martin, Maynard, and Stuart—6.

Absent: Phillips and Woelfel—2.

So, a majority of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for Com. Sub. for S. B. 268) passed with its House of Delegates amended title.

Senator Takubo moved that the bill take effect from passage.

On this question, the yeas were: Azinger, Barrett, Boley, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Maroney, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—26.

The nays were: Caputo, Chapman, Karnes, Martin, Maynard, and Stuart—6.

Absent: Phillips and Woelfel—2.

So, two thirds of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for Com. Sub. for S. B. 268) takes effect from passage.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

A message from the Clerk of the House of Delegates announced the amendment by that body, passage as amended, to take effect July 1, 2023, and requested the concurrence of the Senate in the House of Delegates amendments, as to

Eng. Com. Sub. for Senate Bill 423, Increasing salary for certain state employees.

On motion of Senator Takubo, the bill was taken up for immediate consideration.

The following House of Delegates amendments to the bill were reported by the Clerk:

On page twelve, by striking out the following:

<u>Years</u>	<u>PAY GRADE</u>							
<u>Exp.</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>
<u>0</u>	<u>2,237</u>	<u>2,258</u>	<u>2,300</u>	<u>2,353</u>	<u>2,406</u>	<u>2,469</u>	<u>2,501</u>	<u>2,574</u>
<u>1</u>	<u>2,269</u>	<u>2,291</u>	<u>2,332</u>	<u>2,385</u>	<u>2,439</u>	<u>2,502</u>	<u>2,533</u>	<u>2,607</u>
<u>2</u>	<u>2,302</u>	<u>2,323</u>	<u>2,365</u>	<u>2,418</u>	<u>2,471</u>	<u>2,534</u>	<u>2,566</u>	<u>2,639</u>
<u>3</u>	<u>2,334</u>	<u>2,356</u>	<u>2,398</u>	<u>2,451</u>	<u>2,504</u>	<u>2,567</u>	<u>2,599</u>	<u>2,672</u>
<u>4</u>	<u>2,367</u>	<u>2,389</u>	<u>2,430</u>	<u>2,483</u>	<u>2,536</u>	<u>2,600</u>	<u>2,631</u>	<u>2,706</u>
<u>5</u>	<u>2,400</u>	<u>2,421</u>	<u>2,463</u>	<u>2,516</u>	<u>2,569</u>	<u>2,632</u>	<u>2,664</u>	<u>2,738</u>
<u>6</u>	<u>2,432</u>	<u>2,454</u>	<u>2,497</u>	<u>2,549</u>	<u>2,602</u>	<u>2,665</u>	<u>2,697</u>	<u>2,771</u>

<u>7</u>	<u>2,466</u>	<u>2,486</u>	<u>2,529</u>	<u>2,581</u>	<u>2,634</u>	<u>2,698</u>	<u>2,729</u>	<u>2,804</u>
<u>8</u>	<u>2,499</u>	<u>2,519</u>	<u>2,562</u>	<u>2,614</u>	<u>2,667</u>	<u>2,730</u>	<u>2,762</u>	<u>2,836</u>
<u>9</u>	<u>2,531</u>	<u>2,552</u>	<u>2,595</u>	<u>2,648</u>	<u>2,700</u>	<u>2,763</u>	<u>2,794</u>	<u>2,869</u>
<u>10</u>	<u>2,564</u>	<u>2,585</u>	<u>2,627</u>	<u>2,680</u>	<u>2,732</u>	<u>2,797</u>	<u>2,828</u>	<u>2,902</u>
<u>11</u>	<u>2,597</u>	<u>2,618</u>	<u>2,660</u>	<u>2,713</u>	<u>2,765</u>	<u>2,829</u>	<u>2,861</u>	<u>2,934</u>
<u>12</u>	<u>2,629</u>	<u>2,651</u>	<u>2,692</u>	<u>2,746</u>	<u>2,799</u>	<u>2,862</u>	<u>2,893</u>	<u>2,967</u>
<u>13</u>	<u>2,662</u>	<u>2,683</u>	<u>2,725</u>	<u>2,778</u>	<u>2,831</u>	<u>2,894</u>	<u>2,926</u>	<u>3,000</u>
<u>14</u>	<u>2,695</u>	<u>2,716</u>	<u>2,758</u>	<u>2,811</u>	<u>2,864</u>	<u>2,927</u>	<u>2,959</u>	<u>3,032</u>
<u>15</u>	<u>2,727</u>	<u>2,749</u>	<u>2,790</u>	<u>2,843</u>	<u>2,896</u>	<u>2,960</u>	<u>2,991</u>	<u>3,065</u>
<u>16</u>	<u>2,760</u>	<u>2,781</u>	<u>2,823</u>	<u>2,876</u>	<u>2,929</u>	<u>2,992</u>	<u>3,024</u>	<u>3,098</u>
<u>17</u>	<u>2,792</u>	<u>2,814</u>	<u>2,857</u>	<u>2,909</u>	<u>2,962</u>	<u>3,025</u>	<u>3,057</u>	<u>3,131</u>
<u>18</u>	<u>2,825</u>	<u>2,847</u>	<u>2,889</u>	<u>2,941</u>	<u>2,994</u>	<u>3,058</u>	<u>3,089</u>	<u>3,164</u>
<u>19</u>	<u>2,859</u>	<u>2,879</u>	<u>2,922</u>	<u>2,974</u>	<u>3,027</u>	<u>3,090</u>	<u>3,122</u>	<u>3,196</u>
<u>20</u>	<u>2,891</u>	<u>2,912</u>	<u>2,955</u>	<u>3,008</u>	<u>3,060</u>	<u>3,123</u>	<u>3,155</u>	<u>3,230</u>
<u>21</u>	<u>2,924</u>	<u>2,944</u>	<u>2,987</u>	<u>3,040</u>	<u>3,092</u>	<u>3,156</u>	<u>3,187</u>	<u>3,264</u>
<u>22</u>	<u>2,957</u>	<u>2,978</u>	<u>3,020</u>	<u>3,073</u>	<u>3,125</u>	<u>3,189</u>	<u>3,221</u>	<u>3,296</u>
<u>23</u>	<u>2,989</u>	<u>3,011</u>	<u>3,053</u>	<u>3,106</u>	<u>3,159</u>	<u>3,223</u>	<u>3,255</u>	<u>3,330</u>
<u>24</u>	<u>2,237</u>	<u>2,258</u>	<u>2,300</u>	<u>2,353</u>	<u>2,406</u>	<u>2,469</u>	<u>2,501</u>	<u>2,574</u>
<u>25</u>	<u>2,269</u>	<u>2,291</u>	<u>2,332</u>	<u>2,385</u>	<u>2,439</u>	<u>2,502</u>	<u>2,533</u>	<u>2,607</u>
<u>26</u>	<u>2,302</u>	<u>2,323</u>	<u>2,365</u>	<u>2,418</u>	<u>2,471</u>	<u>2,534</u>	<u>2,566</u>	<u>2,639</u>
<u>27</u>	<u>2,334</u>	<u>2,356</u>	<u>2,398</u>	<u>2,451</u>	<u>2,504</u>	<u>2,567</u>	<u>2,599</u>	<u>2,672</u>
<u>28</u>	<u>2,367</u>	<u>2,389</u>	<u>2,430</u>	<u>2,483</u>	<u>2,536</u>	<u>2,600</u>	<u>2,631</u>	<u>2,706</u>
<u>29</u>	<u>2,400</u>	<u>2,421</u>	<u>2,463</u>	<u>2,516</u>	<u>2,569</u>	<u>2,632</u>	<u>2,664</u>	<u>2,738</u>
<u>30</u>	<u>2,432</u>	<u>2,454</u>	<u>2,497</u>	<u>2,549</u>	<u>2,602</u>	<u>2,665</u>	<u>2,697</u>	<u>2,771</u>
<u>31</u>	<u>2,466</u>	<u>2,486</u>	<u>2,529</u>	<u>2,581</u>	<u>2,634</u>	<u>2,698</u>	<u>2,729</u>	<u>2,804</u>
<u>32</u>	<u>2,499</u>	<u>2,519</u>	<u>2,562</u>	<u>2,614</u>	<u>2,667</u>	<u>2,730</u>	<u>2,762</u>	<u>2,836</u>

<u>33</u>	<u>2,531</u>	<u>2,552</u>	<u>2,595</u>	<u>2,648</u>	<u>2,700</u>	<u>2,763</u>	<u>2,794</u>	<u>2,869</u>
<u>34</u>	<u>2,564</u>	<u>2,585</u>	<u>2,627</u>	<u>2,680</u>	<u>2,732</u>	<u>2,797</u>	<u>2,828</u>	<u>2,902</u>
<u>35</u>	<u>2,597</u>	<u>2,618</u>	<u>2,660</u>	<u>2,713</u>	<u>2,765</u>	<u>2,829</u>	<u>2,861</u>	<u>2,934</u>
<u>36</u>	<u>2,629</u>	<u>2,651</u>	<u>2,692</u>	<u>2,746</u>	<u>2,799</u>	<u>2,862</u>	<u>2,893</u>	<u>2,967</u>
<u>37</u>	<u>2,662</u>	<u>2,683</u>	<u>2,725</u>	<u>2,778</u>	<u>2,831</u>	<u>2,894</u>	<u>2,926</u>	<u>3,000</u>
<u>38</u>	<u>2,695</u>	<u>2,716</u>	<u>2,758</u>	<u>2,811</u>	<u>2,864</u>	<u>2,927</u>	<u>2,959</u>	<u>3,032</u>
<u>39</u>	<u>2,727</u>	<u>2,749</u>	<u>2,790</u>	<u>2,843</u>	<u>2,896</u>	<u>2,960</u>	<u>2,991</u>	<u>3,065</u>
<u>40</u>	<u>2,760</u>	<u>2,781</u>	<u>2,823</u>	<u>2,876</u>	<u>2,929</u>	<u>2,992</u>	<u>3,024</u>	<u>3,098</u>

And inserting in lieu thereof the following:

<u>Years</u>	<u>PAY GRADE</u>							
<u>Exp.</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>
<u>0</u>	<u>2,237</u>	<u>2,258</u>	<u>2,300</u>	<u>2,353</u>	<u>2,406</u>	<u>2,469</u>	<u>2,501</u>	<u>2,574</u>
<u>1</u>	<u>2,269</u>	<u>2,291</u>	<u>2,332</u>	<u>2,385</u>	<u>2,439</u>	<u>2,502</u>	<u>2,533</u>	<u>2,607</u>
<u>2</u>	<u>2,302</u>	<u>2,323</u>	<u>2,365</u>	<u>2,418</u>	<u>2,471</u>	<u>2,534</u>	<u>2,566</u>	<u>2,639</u>
<u>3</u>	<u>2,334</u>	<u>2,356</u>	<u>2,398</u>	<u>2,451</u>	<u>2,504</u>	<u>2,567</u>	<u>2,599</u>	<u>2,672</u>
<u>4</u>	<u>2,367</u>	<u>2,389</u>	<u>2,430</u>	<u>2,483</u>	<u>2,536</u>	<u>2,600</u>	<u>2,631</u>	<u>2,706</u>
<u>5</u>	<u>2,400</u>	<u>2,421</u>	<u>2,463</u>	<u>2,516</u>	<u>2,569</u>	<u>2,632</u>	<u>2,664</u>	<u>2,738</u>
<u>6</u>	<u>2,432</u>	<u>2,454</u>	<u>2,497</u>	<u>2,549</u>	<u>2,602</u>	<u>2,665</u>	<u>2,697</u>	<u>2,771</u>
<u>7</u>	<u>2,466</u>	<u>2,486</u>	<u>2,529</u>	<u>2,581</u>	<u>2,634</u>	<u>2,698</u>	<u>2,729</u>	<u>2,804</u>
<u>8</u>	<u>2,499</u>	<u>2,519</u>	<u>2,562</u>	<u>2,614</u>	<u>2,667</u>	<u>2,730</u>	<u>2,762</u>	<u>2,836</u>
<u>9</u>	<u>2,531</u>	<u>2,552</u>	<u>2,595</u>	<u>2,648</u>	<u>2,700</u>	<u>2,763</u>	<u>2,794</u>	<u>2,869</u>
<u>10</u>	<u>2,564</u>	<u>2,585</u>	<u>2,627</u>	<u>2,680</u>	<u>2,732</u>	<u>2,797</u>	<u>2,828</u>	<u>2,902</u>
<u>11</u>	<u>2,597</u>	<u>2,618</u>	<u>2,660</u>	<u>2,713</u>	<u>2,765</u>	<u>2,829</u>	<u>2,861</u>	<u>2,934</u>
<u>12</u>	<u>2,629</u>	<u>2,651</u>	<u>2,692</u>	<u>2,746</u>	<u>2,799</u>	<u>2,862</u>	<u>2,893</u>	<u>2,967</u>
<u>13</u>	<u>2,662</u>	<u>2,683</u>	<u>2,725</u>	<u>2,778</u>	<u>2,831</u>	<u>2,894</u>	<u>2,926</u>	<u>3,000</u>

<u>14</u>	<u>2,695</u>	<u>2,716</u>	<u>2,758</u>	<u>2,811</u>	<u>2,864</u>	<u>2,927</u>	<u>2,959</u>	<u>3,032</u>
<u>15</u>	<u>2,727</u>	<u>2,749</u>	<u>2,790</u>	<u>2,843</u>	<u>2,896</u>	<u>2,960</u>	<u>2,991</u>	<u>3,065</u>
<u>16</u>	<u>2,760</u>	<u>2,781</u>	<u>2,823</u>	<u>2,876</u>	<u>2,929</u>	<u>2,992</u>	<u>3,024</u>	<u>3,098</u>
<u>17</u>	<u>2,792</u>	<u>2,814</u>	<u>2,857</u>	<u>2,909</u>	<u>2,962</u>	<u>3,025</u>	<u>3,057</u>	<u>3,131</u>
<u>18</u>	<u>2,825</u>	<u>2,847</u>	<u>2,889</u>	<u>2,941</u>	<u>2,994</u>	<u>3,058</u>	<u>3,089</u>	<u>3,164</u>
<u>19</u>	<u>2,859</u>	<u>2,879</u>	<u>2,922</u>	<u>2,974</u>	<u>3,027</u>	<u>3,090</u>	<u>3,122</u>	<u>3,196</u>
<u>20</u>	<u>2,891</u>	<u>2,912</u>	<u>2,955</u>	<u>3,008</u>	<u>3,060</u>	<u>3,123</u>	<u>3,155</u>	<u>3,230</u>
<u>21</u>	<u>2,924</u>	<u>2,944</u>	<u>2,987</u>	<u>3,040</u>	<u>3,092</u>	<u>3,156</u>	<u>3,187</u>	<u>3,264</u>
<u>22</u>	<u>2,957</u>	<u>2,978</u>	<u>3,020</u>	<u>3,073</u>	<u>3,125</u>	<u>3,189</u>	<u>3,221</u>	<u>3,296</u>
<u>23</u>	<u>2,989</u>	<u>3,011</u>	<u>3,053</u>	<u>3,106</u>	<u>3,159</u>	<u>3,223</u>	<u>3,255</u>	<u>3,330</u>
<u>24</u>	<u>3,022</u>	<u>3,043</u>	<u>3,085</u>	<u>3,138</u>	<u>3,191</u>	<u>3,257</u>	<u>3,288</u>	<u>3,364</u>
<u>25</u>	<u>3,055</u>	<u>3,076</u>	<u>3,118</u>	<u>3,171</u>	<u>3,225</u>	<u>3,289</u>	<u>3,322</u>	<u>3,396</u>
<u>26</u>	<u>3,087</u>	<u>3,109</u>	<u>3,150</u>	<u>3,205</u>	<u>3,259</u>	<u>3,323</u>	<u>3,354</u>	<u>3,430</u>
<u>27</u>	<u>3,120</u>	<u>3,141</u>	<u>3,183</u>	<u>3,237</u>	<u>3,291</u>	<u>3,355</u>	<u>3,388</u>	<u>3,463</u>
<u>28</u>	<u>3,153</u>	<u>3,174</u>	<u>3,217</u>	<u>3,271</u>	<u>3,325</u>	<u>3,389</u>	<u>3,422</u>	<u>3,497</u>
<u>29</u>	<u>3,185</u>	<u>3,208</u>	<u>3,250</u>	<u>3,303</u>	<u>3,358</u>	<u>3,423</u>	<u>3,454</u>	<u>3,531</u>
<u>30</u>	<u>3,219</u>	<u>3,240</u>	<u>3,284</u>	<u>3,337</u>	<u>3,391</u>	<u>3,455</u>	<u>3,488</u>	<u>3,564</u>
<u>31</u>	<u>3,252</u>	<u>3,274</u>	<u>3,318</u>	<u>3,371</u>	<u>3,425</u>	<u>3,489</u>	<u>3,522</u>	<u>3,597</u>
<u>32</u>	<u>3,286</u>	<u>3,307</u>	<u>3,350</u>	<u>3,404</u>	<u>3,457</u>	<u>3,523</u>	<u>3,554</u>	<u>3,631</u>
<u>33</u>	<u>3,320</u>	<u>3,340</u>	<u>3,384</u>	<u>3,438</u>	<u>3,491</u>	<u>3,555</u>	<u>3,588</u>	<u>3,664</u>
<u>34</u>	<u>3,352</u>	<u>3,374</u>	<u>3,418</u>	<u>3,472</u>	<u>3,525</u>	<u>3,589</u>	<u>3,622</u>	<u>3,697</u>
<u>35</u>	<u>3,386</u>	<u>3,408</u>	<u>3,450</u>	<u>3,504</u>	<u>3,557</u>	<u>3,623</u>	<u>3,655</u>	<u>3,731</u>
<u>36</u>	<u>3,420</u>	<u>3,441</u>	<u>3,484</u>	<u>3,538</u>	<u>3,592</u>	<u>3,656</u>	<u>3,689</u>	<u>3,763</u>
<u>37</u>	<u>3,452</u>	<u>3,475</u>	<u>3,518</u>	<u>3,572</u>	<u>3,626</u>	<u>3,690</u>	<u>3,722</u>	<u>3,797</u>
<u>38</u>	<u>3,486</u>	<u>3,507</u>	<u>3,550</u>	<u>3,604</u>	<u>3,658</u>	<u>3,723</u>	<u>3,755</u>	<u>3,831</u>
<u>39</u>	<u>3,520</u>	<u>3,541</u>	<u>3,584</u>	<u>3,638</u>	<u>3,692</u>	<u>3,756</u>	<u>3,789</u>	<u>3,863</u>

40 3,552 3,575 3,617 3,671 3,726 3,790 3,822 3,897;

And,

On page three, section five, line forty-four, following the Roman numeral "VI", by striking out the numbers "~~65,242~~ 67,524" and inserting in lieu thereof the numbers ""~~65,242~~ 67,542".

On motion of Senator Takubo, the Senate concurred in the House of Delegates amendments to the bill.

Engrossed Committee Substitute for Senate Bill 423, as amended by the House of Delegates, was then put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for S. B. 423) passed with its title.

Senator Takubo moved that the bill take effect July 1, 2023.

On this question, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, two thirds of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for S. B. 423) takes effect July 1, 2023.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the passage of

Eng. Com. Sub. for Senate Bill 430, Relating to State Treasurer's authority to contract with financial institutions for banking goods and services.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the passage, to take effect from passage, of

Eng. Senate Bill 510, Supplementing and amending appropriations to BOE, Department of Education.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the passage of

Eng. Senate Bill 591, Allowing counties and municipalities to jointly undertake development projects.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the passage, to take effect from passage, of

Eng. Com. Sub. for Senate Bill 594, Specifying fairness in cost sharing calculations for certain high deductible health plans.

A message from the Clerk of the House of Delegates announced the amendment by that body, passage as amended with its House of Delegates amended title, to take effect from passage, and requested the concurrence of the Senate in the House of Delegates amendments, as to

Eng. Senate Bill 609, Obtaining approval for decommissioning or deconstructing of existing power plant.

On motion of Senator Takubo, the bill was taken up for immediate consideration.

The following House of Delegates amendments to the bill were reported by the Clerk:

On page 1, section 5c, on line 1, after the word "existing" and before the word "power" by inserting the words "coal, oil, or natural gas fueled";

On page 1, section 5c, on line 4, before the word "power" by inserting the words "coal, oil, or natural gas fueled";

On page 1, section 5c, line 2, after the word authority by striking the period and inserting in lieu thereof a colon and the following:

"Provided, That such approval may not be unreasonably withheld.";

And,

By striking out the title and substituting therefor a new title, to read as follows:

Eng. Senate Bill 609—A Bill to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §5D-1-5c, relating to and requiring the approval of the Public Energy Authority before decommissioning or deconstructing an existing coal, oil, and natural gas fueled electric power plant; requiring the submission of a petition containing certain specified information; providing for rule-making authority; and exempting certain power plants from the approval requirement.

On motion of Senator Takubo, the Senate concurred in the House of Delegates amendments to the bill.

Engrossed Senate Bill 609, as amended by the House of Delegates, was then put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. S. B. 609) passed with its House of Delegates amended title.

Senator Takubo moved that the bill take effect from passage.

On this question, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, two thirds of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. S. B. 609) takes effect from passage.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the adoption of

Com. Sub. for Senate Concurrent Resolution 3, Dr. Roland P Sharp Memorial Road.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the adoption of

Com. Sub. for Senate Concurrent Resolution 6, US Army SGT Vincent DiBacco Memorial Bridge.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the adoption of

Com. Sub. for Senate Concurrent Resolution 17, US Navy PO2 Phillip Joseph "PJ" Hainer Memorial Bridge.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the Senate amendments to, and the passage as amended with its Senate amended title, of

Eng. House Bill 2310, Provide the Division of Motor Vehicles authority to develop an "Antique Fleet" program so that multiple antique motor vehicles may utilize a single registration plate.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the Senate amendments to, and the passage as amended, to take effect from passage, of

Eng. Com. Sub. for House Bill 2526, Relating to reducing the personal income tax.

A message from the Clerk of the House of Delegates announced the passage by that body and requested the concurrence of the Senate in the passage of

Eng. Com. Sub. for House Bill 3232—A Bill to amend and reenact §29-22D-3 of the Code of West Virginia, 1931, as amended; and to amend said code by adding thereto a new section, designated §29-22D-25, all relating to allowing the West Virginia Lottery Commission to accredit independent evaluators to audit and opine on sports betting content directly or indirectly affiliated with management services providers; and subjecting management services providers and their direct or indirect affiliates to civil and criminal penalties.

Referred to the Committee on the Judiciary.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the Senate amendments to, and the passage as amended with its Senate amended title, to take effect from passage, of

Eng. Com. Sub. for House Bill 3317, Relating to removing specific continuing education requirements.

A message from the Clerk of the House of Delegates announced the passage by that body, to take effect from passage, and requested the concurrence of the Senate in the passage of

Eng. House Bill 3512—A Bill making a supplementary appropriation of public moneys out of the Treasury from the balance of federal moneys remaining unappropriated for the fiscal year ending June 30, 2023, to the Department of Health and Human Resources, Division of Human Services, fund 8722, fiscal year 2023, organization 0511, by supplementing and amending the appropriations for the fiscal year ending June 30, 2023.

At the request of Senator Takubo, and by unanimous consent, reference of the bill to a committee was dispensed with.

A message from the Clerk of the House of Delegates announced the passage by that body, to take effect from passage, and requested the concurrence of the Senate in the passage of

Eng. House Bill 3514—A Bill making a supplementary appropriation of public moneys out of the Treasury from the balance of moneys remaining unappropriated for the fiscal year ending June 30, 2023, to the Department of Health and Human Resources, Division of Health – West Virginia Birth-to-Three Fund, fund 5214, fiscal year 2023, organization 0506, by supplementing and amending the appropriations for the fiscal year ending June 30, 2023.

At the request of Senator Takubo, and by unanimous consent, reference of the bill to a committee was dispensed with.

A message from the Clerk of the House of Delegates announced the passage by that body, to take effect from passage, and requested the concurrence of the Senate in the passage of

Eng. House Bill 3516—A Bill making a supplementary appropriation of public moneys out of the Treasury from the balance of federal moneys remaining unappropriated for the fiscal year ending June 30, 2023, to the Department of Health and Human Resources, Division of Health – West Virginia Safe Drinking Water Treatment, fund 8824, fiscal year 2023, organization 0506, by supplementing and amending the appropriations for the fiscal year ending June 30, 2023.

At the request of Senator Takubo, and by unanimous consent, reference of the bill to a committee was dispensed with.

A message from the Clerk of the House of Delegates announced the passage by that body, to take effect from passage, and requested the concurrence of the Senate in the passage of

Eng. House Bill 3517—A Bill making a supplementary appropriation of federal funds out of the Treasury from the balance of federal moneys remaining unappropriated for the fiscal year ending June 30, 2023, to the Division of Human Services – Child Care and Development, fund 8817, fiscal year 2023, organization 0511, by supplementing and amending the appropriations for the fiscal year ending June 30, 2023.

At the request of Senator Takubo, and by unanimous consent, reference of the bill to a committee was dispensed with.

A message from the Clerk of the House of Delegates announced the passage by that body, to take effect from passage, and requested the concurrence of the Senate in the passage of

Eng. House Bill 3557—A Bill making a supplementary appropriation of public moneys out of the Treasury from the balance of federal moneys remaining unappropriated for the fiscal year ending June 30, 2023, to the Department of Veterans' Assistance, fund 8858, fiscal year 2023, organization 0613, by supplementing and amending the appropriations for the fiscal year ending June 30, 2023.

Referred to the Committee on Finance.

A message from the Clerk of the House of Delegates announced the adoption by that body and requested the concurrence of the Senate in the adoption of the following resolutions:

House Concurrent Resolution 12—Requesting that the Division of Highways place roadway welcome signs containing the phrase "West Virginia a Purple Heart State" on highways at the entrance to West Virginia.

House Concurrent Resolution 33—Requesting the Division of Highways name a bridge bearing the Bridge Number: 20-N14/80-000.1 ()(20A928), (38.36406,-81.69170) locally known as CENTRAL AVENUE OVERPASS, carrying City N14/80 over CSX RR & FIRST AVENUE in Kanawha County," as the "Lt. Col. Mitchell M. Mickel Memorial Bridge".

House Concurrent Resolution 36—Requesting the Division of Highways name Bridge numbers: 20-064/00-049.98 (EB & WB) (20A779,20A782) Lat/Long: 38.38760,-8176827 Original Name: 1-64 Institute Interchange (EB&WB) Feature Intersected I-64 Ramps C & D in Kanawha County, the "U. S. Army Pvt. Charles A. White, Sr. Memorial Bridge".

House Concurrent Resolution 51—Requesting the Division of Highways name bridge number 42-092/00-035.05 () (42A241), (38.93675, -79.87766) locally known as CRYSTAL

SPRINGS BRIDGE, carrying WV 92 over LEADING CREEK in Randolph County, the "U. S. Army SFC Samuel Evans Miller Memorial Bridge".

House Concurrent Resolution 54—Requesting the Division of Highways name bridge number 40-035/00-015.27 (NB & SB) (40A177, 40A179), (38.61845, -81.99839) locally known as Plantation Road Bridge, carrying US 35 over Plantation Creek in Putnam County, West Virginia, the "U.S. Army PFC Russell Richard Ferguson Memorial Bridge".

House Concurrent Resolution 55—Requesting the Division of Highways name bridge number 18-077/00-145.78 (NB-SB) (18A172), locally known as Sandy Creek NB-SB bridges, carrying I-77 over Sandy Creek in Jackson County, the "Chief Lee Thomas Memorial Bridge".

House Concurrent Resolution 56—Requesting the Division of Highways name Bridge Number: 28-034/01-002.89 () (28A093), (37.34752, -81.10763) locally known as the Willowbrook Bridge, carrying CR 34/01 over Brush Creek in Mercer County, the "George M. Hall Memorial Bridge".

House Concurrent Resolution 58—Requesting the Division of Highways name Bridge Number: 39-051/00-000.13 () (39A116), (39.34951, -79.66801) locally known as Rowlesburg W-Beam, carrying CR 51 over Cheat River in Preston County, the "U. S. Army SSG Steven "Todd" Shay Memorial Bridge".

House Concurrent Resolution 61—Requesting the Division of Highways name a portion of Poca Fork Road at the mouth of Patterson Drive in Elkview, Kanawha County, West Virginia as the "US Army Sgt. John Edsel Edens Memorial Road".

House Concurrent Resolution 62—Requesting the Division of Highways to name a bridge bearing Bridge Number: 23-007/00-003.44 () (23A374), (37.96246, -81.93843) locally known as NEW GORE FORK BRIDGE, carrying CR 07 over GORE FORK CREEK in Logan County as the "U. S. Army PFC Clayton Collins Memorial Bridge".

House Concurrent Resolution 64—Requesting the Division of Highways name a portion of I-64 in Kanawha County, including bridges number 20-064-20A779), locally known as I-64 Bridge Eastbound at Institute, carrying I-64 over the I-64 Interchange over on-ramps C and D in Kanawha County, and bridge number 20-064-20A782, locally known as I-64 Bridge Westbound at Institute, carrying I-64 over the I-64 Interchange over on-ramps C and D in Kanawha County, the "U. S. Army Air Corps PVT-II Charles A. White Memorial Road".

The preceding resolutions were referred to the Committee on Transportation and Infrastructure.

Executive Communications

The Clerk then presented the following communication from His Excellency, the Governor, regarding bills approved by him:



Jim Justice
Governor of West Virginia
March 4, 2023

The Honorable Stephen J. Harrison, Clerk
West Virginia House of Delegates
State Capitol
Charleston, West Virginia 25305

Dear Mr. Clerk:

Enclosed for filing in your office, pursuant to the provisions of law, are the following bills:

Committee Substitute for House Bill No. Two Thousand Six (2006), which was presented to me on February 27, 2023.

Committee Substitute for House Bill No. Two Thousand Five Hundred Ninety-Six (2596), which was presented to me on February 27, 2023.

Committee Substitute for House Bill No. Three Thousand Fifty-Five (3055), which was presented to me on February 27, 2023.

Committee Substitute for House Bill No. Three Thousand One Hundred Twenty-Two (3122), which was presented to me on February 27, 2023.

You will note that I have approved these bills on March 4, 2023.

Sincerely

A handwritten signature in black ink, appearing to read "Jim Justice".

Jim Justice
Governor

JJ/mh
cc: The Honorable Lee Cassis

State Capitol | 1900 Kanawha Blvd., East, Charleston, WV 25305 | (304) 558-2000

[CLERK'S NOTE: Enr. Senate Bill 128 became law without the Governor's signature on March 4, 2023, under the provisions of Section 14, Article VII of the Constitution of West Virginia.]

The Senate proceeded to the fourth order of business.

Senator Clements, from the Committee on Transportation and Infrastructure, submitted the following report, which was received:

Your Committee on Transportation and Infrastructure has had under consideration

Senate Concurrent Resolution 11, US Army SGT Brian Christopher Karim Memorial Bridge.

And reports back a committee substitute for same with the following title:

Com. Sub. for Senate Concurrent Resolution 11 (originating in the Committee on Transportation and Infrastructure)—Requesting the Division of Highways name a stretch of County Route 19 in Summers County, beginning at the intersection of Route 19/1 and County Route 19, and ending at the Monroe County line, locally known as Wayside Talcott Road, the "U. S. Army SGT Brian Christopher Karim Memorial Road".

With the recommendation that the committee substitute be adopted.

Respectfully submitted,

Charles H. Clements,
Chair.

Senator Trump, from the Committee on the Judiciary, submitted the following report, which was received:

Your Committee on the Judiciary has had under consideration

Eng. Com. Sub. for House Bill 2004, Prevent the use of payment card processing systems for surveillance of Second Amendment activity and discriminatory conduct.

And has amended same.

And reports the same back with the recommendation that it do pass, as amended.

Respectfully submitted,

Charles S. Trump IV,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. Com. Sub. for H. B. 2004) contained in the preceding report from the Committee on the Judiciary was taken up for immediate consideration, read a first time, and ordered to second reading.

Senator Nelson, from the Committee on Pensions, submitted the following report, which was received:

Your Committee on Pensions has had under consideration

Eng. Com. Sub. for House Bill 2026, Authorizing municipalities with police or firefighter employees in PERS to elect to become participating employer in Municipal Police Officer and Firefighter Retirement System for a limited time.

Eng. House Bill 2283, Relating to authorized expenditures of revenues from certain state funds for fire departments.

And,

Eng. House Bill 3299, Relating to Natural Resource Police Officer Retirement.

And reports the same back with the recommendation that they each do pass; but under the original double committee references first be referred to the Committee on Finance.

Respectfully submitted,

Eric Nelson, Jr.,
Chair.

At the request of Senator Takubo, unanimous consent was granted to dispense with the second committee references of Engrossed Committee Substitute for House Bill 2026 and Engrossed House Bill 2283 contained in the foregoing report from the Committee on Pensions.

At the further request of Senator Takubo, and by unanimous consent, the bills (Eng. Com. Sub. for H. B. 2026 and Eng. H. B. 2283) were each taken up for immediate consideration, read a first time, and ordered to second reading.

At the request of Senator Takubo, unanimous consent being granted, Engrossed House Bill 3299 contained in the preceding report from the Committee on Pensions was taken up for immediate consideration, read a first time, ordered to second reading, and, under the original double committee reference, was then referred to the Committee on Finance.

Senator Trump, from the Committee on the Judiciary, submitted the following report, which was received:

Your Committee on the Judiciary has had under consideration

Eng. Com. Sub. for House Bill 2509, Creating the Uniform Premarital Agreement Act.

And has amended same.

And reports the same back with the recommendation that it do pass, as amended.

Respectfully submitted,

Charles S. Trump IV,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. Com. Sub. for H. B. 2509) contained in the preceding report from the Committee on the Judiciary was taken up for immediate consideration, read a first time, and ordered to second reading.

Senator Roberts, from the Committee on the Workforce, submitted the following report, which was received:

Your Committee on the Workforce has had under consideration

Eng. Com. Sub. for House Bill 2515, Require agencies to develop and maintain an inventory of available services for single parents wanting to obtain degrees, secure training or reenter the workforce.

And reports the same back with the recommendation that it do pass; but under the original double committee reference first be referred to the Committee on Government Organization.

Respectfully submitted,

Rollan A. Roberts,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. Com. Sub. for H. B. 2515) contained in the preceding report from the Committee on the Workforce was taken up for immediate consideration, read a first time, ordered to second reading, and, under the original double committee reference, was then referred to the Committee on Government Organization.

Senator Trump, from the Committee on the Judiciary, submitted the following report, which was received:

Your Committee on the Judiciary has had under consideration

Eng. Com. Sub. for House Bill 2540, Travel Insurance Model Act.

With amendments from the Committee on Banking and Insurance pending;

And reports the same back with the recommendation that it do pass as amended by the Committee on Banking and Insurance to which the bill was first referred.

Respectfully submitted,

Charles S. Trump IV,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. Com. Sub. for H. B. 2540) contained in the preceding report from the Committee on the Judiciary was taken up for immediate consideration, read a first time, and ordered to second reading.

Senator Azinger, from the Committee on Banking and Insurance, submitted the following report, which was received:

Your Committee on Banking and Insurance has had under consideration

Eng. Com. Sub. for House Bill 2621, Relating generally to bail bondsman.

And has amended same.

And reports the same back with the recommendation that it do pass, as amended; but under the original double committee reference first be referred to the Committee on the Judiciary.

Respectfully submitted,

Michael T. Azinger,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. Com. Sub. for H. B. 2621) contained in the preceding report from the Committee on Banking and Insurance was taken up for immediate consideration, read a first time, ordered to second reading, and, under the original double committee reference, was then referred to the Committee on the Judiciary, with amendments from the Committee on Banking and Insurance pending.

Senator Nelson, from the Committee on Pensions, submitted the following report, which was received:

Your Committee on Pensions has had under consideration

Eng. Com. Sub. for House Bill 2900, Relating to the Deputy Sheriff Retirement System.

And has amended same.

Now on third reading, having been read a second time and rereferred to the Committee on Pensions on March 2, 2023;

And reports the same back with the recommendation that it do pass, as amended.

Respectfully submitted,

Eric Nelson, Jr.,
Chair.

Senator Trump, from the Committee on the Judiciary, submitted the following report, which was received:

Your Committee on the Judiciary has had under consideration

Eng. House Bill 3146, Establishing in West Virginia Code, the contents of the Uniform Public Meetings During Emergencies Act.

And has amended same.

And reports the same back with the recommendation that it do pass, as amended.

Respectfully submitted,

Charles S. Trump IV,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. H. B. 3146) contained in the preceding report from the Committee on the Judiciary was taken up for immediate consideration, read a first time, and ordered to second reading.

Senator Maynard, from the Committee on Outdoor Recreation, submitted the following report, which was received:

Your Committee on Outdoor Recreation has had under consideration

Eng. House Bill 3328, Authorizing the Hatfield-McCoy Regional Recreation Authority to contract to build and maintain trails on privately owned property.

And reports the same back with the recommendation that it do pass.

Respectfully submitted,

Mark R. Maynard,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. H. B. 3328) contained in the preceding report from the Committee on Outdoor Recreation was taken up for immediate consideration, read a first time, and ordered to second reading.

Senator Azinger, from the Committee on Banking and Insurance, submitted the following report, which was received:

Your Committee on Banking and Insurance has had under consideration

Eng. House Bill 3500, Allowing consumer lenders to permit employees to conduct certain business at locations other than the licensee's designated office.

And has amended same.

And reports the same back with the recommendation that it do pass, as amended.

Respectfully submitted,

Michael T. Azinger,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. H. B. 3500) contained in the preceding report from the Committee on Banking and Insurance was taken up for immediate consideration, read a first time, and ordered to second reading.

The Senate proceeded to the sixth order of business.

Senator Grady offered the following resolution:

Senate Resolution 46—Designating March 7, 2023, as Deaf Awareness Day at the Legislature.

Which, under the rules, lies over one day.

The Senate proceeded to the seventh order of business.

Senate Resolution 45, Recognizing 50th anniversary of National Wild Turkey Federation.

On unfinished business, coming up in regular order, was reported by the Clerk.

At the request of Senator Hamilton, unanimous consent being granted, reference of the resolution to a committee was dispensed with, and it was taken up for immediate consideration and adopted.

The Senate proceeded to the eighth order of business.

Eng. Com. Sub. for House Bill 2221, Relating to bankruptcy.

On third reading, coming up in regular order, with the unreported Judiciary committee amendment pending, and with the right having been granted on March 3, 2023, for further amendments to be received on third reading, was reported by the Clerk.

At the request of Senator Takubo, unanimous consent being granted, the bill was laid over one day, retaining its place on the calendar, with the right to amend on third reading remaining in effect and with the unreported Judiciary committee amendment pending.

Eng. Com. Sub. for House Bill 2760, To allow CPR fire fighters to drive ambulances when both attendants are needed to administer patient care.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for H. B. 2760) passed with its title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence therein.

Eng. House Bill 2827, Make public charter schools eligible for Safe Schools Funds.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. H. B. 2827) passed with its title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

Eng. Com. Sub. for House Bill 2860, To dispose of old AFFF foam accumulated by fire departments.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for H. B. 2860) passed with its title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

Eng. Com. Sub. for House Bill 2917, Relating to allowing retired state employees who meet the minimum qualifications necessary, to render post-retirement employment with the Department of Health and Human Resources.

On third reading, coming up in regular order, with the right having been granted on March 3, 2023, for amendments to be received on third reading, was reported by the Clerk.

At the request of Senator Takubo, unanimous consent being granted, the bill was laid over one day, retaining its place on the calendar, with the right to amend on third reading remaining in effect.

Eng. Com. Sub. for House Bill 3044, Relating to the annual fee for limited video lottery terminal permits.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Barrett, Boley, Caputo, Chapman, Clements, Deeds, Hamilton, Hunt, Jeffries, Maroney, Martin, Nelson, Oliverio, Plymale, Queen, Rucker, Stover, Stuart, Swope, Takubo, Tarr, Trump, Weld, Woodrum, and Blair (Mr. President)—25.

The nays were: Azinger, Grady, Karnes, Maynard, Roberts, Smith, and Taylor—7.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for H. B. 3044) passed with its title.

Senator Takubo moved that the bill take effect from passage.

On this question, the yeas were: Barrett, Boley, Caputo, Chapman, Clements, Deeds, Hamilton, Hunt, Jeffries, Maroney, Martin, Nelson, Oliverio, Plymale, Queen, Rucker, Stover, Stuart, Swope, Takubo, Tarr, Trump, Weld, Woodrum, and Blair (Mr. President)—25.

The nays were: Azinger, Grady, Karnes, Maynard, Roberts, Smith, and Taylor—7.

Absent: Phillips and Woelfel—2.

So, two thirds of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for H. B. 3044) takes effect from passage.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

Eng. Com. Sub. for House Bill 3114, Deny severance pay to employees of DOT for failure or refusal of drug testing.

On third reading, coming up in regular order, was read a third time and put upon its passage.

Pending discussion,

The question being "Shall Engrossed Committee Substitute for House Bill 3114 pass?"

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for H. B. 3114) passed with its title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence therein.

Eng. Com. Sub. for House Bill 3148, Relating to financing municipal policemen's and firemen's pension and relief funds.

On third reading, coming up in regular order, was read a third time and put upon its passage.

Pending discussion,

The question being "Shall Engrossed Committee Substitute for House Bill 3148 pass?"

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for H. B. 3148) passed with its title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

Eng. Com. Sub. for House Bill 3211, Relating to authorizing service credit for unused accrued annual or sick leave days for use in determining retirement benefits in the Municipal Police Officer and Firefighter Retirement System.

On third reading, coming up in regular order, with the right having been granted on March 3, 2023, for amendments to be received on third reading, was reported by the Clerk.

At the request of Senator Takubo, unanimous consent being granted, the bill was laid over one day, retaining its place on the calendar, with the right to amend on third reading remaining in effect.

Eng. House Bill 3244, Relating to Municipal Pensions Oversight Board proposing legislative rules.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. H. B. 3244) passed with its title.

Senator Takubo moved that the bill take effect from passage.

On this question, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, two thirds of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. H. B. 3244) takes effect from passage.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

Eng. House Bill 3286, Relating to an additional modification decreasing federal taxable income.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. H. B. 3286) passed with its title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence therein.

Eng. Com. Sub. for House Bill 3302, To recognize unborn child as distinct victim in a DUI causing death.

On third reading, coming up in regular order, with the unreported Judiciary committee amendment pending, and with the right having been granted on March 3, 2023, for further amendments to be received on third reading, was read a third time.

The following amendment to the bill, from the Committee on the Judiciary was reported by the Clerk and adopted:

By striking out everything after the enacting clause and inserting in lieu thereof the following:

CHAPTER 17C. TRAFFIC REGULATIONS AND RULES OF THE ROAD.

ARTICLE 5. SERIOUS TRAFFIC OFFENSES.

§17C-5-2. Driving under influence of alcohol, controlled substances, or drugs; penalties.

(a) *Definitions.* —

(1) "Impaired state" means a person:

(A) Is under the influence of alcohol;

(B) Is under the influence of any controlled substance;

(C) Is under the influence of any other drug or inhalant substance;

(D) Is under the combined influence of alcohol and any controlled substance or any other drug; or

(E) Has an alcohol concentration in his or her blood of eight hundredths of one percent or more, by weight.

(2) "Bodily injury" means injury that causes substantial physical pain, illness, or any impairment of physical condition.

(3) "Controlled substance" has the meaning provided in §60A-1-101 of this code.

(4) "Serious bodily injury" means bodily injury that creates a substantial risk of death, that causes serious or prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of any bodily organ.

(5) "Test and lock program" means the Motor Vehicle Test and Lock Program, established in §17C-5A-3a and administered by the Division of Motor Vehicles.

(b) Any person who drives a vehicle in this state while he or she is in an impaired state, and such impaired state proximately causes the death of any person, which for purposes of this subsection, includes an embryo or fetus as authorized by the provisions of §61-2-30 of this code, is guilty of a felony and, upon conviction thereof, shall be imprisoned in a state correctional facility for not less than three nor more than 15 years and shall be fined not less than \$1,000 nor more than \$3,000, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for a period of 10 years or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code: *Provided*, That any death charged under this subsection must occur within one year of the offense: *Provided, however*, That if the person has previously been convicted under this section, the person shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for life or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code.

(c) Any person who drives a vehicle in this state while he or she is in an impaired state, and such impaired state proximately causes serious bodily injury to any person, other than himself or herself, is guilty of a felony and, upon conviction thereof, shall be imprisoned in a state correctional facility for not less than two nor more than 10 years and shall be fined not less than \$1,000 nor more than \$3,000, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for a period of five years or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code: *Provided*, That if the person has previously been convicted under this section, the person shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for life or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code.

(d) Any person who drives a vehicle in this state while he or she is in an impaired state, and such impaired state proximately causes a bodily injury to any person other than himself or herself, is guilty of a misdemeanor and, upon conviction thereof, shall be confined in jail for not less than one day nor more than one year and shall be fined not less than \$200 nor more than \$1,000, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for a period of two years or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code: *Provided*, That if the person has previously been convicted under this section, the person shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for life or for a period of time conditioned on participation in the test and lock program in

accordance with §17C-5A-3a of this code. Any jail term imposed pursuant to this subsection shall include actual confinement of not less than 24 hours: *Provided, however,* That a person sentenced pursuant to this subsection shall receive credit for any period of actual confinement he or she served upon arrest for the subject offense.

(e) Any person who drives a vehicle on any public highway or private road in this state: (1) while he or she is in an impaired state; or (2) while he or she is in an impaired state but has an alcohol concentration in his or her blood of less than fifteen hundredths of one percent, by weight, is guilty of a misdemeanor and, upon conviction thereof, may be confined in jail for up to six months and shall be fined not less than \$100 nor more than \$500, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for a period of six months or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code: *Provided,* That a person sentenced pursuant to this subsection shall receive credit for any period of actual confinement he or she served upon arrest for the subject offense.

(f) Any person who drives a vehicle on any public highway or private road in this state while he or she has an alcohol concentration in his or her blood of fifteen hundredths of one percent or more, by weight, is guilty of a misdemeanor and, upon conviction thereof, shall be confined in jail for not less than two days nor more than six months, which jail term is to include actual confinement of not less than 24 hours, and shall be fined not less than \$200 nor more than \$1,000, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for a period of one year or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code. A person sentenced pursuant to this subsection shall receive credit for any period of actual confinement he or she served upon arrest for the subject offense.

(g) Any person who, being a habitual user of narcotic drugs or amphetamines, or any derivative thereof, drives a vehicle on any public highway or private road in this state is guilty of a misdemeanor and, upon conviction thereof, shall be confined in jail for not less than one day nor more than six months, which jail term is to include actual confinement of not less than 24 hours, and shall be fined not less than \$100 nor more than \$500, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for a period of six months. A person sentenced pursuant to this subsection shall receive credit for any period of actual confinement he or she served upon arrest for the subject offense.

(h) Any person who knowingly permits his or her vehicle to be driven on any public highway or private road in this state by any other person who is in an impaired state is guilty of a misdemeanor and, upon conviction thereof, shall be confined in jail for not more than six months and shall be fined not less than \$100 nor more than \$500, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for a period of six months or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code.

(i) Any person who knowingly permits his or her vehicle to be driven on any public highway or private road in this state by any other person who is a habitual user of narcotic drugs or amphetamines, or any derivative thereof, is guilty of a misdemeanor and, upon conviction thereof, shall be confined in jail for not more than six months and shall be fined not less than \$100 nor more than \$500, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for a period of six months.

(j) (1) Any person under the age of 21 years who drives a vehicle on any public highway or private road in this state while he or she has an alcohol concentration in his or her blood of two hundredths of one percent or more, by weight, but less than eight hundredths of one percent, by weight, for a first offense under this subsection is guilty of a misdemeanor and, upon conviction thereof, shall be fined not less than \$25 nor more than \$100, and have his or her license to operate a motor vehicle suspended by the Commissioner of the Division of Motor Vehicles for a period of 60 days or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code. For a second or subsequent offense under this subsection, the person is guilty of a misdemeanor and, upon conviction thereof, shall be confined in jail for 24 hours and shall be fined not less than \$100 nor more than \$500, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for a period of one year or until the person's 21st birthday, whichever period is longer, or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code. A person who is charged with a first offense under the provisions of this subsection may move for a continuance of the proceedings, from time to time, to allow the person to participate in the test and lock program as provided in §17C-5A-3a of this code. Upon successful completion of the program, the court shall dismiss the charge against the person and expunge the person's record as it relates to the alleged offense. In the event the person fails to successfully complete the program, the court shall proceed to an adjudication of the alleged offense. A motion for a continuance under this subsection may not be construed as an admission or be used as evidence.

(2) (A) Notwithstanding subdivision (1) of this subsection, a person shall have his or her license to operate a motor vehicle suspended or revoked for a minimum period of one year or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code, if the person:

(i) Has previously been convicted under this subsection and is subsequently convicted of an offense under another subsection of this section; or

(ii) Is convicted under this subsection and has previously been convicted of an offense under another subsection of this section.

(B) Nothing in this subdivision permits a shorter period of license revocation, license suspension, or participation in the test and lock program than is mandatory for the specific offense for which the person is convicted.

(3) A person arrested and charged with an offense under the provisions of this subsection or subsection (b), (c), (d), (e), (f), (g), (h), or (i) of this section may not also be charged with an offense under this subsection arising out of the same transaction or occurrence.

(k) Any person who drives a vehicle on any public highway or private road in this state while he or she is in an impaired state and has within the vehicle one or more other persons who are unemancipated minors who have not yet reached their 16th birthday is guilty of a misdemeanor and, upon conviction thereof, shall be confined in jail for not less than two days nor more than 12 months, and shall be fined not less than \$200 nor more than \$1,000, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for a period of one year or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code: *Provided*, That such jail term shall include actual confinement of not less than 48 hours: *Provided, however*, That a person sentenced

pursuant to this subsection shall receive credit for any period of actual confinement he or she served upon arrest for the subject offense.

(l) A person convicted of an offense under this section, who has previously been convicted of any offense under this section on one occasion, is guilty of a misdemeanor and, upon conviction thereof, shall be confined in jail for not less than six months nor more than one year, may be fined not less than \$1,000 nor more than \$3,000, and shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for 10 years or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code: *Provided*, That if the second conviction is for an offense as described in subsections (b), (c), or (d) of this section and the subsection creating the offense requires a period of incarceration, period of license revocation, or fine that is greater than what is required for a conviction under this subsection, the greater period of incarceration, period of revocation, or fine shall be imposed: *Provided, however*, That this section does not apply to a second conviction that is subject to a period of license revocation under subsection (j) of this section.

(m) A person convicted of an offense under this section, who has previously been convicted of any offense under this section on two or more occasions, is guilty of a felony and, upon conviction thereof, shall be imprisoned in a state correctional facility for not less than two nor more than five years, shall have his or her license to operate a motor vehicle revoked by the Commissioner of the Division of Motor Vehicles for life or for a period of time conditioned on participation in the test and lock program in accordance with §17C-5A-3a of this code, and the court may, in its discretion, impose a fine of not less than \$3,000 nor more than \$5,000: *Provided*, That if the third or subsequent conviction is for an offense as described in subsections (b), (c), or (d) of this section and the subsection creating the offense requires a period of incarceration, period of license revocation, or fine that is greater than what is required for a conviction under this subsection, the greater period of incarceration, period of revocation, and fine shall be imposed: *Provided, however*, That this section does not apply to a third or subsequent conviction that is subject to a period of license revocation under subsection (j) of this section.

(n) For purposes of subsections (l) and (m) of this section relating to second, third, and subsequent offenses, the following events shall be regarded as offenses and convictions under this section:

(1) Any conviction under the provisions of subsection (b), (c), (d), (e), (f), (g), (h), or (i) of this section, or under a prior enactment of this section, for an offense which occurred within the 10-year period immediately preceding the date of arrest in the current proceeding;

(2) Any conviction under a municipal ordinance of this state or any other state or a statute of the United States or of any other state of an offense which has the same elements as an offense described in subsection (b), (c), (d), (e), (f), (g), (h), or (i) of this section, which offense occurred within the 10-year period immediately preceding the date of arrest in the current proceeding; and

(3) Any period of conditional probation imposed pursuant to §17C-5-2b of this code for violation of subsection (e) of this section, which violation occurred within the 10-year period immediately preceding the date of arrest in the current proceeding.

(o) A person may be charged in a warrant, indictment, or information for a second or subsequent offense, as described in subsection (j), (l), or (m) of this section, if the person has been previously arrested for, or charged with, a violation of this section which is alleged to have occurred within the applicable time period for prior offenses, notwithstanding the fact that there

has not been a final adjudication of the charges for the alleged previous offense. In that case, the warrant or indictment or information must set forth the date, location, and particulars of the previous offense or offenses. No person may be convicted of a second or subsequent offense under this section unless the conviction for the previous offense has become final, or the person has previously had a period of conditional probation imposed pursuant to §17C-5-2b of this code.

(p) The fact that any person charged with a violation of subsection (b), (c), (d), (e), (f), or (g) of this section, or any person permitted to drive as described under subsection (h) or (i) of this section, is or has been legally entitled to use alcohol, a controlled substance, or a drug does not constitute a defense against any charge of violating subsection (b), (c), (d), (e), (f), (g), (h), or (i) of this section.

(q) The sentences provided in this section upon conviction for a violation of this article are mandatory and are not subject to suspension or probation: *Provided*, That the court may apply the provisions of §62-11A-1 *et seq.* of this code to a person sentenced or committed to a term of one year or less for a first offense under this section: *Provided, however*, That the court may impose a term of conditional probation pursuant to §17C-5-2b of this code to persons adjudicated thereunder. An order for home detention by the court pursuant to the provisions of §62-11B-1 *et seq.* of this code may be used as an alternative sentence to any period of incarceration required by this section for a first or subsequent offense: *Provided further*, That for any period of home incarceration ordered for a person convicted of a second offense under this section, electronic monitoring shall be required for no fewer than five days of the total period of home confinement ordered and the offender may not leave home for those five days notwithstanding the provisions of §62-11B-5 of this code: *And provided further*, That for any period of home incarceration ordered for a person convicted of a third or subsequent violation of this section, electronic monitoring shall be included for no fewer than 10 days of the total period of home confinement ordered and the offender may not leave home for those 10 days notwithstanding §62-11B-5 of this code.

(r) A person whose license to operate a motor vehicle has been revoked or suspended by the Commissioner of the Division of Motor Vehicles pursuant to this section must complete a comprehensive safety and treatment program as set forth in §17C-5A-3 of this code before his or her license to operate a motor vehicle can be reinstated and his or her driving privileges restored.

(s) For any offense for which an alternative revocation period is permitted conditioned upon participation in the test and lock program, an alternative sentence may not be imposed without the consent of the driver.

(t) Upon entering the order of conviction for an offense under this section, or the imposition of conditional probation as provided in §17C-5-2b of this code, the clerk of the court shall immediately transmit the order to the Commissioner of the Division of Motor Vehicles.

(u) The amendments made to this section during the 2020 regular session of the Legislature shall become effective on July 1, 2020.

CHAPTER 61. CRIMES AND THEIR PUNISHMENT.

ARTICLE 2. CRIMES AGAINST THE PERSON.

§61-2-30. Recognizing an embryo or fetus as a distinct unborn victim of certain crimes of violence against the person.

(a) This section may be known and cited as the Unborn Victims of Violence Act.

(b) For the purposes of this article, the following definitions shall apply: *Provided*, That these definitions only apply for purposes of prosecution of unlawful acts under this section and may not otherwise be used: (i) To create or to imply that a civil cause of action exists; or (ii) for purposes of argument in a civil cause of action, unless there has been a criminal conviction under this section.

(1) "Embryo" means the developing human in its early stages. The embryonic period commences at fertilization and continues to the end of the embryonic period and the beginning of the fetal period, which occurs eight weeks after fertilization or ten weeks after the onset of the last menstrual period.

(2) "Fetus" means a developing human that has ended the embryonic period and thereafter continues to develop and mature until termination of the pregnancy or birth.

(c) For purposes of enforcing the provisions of §61-2-1, §61-2-4, §61-2-7, §61-2-9(a), §61-2-9(c), §61-2-10, §61-2-10b, 61-2-28(a), and §17C-5-2(b), a pregnant woman and the embryo or fetus she is carrying in the womb constitute separate and distinct victims.

(d) *Exceptions*. — The provisions of this section do not apply to:

(1) Acts committed during a legal abortion to which the pregnant woman, or a person authorized by law to act on her behalf, consented or for which the consent is implied by law;

(2) Acts or omissions by medical or health care personnel during or as a result of medical or health-related treatment or services, including, but not limited to, medical care, abortion, diagnostic testing or fertility treatment;

(3) Acts or omissions by medical or health care personnel or scientific research personnel in performing lawful procedures involving embryos that are not in a stage of gestation in utero;

(4) Acts involving the use of force in lawful defense of self or another, but not an embryo or fetus; and

(5) Acts or omissions of a pregnant woman with respect to the embryo or fetus she is carrying.

(e) For purposes of the ~~enforcement~~ of the provisions of this section, a violation of the provisions of ~~article two-i, chapter sixteen~~ §16-2R-1 et seq. of this code shall not serve as a waiver of the protection afforded by the provisions of subdivision (1), subsection (d) of this section.

(f) *Other convictions not barred*. — A prosecution for or conviction under this section is not a bar to conviction of or punishment for any other crime committed by the defendant arising from the same incident.

Engrossed Committee Substitute for House Bill 3302, as just amended, was then put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson,

Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for H. B. 3302) passed.

The following amendment to the title of the bill, from the Committee on the Judiciary, was reported by the Clerk and adopted:

Eng. Com. Sub. for House Bill 3302—A Bill to amend and reenact §17C-5-2 of the Code of West Virginia, 1931, as amended, and to amend and reenact §61-2-30 of said code; all relating to including an embryo or fetus as a distinct unborn victim for the offense of DUI causing death; and clarifying that a pregnant woman and the embryo or fetus she is carrying in the womb constitute separate and distinct victims as applied to the offenses of DUI causing death.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence therein.

Eng. House Bill 3387, Extending the moratorium on the authorization of new convention and visitors bureaus for an additional two years.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. H. B. 3387) passed with its title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

Eng. House Bill 3444, Relating to the creation of the West Virginia Semiquincentennial Commission and Fund.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. H. B. 3444) passed with its title.

Senator Takubo moved that the bill take effect from passage.

On this question, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, two thirds of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. H. B. 3444) takes effect from passage.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence in the changed effective date.

Eng. House Bill 3448, Relating generally to probation officer field training.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. H. B. 3448) passed.

The following amendment to the title of the bill, from the Committee on the Judiciary, was reported by the Clerk and adopted:

Eng. Com. Sub. for House Bill 3448—A Bill to amend and reenact §62-12-5 of the Code of West Virginia, 1931, as amended, relating to probation officer field training; and granting field training probation officers the power of a full probation officer while on duty.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence therein.

Eng. Com. Sub. for House Bill 3450, Relating generally to racetrack video lottery and the Licensed Racetrack Modernization Fund.

On third reading, coming up in regular order, was read a third time and put upon its passage.

On the passage of the bill, the yeas were: Barrett, Boley, Caputo, Chapman, Hamilton, Hunt, Jeffries, Nelson, Oliverio, Plymale, Queen, Rucker, Stover, Stuart, Swope, Takubo, Tarr, Trump, Weld, Woodrum, and Blair (Mr. President)—21.

The nays were: Azinger, Clements, Deeds, Grady, Karnes, Maroney, Martin, Maynard, Roberts, Smith, and Taylor—11.

Absent: Phillips and Woelfel—2.

So, a majority of all the members present and voting having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for H. B. 3450) passed.

At the request of Senator Woodrum, as chair of the Committee on Government Organization, and by unanimous consent, the unreported Government Organization committee amendment to the title of the bill was withdrawn.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

Eng. House Bill 3556, Uniform Recognition and Enforcement of Canadian Domestic Violence Protective Orders Act.

On third reading, coming up in regular order, with the unreported Judiciary committee amendment pending, and with the right having been granted on March 3, 2023, for further amendments to be received on third reading, was reported by the Clerk.

At the request of Senator Takubo, unanimous consent being granted, the bill was laid over one day, retaining its place on the calendar, with the right to amend on third reading remaining in effect and with the unreported Judiciary committee amendment pending.

The Senate proceeded to the ninth order of business.

Eng. Com. Sub. for House Bill 2380, Relating to School Building Authority.

On second reading, coming up in regular order, was read a second time.

At the request of Senator Takubo, and by unanimous consent, the bill was advanced to third reading with the unreported Education committee amendment pending and the right for further amendments to be considered on that reading.

Eng. Com. Sub. for House Bill 2569, Establishing the Motorsport Responsibility Act.

On second reading, coming up in regular order, was read a second time.

At the request of Senator Maynard, as chair of the Committee on Outdoor Recreation, and by unanimous consent, the unreported Outdoor Recreation committee amendment to the bill was withdrawn.

The following amendment to the bill, from the Committee on the Judiciary, was reported by the Clerk and adopted:

By striking out everything after the enacting clause and inserting in lieu thereof the following:

ARTICLE 19. MOTORSPORT RESPONSIBILITY ACT.**§20-19-1. Legislative purposes.**

The West Virginia Legislature finds that motorsport activities are engaged in by a large number of citizens of West Virginia and that such activities also attract to West Virginia a large number of nonresidents, significantly contributing to the economy of West Virginia. Since it is recognized that there are inherent risks in motorsport activities which should be understood by participants therein and which are essentially impossible for the operators of motorsport businesses to eliminate, it is the purpose of this article to define those areas of responsibility and those affirmative acts for which the operators of motorsport businesses shall be liable for loss, damage, or injury suffered by participants, and to further define those risks which the participants expressly assume and for which there can be no recovery. It is the intent of the Legislature to expand the liability protections afforded with respect to motorsports and to not eliminate any other liability protections that may be available under statutory or common law.

§20-19-2. Definitions.

In this article, unless a different meaning plainly is required:

(1) "Driver training" means qualified instruction to enhance a vehicle operator's ability to learn vehicle control, provided by a motorsport facility.

(2) "Lessee" means any qualified person or organization with the necessary licenses and liability insurance meeting the motorsport operator's lease requirements to operate a motorsport facility.

(3) "Motorized vehicle" means an automobile, motorcycle, or any other vehicle propelled by power, other than muscular power, used to transport persons and which operates within the confines of a motorsport facility.

(4) "Motorsport activities" means driver training, vehicle storage, competitive racing, non-competitive driving events, exhibitions of speed, fairs or shows using motorized vehicles, or other forms of recreation involving the use of motor vehicles, including motorcycles.

(5) "Motorsport facility" means a speedway or racetrack designed and intended for motorsport activities.

(6) "Motorsport operator" means any person, partnership, corporation, lessee, or other organization, or any combination thereof offering motorsport activities.

(7) "Participant" means any person or organization using the services of a motorsport facility including, but not limited to, spectators, vehicle operators using either their own personally owned vehicle or a vehicle owned by the motorsport facility, or vehicle passengers using either their own personally owned vehicle or a vehicle owned by the motorsport facility.

(8) "Spectator area" means a specified area within a motorsport facility intended for admission to the general public, whether or not an admission price is charged, or to which admitted persons of the general public have unrestricted access, including the grandstands and other general admission seating or viewing areas.

§20-19-3. Duties of motorsport operators.

(a) Every motorsport operator shall:

(1) Mark for identification purposes all equipment and vehicles used in the business;

(2) Maintain all equipment and vehicles used in the offering of motorsport activities in such condition that the equipment and vehicles are safe to operate or use as intended and recommended by the manufacturer;

(3) Provide facilities, equipment, and services conforming to safety and other requirements established by the rules promulgated by the Department of Economic Development;

(4) Provide or prepare facilities, equipment, and services for motorsports use as advertised or as agreed to by the motorsport operator and the participant;

(5) Procure and maintain commercial general liability insurance against claims for personal injury, death, and property damages occurring upon, in, or about the motorsport facility which affords protection to the limit of not less than \$1 million for injury or death of a single person, to the limit of \$2 million in the aggregate, and to the limit of not less than \$50,000 for property damage; and

(6) Maintain records for a period of at least three years from the date of the creation of the record of:

(A) Proof of insurance;

(B) Inspection reports;

(C) Maintenance records; and

(D) Participant acknowledgement of risks and duties.

§20-19-4. Duties of motorsport participants.

(a) All participants:

(1) Shall comply with the rules or regulations established for use by the motorsport operator;

(2) Shall wear all safety equipment as recommended by the motorsport operator, or which might otherwise be required by law;

(3) Shall obey all rules or instructions announced by the motorsport operator with regard to the safe operation of the motorized vehicle he or she is operating;

(4) Shall, as to the motorsport operator, expressly assume the risk of and legal responsibility for any injury, loss, or damage to person or property which results from participation in operating a motorized vehicle, and caused by any of the following:

(A) Variations in terrain, slope, or angle of terrain including elevation changes;

(B) Surface or subsurface conditions including, but not limited to, rocks or debris;

(C) Turns in the racetrack; and

(D) Collisions with retaining walls, tire walls, trees, fences, other vehicles, or any property provided by the motorsport operator.

(b) Each participant shall have the sole individual responsibility for:

(1) Knowing the range of his or her ability to negotiate the course of the motorsport facility;

(2) Operating the motorized vehicle within the limits of the participant's own ability;

(3) Heeding all posted warnings;

(4) Operating only within the designated area and designated times as provided by the motorsport operator; and

(5) Refraining from acting in a manner which a reasonable person would believe to be likely to cause or contribute to the injury of any person.

§20-19-5. Liability of motorsport operators.

(a) A motorsport operator is liable for injury, loss, or damage caused by failure to follow the duties set forth in §20-19-3 of this code where the violation of duty is the proximate cause of the injury, loss, or damage suffered.

(b) A motorsport operator is not liable for any injury, loss, or damage to the extent caused by the negligence of any person who is not an agent or employee of the motorsport operator.

(c) A motorsport operator is not liable for any injury, loss, or damage to the extent caused by a participant's violation of any duty described in §20-19-4 of this code.

§20-19-6. Liability of motorsport participants.

(a) A participant is not liable for any injury, loss, or damage resulting from violations of the duties established in §20-19-4 of this code where the violation of the duty constitutes simple negligence on the part of the participant, or where the injury, loss, or damage is a result of the risks inherent in motorsports.

(b) A participant is liable for injury, loss, or damage resulting from violations of the duties established in §20-19-4 of this code where the violation of the duty constitutes gross negligence, willful and wanton conduct, or intentional acts on the part the participant, and is the proximate cause of the injury, loss, or damage suffered.

§20-19-7. Rules.

The Department of Economic Development shall promulgate rules pursuant to §29A-1-1 *et seq.* of this code, with respect to motorsport facilities operating in the state, which shall include at a minimum: (a) Safety requirements for equipment; (b) safety requirements for the design of racing surfaces; (c) safety requirements for the provision of run-off areas; (d) requirements for fire and emergency services; and (e) requirements for signage. The rules shall be promulgated and designed for the purpose of developing motorsport facilities as a recreational activity and

additional tourist attraction in West Virginia and shall be approved by the West Virginia Motorsport Committee.

§20-19-8. No abrogation of common law and statutory defenses.

In a proceeding brought against a motor sports operator or participant, in addition to the liability protections provided for under this article, a motor sports operator or participant may assert any and all common law, statutory, or other defenses that may be available. A motorsports operator may require participants to sign anticipatory release and waiver of liability forms as a condition of participating as a spectator or vehicle operator, which signed waiver forms shall be admissible at trial in any action for damages by or on behalf of the person who executed the forms.

The bill (Eng. Com. Sub. for H. B. 2569), as amended, was then ordered to third reading.

Eng. Com. Sub. for House Bill 2754, Relating to immunizations performed in a pharmacy.

On second reading, coming up in regular order, was read a second time and ordered to third reading.

Eng. Com. Sub. for House Bill 2817, Relating to Public Service Commission jurisdiction over alternative fuel for motor vehicles.

On second reading, coming up in regular order, was read a second time and ordered to third reading.

Eng. Com. Sub. for House Bill 2848, Water and Sewer Operator licensing reciprocity.

On second reading, coming up in regular order, was read a second time and ordered to third reading.

Eng. Com. Sub. for House Bill 2870, Correcting a reference relating to siting certificates for certain electric generating facilities.

On second reading, coming up in regular order, was read a second time and ordered to third reading.

Eng. House Bill 2906, Expiring funds to the unappropriated surplus balance in the State Fund, General Revenue, from the balance of moneys remaining as an unappropriated balance in Lottery Net Profits.

On second reading, coming up in regular order, was read a second time and ordered to third reading.

Eng. Com. Sub. for House Bill 2910, Making a supplementary appropriation to the Department of Administration, Public Defender Services.

On second reading, coming up in regular order, was read a second time and ordered to third reading.

Eng. House Bill 2915, Expiring funds to the unappropriated surplus balance in the State Fund, General Revenue, from the balance of moneys remaining as an unappropriated balance in the State Excess Lottery Revenue Fund.

On second reading, coming up in regular order, was read a second time and ordered to third reading.

Eng. House Bill 3066, Supplementing and amending appropriations to the Department of Education, State Board of Education - State Aid to Schools.

On second reading, coming up in regular order, was read a second time and ordered to third reading.

Eng. House Bill 3188, Relating to the establishment of an alert system for missing cognitively impaired persons.

On second reading, coming up in regular order, was read a second time.

The following amendment to the bill, from the Committee on the Judiciary, was reported by the Clerk and adopted:

By striking out everything after the enacting clause and inserting in lieu thereof the following:

ARTICLE 3F. PURPLE ALERT PLAN.

§15-3F-1. Short title.

This article shall be known and may be cited as "Purple Alert Plan."

§15-3F-2. Findings and declarations relative to "Purple Alert Plan".

(a) The Legislature finds that:

(1) Public alerts can be one of the most effective tools in locating a missing person who has a cognitive disability;

(2) Law-enforcement officers and other professionals, specializing in the field of missing persons, agree that the most critical moments in the search for a missing person are the first few hours immediately following the discovery that the individual is missing, asserting that if he or she is not found within 24 hours, it is unlikely that he or she will be found alive or without serious injury. The rapid dissemination of information, including a description of the missing cognitively impaired person, details of how he or she became missing, and of any vehicle involved, to the citizens of the affected community and region is, therefore, critical;

(3) Alerted to the situation, the citizenry become an extensive network of eyes and ears serving to assist law enforcement in quickly locating and safely recovering a missing person who has a cognitive disability;

(4) The most effective method of immediately notifying the public of a missing person who has a cognitive disability is through the broadcast media: and

(5) All forms of developing technologies are required to assist law enforcement in rapidly responding to these alerts and are an additional tool for assuring the well-being and safety of our cognitively impaired citizenry. Thus, the use of traffic video recording and monitoring devices for the purpose of surveillance of a suspect vehicle adds yet another set of eyes to assist law enforcement and aid in the safe recovery of the cognitively impaired person.

(b) The Legislature declares that given the successes other states and regions have experienced in using broadcast media alerts to quickly locate and safely recover missing persons, and, with the recent development of highway video recording and monitoring systems, it is altogether fitting and proper, and within the public interest, to establish these programs for West Virginia.

§15-3F-3. Definition of cognitive disability.

"Cognitive disability" for the purposes of this article means an intellectual disability or a developmental disability, a brain injury, or another physical, mental, or emotional disability that is not related to substance abuse: *Provided*, That this definition does not include Alzheimer's disease or dementia-related disorders which are included in the Silver Alert program, established pursuant to §15-3B-1 *et seq.* of this code.

§15-3F-4. Establishment of "Purple Alert" program.

(a) The Secretary of the Department of Military Affairs and Public Safety shall establish a "Purple Alert" program authorizing the broadcast media, upon notice from the State Police, to broadcast an alert to inform the public of a missing person who has a cognitive disability;

(b) The Secretary shall notify the broadcast media serving the State of West Virginia of the establishment of the "Purple Alert" program and invite their voluntary participation.

(c) The Secretary shall submit a plan to the Joint Committee on Government and Finance no later than July 1, 2024. The plan shall include "Purple Alert" activation protocols, evaluation of first responder training requirements and needs as related to a cognitively impaired person, coordination and use of established programs, and analysis of any costs. The Secretary shall also make recommendations for any additional legislation or actions necessary to further facilitate the implementation of the "Purple Alert" program.

§15-3F-5. Activation of Purple Alert.

The following criteria shall be met before the State Police activate the Purple Alert:

(1) The person is believed to have a cognitive disability;

(2) The person is believed to be missing, regardless of circumstance;

(3) A person who has knowledge that the person is missing has submitted a missing person's report to the State Police or other appropriate law-enforcement agency;

(4) The missing person may be in danger of death or serious bodily injury;

(5) The missing person is domiciled or believed to be located in the State of West Virginia;

(6) The missing person is, or is believed to be, at a location that cannot be determined by an individual familiar with the missing person, and the missing person is incapable of returning to his or her residence without assistance; and

(7) There is sufficient information available to indicate that a Purple Alert would assist in locating the missing person.

§15-3F-6. Notice to participating media; broadcast of alert.

(a) To participate, the media may agree, upon notice from the State Police via email or facsimile, to transmit information to the public about a missing cognitively impaired person that has occurred within their broadcast service region.

(b) The alerts shall include a description of the missing person, any known details of the circumstances surrounding the person becoming missing, and any other information as the State Police may consider pertinent and appropriate. The State Police shall in a timely manner update the broadcast media with new information when appropriate concerning the missing cognitively impaired person.

(c) The alerts also shall provide information concerning how those members of the public who have information relating to the missing cognitively impaired person may contact the State Police or other appropriate law-enforcement agency.

(d) Concurrent with the notice provided to the broadcast media, the State Police shall also notify the Department of Transportation, the Division of Highways, and the West Virginia Turnpike Commission of the "Purple Alert" so that the department and the affected authorities may, if possible, through the use of their variable message signs, inform the motoring public that a "Purple Alert" is in progress. The department and the affected authorities may provide information relating to the missing cognitively impaired person and information on how motorists may report any information they have to the State Police or other appropriate law-enforcement agency.

(e) The alerts shall terminate upon notice from the State Police.

(f) The Secretary shall develop and undertake a campaign to inform law-enforcement agencies about the "Purple Alert" program established under this article.

§15-3F-7. Immunity from civil or criminal liability.

A person or entity who in good faith follows and abides by the provisions of this article is not liable for any civil or criminal penalty as the result of any act or omission in the furtherance thereof, unless it is alleged and proven that the information disclosed was false and disclosed with the knowledge that the information was false.

The bill (Eng. H. B. 3188), as amended, was then ordered to third reading.

Eng. Com. Sub. for House Bill 3265, Remove statutory mandates that the sheriff of a county shall serve process or is responsible for cost of service or arrest by another law enforcement agency.

On second reading, coming up in regular order, was read a second time.

The following amendment to the bill, from the Committee on Government Organization, was reported by the Clerk:

On page 1, section 14, lines 12-15, by striking out all of subsection (b) and inserting in lieu thereof a new subsection (b), to read as follows:

(b) Notwithstanding any provision of this code to the contrary, a county sheriff shall owe the fees set forth in subsection (a) of this section to another sheriff's department or law-enforcement agency for service of an order, notice, summons, or other process, or for service of an attachment once the requested service has been completed.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. Com. Sub. for H. B. 3265) was advanced to third reading with the Government Organization committee amendment pending and the right reserved to consider other amendments on that reading.

Eng. Com. Sub. for House Bill 3337, Prohibiting additional drug and alcohol treatment facilities and services in a certain county.

On second reading, coming up in regular order, was read a second time.

At the request of Senator Takubo, and by unanimous consent, the bill was advanced to third reading with the unreported Health and Human Resources committee amendments pending and the right for further amendments to be considered on that reading.

Eng. House Bill 3396, Supplementing, amending, and increasing existing items of appropriation from the State Road Fund to the Department of Transportation, Division of Highways.

On second reading, coming up in regular order, was read a second time.

On motion of Senator Tarr, the following amendment to the bill was reported by the Clerk:

By striking out everything after the enacting clause and inserting in lieu thereof the following:

That the total appropriation for the fiscal year ending June 30, 2023, to fund 9017, fiscal year 2023, organization 0803, be supplemented and amended by increasing existing items of appropriation as follows:

TITLE II – APPROPRIATIONS.

Sec. 2. Appropriations from state road fund.

DEPARTMENT OF TRANSPORTATION

110 - Division of Highways

(WV Code Chapters 17 and 17C)

Fund 9017 FY 2023 Org 0803

	Appro- piation	State Road Fund
8 Interstate Construction	27800	70,000,000
9 Other Federal Aid Programs	27900	40,000,000
10 Appalachian Programs	28000	80,000,000

Following discussion,

The question being on the adoption of Senator Tarr's amendment to the bill, the same was put and prevailed.

The bill (Eng. H. B. 3396), as amended, was then ordered to third reading.

The Senate proceeded to the tenth order of business.

At the request of Senator Takubo, unanimous consent being granted, the following bills on first reading were considered read a first time and ordered to second reading:

Eng. Com. Sub. for House Bill 3479, Creating requirements for use of unmanned aerial vehicles.

Eng. House Bill 3499, To permit joint tenancy with rights of survivorship when transfer on death deeds specify a joint tenancy with right of survivorship.

Eng. House Bill 3510, Making a supplementary appropriation to the Department of Administration, Office of Technology – Chief Technology Officer Administration Fund.

Eng. House Bill 3511, Making a supplementary appropriation to the Department of Education, State Board of Education – School Lunch Program.

And,

Eng. House Bill 3529, Making a supplementary appropriation to the Department of Commerce, State Board of Rehabilitation – Division of Rehabilitation Services.

Pending announcement of meetings of standing committees of the Senate, including the Committee on Rules,

On motion of Senator Takubo, at 12:28 p.m., the Senate recessed until 5 p.m. today.

The Senate reconvened at 5:06 p.m. and, at the request of Senator Takubo, unanimous consent being granted, returned to the third order of business.

A message from the Clerk of the House of Delegates announced the amendment by that body, passage as amended with its House of Delegates amended title, and requested the concurrence of the Senate in the House of Delegates amendments, as to

Eng. Com. Sub. for Senate Bill 490, Patrol Officer Cassie Marie Johnson Memorial Act.

On motion of Senator Takubo, the bill was taken up for immediate consideration.

The following House of Delegates amendments to the bill were reported by the Clerk:

By striking everything after the enacting clause and inserting in lieu thereof the following:

CHAPTER 61. CRIMES AND THEIR PUNISHMENT.

ARTICLE 5. CRIMES AGAINST PUBLIC JUSTICE.

§61-5-17a. Obstructing a law-enforcement officer, probation officer, parole officer, courthouse security officer, correctional officer, the State Fire Marshal, a deputy or assistant fire marshal, firefighter, or emergency medical service personnel causing death; penalty.

(a) Notwithstanding any provision of this code to the contrary, any person who knowingly, willfully, and forcibly obstructs or hinders a law-enforcement officer, probation officer, parole officer, courthouse security officer, correctional officer, the State Fire Marshal, a deputy or assistant fire marshal, firefighter, or emergency medical service personnel lawfully acting in his or her official capacity and thereby proximately causes the death of a law-enforcement officer, probation officer, parole officer, courthouse security officer, correctional officer, the State Fire Marshal, a deputy or assistant fire marshal, firefighter, or emergency medical service personnel so acting, is guilty of a felony, and upon conviction thereof, shall be imprisoned in a state correctional facility for a term of 15 years to life.

(b) For purposes of this section, "forcibly" means actions which involve the use of physical force.;

And,

By striking out the title and substituting therefor a new title, to read as follows:

Eng. Com. Sub. for Senate Bill 490—A Bill to amend the Code of West Virginia 1931, as amended, by adding thereto a new section, designated §61-5-17a, relating to creating the offense of obstructing a law-enforcement officer, probation officer, parole officer, courthouse security officer, correctional officer, the State Fire Marshal, a deputy or assistant fire marshal, firefighter, or emergency medical service personnel causing death; requiring proof of knowingly, willfully and forcibly obstructing or hindering a law enforcement officer, probation officer, parole officer, courthouse security officer, correctional officer, the State Fire Marshal, a deputy or assistant fire marshal, firefighter, or emergency medical service personnel engaged in their official capacity and thereby proximately causing the death of the person acting in his or her official capacity; establishing the criminal penalty therefor as life imprisonment with parole eligibility after service of 15 years; and providing a definition.

PREAMBLE: THIS LAW IS DESIGNATED AND MAY BE REFERRED TO AS THE PATROL OFFICER CASSIE MARIE JOHNSON MEMORIAL ACT.

On motion of Senator Takubo, the Senate concurred in the House of Delegates amendments to the bill.

Engrossed Committee Substitute for Senate Bill 490, as amended by the House of Delegates, was then put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—31.

The nays were: None.

Absent: Maroney, Phillips, and Woelfel—3.

So, a majority of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for S. B. 490) passed with its House of Delegates amended title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

A message from the Clerk of the House of Delegates announced the amendment by that body, passage as amended with its House of Delegates amended title, and requested the concurrence of the Senate in the House of Delegates amendments, as to

Eng. Com. Sub. for Senate Bill 526, Including Alzheimer's disease in existing public health programs.

On motion of Senator Takubo, the bill was taken up for immediate consideration.

The following House of Delegates amendments to the bill were reported by the Clerk:

On page 1, by striking everything after the enacting clause and inserting in lieu thereof the following:

ARTICLE 1. STATE PUBLIC HEALTH SYSTEM.

§16-1-8. Inclusion of Alzheimer's disease in existing public health programs.

(a) The Commissioner of the Bureau for Public Health, in partnership with the Bureau for Medical Services and the Alzheimer's Association, shall, in its existing public health programs and services, educate health care professionals on the importance of early detection and timely diagnosis of cognitive impairment and dementia, use of validated cognitive assessment tools in the delivery of the Medicare Annual Wellness Visit, provision of effective care planning and care management at all stages of dementia, and delivery of counseling and referral.

(b) The Bureau for Public Health, in partnership with the Bureau of Senior Services, shall, in its existing, relevant public health outreach programs, incorporate information to increase understanding and awareness of Alzheimer's disease and other dementias, including information

about the early signs of Alzheimer's disease and other dementias that should be discussed with health care professionals and the value of early detection and diagnosis, particularly among persons in diverse communities who are at greater risk of developing dementia.

(c) Any public awareness and/or educational outreach programs shall provide uniform, consistent guidance in nonclinical terms, with an emphasis on cultural relevancy and health literacy.;

And,

By striking out the title and substituting therefor a new title, to read as follows:

Eng. Com. Sub. for Senate Bill 526—A Bill to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §16-1-8, relating to Alzheimer's disease; providing authority to the Commissioner for the Bureau for Public Health; requiring the Bureau for Public Health to partner with other entities; providing information concerning Alzheimer's disease; and providing information concerning other dementias.

On motion of Senator Takubo, the Senate concurred in the House of Delegates amendments to the bill.

Engrossed Committee Substitute for Senate Bill 526, as amended by the House of Delegates, was then put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—31.

The nays were: None.

Absent: Maroney, Phillips, and Woelfel—3.

So, a majority of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for S. B. 526) passed with its House of Delegates amended title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

A message from the Clerk of the House of Delegates announced the amendment by that body, passage as amended with its House of Delegates amended title, to take effect from passage, and requested the concurrence of the Senate in the House of Delegates amendments, as to

Eng. Senate Bill 679, Requiring Office of Inspector General to promulgate rules concerning location of forensic group homes.

On motion of Senator Takubo, the bill was taken up for immediate consideration.

The following House of Delegates amendments to the bill were reported by the Clerk:

On page 1, line 8, by striking the period and inserting, "learning pods and micro-schools";

And,

By striking out the title and substituting therefor a new title, to read as follows:

Eng. Senate Bill 679—A Bill to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article, designated §27-9-2, relating to forensic group homes; requiring the office to propose legislative rules; setting forth requirements on where a forensic group home may be located; requiring emergency rules; and providing for variance for existing providers.

On motion of Senator Takubo, the Senate concurred in the House of Delegates amendments to the bill.

Engrossed Senate Bill 679, as amended by the House of Delegates, was then put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. S. B. 679) passed with its House of Delegates amended title.

Senator Takubo moved that the bill take effect from passage.

On this question, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, two thirds of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. S. B. 679) takes effect from passage.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

A message from the Clerk of the House of Delegates announced the amendment by that body, passage as amended with its House of Delegates amended title, to take effect from passage, and requested the concurrence of the Senate in the House of Delegates amendments, as to

Eng. Com. Sub. for Senate Bill 730, Expanding authority of Legislative Oversight Commission on Health and Human Resources Accountability.

On motion of Senator Takubo, the bill was taken up for immediate consideration.

The following House of Delegates amendments to the bill were reported by the Clerk:

On page 1, by striking everything after the enacting clause and inserting in lieu thereof the following:

ARTICLE 29E. LEGISLATIVE OVERSIGHT COMMISSION ON HEALTH AND HUMAN RESOURCES ACCOUNTABILITY.

§16-29E-3. Definitions.

As used in this article:

(a) "Agency" means those various agencies, authorities, boards, committees, commissions or departments of the Department of Health and Human Resources with authority to promulgate legislative rules pursuant to this chapter that regulate health care providers, practitioners or consumers; or those offering social services programs;

(b) "Commission" means the Legislative Oversight Commission on Health and Human Resources Accountability; and

(c) "Department" means the Department of Health and Human Resources, and any successor agencies.

§16-29E-4. Creation of a Legislative Oversight commission on health and human resources accountability.

(a) There is ~~hereby created~~ continued a joint commission of the Legislature known as the Legislative Oversight Commission on Health and Human Resources Accountability. The commission shall be composed of six members of the Senate appointed by the President of the Senate and six members of the House of Delegates appointed by the Speaker of the House of Delegates. No more than five of the six members appointed by the President of the Senate and the Speaker of the House of Delegates, respectively, may be members of the same political party. In addition, the President of the Senate and Speaker of the House of Delegates shall be ex officio nonvoting members of the commission and shall designate the cochairpersons. At least one of the Senate appointees and one of the House of Delegates appointees shall be the chairperson of the Committee on Health and Human Resources of the Senate and House of Delegates, respectively, and at least one of the Senate appointees and at least one of the House of Delegates appointees shall be a member of the Committee on Finance of the Senate and House of Delegates, respectively. The members shall serve until their successors shall have been appointed as heretofore provided.

(b) Members of the commission shall receive such compensation and expenses as provided in §4-2A-1 et seq. of this code. Such expenses and all other expenses including those incurred in the employment of legal, technical, investigative, clerical, stenographic, advisory and other personnel shall be paid from an appropriation to be made expressly for the Legislative Oversight Commission on Health and Human Resources Accountability: *Provided*, That if no such appropriation be made, such expenses shall be paid from the appropriation under "Fund No. 0175 for Joint Expenses" created pursuant to the provisions of said chapter: *Provided, however*, That no expense of any kind payable under the account for joint expenses shall be incurred unless first approved by the Joint Committee on Government and Finance.

(c) The commission shall meet at any time both during sessions of the Legislature and in the interim or as often as may be necessary.

§16-29E-5. Powers and duties of commission.

(a) The powers, duties and responsibilities of the commission shall include the following:

(1) Make a continuing investigation, study and review of the practices, policies and procedures of the health care and social services agencies in this state;

(2) Make a continuing investigation, study and review of all matters related to health and social policy in the state;

(3) Review program development by the various agencies of the Department of Health and Human Resources ~~if those programs impact the physical, emotional or social well-being of the citizens of West Virginia;~~

(4) Conduct studies on health and human services;

~~(A) The amount of funds expended by hospitals and other health care providers of this state for services to persons who are unable to pay for those services and for which they receive no other form of reimbursement;~~

~~(B) The extent to which persons in this state forego needed medical services because of insufficient income and assets to pay for those services;~~

~~(C) The extent to which the state is maximizing available federal programs and moneys in providing health care services to the citizens of this state; and~~

~~(D) The operation of the programs and funds created by §16-29C-1 et seq.; and~~

~~(E) The roles of the public, private and private nonprofit sectors in providing health care services to the citizens of this state.~~

(5) Review and study the state Medicaid program in order to determine if the state Medicaid agency, as the payor of last resort, is expending maximum effort to identify alternate private insurance resources for Medicaid beneficiaries;

(6) Review and study the feasibility and financial impact upon the state of assuring by ensuring increased access ~~to~~ for Medicaid beneficiaries to primary health care in the nonhospital setting by requiring enrollment in a primary care clinic program, if available;

(7) Review and study the feasibility and financial impact upon the state of the establishment of different and lesser schedules of payment for primary health services delivered by a hospital emergency room as compared to the schedule of payments for emergency room services of a true medical emergency nature;

(8) ~~Conduct a study on the effects of rural health networks, including effects on the quality, cost and availability of care; and~~ Evaluation of the adequacy and availability of care delivery networks throughout the health care continuum from primary care to postmortem settings; and

~~(9) Meet jointly with the advisory committee created in article thirty-five of this chapter to determine methods for coordinating the collection and analysis of health care information within the state, including the development of health information systems that will allow for the electronic transmittal of data and access by the various agencies of government;~~

Make a continuing investigation, study, and review of all matters related to any area of concern that exists within the Department of Health and Human Resources, and any successor agencies, including, but not limited to, financial, administrative, programmatic, and systemic issues.

(b) The commission shall make annual reports to the Legislature regarding the results of all investigations, studies and reviews pursuant to §16-29E-7.

§16-29E-7. Legislative reports.

(a) The commission shall submit annual reports to the Legislature, as required by §16-29E-5, which such reports shall describe and evaluate in a concise manner:

(1) The major activities of the several health and human resources agencies for the fiscal year immediately past, including important policy decisions reached on initiatives undertaken during that year, especially as such activities, decisions and initiatives relate to:

(A) The implementation of health care or social services programs;

(B) Improving the accessibility of appropriate health care in all areas of this state;

(C) Improving the health status of the citizens of this state; and

(D) Coordinating social services programs to reflect a cohesive delivery of transitional services.

(2) Other information considered by the commission to be important, including recommendations for statutory, fiscal or policy reforms and reasons for such recommendations.

(b) The reports may specify in what manner any practice, policy or procedure may or should be modified to satisfy the goal of efficient and effective delivery of health and social services programs and to improve the quality of health and social services available in this state.

(c) The commission may require the Department of Health and Human Resources to submit reports on a routine or as needed basis. These reports shall be submitted to the commission. The submission instructions and format for the reports may be designated by the commission or the Joint Committee on Government and Finance.;

And,

By striking out the title and substituting therefor a new title, to read as follows:

Eng. Com. Sub. for Senate Bill 730—A Bill to amend and reenact §16-29E-3, §16-29E-5 and §16-29E-7 of the Code of West Virginia, as amended, all relating to the Legislative Oversight Commission on Health and Human Resources Accountability; defining terms; applying authority of commission to successor agencies of the Department of Health and Human Resources;

removing limitation on commission review; expanding authority of commission; permitting commission to require reports; and setting forth instructions for reporting.

On motion of Senator Maroney, the following amendment to the House of Delegates amendments to the bill (Eng. Com. Sub. for S. B. 730) was reported by the Clerk and adopted:

By striking out the title and substituting therefor a new title, to read as follows:

Eng. Com. Sub. for Senate Bill 730—A Bill to amend and reenact §16-29E-3, §16-29E-4, §16-29E-5 and §16-29E-7 of the Code of West Virginia, as amended, all relating to the Legislative Oversight Commission on Health and Human Resources Accountability; defining terms; applying authority of commission to successor agencies of the Department of Health and Human Resources; continuing commission; removing limitation on commission review; expanding authority of commission; permitting commission to require reports; and setting forth instructions for reporting.

On motion of Senator Takubo, the Senate concurred in the House of Delegates amendments, as amended.

Engrossed Committee Substitute for Senate Bill 730, as amended, was then put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for S. B. 730) passed with its Senate amended title.

Senator Takubo moved that the bill take effect from passage.

On this question, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, two thirds of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. Com. Sub. for S. B. 730) takes effect from passage.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate and request concurrence therein.

A message from the Clerk of the House of Delegates announced the concurrence by that body in the Senate amendment, as amended by the House of Delegates, passage as amended, and requested the concurrence of the Senate in the House of Delegates amendment to the Senate amendment, as to

Eng. House Bill 3141, Relating to the practice of dentistry.

On motion of Senator Takubo, the bill was taken up for immediate consideration.

The following House of Delegates amendment to the Senate amendment to the bill was reported by the Clerk:

On page 3, line 69 by removing, "a fixed or removable device" and reinserting the stricken language, "an artificial appliance".

On motion of Senator Takubo, the Senate concurred in the foregoing House of Delegates amendment to the Senate amendment to the bill.

Engrossed House Bill 3141, as amended, was then put upon its passage.

On the passage of the bill, the yeas were: Azinger, Barrett, Boley, Caputo, Chapman, Clements, Deeds, Grady, Hamilton, Hunt, Jeffries, Karnes, Maroney, Martin, Maynard, Nelson, Oliverio, Plymale, Queen, Roberts, Rucker, Smith, Stover, Stuart, Swope, Takubo, Tarr, Taylor, Trump, Weld, Woodrum, and Blair (Mr. President)—32.

The nays were: None.

Absent: Phillips and Woelfel—2.

So, a majority of all the members elected to the Senate having voted in the affirmative, the President declared the bill (Eng. H. B. 3141) passed with its title.

Ordered, That the Clerk communicate to the House of Delegates the action of the Senate.

The Senate again proceeded to the fourth order of business.

Senator Tarr, from the Committee on Finance, submitted the following report, which was received:

Your Committee on Finance has had under consideration

Eng. Com. Sub. for House Bill 2002, Relating to providing support for families.

With an amendment from the Committee on Health and Human Resources pending;

And reports the same back with the recommendation that it do pass as amended by the Committee on Health and Human Resources to which the bill was first referred.

Respectfully submitted,

Eric J. Tarr,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. Com. Sub. for H. B. 2002) contained in the preceding report from the Committee on Finance was taken up for immediate consideration, read a first time, and ordered to second reading.

Senator Tarr, from the Committee on Finance, submitted the following report, which was received:

Your Committee on Finance has had under consideration

Eng. Com. Sub. for House Bill 2005, Establishing the dual enrollment pilot program to be administered by the Higher Education Policy Commission and the Council for Community and Technical College Education in conjunction with the State Board of Education.

Eng. Com. Sub. for House Bill 2759, Relating to updating the health care provider tax.

Eng. Com. Sub. for House Bill 3012, To encourage economic development regarding rare earth elements and critical minerals, as defined, by providing temporary severance tax relief.

Eng. Com. Sub. for House Bill 3036, Increasing the number of districts and the limit on approved costs under the BUILD WV Act.

Eng. Com. Sub. for House Bill 3271, Relating to increasing monitoring of special education classrooms.

Eng. Com. Sub. for House Bill 3344, To pay certain moral obligations of the state.

Eng. House Bill 3371, Relating to federal funds for land-grant institutions.

And,

Eng. House Bill 3557, Making a supplementary appropriation to the Department of Veterans' Assistance.

And reports the same back with the recommendation that they each do pass.

Respectfully submitted,

Eric J. Tarr,
Chair.

At the request of Senator Takubo, unanimous consent being granted, Engrossed Committee Substitute for House Bill 2759 and 3012 contained in the preceding report from the Committee on Finance were each taken up for immediate consideration, read a first time, and ordered to second reading.

Senator Jeffries, from the Committee on Economic Development, submitted the following report, which was received:

Your Committee on Economic Development has had under consideration

Eng. Com. Sub. for House Bill 2896, Relating to making West Virginia an Agreement State with the U. S. Nuclear Regulatory Commission.

And has amended same.

And,

Eng. Com. Sub. for House Bill 3370, Creating loan program for certain properties and developments on U. S. Army Corps of Engineers land, state parks and resorts.

And has amended same.

And reports the same back with the recommendation that they each do pass, as amended.

Respectfully submitted,

Glenn D. Jeffries,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bills (Eng. Com. Sub. for H. B. 2896 and 3370) contained in the preceding report from the Committee on Economic Development were each taken up for immediate consideration, read a first time, and ordered to second reading.

Senator Clements, from the Committee on Transportation and Infrastructure, submitted the following report, which was received:

Your Committee on Transportation and Infrastructure has had under consideration

Eng. House Bill 2955, Relating to the establishment and operation of regional water, wastewater and stormwater authorities.

And reports the same back with the recommendation that it do pass; but under the original double committee reference first be referred to the Committee on Government Organization.

Respectfully submitted,

Charles H. Clements,
Chair.

At the request of Senator Woodrum, as chair of the Committee on Government Organization, unanimous consent was granted to dispense with the second committee reference of the bill contained in the foregoing report from the Committee on Transportation and Infrastructure.

Senator Clements, from the Committee on Transportation and Infrastructure, submitted the following report, which was received:

Your Committee on Transportation and Infrastructure has had under consideration

Eng. Com. Sub. for House Bill 3214, To create the Road Optimization & Assessment Data (ROAD) Pilot Project.

And has amended same.

And reports the same back with the recommendation that it do pass, as amended.

Respectfully submitted,

Charles H. Clements,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. Com. Sub. for H. B. 3214) contained in the preceding report from the Committee on Transportation and Infrastructure was taken up for immediate consideration, read a first time, and ordered to second reading.

Senator Weld, from the Committee on Military, submitted the following report, which was received:

Your Committee on Military has had under consideration

Eng. Com. Sub. for House Bill 3233, Relating generally to uniform and equipment allowances for the National Guard.

And has amended same.

And,

Eng. Com. Sub. for House Bill 3398, Relating to the establishment of the West Virginia Memorial to Fallen Heroes of the Global War on Terrorism.

And has amended same.

And reports the same back with the recommendation that they each do pass, as amended; but under the original double committee references first be referred to the Committee on Finance.

Respectfully submitted,

Ryan W. Weld,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bills (Eng. Com. Sub. for H. B. 3233 and 3398) contained in the preceding report from the Committee on Military were each taken up for immediate consideration, read a first time, ordered to second reading, and, under the original double committee references, were then referred to the Committee on Finance, with amendments from the Committee on Military pending.

Senator Trump, from the Committee on the Judiciary, submitted the following report, which was received:

Your Committee on the Judiciary has had under consideration

Eng. Com. Sub. for House Bill 3332, Creating judicial circuits and assigning the number of circuit judges in each circuit to be elected in the 2024 election.

And has amended same.

And reports the same back with the recommendation that it do pass, as amended; but under the original double committee reference first be referred to the Committee on Finance.

Respectfully submitted,

Charles S. Trump IV,
Chair.

At the request of Senator Takubo, unanimous consent being granted, the bill (Eng. Com. Sub. for H. B. 3332) contained in the preceding report from the Committee on the Judiciary was taken up for immediate consideration, read a first time, ordered to second reading, and, under the original double committee reference, was then referred to the Committee on Finance, with amendments from the Committee on the Judiciary pending.

The Senate proceeded to the thirteenth order of business.

The following communications were reported by the Clerk:

The Senate of West Virginia
Charleston

LEE CASSIS
CLERK OF THE SENATE



STATE CAPITOL, ROOM M-211
1900 KANAWHA BLVD. EAST
CHARLESTON, WV 25305-0800
304-357-7800

March 6, 2023

The Honorable Jim Justice, II
Governor, State of West Virginia
State Capitol
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Dear Governor Justice,

The following bills, authenticated by the signature of the Clerk of each house, and signed by the President of the Senate and the Speaker of the House of Delegates, have been examined and found truly enrolled:

S. B. 136 - Requiring persons convicted of certain offenses to undergo psychological or psychiatric testing and have treatment plan to be eligible for probation.

Com. Sub. for S. B. 208 - Relating to criminal justice training for all law-enforcement and correction officers regarding individuals with autism spectrum disorders.

Com. Sub. for S. B. 270 - Adding exemption to permit requirement for cremation.

S. B. 276 - Awarding service weapon of retiring State Fire Marshal.

Com. Sub. for S. B. 300 - Relating to law-enforcement training and certification.

S. B. 481 - Extending sunset provision of Upper Kanawha Valley Resiliency and Revitalization Program.

And,

S. B. 553 - Allowing for evaluation of prequalified bidders to be based on best value.

These bills are presented to you on this day, March 6, 2023.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Lee Cassis".

Lee Cassis
Clerk of the Senate

C: The Honorable Stephen J. Harrison
Clerk of the House of Delegates



West Virginia House of Delegates
OFFICE OF THE CLERK
BUILDING 1, SUITE 212
1900 KANAWHA BLVD., EAST
CHARLESTON 25305

STEPHEN J. HARRISON
CLERK OF THE HOUSE

(304) 340-3200
STEVE.HARRISON@WVHOUSE.GOV

March 6, 2023

The Honorable Jim Justice, II
Governor, State of West Virginia
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Dear Governor Justice,

The following bill, authenticated by the signature of the Clerk of each House, and signed by the Speaker of the House of Delegates and the President of the Senate, has been examined and found truly enrolled:

Com. Sub. for H. B. 3308, Authorizing PSC consider and issue financing orders to certain utilities to permit the recovery of certain costs through securitization via consumer rate relief bonds.

This bill is presented to you on this day, March 6, 2023.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Steve Harrison".

Stephen J. Harrison
Clerk of the House of Delegates

C: The Honorable Lee Cassis
Clerk of the Senate

Under the provisions of Rule 15 of the Rules of the Senate, the following senator was added as a co-sponsor to the following resolution on March 3, 2023:

Senate Resolution 45: Senator Woelfel.

Pending announcement of meetings of standing committees of the Senate, including the Committee on Rules,

On motion of Senator Takubo, at 5:25 p.m., the Senate adjourned until tomorrow, Tuesday, March 7, 2023, at 11 a.m.

SENATE CALENDAR

**Tuesday, March 07, 2023
11:00 AM**

UNFINISHED BUSINESS

Com. Sub. for S. C. R. 11 - US Army SGT Brian Christopher Karim Memorial Road

S. R. 46 - Designating March 7, 2023, as Deaf Awareness Day at Legislature

THIRD READING

Eng. Com. Sub. for H. B. 2221 - Relating to bankruptcy - (Com. amend. and title amend. pending) - (With right to amend)

Eng. Com. Sub. for H. B. 2380 - Relating to School Building Authority - (Com. amend. and title amend. pending) - (With right to amend)

Eng. Com. Sub. for H. B. 2569 - Establishing the Motorsport Responsibility Act - (Com. title amend. pending)

Eng. Com. Sub. for H. B. 2754 - Relating to immunizations performed in a pharmacy

Eng. Com. Sub. for H. B. 2817 - Relating to Public Service Commission jurisdiction over alternative fuel for motor vehicles

Eng. Com. Sub. for H. B. 2848 - Water and Sewer Operator licensing reciprocity

Eng. Com. Sub. for H. B. 2870 - Correcting a reference relating to siting certificates for certain electric generating facilities

Eng. Com. Sub. for H. B. 2900 - Relating to the Deputy Sheriff Retirement System - (Com. amend. and title amend. pending)

Eng. H. B. 2906 - Expiring funds to the unappropriated surplus balance in the State Fund, General Revenue, from the balance of moneys remaining as an unappropriated balance in Lottery Net Profits (original similar to SB500)

Eng. Com. Sub. for H. B. 2910 - Making a supplementary appropriation to the Department of Administration, Public Defender Services (original similar to SB501)

Eng. H. B. 2915 - Expiring funds to the unappropriated surplus balance in the State Fund, General Revenue, from the balance of moneys remaining as an unappropriated balance in the State Excess Lottery Revenue Fund (original similar to SB499)

Eng. Com. Sub. for H. B. 2917 - Relating to allowing retired state employees who meet the minimum qualifications necessary, to render post-retirement employment with the Department of Health and Human Resources - (With right to amend)

Eng. H. B. 3066 - Supplementing and amending appropriations to the Department of Education, State Board of Education - State Aid to Schools (original similar to SB502)

Eng. H. B. 3188 - Relating to the establishment of an alert system for missing cognitively impaired persons - (Com. title amend. pending)

- Eng. Com. Sub. for H. B. 3211 - Relating to authorizing service credit for unused accrued annual or sick leave days for use in determining retirement benefits in the Municipal Police Officer and Firefighter Retirement System - (With right to amend)
- Eng. Com. Sub. for H. B. 3265 - Remove statutory mandates that the sheriff of a county shall serve process or is responsible for cost of service or arrest by another law enforcement agency - (Com. amend. pending) - (With right to amend)
- Eng. Com. Sub. for H. B. 3337 - Prohibiting additional drug and alcohol treatment facilities and services in a certain county - (Com. amends. pending) - (With right to amend)
- Eng. H. B. 3396 - Supplementing, amending, and increasing existing items of appropriation from the State Road Fund to the Department of Transportation, Division of Highways (original similar to SB711)
- Eng. H. B. 3556 - Uniform Recognition and Enforcement of Canadian Domestic Violence Protective Orders Act - (Com. amend. and title amend. pending) - (With right to amend)

SECOND READING

- Eng. Com. Sub. for H. B. 2002 - Relating to providing support for families - (Com. amend. pending)
- Eng. Com. Sub. for H. B. 2004 - Prevent the use of payment card processing systems for surveillance of Second Amendment activity and discriminatory conduct - (Com. amend. and title amend. pending)
- Eng. Com. Sub. for H. B. 2026 - Authorizing municipalities with police or firefighter employees in PERS to elect to become participating employer in Municipal Police Officer and Firefighter Retirement System for a limited time
- Eng. H. B. 2283 - Relating to authorized expenditures of revenues from certain state funds for fire departments
- Eng. Com. Sub. for H. B. 2509 - Creating the Uniform Premarital Agreement Act - (Com. amend. and title amend. pending)
- Eng. Com. Sub. for H. B. 2540 - Travel Insurance Model Act - (Com. amend. and title amend. pending)
- Eng. Com. Sub. for H. B. 2759 - Relating to updating the health care provider tax
- Eng. Com. Sub. for H. B. 2896 - Relating to making West Virginia an Agreement State with the U. S. Nuclear Regulatory Commission - (Com. amend. and title amend. pending)
- Eng. Com. Sub. for H. B. 3012 - To encourage economic development regarding rare earth elements and critical minerals, as defined, by providing temporary severance tax relief
- Eng. H. B. 3146 - Establishing in West Virginia Code, the contents of the Uniform Public Meetings During Emergencies Act - (Com. amend. pending)

- Eng. Com. Sub. for H. B. 3214 - To create the Road Optimization & Assessment Data (ROAD) Pilot Project - (Com. amend. and title amend. pending)
- Eng. H. B. 3328 - Authorizing the Hatfield-McCoy Regional Recreation Authority to contract to build and maintain trails on privately owned property
- Eng. Com. Sub. for H. B. 3370 - Creating loan program for certain properties and developments on U. S. Army Corps of Engineers land, state parks and resorts - (Com. amend. and title amend. pending)
- Eng. Com. Sub. for H. B. 3479 - Creating requirements for use of unmanned aerial vehicles - (Com. amend. and title amend. pending)
- Eng. H. B. 3499 - To permit joint tenancy with rights of survivorship when transfer on death deeds specify a joint tenancy with right of survivorship - (Com. amend. and title amend. pending)
- Eng. H. B. 3500 - Allowing consumer lenders to permit employees to conduct certain business at locations other than the licensee's designated office - (Com. amend. and title amend. pending)
- Eng. H. B. 3510 - Making a supplementary appropriation to the Department of Administration, Office of Technology – Chief Technology Officer Administration Fund (original similar to SB712)
- Eng. H. B. 3511 - Making a supplementary appropriation to the Department of Education, State Board of Education – School Lunch Program (original similar to SB708)
- Eng. H. B. 3529 - Making a supplementary appropriation to the Department of Commerce, State Board of Rehabilitation – Division of Rehabilitation Services (original similar to SB722)

FIRST READING

- Eng. Com. Sub. for H. B. 2005 - Establishing the dual enrollment pilot program to be administered by the Higher Education Policy Commission and the Council for Community and Technical College Education in conjunction with the State Board of Education. (original similar to SB518)
- Eng. H. B. 2955 - Relating to the establishment and operation of regional water, wastewater and stormwater authorities
- Eng. Com. Sub. for H. B. 3036 - Increasing the number of districts and the limit on approved costs under the BUILD WV Act (original similar to SB713)
- Eng. Com. Sub. for H. B. 3271 - Relating to increasing monitoring of special education classrooms
- Eng. Com. Sub. for H. B. 3344 - To pay certain moral obligations of the state
- Eng. H. B. 3371 - Relating to federal funds for land-grant institutions
- Eng. H. B. 3512 - Making a supplementary appropriation to the Department of Health and Human Resources, Division of Human Services (original similar to SB724)

Eng. H. B. 3514 - Making a supplementary appropriation to the Department of Health and Human Resources, Division of Health – West Virginia Birth-to-Three Fund (original similar to SB715)

Eng. H. B. 3516 - Making a supplementary appropriation to the Department of Health and Human Resources, Division of Health – West Virginia Safe Drinking Water Treatment (original similar to SB717)

Eng. H. B. 3517 - Making a supplementary appropriation to the Division of Human Services – Child Care and Development (original similar to SB718)

Eng. H. B. 3557 - Making a supplementary appropriation to the Department of Veterans' Assistance

ANNOUNCED SENATE COMMITTEE MEETINGS

Regular Session 2023

Tuesday, March 7, 2023

9 a.m.	Education	(Room 451M)
9 a.m.	Government Organization	(Room 208W)
10:50 a.m.	Rules	(Room 219M)