



WEST VIRGINIA INSURANCE BULLETIN

No. 25-03

Insurance Bulletins are issued when the Commissioner renders formal opinions, guidance or expectations on matters or issues, explains how new statutes or rules will be implemented or applied, or advises of interpretation or application of existing statutes or rules.

► Summary of 2025 Legislation ◀

This Insurance Bulletin summarizes legislation enacted during the 2025 Regular Session of the West Virginia Legislature that is significant to the Offices of the Insurance Commissioner. It does not include all legislation that may affect the insurance industry or consumers and is only intended to highlight the major points in the more important regulatory bills. The explanations contained herein should not be construed as being indicative of the Insurance Commissioner's views on, support of, or interpretation of, the legislation. The bills are available on the Legislature's website at www.wvlegislature.gov.

Senate Bill 800 – Relating to Insurance Holding Company Systems (Effective January 1, 2026)

This bill amends the West Virginia Insurance Holding Company Systems Act, codified at W. Va. Code §33-27-1 *et seq.* (“Act”). The Act is based on a model regulatory act adopted by the National Association of Insurance Commissioners (“NAIC”). The subject model act was revised and adopted by the NAIC in 2020 and 2021, and this legislation was proposed to bring West Virginia's current law in alignment with the model. The primary purpose of the amendments is to establish group capital calculation (“GCC”) filing requirements and liquidity stress test (“LST”) reporting. The GCC provides U.S. solvency regulators with an additional analytical tool for conducting group-wide supervision and assists regulators in holistically understanding the financial condition of non-insurance entities. It provides vital financial information about the insurance group; quantifies risk across the insurance group; supports transparency into how capital is allocated; and aids in understanding whether and to what degree insurance companies are supporting the operations of non-insurance entities. The GCC is intended to satisfy the group capital assessment requirements of the Covered Agreements made between the U.S. and the European Union and United Kingdom. The LST was developed to provide state insurance regulators with insights into a key macroprudential risk monitored by the Financial Stability Oversight Council, as created by the federal Dodd-Frank Wall Street Reform and Consumer Protection Act, and other jurisdictions internationally.

Senate Bill 833 – Relating to Prior Authorizations for Medical Care (Effective April 11, 2025)

This legislation permits an insurer to require a prior authorization on prescription drugs or pharmaceuticals regardless of whether the health care practitioner has a “gold card” exemption. The “gold card” program allows certain trusted health care practitioners to earn an exemption from an insurance company's otherwise applicable prior authorization requirements based upon the practitioner's track record of previous prior authorization approvals and frequency of procedures. Senate Bill 833 amends a subsection of existing law

regarding “gold card” exemptions to exclude pharmaceutical medication claims by providing that “[n]othing in this subsection may be interpreted to prohibit an insurer from requiring a prior authorization for an experimental treatment, non-covered benefit, *pharmaceutical medication*, or any out-of-network service or procedure.” As such, a health care practitioner with a “gold card” will not be eligible for exemption from an insurer’s prior authorization process as it relates to pharmaceutical medication. Senate Bill 833 does not change the definition of prior authorization to exclude prescription drug or pharmaceutical claims. Accordingly, the remaining portions of West Virginia’s prior authorization law that currently apply to prescription drug or pharmaceutical claims are still in effect.

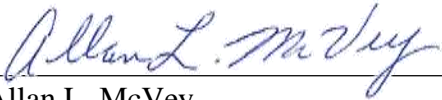
Senate Bill 856 – Relating to Reporting Requirements (Effective July 11, 2025)

This bill repeals or modifies certain reporting requirements of, and to, the Insurance Commissioner. The legislation removes the quarterly reporting requirement of the Insurance Commissioner to the Joint Committee on Government and Finance regarding state-administered workers’ compensation funds. The bill repeals the annual reporting requirement of the Insurance Commissioner and Occupational Pneumoconiosis Board to the Governor regarding occupational pneumoconiosis workers’ compensation claims. The bill strikes the biennial reporting requirement of the Industrial Council to the Joint Committee on Government and Finance regarding employer safety initiatives. The legislation removes the reporting requirement of employers to the Insurance Commissioner regarding post-traumatic stress disorder workers’ compensation claims and the reporting requirement of the Insurance Commissioner to the Joint Committee of Volunteer Fire Department and Emergency Medical Services concerning such claims. The bill maintains the requirement that the Insurance Commissioner provide an annual notice to state and local governmental entities and nonprofit organizations regarding flood insurance and the risks of failing to purchase adequate flood insurance, but permits that the flood insurance notification be posted on the agency’s website. The legislation strikes the annual reporting requirement of the Insurance Commissioner to the Joint Committee on Government and Finance regarding the status of the state agency workers’ compensation program. The bill repeals the annual publishing requirement of the Insurance Commissioner regarding automobile insurance rates. The bill repeals the reporting requirement of the Insurance Commissioner to the Joint Standing Committee of the Judiciary regarding medical malpractice insurance and rescinds the reporting requirement of insurance companies to the Insurance Commissioner regarding civil actions filed against medical providers.

House Bill 2797 – Relating to Post Traumatic Stress Disorder Claims (Effective July 11, 2025)

This legislation adds certified mental health nurse practitioners and certified psychiatric physician assistants to the list of health care professionals who may diagnose post-traumatic stress disorder (PTSD) as a compensable injury or disease of first responders under workers’ compensation law. The bill also amends current law to state that such professionals must hold a master’s degree or higher, as well as holding a terminal license within their profession and be qualified to treat PTSD. The bill further clarifies that, while the initial diagnosis must be made by a licensed psychiatrist, certified mental health nurse practitioner or certified psychiatric physician assistant, mental health treatment consistent for a PTSD diagnosis may be offered by a licensed mental health provider other than the diagnosing psychiatrist, certified mental health nurse practitioner or certified psychiatric physician assistant. The sunset date of July 1, 2026 was also removed.

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Allan L. McVey
CPCU, ARM, AAI, AAM, AIS
Insurance Commissioner