

WEST VIRGINIA LEGISLATURE

2022 REGULAR SESSION

Introduced

House Bill 4459

BY DELEGATE PUSHKIN

[Introduced January 31, 2022; referred
to the Committee on Banking and Insurance then
Health and Human Resources]

1 A BILL to amend and reenact §33-15-1b of the Code of West Virginia, 1931, as amended, relating
2 to allowing alternative health insurance premiums for persons that have not received
3 recommended vaccinations.

Be it enacted by the Legislature of West Virginia:

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-1b. Rates, individual major medical policies.

1 (a) No individual major medical coverage policy may be approved by the commissioner
2 for use in this state unless:

3 (1) The premium rates for the policy, after adjustment for any difference in policy benefits,
4 which include, but are not limited to, deductibles, copayments and levels of care management,
5 do not exceed by more than 30 percent the premium rates charged by the same insurer on any
6 and all other individual major medical policies for those individuals with similar characteristics and
7 factors, which the insurer has had approved by the commissioner within a five-year period
8 preceding the date of the new policy filing by the insurer;

9 (2) The insurer files with the commissioner the opinion of a qualified actuary or other
10 person acceptable to the commissioner which states:

11 (A) That the policy premium rate is in compliance with subdivision (1) of this subsection;
12 and

13 (B) That the anticipated loss ratio for the combined experience of the policy taken together
14 with all other individual major medical coverage policies which the insurer has had approved by
15 the commissioner within a five-year period preceding the date of the new policy filing is equal to
16 or greater than the loss ratio requirements set forth in §33-15-1a of this code.

17 (3) For a period of three years after the effective date of this section, an insurer may have
18 one or more policy forms which exceed the 130 percent requirement of subdivision (2) of this
19 subsection: *Provided*, That any rate schedule increase for such policy form shall not exceed 33
20 1/3 percent of the rate schedule increase for the lowest rate policy form. During the final 12 months

21 of this three-year period, an insurer may request an extension of time for compliance from the
22 commissioner based on extenuating circumstances.

23 (b) An initial individual major medical policy form may be disapproved by the commissioner
24 if the commissioner determines that the rates proposed by the insurer for the policy form are set
25 at a level substantially less than rates charged by other insurers for comparable insurance
26 coverage.

27 (c) Nothing contained in this section may be construed to prevent the use of age, sex,
28 area, industry, occupational, and avocational factors in setting premium rates or to prevent the
29 use of different rates after approval by the commissioner for smokers and nonsmokers or for any
30 other habit or habits of an insured person which have a statistically proven effect on the health of
31 the person, including, but not limited to failure to receive any vaccination recommended and
32 approved for use by the United States Center of Disease Control and Prevention. Nothing
33 contained in this section shall preclude the establishment of a substandard classification based
34 upon the health condition of the insured: *Provided*, That the initial classification may not be
35 changed adversely to the insured after the initial issuance of the policy.

36 (d) The commissioner has the right, upon application by an insurer, and for good cause
37 shown, to grant relief from any requirement of this section.

NOTE: The purpose of this bill is to allow medical health insurance policies to establish alternative premiums for unvaccinated insured persons.

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