

# **WEST VIRGINIA LEGISLATURE**

## **2026 REGULAR SESSION**

**Introduced**

### **Senate Bill 482**

**FISCAL  
NOTE**

By Senator Woodrum

[Introduced January 19, 2026; referred  
to the Committee on Transportation and  
Infrastructure; and then to the Committee on Finance]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new article, designated §17B-8-1, §17B-8-2, §17B-8-3, §17B-8-4, §17B-8-5, §17B-8-6, §17B-8-7, §17B-8-8, §17B-8-9, §17B-8-10, §17B-8-11, §17B-8-12, §17B-8-13, §17B-8-14, §17B-8-15, §17B-8-16, §17B-8-17, and §17B-8-18, relating to creating the West Virginia Driver Safety Modernization Act; providing legislative findings; definitions; age-based renewal and screening requirements for advanced age; establishing a medical review unit, due process, appeals and appeal, and authority of the medical review unit; providing for mandatory medical reporting, immunity, and confidentiality; permitting voluntary medical reporting and driver concern reports; confidentiality of medical information with limitation on use; requirement of periodic medical certification; providing for wrong way incident reporting and law-enforcement procedures; providing for temporary restrictions and review; reinstatement, license restrictions, and appeals; providing for senior mobility planning and safe-driving longevity resources and mature driver safety course incentive; requiring the Division of Highways to identify and evaluate all interchanges, ramps, and divided-highway access points where a wrong-way incident has occurred within the prior 10 years; and providing for interagency data-sharing for roadway safety and driver review, rule-making authority and legislative review.

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

**ARTICLE 8. THE WEST VIRGINIA DRIVER SAFETY MODERNIZATION ACT.**

**§17B-8-1. Short title; legislative findings; purpose.**

(a) This article shall be known and may be cited as "The West Virginia Driver Safety Modernization Act."

(b) The Legislature finds that:

(1) West Virginia's population includes a significant and growing number of drivers whose medical conditions, functional limitations, or age-related factors may affect their ability to safely operate a motor vehicle;

7           (2) The state has experienced incidents, including wrong-way entries onto divided  
8 highways and other serious driving-confusion events, which demonstrate the need for a  
9 modernized and evidence-based system to identify and evaluate drivers whose medical or  
10 cognitive conditions may impair safe driving;

11           (3) Existing provisions of this code require periodic medical certification for certain  
12 restricted-vision drivers pursuant to §17B-2-7 of this code; and the Legislature finds that a broader,  
13 medically-grounded driver review system is necessary and that such system should employ  
14 procedures consistent with those established for restricted-vision drivers;

15           (4) A system of functional screening, medical reporting, periodic medical certification, and  
16 individualized restrictions protects public safety while preserving the dignity, mobility, and  
17 independence of drivers who remain fit to operate a motor vehicle;

18           (5) National driver-safety research indicates that all drivers, regardless of age, may  
19 experience medical, cognitive, or functional impairment affecting driving ability; and therefore, any  
20 review or monitoring process must be based on demonstrated functional ability and medically  
21 substantiated conditions rather than age alone;

22           (6) Modernizing West Virginia's driver-review and medical-reporting framework will reduce  
23 preventable collisions, protect road users, and provide clear procedures for drivers, medical  
24 providers, law enforcement, the Division of Motor Vehicles, and the Division of Highways;

25           (7) The Legislature further recognizes that medical diagnoses and functional assessments  
26 may evolve, improve, or be corrected over time, and therefore an effective driver-safety review  
27 system must permit the rescission or amendment of prior medical determinations and provide for  
28 the timely restoration of regular licensing status when medical evidence supports that action;

29           (8) The Legislature further finds that physicians and other licensed health-care providers  
30 must be able to participate in the medical reporting, certification, review, monitoring, and  
31 correction processes established under this article without fear of civil or criminal liability, and

therefore immunity protections for good-faith submissions and corrections are essential to the effective and fair operation of this driver-safety framework;

(9) Senior mobility planning, including education on safe-driving longevity, recognition of declining ability, and identification of alternative transportation options, supports safe road use and promotes the continued independence of older adults; and

(10) It is the policy of the State of West Virginia to ensure that driver-review procedures are applied consistently, fairly, respectfully, and with due process, and that no adverse licensing action shall be taken solely on the basis of a driver's age.

(c) The purposes of this article are to:

(1) Establish a comprehensive, medically informed driver fitness review system;

(2) Improve roadway safety through functional screening for drivers of advanced age and through behavior-based review triggers applicable to drivers of all ages;

(3) Provide mandatory and voluntary medical reporting pathways with appropriate immunity protections;

(4) Establish procedures for periodic medical certification, monitoring, correction of medical misdiagnoses, and sunset of monitoring requirements upon documented medical stability;

(5) Require review of drivers involved in certain serious wrong-way roadway incidents while recognizing a narrowly tailored weather- and visibility-based exception for law enforcement;

(6) Improve coordination between the Division of Motor Vehicles and the Division of Highways regarding wrong-way mitigation measures and interchange safety;

(7) Establish senior mobility-planning resources and incentives to encourage lifelong safe driving; and

(8) Ensure that all review procedures under this article are applied in a manner consistent with due process, medical confidentiality, and the prohibition against adverse action based solely on age.

**§17B-8-2.****Definitions.**

1       For the purposes of this article:

2       "Commissioner" means the Commissioner of the Division of Motor Vehicles or the  
3 commissioner's designee.

4       "Division" means the West Virginia Division of Motor Vehicles (DMV).

5       "Medical Review Unit" or "MRU" means the unit within the Division responsible for  
6 administering medical review, functional screening, periodic medical certification, and licensing  
7 determinations under this article.

8       "Mandatory reportable condition" means a medically substantiated condition required to  
9 be reported pursuant to §17B-8-6 of this code, including but not limited to:

10       (1) Advanced dementia or significant cognitive impairment;

11       (2) Recurrent unexplained loss of consciousness;

12       (3) Uncontrolled seizure disorder;

13       (4) Severe visual impairment not correctable to the legal driving standard;

14       (5) Progressive neurodegenerative disorder presenting motor or cognitive impairment; or

15       (6) Any other condition the provider determines, in good faith, renders the individual  
16 unsafe to operate a motor vehicle on an ongoing basis.

17       "Medical certification" means a form completed by a licensed physician, physician  
18 assistant, or advanced practice registered nurse that documents a driver's medical condition,  
19 functional ability, stability, or risk factors as required under this article.

20       "Periodic medical certification" means annual or otherwise physician-recommended  
21 medical documentation required under §17B-8-8a of this code for drivers whose medical  
22 conditions warrant ongoing monitoring.

23       "Driver Concern Report" means a written report submitted by a family member, law-  
24 enforcement officer, emergency medical services provider, or other authorized individual under

§17B-8-7 of this code regarding a driver's observed cognitive, medical, or behavioral indicators of unsafe driving.

"Wrong-way incident" means any confirmed instance in which a driver enters or attempts to enter a divided highway, interstate, or controlled-access facility in the wrong direction.

"Weather/Visibility Exception" means the narrowly drawn exception under §17B-8-9 of this code allowing law enforcement to decline mandatory submission of a wrong-way incident report upon documented finding of extraordinary weather-related visibility impairment and absence of driver impairment.

"Functional screening" means a brief, non-diagnostic screening procedure administered by the Division at driver-license renewal for persons of advanced age under §17B-8-3 of this code, including but not limited to assessments of cognitive orientation, reaction time, and visual-motor integration.

"Stable medical condition" means a condition which, over three consecutive years, shows no medically significant progression affecting driving ability, as certified by the driver's treating provider in accordance with §17B-8-8a of this code.

"Review status" means a temporary licensing designation indicating that a driver is subject to medical review, functional testing, or periodic certification pending final determination by the Medical Review Unit.

**§17B-8-3. Age-based renewal requirements; functional screening requirements for advanced age.**

(a) Notwithstanding any provision of this code to the contrary, the renewal cycle for driver's licenses shall be modified as follows:

(1) Drivers under 75 years of age shall continue to be issued licenses in accordance with the standard renewal period provided under this chapter.

(2) Drivers 75 years of age or older but under 80 shall renew in person at the division not less than once every five years.

(3) Drivers 80 years of age or older shall renew in person at the division not less than once every three years.

(b) At each in-person renewal required under subsection (a) of this section, a driver shall be subject to:

(1) A standard vision screening consistent with §17B-2-12a and §17B-2-14 of this code;

(2) A functional screening, which shall be a brief, non-diagnostic assessment administered by the Division to evaluate indicators of safe driving capability. The screening may include, but is not limited to:

(A) Cognitive orientation tasks;

(B) Reaction-time measures;

(C) Divided-attention or visual-motor integration tasks; and

(D) Such other evidence-based screening tools as the Commissioner may adopt by rule.

(c) A functional screening administered under this section is not a medical examination and may not be construed as such. It is solely a screening tool to identify drivers who may require further evaluation by the Medical Review Unit.

(d) If a driver does not successfully complete the functional screening, the Division shall:

(1) Refer the driver to the Medical Review Unit for additional review under §17B-8-5 of this code; and

(2) Require submission of medical certification or a driving re-examination, or both, as determined appropriate by the Medical Review Unit.

(e) A driver's age may not be the sole basis for denying renewal, imposing restrictions, or requiring retesting. Any such action must be based on functional or medical evidence gathered pursuant to this article.

**§17B-8-4. Establishment of Medical Review Unit; authority; timelines; decisions; appeals.**

(a) The Medical Review Unit (MRU) is hereby established within the Division of Motor Vehicles and shall be responsible for receiving, evaluating, and acting upon:

3           (1) Mandatory medical reports submitted under §17B-8-6 of this code;

4           (2) Voluntary medical reports and Driver Concern Reports submitted under §17B-8-7 of  
5 this code;

6           (3) Referrals from law enforcement pursuant to §17B-8-9 of this code;

7           (4) Results of functional screenings under §17B-8-3 of this code; and

8           (5) Periodic medical certifications under §17B-8-8a of this code.

9           (b) Upon receipt of any report or referral described in subsection (a), the MRU shall:

10          (1) Conduct an intake review within 10 days;

11          (2) Determine whether additional information, medical certification, or screening is  
12 required; and

13          (3) Issue a preliminary determination within 30 days of intake, unless additional medical  
14 information is reasonably necessary.

15          (c) Following preliminary determination, the MRU shall: Issue a final determination within  
16 60 days, except where good cause exists for a reasonable extension, which shall be documented  
17 in the record.

18          (d) The MRU may:

19           (1) Require submission of a medical certification;

20           (2) Require the driver to undergo a driving re-examination;

21           (3) Impose individualized driving restrictions tailored to the driver's functional ability,  
22 including but not limited to:

23           (A) Daylight-only driving;

24           (B) Speed limitations;

25           (C) Geographic or distance-based driving limits;

26           (D) Prohibition from interstate or controlled-access highway driving;

27           (4) Place the driver in review status pending further evaluation;

28           (5) Require periodic medical certification under §17B-8-8a of this code;



(6) Order immediate suspension where there is substantial evidence of an immediate safety risk; and

(7) Terminate medical monitoring upon receipt of a corrective medical certification or three-year stability certification as provided under this article.

(e) Due process protections. A driver who is the subject of an adverse action shall receive:

(1) Written notice of the MRU's decision;

(2) A concise statement of reasons;

(3) The evidence or reports relied upon, subject to medical confidentiality restrictions; and

(4) The right to request an administrative hearing in accordance with §29A-5-1 et seq. of this code.

(f) All MRU decisions shall be appealable to circuit court pursuant to §29A-5-4 of this code.

**§17B-8-5. Authority of the Medical Review Unit to require medical certification, retesting, or restrictions.**

(a) The MRU may require a driver to undergo medical evaluation or submit medical certification when:

(1) A mandatory medical report has been received;

(2) A Driver Concern Report provides credible evidence of cognitive, medical, or functional impairment;

(3) A functional screening indicates significant concern;

(4) The driver has been involved in a wrong-way incident under §17B-8-9 of this code; or

(5) The MRU has other reliable evidence indicating the driver may be unsafe to operate a motor vehicle.

(b) Medical certification required under this article shall follow procedures consistent with §17B-2-14 of this code, including but not limited to:

(1) Submission directly from the medical provider to the Division;

(2) Acceptance of secure electronic transmission, in-person delivery, or mail; and

(3) Review by the MRU for completeness and medical sufficiency.

(c) The MRU may require a driver to undergo a driving re-examination under §17B-2-7 of this code if:

(1) Medical evidence indicates potential impairment; or

(2) Restrictions or reinstatement determinations require functional confirmation of driving ability.

(d) Restrictions imposed under this article shall be individualized and medically justified.

The MRU may modify or remove restrictions upon receipt of updated medical information.

(e) No fee may be charged to a driver for any medical review, functional screening, or certification required under this article.

**§17B-8-6. Mandatory medical reporting; immunity; confidentiality.**

(a) A licensed physician, physician assistant, or advanced practice registered nurse shall report to the Division any driver diagnosed with a mandatory reportable condition, as defined in §17B-8-2 of this code, when the provider determines, in good faith, that the condition materially impairs the driver's ability to safely operate a motor vehicle and the impairment is expected to be ongoing.

(b) A report under this section shall:

(1) Be made on a form prescribed by the Division;

(2) State the medical basis for the determination; and

(3) Be submitted directly by the provider to the Division by secure electronic transmission, in person, or by mail.

(c) A provider submitting a report under this section in good faith shall be immune from civil or criminal liability, including but not limited to liability arising from:

(1) The act of reporting;

(2) Omissions in reporting;

(3) Any resulting licensing actions taken by the Division; or

(4) Subsequent changes in the driver's condition.

(d) Reports submitted under this section are:

(1) Confidential and privileged;

(2) Not subject to disclosure under §29B-1-1 *et seq.* of this code;

(3) Not subject to subpoena or discovery; and

(4) Admissible only in proceedings related to licensing under this chapter.

(e) No adverse action may be taken against a driver solely because a report was submitted. The Division shall evaluate the report in accordance with §17B-8-4 and §17B-8-5 of this code.

**§17B-8-7. Voluntary medical reporting; Driver Concern Reports; immunity; confidentiality.**

(a) A licensed physician, physician assistant, or advanced practice registered nurse may voluntarily report, in good faith, any driver whom the provider believes may be unsafe to operate a motor vehicle due to a medical or functional condition not required to be reported under §17B-8-6 of this code.

(b) A Driver Concern Report may be submitted by:

(1) A law-enforcement officer;

(2) An emergency medical services provider; or

(3) A family member or caregiver who has observed behavior or symptoms indicating that the driver may be unsafe.

(c) Reports submitted under this section shall:

(1) Be signed and include contact information;

(2) Describe the observed behavior or condition; and

(3) Be submitted on a form prescribed by the Division.

(d) Anonymous reports may not be accepted.

(e) A provider or authorized reporter submitting a voluntary report or Driver Concern Report in good faith shall be immune from civil or criminal liability arising from:

(1) Making the report;

(2) The consequences of the report; or

(3) Licensing actions taken thereafter.

(f) Reports submitted under this section are confidential and privileged to the same extent as reports under §17B-8-6 of this code.

(g) The Division shall temporarily evaluate all credible reports and may require medical certification, functional screening, restrictions, or other action under §§17B-8-4 and 17B-8-5 of this code.

**§17B-8-8. Confidentiality of medical information; limitations on use.**

(a) Medical certifications, reports, evaluations, and provider submissions under this article are confidential and shall:

(1) Be maintained in a secure manner by the Division;

(2) Not be disclosed except to the extent necessary for licensing determinations;

(3) Not be released under §29B-1-1 *et seq.* of this code;

(4) Not be subject to subpoena or used in civil litigation; and

(5) Not be used for purposes other than those expressly authorized by this article.

(b) Unauthorized disclosure of medical information under this article is punishable under applicable state privacy and confidentiality laws.

**§17B-8-9. Periodic medical certification; frequency; stability sunset; corrective medical certification; immunity.**

(a) General authority. The Medical Review Unit may require a driver to submit periodic medical certification when:

(1) The driver has been reinstated following medical review;

(2) The driver has a progressive or fluctuating medical condition affecting driving ability;

(3) The driver was involved in a wrong-way incident;

(4) A mandatory medical report indicates ongoing risk; or

7           (5) A treating provider recommends periodic monitoring.

8           (b) Frequency. Periodic medical certification:

9           (1) May be required not more than once every 12 months, unless the provider specifies a  
10 shorter medically necessary interval; and

11           (2) May not alter the underlying license issuance period.

12           (c) Submission. Medical certifications shall be:

13           (1) Completed by the driver's treating physician, physician assistant, or advanced practice  
14 registered nurse;

15           (2) Submitted directly by the provider to the division; and

16           (3) Accepted by secure electronic transmission, in person, or by mail, consistent with  
17 procedures used under §17B-2-14 of this code.

18           (d) DMV reminder. The Division shall provide written or electronic notice to drivers subject  
19 to periodic medical certification not less than 45 days before the submission deadline.

20           (e) Noncompliance. If the driver fails to submit required certification, the Division may:

21           (1) Place the driver in review status;

22           (2) Impose temporary restrictions; or

23           (3) Suspend the license until certification is received or evaluation is completed.

24           (f) Stability sunset. The MRU shall terminate the periodic medical certification requirement  
25 when:

26           (1) The driver demonstrates three consecutive years of stable medical findings, as defined  
27 in §17B-15A-2; and

28           (2) The treating provider certifies, in good faith, that ongoing monitoring is not medically  
29 necessary.

30           (g) Corrective medical certification. If a treating provider determines that:

31           (1) A prior diagnosis was incorrect;

32           (2) A condition has resolved; or

(3) The driver does not require continued monitoring, then the provider may submit a corrective medical certification, and the MRU:

(A) Shall terminate any monitoring or restrictions based solely on the rescinded diagnosis;

(B) May require one-time functional screening or road testing only if other evidence justifies it.

(h) Immunity for providers. A provider submitting:

(1) Periodic medical certifications,

(2) Stability certifications, or

(3) Corrective medical certifications in good faith shall be immune from civil or criminal liability for the certification, for its contents, and for any licensing outcome resulting from it.

(i) Age neutrality. Periodic medical certification may not be required solely on the basis of age.

**§17B-8-10. Wrong-way incident review; mandatory referral; Weather/Visibility Exception; law-enforcement procedures.**

(a) Mandatory referral. Except as provided in subsection (b) of this section, any law-enforcement officer who confirms that a driver has entered or attempted to enter a divided highway, interstate, or controlled-access facility in the wrong direction shall submit a wrong-way incident report to the Division.

(b) Weather/Visibility Exception. A law-enforcement officer may decline to submit a mandatory report under subsection (a) only when all of the following conditions are met:

(1) The incident occurred during extraordinary weather-related visibility impairment, including but not limited to dense fog, whiteout conditions, heavy snowfall, severe glare, or sudden darkness;

(2) The officer determines, after a reasonable investigation and interaction with the driver, that the driver exhibits no observable signs of:

(A) Impairment;

13 (B) Cognitive confusion inconsistent with weather conditions;

14 (C) Medical distress; or

15 (D) Diminished functional capacity;

16 (3) The roadway geometry, detour configuration, or signage conditions, when combined  
17 with the extraordinary weather conditions, could reasonably contribute to mistaken entry; and

18 (4) The officer completes a Weather/Visibility Exception Form developed by the West  
19 Virginia law-enforcement training division, documenting:

20 (A) The weather conditions;

21 (B) Roadway conditions;

22 (C) Observed driver behavior;

23 (D) The factual basis for applying the exception; and

24 (E) A statement affirming the officer's good-faith judgment.

25 (c) Supervisory review. A Weather/Visibility Exception Form shall be submitted to a  
26 supervisory officer for review within 72 hours. The supervisory officer shall:

27 (1) Ensure the exception meets all criteria;

28 (2) Forward approved exceptions to the Division; and

29 (3) Notify the Division if any concerns arise regarding application of the exception.

30 (d) Driver placed in review status. When a wrong-way incident report is received by the  
31 Division:

32 (1) The driver shall be immediately placed in review status;

33 (2) The report shall be transmitted to the Medical Review Unit within two business days;

34 and

35 (3) The driver shall be notified of review status and required to comply with MRU directives  
36 in accordance with §17B-8-4 of this code.

37 (e) MRU requirements following wrong-way incident. Upon receiving a wrong-way incident  
38 report, the MRU shall:

(1) Require the driver to submit medical certification, unless clearly unnecessary based on previous or concurrent evaluations;

(2) Determine whether functional screening or a road examination is warranted;

(3) Permit temporary, restricted driving privileges during review when consistent with public safety; and

(4) Suspend, restrict, or reinstate the driver's license upon final determination.

(f) Liability protection for law enforcement. A law-enforcement officer who submits a wrong-way incident report or applies the Weather/Visibility Exception in good faith shall be immune from civil or criminal liability for that action.

**§17B-8-11. Review status; temporary restrictions; safety determinations.**

(a) A driver placed in review status under this article shall remain licensed, subject to temporary restrictions or conditions imposed by the MRU, unless immediate suspension is necessary for public safety.

(b) Temporary restrictions may include:

(1) Daylight-only driving;

(2) Speed limitations;

(3) Restrictions on driving radius or geographic area;

(4) Prohibition from interstate or controlled-access facilities; or

(5) Any other condition determined by the MRU to be necessary pending review.

(c) Drivers shall comply with temporary restrictions during review status. Failure to comply constitutes grounds for immediate suspension.

(d) Nothing in this section prevents the MRU from ordering immediate suspension when the available information demonstrates an imminent safety risk.

**§17B-8-12. Reinstatement; license restrictions; appeals.**

(a) Upon satisfactory completion of required medical certification, functional screening, or road testing, the MRU shall issue a final determination reinstating the driver's regular license



status, imposing individualized restrictions, or suspending the license, as appropriate.

(b) If reinstated with restrictions, the restrictions shall:

(1) Be noted in the driver's electronic record; and

(2) Appear on the face of the license when required for enforcement clarity.

(c) Drivers reinstated after medical review may be required to undergo periodic medical certification under §17B-8-8a of this code, until medically stable or until monitoring is terminated under that section.

(d) A driver whose license is suspended or restricted under this article may request:

(1) An administrative hearing pursuant to §29A-5-1 et seq. of this code; and

(2) Judicial review pursuant to §29A-5-4 of this code.

(e) Upon receipt of a corrective medical certification under §17B-8-8a of this code.

(1) The MRU shall promptly terminate any restrictions or monitoring requirements based solely on the rescinded diagnosis;

(2) The Division shall reinstate unrestricted driving privileges within five business days, unless other independent grounds for review or restriction exist.

(f) Nothing in this article prevents the MRU from imposing new or continued restrictions based on evidence unrelated to the rescinded diagnosis.

**§17B-8-13. Senior mobility planning; safe-driving longevity resources.**

(a) The Division shall develop and make available a Safe Driving Longevity & Mobility Planning Guide for drivers 70 years of age and older, which shall include:

(1) Common indicators of declining driving ability;

(2) Guidance for planning reduced or limited driving;

(3) Recommended strategies for family conversations regarding driving safety;

(4) information on statewide mature driver safety courses; and

(5) Information on alternative transportation, local mobility services, and community resources.

(b) The Guide may be distributed:

(1) Electronically at the time of renewal;

(2) In print form at Division offices; or

(3) By any method determined effective by the Commissioner.

(c) The Division shall maintain an online Senior Mobility Resource Page, updated at least annually, listing:

(1) Approved mature driver courses;

(2) County-level senior transportation and mobility programs;

(3) Volunteer ride services where available; and

(4) Educational materials on safe-driving longevity.

(d) Nothing in this section creates a requirement that a senior driver complete any planning tool or course as a condition of licensing.

**§17B-8-14. Mature driver safety course incentive.**

(a) The Division shall maintain a list of approved mature driver safety courses, including nationally recognized programs such as the AARP Smart Driver Course, the AAA Mature Operator Program, and other evidence-based courses approved by the Commissioner.

(b) A driver 70 years of age or older who completes an approved mature driver course shall receive:

(1) A renewal fee discount of up to \$10 on the next driver's license renewal; and

(2) If 75 years of age or older, an exemption from the functional screening required under §17B-8-3 of this code for that single renewal cycle, provided that:

(A) The course completion certificate was issued within the previous 36 months;

(B) The driver successfully completes the required vision screening; and

(C) No medical or behavioral review has been triggered under this article.

(c) Functional screening exemption under this section may not:

(1) Exempt a driver from medical review requirements;

(2) Limit the authority of the MRU under §§17B-8-4 or 17B-8-5 of this code; or

(3) Apply to any driver placed in review status.

**§17B-8-15. Division of Highways wrong-way mitigation; signage, markings, and safety evaluation.**

(a) The Division of Highways (DOH) shall identify and evaluate all interchanges, ramps, and divided-highway access points at which:

(1) A wrong-way incident has occurred within the prior 10 years; or

(2) Engineering review indicates a heightened risk of wrong-way entry.

(b) For each identified location, DOH shall evaluate and, where feasible, implement improvements including:

(1) Enhanced "Do Not Enter" and "Wrong Way" signage;

(2) Additional retroreflective signpost markings;

(3) Pavement arrows and lane-direction indicators;

(4) High-visibility delineators or channelization devices;

(5) Improved lighting, especially at night; and

(6) Geometric or design modifications to reduce the likelihood of mistaken entry.

(c) Standards. Wrong-way mitigation measures under this section shall be:

(1) Consistent with applicable guidance of the American Association of State Highway and Transportation Officials (AASHTO); and

(2) Implemented in accordance with all existing state requirements governing signage, traffic control devices, and roadway safety.

(d) Unfunded mandate. Nothing in this section may be construed to require additional appropriations. DOH shall prioritize improvements using existing funds.

(e) DOH may consult with the Division of Motor Vehicles, law-enforcement agencies, and national transportation safety entities as necessary.

**§17B-8-16. Interagency data-sharing for roadway safety and driver review.**

1 (a) The Division of Highways shall annually transmit to the Division:

2 (1) A list of high-risk wrong-way locations;

3 (2) Any engineering analyses completed under §17B-8-14 of this code; and

4 (3) Data regarding serious roadway-confusion events.

5 (b) The Division shall use this data to:

6 (1) Support MRU evaluations;

7 (2) Identify environmental or engineering factors contributing to driving errors; and

8 (3) Improve functional screening tools and educational materials.

9 (c) No shared data under this section may include personally identifiable driver  
10 information, except for the driver involved in a specific wrong-way incident that triggered a referral  
11 under this article.

**§17B-8-17. Rulemaking authority.**

1 (a) The Commissioner shall propose legislative rules and may promulgate emergency  
2 rules, pursuant to §29A-3-1 et seq. of this code, to implement and administer this article.

3 (b) Rules may include, but are not limited to:

4 (1) Procedures for functional screening;

5 (2) Standardized forms for mandatory reports, voluntary reports, Driver Concern Reports,  
6 and corrective medical certifications;

7 (3) Secure electronic submission procedures;

8 (4) MRU review processes and timelines;

9 (5) Restrictions and reinstatement procedures;

10 (6) Appeals processes consistent with §§29A-5-1 et seq. of this code;

11 (7) Senior mobility resource materials; and

12 (8) Any additional provisions necessary to give effect to this article.

**§17B-8-18. Legislative review.**

1 (a) No later than three years after the effective date of this article, the Division shall submit

- 2 a report to the Joint Committee on Government and Finance evaluating:
- 3 (1) The operation and effectiveness of the Medical Review Unit;
- 4 (2) The volume and outcomes of medical reports and certifications;
- 5 (3) The use and effectiveness of the Weather/Visibility Exception;
- 6 (4) Wrong-way incident trends and DOH mitigation measures;
- 7 (5) The effectiveness of senior mobility resources and mature driver incentives; and
- 8 (6) Any recommended statutory revisions.
- 9 (b) The Legislature shall review the report and determine whether amendments to this
- 10 article are warranted to improve public safety, administrative efficiency, or fairness to drivers.

NOTE: The purpose of this bill is to create The West Virginia Driver Safety Modernization Act. The bill deals with age-based renewal and screening requirements for advanced age and medical conditions and senior mobility planning and safe-driving longevity resources and mature driver safety course incentive.

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