WEST VIRGINIA LEGISLATURE

2025 REGULAR SESSION

Introduced

House Bill 2557

By Delegates Linville, Chiarelli, Flanigan, and Funkhouser

[Introduced February 18, 2025; referred to the Committee on Health and Human Resources]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article, designated §33-64-1, relating to the creation of the Remote Patient Outcome Improvement Act; providing for definitions; providing for a short title; creating definitions; and providing for utilization.

Be it enacted by the Legislature of West Virginia:

Article 64. Remote Patient Outcome Improvement Act.

§33-64-1. Remote Patient Outcome Improvement Act.

(a) *Definitions.*

"Health insurer" is any entity providing "health insurance coverage" as that term is defined in §33-48-1;

"Internet service provider" is any person or entity who provides Internet access to a consumer;

"Medical provider" is any person or entity as that term is defined in §16-33-2;

"Patient" means a person receiving medical treatment;

"WLAN" means a Wireless Local Area Network which is a group of co-located computers or other devices that form a network based on radio transmissions rather than wired connections, all connected together in one physical location.

(b) *Short title*. – This article shall be known as the Remote Patient Outcome Improvement Act.

(c) *Legislative Findings*. – The Legislature of the state of West Virginia finds and declares that many emergency medical visits could have been prevented if providers had a means to identify trends in deteriorating vital signs and medical device data in real or near-real time. Accordingly, it is the policy of the state of West Virginia to further connectivity and facilitate a clear legal framework for patients, health insurers, medical providers, and Internet service providers to facilitate connectivity and medical data review in real or near-real time. Therefore, to promote public wellness, diminish unnecessary costs for service, and improve outcomes for patients, the Legislature of the state of West Virginia hereby seeks to improve remote patient statistical monitoring, most especially for those patients at greatest risk of emergent adverse health outcomes.

(d)(1) A health insurer or medical provider may elect to partner with an Internet service provider to build or subscribe to internet service at a patient's home to facilitate the transmission and analysis of vital signs and medical device data in real or near-real time, if in the health insurer or medical provider’s sole discretion, doing so would facilitate improved health outcomes for the patient and a reduction in net costs for the care of that patient. No data gathered or utilized in this way may be used to negatively impact the patient's costs or availability of services provided by the health insurer or the medical provider. A patient may refuse such a subscription contemplated by this act.

(2) If a health insurer or medical provider elects to subscribe to internet service to facilitate data transmission, an Internet service provider may share with the WLAN information, if any, maintained by the Internet service provider with the health insurer or medical provider. Health insurers and medical providers may share the WLAN information with a medical device manufacturer, dealer, or distributor to facilitate preprogramming and any necessary troubleshooting for network connectivity. Each of these actions shall be free from liability, except as it relates to the Health Insurance Portability and Accountability Act of 1996 and any other federal law, rule or regulation.

(e) *Utilization.* – Each health insurer shall report utilization data to an employer in the case of employer sponsored health insurance coverage but shall not include data regarding any Internet traffic.

NOTE: The purpose of this bill is to provide for the creation of the Remote Patient Outcome Improvement Act. The bill provides for definitions. The bill provides for a short title. The bill creates definitions. Finally, the bill provides for utilization.

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