

# **WEST VIRGINIA LEGISLATURE**

## **2021 REGULAR SESSION**

**Introduced**

### **Senate Bill 567**

BY SENATORS STOLLINGS, BEACH, LINDSAY, TAKUBO,

AND GRADY

[Introduced March 5, 2021; referred  
to Committee on Banking and Insurance; and then to  
the Committee on the Judiciary]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,  
 2 designated §33-60-1, relating to requiring health benefit plans to provide insurance to  
 3 persons without regard to their health status; prohibiting insurers from denying health  
 4 benefits to persons based upon their health status; prohibiting insurer from using genetic  
 5 information in decisions regarding premium, deductible, copay or coinsurance; prohibiting  
 6 insurer from using claims information in decisions regarding premium, deductible, copay  
 7 or coinsurance; prohibiting insurers from establishing lifetime limits; requiring insurers to  
 8 provide minimum coverages for health benefit insurance; and requiring the Insurance  
 9 Commissioner set annual limits on deductibles and cost sharing.

*Be it enacted by the Legislature of West Virginia:*

**ARTICLE 60. HEALTH INSURANCE NONDISCRIMINATION ACT.**

**§33-60-1. No decisions based upon health status; prohibited actions of insurers based upon genetic or claims information; no lifetime maximums; and cost sharing limitations.**

1 (a) An insurer shall offer and issue a health benefit plan to any person regardless of the  
 2 health status of the person or any dependent of the person. Such health status includes, without  
 3 limitations:

4 (1) Any preexisting medical condition of the person, including, without limitation, any  
 5 physical or mental illness;

6 (2) The claims history of the person, including, without limitation, any prior health care  
 7 services received by the person;

8 (3) Genetic information relating to the person; and

9 (4) Any increased risk for illness, injury, or any other medical condition of the person,  
 10 including, without limitation, any medical condition caused by an act of domestic violence.

11 (b) An insurer that offers or issues a health benefit plan shall not:

12 (1) Deny, limit, or exclude a covered benefit based on the health status of an insured; or

13 (2) Require an insured, as a condition of enrollment or renewal, to pay a premium,  
14 deductible, copay or coinsurance based on his or her health status which is greater than the  
15 premium, deductible, copay or coinsurance charged to a similarly situated insured who does not  
16 have such a health status.

17 (c) An insurer that offers or issues a health benefit plan shall not adjust a premium,  
18 deductible, copay or coinsurance for any insured on the basis of genetic information relating to  
19 the insured or the covered dependent of the insured.

20 (d) An insurer that offers or issues a health benefit plan shall not adjust a premium,  
21 deductible, copay or coinsurance for any insured on the basis of claim information received after  
22 enrollment of the insured or the covered dependent of the insured.

23 (e) An insurer that offers or issues a health benefit plan shall not establish lifetime limits  
24 on the dollar value of benefits of the insured or the covered dependent of the insured; or establish  
25 annual limits on the dollar value of essential covered benefits.

26 (f) An insurer that offers or issues a health benefit plan shall, at a minimum, provide  
27 coverage that incorporates an essential health benefit package consistent with the following  
28 requirements:

29 (1) Ambulatory patient services;

30 (2) Emergency services;

31 (3) Hospitalization;

32 (4) Maternity and newborn care;

33 (5) Mental health and substance use disorder services, including behavioral health  
34 treatment;

35 (6) Prescription drugs;

36 (7) Rehabilitative and habilitative services and devices;

37 (8) Laboratory services;

38 (9) Preventive and wellness services and chronic disease management; and

39           (10) Pediatric services, including oral and vision care.  
40           (g) The West Virginia Office of the Insurance Commissioner shall establish annual  
41 limitations on cost sharing and deductibles that are substantially similar to other insurers. The  
42 Insurance Commissioner may increase the annual limitation as needed to reflect any premium  
43 adjustment percentage. “premium adjustment percentage” means the percentage, if any, by  
44 which the average per capita premium for health insurance coverage in the United States for the  
45 preceding calendar year as estimated by the Insurance Commissioner no later than October 1st  
46 of such preceding calendar year exceeds such average per capita premium for 2020.

NOTE: The purpose of this bill is to prohibit insurers from denying health benefits to persons based upon their health status; prohibit insurer from using genetic information in decisions regarding premium, deductible, copay or coinsurance; prohibit insurer from using claims information in decisions regarding premium, deductible, copay or coinsurance; prohibit insurers from establishing lifetime limits; requiring insurers to provide minimum coverages for health benefit insurance; and require the Insurance Commissioner set annual limits on deductibles and cost sharing.

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