WEST VIRGINIA LEGISLATURE

2017 REGULAR SESSION

Introduced

House Bill 3021

BY DELEGATES HORNBUCKLE, LONGSTRETH,

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SOBONYA

[Introduced March 14, 2017; Referred

to the Committee on Banking and Insurance then Health

and Human Resources]

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

Be it enacted by the Legislature of West Virginia:

That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new section, designated §5-16-7b; that said code be amended by adding thereto a new section, designated §16-5a-6; that said code be amended by adding thereto a new section, designated §33-15-4p; that §33-16-3g of said code be amended and reenacted; that said code be amended by adding thereto a new section, designated §33-16-3bb; that §33-24-7b of said code be amended and reenacted; that said code be amended by adding thereto a new section, designated §33-24-7q; that said code be amended by adding thereto a new section, designated §33-25-8n; that said code be amended by adding thereto a new section, designated §33-25A-8p, all to read as follows:

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.

§5-16-7b. 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 thirty but less than forty years of age; a mammogram examination every year for women age forty and over; and, in the case of a woman who is under forty 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) 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, 2018, 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 is not limited to, the American College of Radiology's most current brochure on the subject of breast density.

(d) This section does not create a standard of care, obligation or duty that would provide the basis for a private cause of action.

CHAPTER33. INSURANCE.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-4p. 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 thirty but less than forty years of age; a mammogram examination every year for women age forty and over; and, in the case of a woman who is under forty 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, 2017, 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.

(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 eighteen or over; and

~~(3)~~ (2) A test for the human papilloma virus (HPV) for women age eighteen 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 eighteen 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 as apply to other covered services.

§33-16-3bb. Required coverage for breast cancer screenings.

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 thirty but less than forty years of age; a mammogram examination every year for women age forty and over; and, in the case of a woman who is under forty 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, 2017, 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 eighteen or over; or

~~(3)~~ (2) A test for the human papilloma virus (HPV), 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 eighteen or 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 as apply to other covered services.

§33-24-7q. Required coverage for breast cancer screenings.

(a) A contract, plan or agreement 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 thirty but less than forty years of age; a mammogram examination every year for women age forty and over; and, in the case of a woman who is under forty 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, 2018, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-8n. Required coverage for breast cancer screenings.

(a) A contract, plan or agreement 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 thirty but less than forty years of age; a mammogram examination every year for women age forty and over; and, in the case of a woman who is under forty 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, 2018, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

§33-25A-8p. Required coverage for breast cancer screenings.

(a) A contract, plan or agreement 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 thirty but less than forty years of age; a mammogram examination every year for women age forty and over; and, in the case of a woman who is under forty 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, 2018, 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.