WEST VIRGINIA LEGISLATURE 2024 REGULAR SESSION

Introduced

House Bill 4617

By Delegate Hornbuckle

[Introduced January 11, 2024; Referred to the

Committee on Banking and Insurance then Finance]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §5-16-7h; to amend said code by adding thereto a new section, designated §16-5A-6; to amend said code by adding thereto a new section, designated §33-15-4x; to amend and reenact §33-16-3g of said code; to amend said code by adding thereto a new section, designated §33-16-3pp; to amend and reenact §33-24-7b of said code; to amend said code by adding thereto a new section, designated §33-24-7y; to amend said code by adding thereto a new section, designated §33-25-8v; and to amend said code by adding thereto a new section, designated §33-25-8v; and to amend said code by adding thereto a new section, designated §33-25A-8y, all relating to insurance coverage for breast cancer screening.

Be it enacted by the Legislature of West Virginia:

CHAPTER 5. GENERAL POWERS AND AUTHORITY OF THE GOVERNOR, SECRETARY OF STATE AND ATTORNEY GENERAL; BOARD OF PUBLIC WORKS; MISCELLANEOUS AGENCIES, COMMISSIONS, OFFICES, PROGRAMS, ETC.

ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT. §5-16-7h. Required coverage for breast cancer screenings.

- (a) The agency shall provide coverage for the cost of health care services pursuant to this article for the cost of the following health care services:
 - (1) One baseline mammogram examination for women who are at least 30 but less than 40 years of age; a mammogram examination every year for women aged 40 and over; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider; and
 - (2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram

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demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing, or other indications as determined by a woman's physician or advanced practice nurse. (b) This section applies to all coverage issued by this agency delivered, issued for delivery, reissued, or extended in the state on and after January 1, 2024, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made. **CHAPTER 16. PUBLIC HEALTH. ARTICLE** 5A. CANCER CONTROL. §16-5A-6. Notification of breast density. (a) A radiologist or mammography facility that is certified by the United States Food and Drug Administration or by a certification agency approved by the United States Food and Drug Administration shall include in the mammography summary information that identifies a patient's breast density. This information shall be based upon the Breast Imaging Reporting and Data System established by the American College of Radiology. (b) The information included: (1) Shall state that high density breast tissue is not abnormal; (2) Should provide detail of the potential risks from high breast density; (3) Provide information on the benefits of additional screening; and (4) Shall suggest that the patient speak with the patient's primary care physician. (c) The patient may be provided with any other materials concerning breast density which may include, but are not limited to, the American College of Radiology's most current brochure on the subject of breast density.

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(d) This section does not create a standard of care, obligation or duty that would provide

15 the basis for a private cause of action.

CHAPTER 33. INSURANCE.

ARTICLE	15.	ACCIDENT	AND	SICKNESS	INSURANCE
<u>§33-15-4x. Re</u>	quired co	verage for breast c	ancer scree	nings.	

- (a) An insurance policy issued by an insurer pursuant to this article that provides reimbursement or indemnity for laboratory or X-ray services shall provide coverage for the cost of the following health care services:
- (1) One baseline mammogram examination for women who are at least 30 but less than 40 years of age; a mammogram examination every year for women aged 40 and over; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider; and
- (2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing, or other indications as determined by a woman's physician or advanced practice nurse.
- (b) The requirements of this section shall apply to all insurance policies issued by an insurer pursuant to this article delivered, issued for delivery, reissued, or extended in the state on and after January 1, 2024, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.
- ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE. §33-16-3g. Third party reimbursement for mammography, pap smear or human papilloma virus testing.

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(a) Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, whenever If reimbursement or indemnity for laboratory or X-ray services are covered, reimbursement or indemnification shall may not be denied for any of the following when performed for cancer screening or diagnostic purposes: at the direction of a person licensed to practice medicine and surgery by the board of Medicine (1) Mammograms when medically appropriate and consistent with the current guidelines from the United States Preventive Services Task Force (2) A pap smear, either conventional or liquid-based cytology, whichever is medically appropriate and consistent with the current guidelines from the United States Preventive Services Task Force or The American College of Obstetricians and Gynecologists, for women age 18 or over; and (3) (2) A test for the human papilloma virus (HPV) for women age 18 or over, when medically appropriate and consistent with the current guidelines from either the United States Preventive Services Task Force or The American College of Obstetricians and Gynecologists for women age 18 and over. (b) A policy, provision, contract, plan, or agreement may apply to mammograms pap smears or human papilloma virus (HPV) test the same deductibles, coinsurance and other limitations other covered services. as apply to §33-16-3pp. Required coverage for breast cancer screenings. (a) An insurance policy issued by an insurer pursuant to this article that provides reimbursement or indemnity for laboratory or X-ray services shall provide coverage for the cost of the following health care services: (1) One baseline mammogram examination for women who are at least 30 but less than 40 years of age; a mammogram examination every year for women aged 40 and over; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed

medically necessary by the woman's health care provider; and

(2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing, or other indications as determined by a woman's physician or advanced practice nurse.

(b) The requirements of this section shall apply to all insurance policies issued by an insurer pursuant to this article delivered, issued for delivery, reissued, or extended in the state on and after January 1, 2024, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.

ARTICLE 24. HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS, DENTAL SERVICE CORPORATIONS AND HEALTH SERVICE CORPORATIONS.

§33-24-7b. Third party reimbursement for mammography, pap smear or human papilloma virus testing.

- (a) Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, whenever If reimbursement or indemnity for laboratory or X-ray services are covered, reimbursement or indemnification shall may not be denied for any of the following when performed for cancer screening or diagnostic purposes, at the direction of a person licensed to practice medicine and surgery by the board of Medicine:
- (1) Mammograms when medically appropriate and consistent with the current guidelines from the United States Preventive Services Task Force
- (2) (1) A pap smear, either conventional or liquid-based cytology, whichever is medically appropriate and consistent with the current guidelines from either the United States Preventive

Services Task Force or The American College of Obstetricians and Gynecologists, for women age 10 11 18 or over; or 12 (3) (2) A test for the human papilloma virus (HPV), when medically appropriate and 13 consistent with the current guidelines from either the United States Preventive Services Task 14 Force or The American College of Obstetricians and Gynecologists, for women age 18 or over. 15 (b) A policy, provision, contract, plan or agreement may apply to mammograms, pap 16 smears or human papilloma virus (HPV) test the same deductibles, coinsurance and other 17 limitations other covered services. as apply to §33-24-7y. Required coverage for breast cancer screenings. 1 (a) A contract, plan or agreement issued by an insurer pursuant to this article that provides 2 reimbursement or indemnity for laboratory or X-ray services shall provide coverage for the cost of 3 the following health care services: 4 (1) One baseline mammogram examination for women who are at least 30 but less than 40 5 years of age; a mammogram examination every year for women aged 40 and over; and, in the 6 case of a woman who is under 40 years of age and has a family history of breast cancer or other 7 breast cancer risk factors, a mammogram examination at such age and intervals as deemed 8 medically necessary by the woman's health care provider; and 9 (2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram 10 demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and 11 Data System established by the American College of Radiology or if a woman is believed to be at 12 increased risk for breast cancer due to family history or prior personal history of breast cancer, 13 positive genetic testing, or other indications as determined by a woman's physician or advanced 14 practice nurse. 15 (b) The requirements of this section shall apply to all insurance policies issued by an 16 insurer pursuant to this article delivered, issued for delivery, reissued, or extended in the state on 17 and after January 1, 2024, or at any time thereafter when any term of the policy, contract, or plan is

18 <u>changed or any premium adjustment is made.</u>

	ARTICLE	25.	HEALTH	1	CARE	COR	PORATIONS.
	§33-25-8v.	Required	coverage	for	breast	cancer	screenings.
1	<u>(a) A c</u>	ontract, plan or a	ngreement issue	ed by an ins	surer pursua	ant to this artic	le that provides
2	reimbursemer	nt or indemnity fo	r laboratory or 2	X-ray servi	ces shall pr	ovide coverag	e for the cost of
3	the following h	nealth care servi	ces:				
4	(1) On	e baseline mamı	mogram examir	nation for w	omen who	are at least 30) years but less
5	•	of age; a mamm					•
6	•	woman who is u	•			•	
	•		•	<u>-</u>			
7		ancer risk factors	•			age and inter	vais as deemed
8	medically nec	essary by the wo	<u>oman's health c</u>	are provide	er; and		
9	(2) A c	omprehensive u	<u>Itrasound scree</u>	ning of an	entire breas	st or breasts if	<u>a mammogram</u>
10	demonstrates	heterogeneous	or dense breast	tissue bas	sed on the E	Breast Imaging	Reporting and
11	Data System e	established by th	e American Co	llege of Ra	diology or if	a woman is b	elieved to be at
12	increased risk	for breast canc	er due to family	y history o	r prior perso	onal history of	breast cancer,
13	positive genet	ic testing, or oth	er indications a	s determin	ed by a wo	man's physicia	an or advanced
14	practice nurse	<u>).</u>					
15	<u>(b) The</u>	e requirements	of this section	shall apply	y to all insu	urance policie	s issued by an
16	insurer pursua	ant to this article	delivered, issue	ed for delive	ery, reissue	d, or extended	l in the state on
17	and after Janu	ıary 1, 2024, or a	t any time there	after when	any term of	the policy, co	ntract, or plan is
18	changed or ar	ny premium adju	stment is made	<u>-</u>			
	ARTICLE	25A. HE	ALTH MA	AINTENA	NCE (ORGANIZAT	ION ACT.
	§33-25A-8y.	Required	coverage	for	breast	cancer	screenings.
1	(a) A c	ontract, plan or a	igreement issue	ed by an ins	surer pursua	ant to this artic	le that provides
2	reimbursemer	nt or indemnity fo	r laboratory or 2	X-ray servi	ces shall pr	ovide coverag	e for the cost of

<u>the</u>	fol	owir	<u>ıg h</u>	<u>ıealth</u>	<u>care</u>	servi	ces
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(1) One baseline mammogram examination for women who are at least 30 but less than 40 years of age; a mammogram examination every year for women aged 40 and over; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider; and

(2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing, or other indications as determined by a woman's physician or advanced practice nurse.

(b) The requirements of this section shall apply to all insurance policies issued by an insurer pursuant to this article delivered, issued for delivery, reissued, or extended in the state on and after January 1, 2024, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.

NOTE: The purpose of this bill is to establish insurance provisions required relating to breast cancer screenings.

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