

# **WEST VIRGINIA LEGISLATURE**

## **2024 REGULAR SESSION**

**Introduced**

### **Senate Bill 856**

By Senator Chapman

[Introduced February 19, 2024; referred  
to the Committee on Health and Human Resources;  
and then to the Committee on Finance]

1 A BILL to amend and reenact the Code of West Virginia, 1931, as amended, adding thereto a new  
 2 article, designated §33-63-1, relating to cost sharing for diagnostic and supplemental  
 3 breast examinations; providing definitions; providing that the Commissioner of Insurance  
 4 may propose legislative rules; providing requirements for insurance and exceptions  
 5 thereto if the benefit reduces certain federal benefits; and to provide related matters  
 6 associated with coverage.

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

**ARTICLE 63. BREAST SCREENING INSURANCE COVERAGE.**

**§33-63-1. Cost-sharing requirements for diagnostic and supplemental breast examinations.**

1 (a) As used in this section:

2 (1) "Cost-sharing requirement" means a deductible, coinsurance, copayment or similar  
 3 out-of-pocket expense;

4 (2) "Diagnostic breast examinations" mean a medically necessary and clinically  
 5 appropriate breast examination utilizing guidelines established by a professional medical  
 6 organization, including such examinations using breast MRI, breast ultrasound, or diagnostic  
 7 mammogram, that is:

8 (A) Used to evaluate an abnormality seen or suspected from a screening examination for  
 9 breast cancer; or

10 (B) Used to evaluate an abnormality detected by another means of examination.

11 (3) "Health benefit policy" means any individual or group plan, policy, or contract for health  
 12 care services issued, delivered, issued for delivery, executed, or renewed by an insurer in this  
 13 state;

14 (4) "Insurer" means an entity subject to the insurance laws and rules of this state, or  
 15 subject to the jurisdiction of the Insurance Commissioner, that contracts or offers to contract, or  
 16 enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of

17 health care services, including government agencies and any insurer subject to §5-16-1 et seq.,  
18 §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et seq., §33-25-1 et seq., and §33-25A-1 et seq. of  
19 this code;

20 (5) "Supplemental breast examinations" mean a medically necessary and clinically  
21 appropriate, examination of the breast, utilizing current guidelines established by a professional  
22 medical organization, including such examinations using breast MRI and breast ultrasound, that  
23 is:

24 (A) Used to screen for breast cancer when there is no abnormality seen or suspected in the  
25 breast; and

26 (B) Based on personal or family medical history or additional factors that may increase the  
27 individual's risk of breast cancer.

28 (b) In the case that a health benefit policy provides coverage with respect to screening,  
29 diagnostic breast examinations and supplemental breast examinations, such policy shall not  
30 impose any cost sharing requirements.

31 (c) Nothing in this section shall be construed to preclude existing utilization review.

32 (d) If under federal law application of subsection (b) would result in Health Savings Account  
33 ineligibility under Section 223 of the Internal Revenue Code, such cost-sharing requirement shall  
34 apply only for Health Savings Account qualified High Deductible Health Plans with respect to the  
35 deductible of such plan after the enrollee has satisfied the minimum deductible under Section 223  
36 of the Internal Revenue Code, except with respect to items or services that are preventive care  
37 pursuant to Section 223(c)(2)(C) of the Internal Revenue Code, in which case the requirements of  
38 subsection (b) of this section shall apply regardless of whether the minimum deductible under  
39 Section 223 of the Internal Revenue Code has been satisfied.

40 (e) The Insurance Commissioner may propose rules for legislative approval in accordance  
41 with the provisions of §29A-3-1 et seq. of this code necessary to implement the provisions of this  
42 section in accordance with current guidelines established by professional medical organizations

43 such as the National Comprehensive Cancer Network.

NOTE: The purpose of this bill is to require insurance providers to provide diagnostic and supplemental breast examinations without 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.