

ENROLLED
COMMITTEE SUBSTITUTE

FOR

Senate Bill No. 366

(Senators Ferns, Stollings,
Walters and D. Hall, *original sponsors*)

[Passed March 11, 2015; in effect ninety days from passage.]

AN ACT to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article, designated §33-50-1, §33-50-2 and §33-50-3, all relating to the West Virginia Health Benefit Exchange; defining terms; requiring certain information be published on a website; providing online information to assist consumers in making informed decisions concerning purchase of a qualified health plan; and authorizing rulemaking.

Be it enacted by the Legislature of West Virginia:

That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new article, designated §33-50-1, §33-50-2 and §33-50-3, all to read as follows:

ARTICLE 50. PATIENT PROTECTION AND TRANSPARENCY ACT.

§33-50-1. Definitions.

1 For the purposes of this article, the following words and terms mean the following:

2 (1) “Commissioner” means the West Virginia Insurance Commissioner.

3 (2) “Consumer” means an individual or family purchasing insurance coverage through the

1 exchange.

2 (3) “Exchange” means the West Virginia Health Benefit Exchange or an exchange website
3 operated by the federal government.

4 (4) “Health care provider” means a provider of medical or health services and any other
5 person or organization who furnishes, bills or is paid for health care in the normal course of business.

6 (5) “Health carrier” means an entity subject to the insurance laws of this state, or subject to
7 the jurisdiction of the commissioner, that contracts or offers to contract to provide, deliver, arrange
8 for, pay for or reimburse any of the costs of health care services, including a sickness and accident
9 insurance company, a health maintenance organization, a nonprofit hospital and health service
10 corporation or any other entity providing a plan of health insurance, health benefits or health
11 services.

12 (6) “Network” means a group of health care providers that have contracted with a health plan
13 to provide care at a discounted rate.

14 (7) “Qualified health plan” means a health plan certified to be offered for sale through the
15 exchange.

16 (8) “West Virginia Health Benefit Exchange” means the government-regulated marketplace
17 of qualified health plans with multiple levels of coverage established pursuant to article sixteen-g
18 of this chapter.

19 **§33-50-2. Information available to the public and disclosures required of health carriers.**

20 (a) The commissioner shall on his or her website provide information regarding the qualified
21 health plans being offered for sale through the exchange in a format easily found by a consumer on
22 such website. Information may be provided through links to specific information, including through

1 links to the website of each health carrier offering a qualified health plan for sale through the
2 exchange.

3 (b) Information to be made available to consumers for each qualified health plan offered for
4 sale through the exchange include:

5 (1) The names of the physicians, hospitals and other health care providers that are in network;

6 (2) A list of the types of specialists that are in network;

7 (3) Exclusions from coverage by category of benefits;

8 (4) Restrictions on use or quantity of covered items and services by category of benefits;

9 (5) The dollar amount of copayments;

10 (6) The percentage of coinsurance by item and service;

11 (7) Required cost-sharing;

12 (8) Information sufficient to determine whether a specific drug is available on formulary;

13 (9) Clinical prerequisites or authorization requirements for coverage of specific drugs;

14 (10) A description of how medications will be included in or excluded from the deductible;

15 (11) A description of out-of-pocket costs that may not apply to the deductible for a
16 medication;

17 (12) Information sufficient to determine whether a specific drug is covered when furnished
18 by a physician or clinic;

19 (13) An explanation of the amount of coverage for out-of-network providers or noncovered
20 services;

21 (14) The process for a patient to appeal a health plan decision; and

22 (15) Contact information for the qualified health plan.

1 (c) The commissioner may require a qualified health plan to make the information listed in
2 subsection (b) of this section available, including for website usage, and to provide for the reasonable
3 updating of such information.

4 (d) The commissioner’s website should provide general information concerning the
5 exchange, qualified health plans, health insurance terminology and other information consumers may
6 need to assist them in making informed decisions concerning the purchase of a qualified health plan
7 through the exchange.

8 **§33-50-3. Rule-making authority.**

9 The commissioner may propose rules for legislative approval in accordance with the
10 provisions of article three, chapter twenty-nine-a of this code to implement the provisions of this
11 article.