

WEST VIRGINIA LEGISLATURE

2022 REGULAR SESSION

Introduced

Senate Bill 113

BY SENATORS TRUMP AND WOODRUM

[Introduced January 12,2022; referred
to the Committee on Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,
2 designated §16-65-1, §16-65-2, and §16-65-3, all relating to authorizing the treatment of
3 persistent symptoms of hypothyroidism as a similar but distinguishable disease from
4 hypothyroidism; requiring insurers to provide coverage for care for persistent symptoms
5 of hypothyroidism; and requiring the West Virginia Board of Medicine to notify all medical
6 professionals of this legislation.

Be it enacted by the Legislature of West Virginia:

ARTICLE 65. PERSISTENT SYMPTOMS OF HYPOTHYROIDISM.

§16-65-1. Legislative findings.

1 (a) The Legislature finds that:

2 (1) Public health may be improved if medical professionals were permitted to treat patients
3 with persistent symptoms of hypothyroidism to mitigate their symptoms. While persistent
4 symptoms of hypothyroidism are similar to but distinguishable from hypothyroidism, currently,
5 patients are denied proper care by hypothyroidism practice guidelines and medical professionals'
6 fear of adverse legal action. Both denied care and medical professional fear would be reduced if
7 persistent symptoms of hypothyroidism are declared a similar but distinguishable disease.

8 (2) It is possible to improve the quality of healthcare if medical professionals are permitted
9 to treat persistent symptoms of hypothyroidism as a similar but distinguishable disease.

10 (3) The delivery of quality medical services in this state related to this condition is thwarted
11 in part by improperly directed denial of care to patients with the persistent symptoms of
12 hypothyroidism or thwarted by only prescribing levothyroxine sodium.

13 (4) West Virginia has already legislated a goal for improving medical care in §30-3-1 et
14 seq. which calls for improving the "delivery of quality medical services within this state." Therefore,
15 the denial of thyroid hormone care for patients with inadequate peripheral conversion or persistent
16 symptoms of hypothyroidism is inconsistent with the deliveries of quality medical care.

17 (b) The Legislature recognizes the potential for the improvement of medical care by

18 permitting prescriptions for substitutions of similarly indicated or functional drugs that are
19 approved by the U.S. Food and Drug Administration (liothyronine sodium or synthetic (T3) or
20 grand-fathered by the U.S. Food, Drug, and Cosmetic Act (desiccated thyroid).

§16-65-2. Required insurance coverage of persistent symptoms of hypothyroidism.

1 (a) The medical effort to find a patient's persistent symptoms of hypothyroidism is virtually
2 the same as determining hypothyroidism (deficient secretion by the thyroid gland).

3 (b) Beginning on or before July 1, 2022, the following health insurers doing business in
4 West Virginia shall include coverage for care for persistent symptoms of hypothyroidism:

5 (1) Accident and Sickness Insurance under §33-15-1 et seq. of this code;

6 (2) Group Accident and Sickness Insurance under §33-16-5-1 et seq. of this code;

7 (3) Hospital Services Corporations, Medical Services Corporations, Dental Services
8 Corporations, under §33-24-5-1 et seq. of this code;

9 (4) Health Care Corporations under §33-25-5-1 et seq. of this code; and

10 (5) Health Maintenance Organization Act under §33-25-5A-1 et seq. of this code.

§16-65-3. Notification to medical professionals.

1 The West Virginia Board of Medicine shall notify all medical professionals of this legislation
2 within 90 days of passage.

NOTE: The purpose of this bill is to authorize the treatment of persistent symptoms of hypothyroidism as a similar but distinguishable disease from hypothyroidism.

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