

WEST VIRGINIA

ADDRESS CONSOLIDATION AND PROMOTE COMPETITION	Consolidation Oversight	Facility Fee Limits	Anti-Competitive Contract Provisions		
MEDICAL DEBT PREVENTION	Balance Billing and Short-Term Insurance	Charity Care and Community Benefit	Reducing Financial Consequences		
CURB EXCESS COSTS IN THE SYSTEM	Premium Rate Review	Hospital Price Regulation	Affordable Coverage	Prescription Drug Pricing	Medicaid Costs
MEDICAID SERVICES AND IMMIGRANT COVERAGE	Medicaid Administration	Medicaid Covered Services	Medicaid Eligibility	Immigrant Coverage	
IMPROVE OVERSIGHT, ACCOUNTABILITY AND TRANSPARENCY	Health Care Spending Oversight	Prescription Drug Affordability Board	All-Payer Claims Database	Price Transparency	
REDUCE COST-SHARING FOR PATIENTS	Prescription Drugs	Behavioral Health	Preventive Care	Maternal and Reproductive Health Care	Cancer Screening and Testing Services

The Health Care Value Hub (“the Hub”) is proud to launch the 2025 Health Care Affordability Policy Snapshot (“Affordability Snapshot”). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state’s health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable [Data and Source Document](#) available on the [Dashboard](#) page. Definitions and descriptions for each policy category can be found in the Glossary.

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	 Requires health systems or providers to notify the state of consolidation transactions	The West Virginia Health Care Authority must be notified of certain health facility acquisitions as a component of the Certificate of Need process.
Authority to Modify or Reject Consolidation Transactions	 Has authority to approve, set conditions, or disapprove consolidation transactions	The state The West Virginia Health Care Authority has authority to approve, approve with conditions, or disapprove acquisitions requiring a Certificate of Need.
Affordability Criteria included in Transaction Review	 Does not include consumer affordability or price growth in review criteria, approval conditions, or both	



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State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	 State does not prohibit providers from charging any facility fees	
Facility Fee Transparency Laws	 State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	 The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	



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No Source, or Limited Information Found

Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	 No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	 No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	 Non-competes for physicians limited by statute	West Virginia limits noncompete agreements for physicians to one year and within 30 miles of their primary practice. Noncompete agreements become void if the physician is terminated by their employer.
Restricts Most-Favored Nation Contract Provisions	 No law restricting Most Favored Nation contract provisions	



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No Source, or Limited Information Found

Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Prohibits balance billing for out-of-network ground ambulance services	West Virginia has established balance bill protections that extend to both public and private ground ambulance services for HMO health plans only. Protections do not extend to non-emergency transport.
Prohibits Short-Term, Limited Duration Health Plans	Short-term, limited duration health plans are not prohibited or eliminated	

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 No Source, or Limited Information Found

Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	 State law does not require hospitals to provide free or discounted care to low-income patients	Hospitals seeking tax-exempt status must provide free or below-cost care to patients unable to pay. However, the state does not set the income eligibility threshold.
Hospital Charity Care Screening Requirements	 State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	 State law requires health care providers to notify patients of charity care options before collecting payment	Hospitals in West Virginia are required to notify patients about the availability of free and discounted care. Governmental or nonprofit hospitals must post notices in emergency and admitting areas explaining their obligation to provide such care, along with the criteria and process for obtaining it. Additionally, they must provide written notification of this information to all patients who lack insurance or government coverage at the time of admission or treatment.
Hospital Community Benefit Reporting Requirement	 State law requires hospitals to annually report the amount of charity care provided	Hospitals in West Virginia are required to report charity care data annually. This includes the number of requests received, how those requests were resolved, and the total value of free or discounted care provided.



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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	 State law does not require a waiting period before sending medical debts to collections	
Limits on Liens or Foreclosures due to Medical Debt	 State law does not prohibit initiating a lien or foreclosure to collect medical debt	
Limits Wage Garnishment due to Medical Debt	 State law exceeds federal wage garnishment protections for residents with medical debt	State consumer protections against wage garnishment exceed federal protections.
Limits on the Amount of Interest Charged to Medical Debt	 The state has not enacted a law to limit interest rates for medical debt	

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Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	 Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	 Has the authority to modify or reject premium rate increases	West Virginia has the authority to approve or deny rate filings in in the individual, large group, and small group market. The insurance commissioner may also hold a public hearing if he or she finds the rate or form filing may affect the public.
Affordability Criteria Included in Premium Rate Review	 Does not incorporate affordability criteria into premium rate review	



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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	 State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	
Hospital Global Budgets	 State has not implemented hospital global budgets	



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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	❌ State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	❌ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	❌ State does not operate a Basic Health Plan	
State-Based Premium Subsidies	❌ State does not offer supplementary state-funded premium subsidies	



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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	● State does not require express authorization for biologic substitution	Pharmacists in West Virginia are encouraged to substitute biological products for the lowest priced interchangeable, unless in the exercise of his or her professional judgment the pharmacist believes that the less expensive drug is not suitable for the particular patient.
Biologic Substitution Laws: Prescriber Notification Requirements	● Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in West Virginia are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	● State participates in a drug purchasing consortium (see note)	West Virginia is a member of the Sovereign States Drug Consortium.
Drug Coupon Prohibitions	⊗ State does not prohibit the use of drug manufacturer coupons*	
MCO Carve Out	● State Medicaid carves out any drug classes from their MCO benefits (see notes)*	As of July 1, 2023, West Virginia carves out the following drugs/classes from MCO benefits: Hemophilia factor.
FFS Policies to Promote Generic Utilization: Mandatory Generics	● Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	West Virginia has policies or tools to promote mandatory generics.



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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Reimbursement and Clawbacks	State prohibits PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State prohibits copay accumulator programs	

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No Source, or Limited Information Found

Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	

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 No Source, or Limited Information Found

Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care	 State partners with MCOs to operate their Medicaid program	West Virginia's Medicaid MCO program, Mountain Health Trust, provides coverage to children and adults with low income, eligible individuals with disabilities, caretaker relatives, Medicaid expansion members, pregnant women, and individuals receiving SSI.
Medicaid Vendor — Eligibility and Enrollment	 State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	 State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	



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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	 State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	 The state Medicaid program does not reimburse doula services	
Medicaid Coverage for Abortion Care	 State Medicaid program does not cover abortion care in their benefits package	
Medicaid Coverage for Transition-Related Care	 State Medicaid program does not explicitly cover transition-related care for adults	West Virginia Medicaid has no explicit and/or clear policy regarding transition-related health care for adults due to ongoing litigation of coverage exclusion policy.
Medicaid Coverage for Hearing Aids	 State Medicaid program does not cover hearing aids for adults	
Medicaid Coverage for Eye Exams and Glasses	 State Medicaid program offers no coverage for either eye exams or eyeglasses for adults	West Virginia Medicaid only covers one medically necessary exam per year, and does not cover visual examinations to determine the need for eyeglasses for adults. One pair of glasses is covered only after cataract surgery.
Medicaid Coverage for Dental Services	 State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	



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No Source, or Limited Information Found

Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	 State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	 State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	 State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	 State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	 State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	West Virginia's 1115 waiver extending Medicaid coverage to incarcerated individuals before release was approved in 2024 and the state is in process of implementation, but is not yet in effect as of June 2025.
Medicaid ABD Asset Limits	 State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond \$2,000 for an individual applicant and \$3,000 for joint applicants	
Medicaid ABD Life Insurance Exemption	 Life insurance exemption limits do not exceed \$1,500	
Medicaid ABD Retirement Account Exemptions	 State exempts spouses', but not applicants', retirement savings from Medicaid eligibility determinations only	



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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	 Does not cover pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option or post-partum coverage	
Immigrant Children without a Five-Year Bar	 State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	 Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	 Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	 Does not offer coverage for adults regardless of immigration status	



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No Source, or Limited Information Found

Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	❌ State does not have a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	❌ The state does not have an APCD operated by the state or another entity	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	❌ The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	❌ The state has not established Upper Payment Limits for prescription drugs	



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No Source, or Limited Information Found

Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	 State does not have a public-facing price transparency tool	
Prescription Drug Price Reporting Requirement	 Organizations are required to report prescription drug price information to a state entity	Drug manufacturers must annually report to the state auditor drugs with a wholesale acquisition cost (WAC) of at least \$100 and a WAC increase of 40% or more over three years or 15% in one year. Insurers must report the 25 most frequently prescribed drugs and the percent increase in annual net spending for drugs.

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	 State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	 State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	 State does not monitor and report hospital spending, primary care spending, or both	



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No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	 State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	West Virginia caps the out-of-pocket cost for an enrollees entire prescription of insulin and select diabetes-related equipment and supplies at \$35.00 and \$100.00, respectively.
Waives or Reduces Cost-Sharing for Asthma Inhalers	 State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	 State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	 State has not enacted legislation to limit cost-sharing for specialty drugs	

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	 State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	



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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	 State does not mandate private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	 The state does not require individual and small group health plans to offer coverage for in-vitro fertilization or fertility preservation services	
Individual and Small Group Health Plans Required to Cover Doula Services	 State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	 The state does not require individual and small group health plans to cover abortion services	



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No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	 State law requires insurers to cover colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	 State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams*	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	 State law does not require coverage or waive cost-sharing for lung cancer screening exams*	



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No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	 State law requires insurers to cover cervical cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	 State law requires insurers to cover breast cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	 State law does not require coverage or waive cost-sharing for supplementary breast cancer screening exams*	



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No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	 State law requires insurers to cover prostate cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	 State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	 State does not require coverage or waive cost-sharing for biomarker testing	



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