

WEST VIRGINIA LEGISLATURE

2022 REGULAR SESSION

Committee Substitute

for

Senate Bill 574

BY SENATORS MARONEY, NELSON, TAKUBO, AND WELD

[Originating in the Committee on Health and Human

Resources; reported on February 11, 2022]

1 A BILL to amend and reenact §5-16-20 of the Code of West Virginia, 1931, as amended; and to
2 amend said code by adding thereto by adding a new section, designated §5-16-30,
3 relating to the West Virginia Public Employees Insurance Act; reimbursement of hospital
4 inpatient rates by the plan; and naming of funds within the Public Employees Insurance
5 Agency.

Be it enacted by the Legislature of West Virginia:

ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT.

§5-16-20. Expense fund.

1 The Legislature shall annually appropriate such sums as may be necessary to pay the
2 proportionate share of the administrative costs for the state as an employer, and each division,
3 agency, board, commission, or department of the state which operates out of special revenue
4 funds or federal funds or both shall pay its proportionate share of the administrative costs of the
5 insurance plan or plans authorized under the provisions of this article and such fund existing within
6 the Public Employees Insurance Agency shall be known as the State Employee Insurance Plan.
7 All other employers not operating from the state General Revenue Fund shall pay their
8 proportionate share of the administrative costs of the insurance plan or plans authorized under
9 the provisions of this article and such fund existing within the Public Employees Insurance Agency
10 shall be known as the Nonstate Employee Insurance Plan.

§5-16-30. Hospital inpatient rates.

1 (a) The plan shall reimburse any hospital that provides inpatient care to a nonmandatory
2 permissive participant beneficiary, as defined in §5-16-22 of this code, at rates negotiated
3 between the hospital and the plan.

4 (b) Nothing in this section limits the authority of the director under §5-16-3(c) and §5-16-9
5 of this code, including, but not limited to, his or her authority to manage provider contracting and
6 payments and to designate covered and noncovered services.

7 (c) This section does not limit the authority of the director, the plan, or the plans under §5-
8 16-11 of this code.

9 (d) This section shall apply to all policies, contracts, plans, or agreements subject to this
10 section that are delivered, executed, amended, adjusted, or renewed on or after July 1, 2023.