

# **WEST VIRGINIA LEGISLATURE**

## **2026 REGULAR SESSION**

**Introduced**

### **Senate Bill 571**

By Senators Smith (Mr. President) and Woelfel

[By Request of the Executive]

[Introduced January 21, 2026; referred

to the Committee on Health and Human Resources;

and then to the Committee on Government

Organization]

1 A BILL to amend and reenact §18-2-7a, §30-3-12, and §30-14-10 of the Code of West Virginia,  
2 1931, as amended; and to amend the code by adding a new section, designated §5A-3-3d,  
3 relating to making certain changes consistent with the State of West Virginia's  
4 commitments to the Center for Medicare and Medicaid Services in the West Virginia's  
5 Rural Health Transformation Program; exempting implementation of the program from  
6 purchasing restrictions; adopting the Presidential Fitness Test; requiring the Board of  
7 Medicine and Board of Osteopathic Medicine to require the completion of continuing  
8 medical education credits in nutrition; and providing rule-making authority.

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

## **CHAPTER 5A. DEPARTMENT OF ADMINISTRATION.**

<b>ARTICLE</b>	<b>3.</b>	<b>PURCHASING</b>	<b>DIVISION.</b>
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<b><u>§5A-3-3d.</u></b>	<b><u>Exemption</u></b>	<b><u>of</u></b>	<b><u>Rural</u></b>	<b><u>Health</u></b>	<b><u>Transformation</u></b>	<b><u>Program.</u></b>
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1 (a) The Legislature hereby finds and declares:

2 (1) That the federal Rural Health Transformation Program presents an unprecedented  
3 opportunity for the State to make critical improvements to health care in rural areas, modernize  
4 various aspects of health care delivery systems, enhance educational and work force pathways  
5 for health care, and expand the technological boundaries of health care science, analytics, and  
6 technology for the benefit of all West Virginians;

7 (2) That the federal Rural Health Transformation Program places many significant  
8 compliance requirements on the use of federal funds granted to the Department of Health, that use  
9 of funds received from the federal Rural Health Transformation Program must be used in  
10 accordance with the requirements and limitations of that program reflected in guidance and  
11 documentation from U.S. Center for Medicare and Medicaid Services ("CMS");

12 (3) That CMS will be closely monitoring the progress of the State's implementation of the  
13 program outlined in its application for funding submitted to CMS on November 5, 2025, and  
14 granted an award on or about December 29, 2025;

15        (4) That the federal Rural Health Transformation Program requires rapid, targeted  
16        deployment of the awarded funds; and

17        (5) That such utilization be performed within rigid time frames, with the understanding that  
18        failures to comply with the limitations on how these funds may be used—as well as requirements  
19        on proper processes for the deployment—may result in clawbacks of funds both currently  
20        awarded as well as jeopardizing future awards by CMS.

21        (b) To ensure conformity with the unique requirements of the federal Rural Health  
22        Transformation Program, notwithstanding any provisions of §5A-3-1 or §5A-3-3 of this code to the  
23        contrary, the provisions of this article shall not apply to the State's implementation of the Rural  
24        Health Transformation Program, for which the program office is located within the Department of  
25        Health.

## CHAPTER 18. EDUCATION.

### ARTICLE            2.            STATE            BOARD            OF            EDUCATION.

#### **§18-2-7a. Legislative findings; required physical education; program in physical fitness.**

1        (a) The Legislature hereby finds that obesity is a problem of epidemic proportions in this  
2 state. There is increasing evidence that all segments of the population, beginning with children,  
3 are becoming more sedentary, more overweight and more likely to develop health risks and  
4 diseases including Type II Diabetes, high blood cholesterol and high blood pressure. The  
5 Legislature further finds that the promotion of physical activity during the school day for school  
6 children is a crucial step in combating this growing epidemic and in changing the attitudes and  
7 behavior of the residents of this state toward health promoting physical activity.

8        (b) As a result of these findings, the state Department of Education shall establish the  
9 requirement that each child enrolled in the public schools of this state actively participates in  
10 physical education classes during the school year to the level of his or her ability as follows:

11        (1) *Elementary school grades.* — Not less than thirty minutes of physical education,  
12 including physical exercise and age-appropriate physical activities, for not less than three days a

13 week.

14 (2) *Middle school grades.* — Not less than one full period of physical education, including  
15 physical exercise and age-appropriate physical activities, each school day of one semester of the  
16 school year.

17 (3) *High school grades.* — Not less than one full course credit of physical education,  
18 including physical exercise and age-appropriate physical activities, which shall be required for  
19 graduation and the opportunity to enroll in an elective lifetime physical education course.

20 (c) Enrollment in physical education classes and activities required by the provisions of this  
21 section shall not exceed, and shall be consistent with, state guidelines for enrollment in all other  
22 subjects and classes: *Provided*, That schools which do not currently have the number of certified  
23 physical education teachers, do not currently have the required physical setting or would have to  
24 significantly alter academic offerings to meet the physical education requirements may develop  
25 alternate programs that will enable current staff, physical settings and offerings to be used to meet  
26 the physical education requirements established herein. These alternate programs shall be  
27 submitted to the state Department of Education and the Healthy Lifestyle Council for approval.  
28 Those schools needing to develop alternate programs shall not be required to implement this  
29 program until the school year commencing two thousand six.

30 (d) The state board shall prescribe a program within the existing health and physical  
31 education program which incorporates fitness testing, reporting, recognition, fitness events and  
32 incentive programs which requires the participation in grades four through eight and the required  
33 high school course. The state board shall adopt the Presidential Fitness Test as part of this  
34 program and ensure it is administered and operated in accordance with the guidance of the  
35 President's Council on Sports, Fitness, and Nutrition. For any areas of testing and preparation not  
36 addressed by the Presidential Fitness Test and the President's Council on Sports, Fitness, and  
37 Nutrition, those areas of The the program shall be selected from nationally accepted fitness testing  
38 programs designed for school-aged children that test cardiovascular fitness, muscular strength

39 and endurance, flexibility and body composition: *Provided, That nothing in this subsection shall be*  
40 ~~construed to prohibit the use of programs designed under the auspices of the President's Council~~  
41 ~~on Physical Fitness and Sports.~~ The program shall include modified tests for exceptional students.  
42 Each school in the state shall participate in National Physical Fitness and Sports Month in May of  
43 each year and shall make every effort to involve the community it serves in the related events.

44 (e) The state board shall promulgate a rule in accordance with the provisions article three-  
45 b, chapter twenty-nine-a of this code that includes at least the following provisions to provide for  
46 the collection, reporting and use of body mass index data in the public schools:

47 (1) The data shall be collected using the appropriate methodology for assessing the body  
48 mass index from student height and weight data;

49 (2) The data shall be collected on a scientifically drawn sample of students;

50 (3) The data shall be collected and reported in a manner that protects student  
51 confidentiality;

52 (4) The data shall be reported to the Department of Education; and

53 (5) All body mass index data shall be reported in aggregate to the Governor, the state  
54 Board of Education, the Healthy Lifestyles Coalition and the Legislative Oversight Commission on  
55 Health and Human Resources Accountability for use as an indicator of progress toward promoting  
56 healthy lifestyles among school-aged children.

## CHAPTER 30. PROFESSIONS AND OCCUPATIONS.

ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.

§30-3-12. Biennial renewal of license to practice medicine and surgery or podiatry;  
continuing education; rules; fee; inactive license; denial for conviction of felony  
offense.

1 (a) A license to practice medicine and surgery or podiatry in this state is valid for a term of  
2 two years.

3 (b) The license shall be renewed:

- (1) Upon receipt of a reasonable fee, as set by the board;
- (2) Submission of an application on forms provided by the board; and
- (3) A certification of participation in and successful completion of a minimum of fifty hours of continuing medical or podiatric education satisfactory to the board, as appropriate to the particular license, during the preceding two-year period.

(c) The application may not require disclosure of a voluntary agreement entered into pursuant to subsection (h), section nine of this article.

(d) Continuing medical education satisfactory to the board is continuing medical education rated as Category I by the American Medical Association or the Academy of Family Physicians and alternate categories approved by the board. In addition to other continuing medical education credits that it shall establish in rule, the board shall also require the completion of continuing medical education credits in nutrition.

(e) Continuing podiatric education satisfactory to the board is continuing podiatric education approved by the Council on Podiatric Education and alternate categories approved by the board.

(f) Notwithstanding any provision of this chapter to the contrary, beginning July 1, 2007, to timely submit to the board a certification of successful completion of a minimum of fifty hours of continuing medical or podiatric education satisfactory to the board, as appropriate to the particular license, shall result in the automatic expiration of any license to practice medicine and/or podiatry until such time as the certification, with all supporting written documentation, is submitted to and approved by the board.

(g) If a license is automatically expired and reinstatement is sought within one year of the automatic expiration, the former licensee shall:

(1) Provide certification with supporting written documentation of the successful completion of the required continuing education:

(2) Pay a renewal fee; and

30 (3) Pay a reinstatement fee equal to fifty percent of the renewal fee.

31 (h) If a license is automatically expired and more than one year has passed since the  
32 automatic expiration, the former licensee shall:

33 (1) Apply for a new license;

34 (2) Provide certification with supporting written documentation of the successful  
35 completion of the required continuing education; and

36 (3) Pay such fees as determined by the board.

37 (i) Any individual who accepts the privilege of practicing medicine and surgery or podiatry  
38 in this state is required to provide supporting written documentation of the continuing education  
39 represented as received within thirty days of receipt of a written request to do so by the board. If a  
40 licensee fails or refuses to provide supporting written documentation of the continuing education  
41 represented as received as required in this section, such failure or refusal to provide supporting  
42 written documentation is prima facie evidence of renewing a license to practice medicine and  
43 surgery or podiatry by fraudulent misrepresentation.

44 (j) The board may renew, on an inactive basis, the license of a physician or podiatrist who  
45 is currently licensed to practice medicine and surgery or podiatry in, but is not actually practicing,  
46 medicine and surgery or podiatry in this state. A physician or podiatrist holding an inactive license  
47 shall not practice medicine and surgery or podiatry in this state.

48 (k) An inactive license may be converted by the board to an active license upon a written  
49 request by the licensee to the board that:

50 (1) Accounts for his or her period of inactivity to the satisfaction of the board; and

54 (I) An inactive license may be obtained upon receipt of a reasonable fee, as set by the  
55 board, and submission of an application on forms provided by the board on a biennial basis.

56 (m) The board may not require any physician or podiatrist who is retired or retiring from the  
57 active practice of medicine and surgery or the practice of podiatry and who is voluntarily  
58 surrendering their license to return to the board the license certificate issued to them by the board.

59 (n) The board may deny or refuse to reissue a license to any person who has been  
60 convicted of a felony under the laws of this state, any other state, the United States or the laws of  
61 any other country or state outside of the United States.

## **ARTICLE 14. OSTEOPATHIC PHYSICIANS AND SURGEONS.**

**§30-14-10. Renewal of license; fee; refresher training a prerequisite; effect of failure to renew; reinstatement; educational permit.**

5 (b) As a prerequisite to renewal of a license issued by the board, each licensee shall  
6 furnish biennially to the board satisfactory evidence of having completed thirty-two hours of  
7 educational refresher course training, of which the total amount of hours must be approved by the  
8 American Osteopathic Association, and fifty percent of the required thirty-two hours shall be  
9 classified as category (1). In addition to other continuing education credits that it shall establish in  
10 rule, the board shall also require the completion of continuing education credits in nutrition.

11 (c) The failure to renew a license shall operate as an automatic suspension of the rights  
12 and privileges granted by its issuance. The board may propose rules for legislative approval,  
13 pursuant to the provisions of article three, chapter twenty-nine-a of this code, providing that an  
14 osteopathic physician may renew a license on an inactive basis.

15 (d) A license suspended by a failure to make a biennial renewal thereof may be reinstated  
16 by the board upon compliance of the licensee with the following requirements:

(1) Presentation to the board of satisfactory evidence of educational refresher training of quantity and standard approved by the board for the previous two years;

(2) Payment of all fees for the previous two years that would have been paid had the suspended licensee maintained his or her license in good standing; and

(3) Payment to the board of a reinstatement fee specified by legislative rule of the board.

(e) An educational permit authorizes the holder to practice osteopathic medicine and surgery only for work performed within an approved program of post-graduate clinical training under the supervision of a duly licensed osteopathic or allopathic physician. The first educational permit issued to a graduate of an accredited osteopathic college may be valid for a period of fifteen months and subsequent educational permits issued to the same person may be valid for not more than twelve months. An educational permit shall expire upon the termination of the permit holder from an approved program of post-graduate clinical training and may also be suspended or revoked by the board at any time upon grounds defined by the board by legislative rule.

NOTE: The purpose of this bill is to make certain changes consistent with relating to creation of West Virginia's Rural Health Transformation Program and the State of West Virginia's commitments to the Center for Medicare and Medicaid Services.

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