WEST virginia legislature

2023 regular session

Introduced

Senate Bill 618

By Senator Maroney

[Introduced February 14, 2023; referred  
to the Committee on Health and Human Resources]

A BILL to amend and reenact §33-24-7t of the Code of West Virginia, 1931, as amended, relating to cost-sharing calculations; defining terms; and providing that the fairness in cost-sharing calculation does not apply to the voluntary Cost Share Assistance Program.

Be it enacted by the Legislature of West Virginia:

[ARTICLE 24. HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS, DENTAL SERVICE CORPORATIONS AND HEALTH SERVICE CORPORATIONS.](https://code.wvlegislature.gov/33-24/)

§33-24-7t. Fairness in Cost-Sharing Calculation.

(a) As used in this section:

"Cost share assistance program" means a voluntary program offered in conjunction with an insured’s policy, contract, plan or agreement in which the value of a pharmaceutical manufacturer’s cost assistance program is applied to reduce an insured’s out of pocket costs to a fixed monthly amount for the calendar year, for a specific drug therapy, and any actual costs the insured pays while in the program are applied to the insured’s deductible and out of pocket maximum responsibility.

"Cost sharing" means any copayment, coinsurance, or deductible required by or on behalf of an insured in order to receive a specific health care item or service covered by a health plan.

"Drug" means the same as the term is defined in §30-5-4~~(19)~~ of this code.

"Person" means a natural person, corporation, mutual company, unincorporated association, partnership, joint venture, limited liability company, trust, estate, foundation, nonprofit corporation, unincorporated organization, or government or governmental subdivision or agency.

"Pharmacy benefits manager" means the same as that term is defined in §33-51-3 of this code.

(b) When calculating an insured’s contribution to any applicable cost sharing requirement, including, but not limited to, the annual limitation on cost sharing subject to 42 U.S.C. §18022(c) and 42 U.S.C. § 300gg-6(b):

(1) An insurer shall include any cost sharing amounts paid by the insured or on behalf of the insured by another person: *Provided*, That this requirement shall not apply to any amounts obtained under an insurer’s voluntary Cost Share Assistance Program; and

(2) A pharmacy benefits ~~manger~~ manager shall include any cost sharing amounts paid by the insured or on behalf of the insured by another person.

(c) The commissioner is authorized to propose rules for legislative approval in accordance with §29A-3-1 *et seq.* of this code, to implement the provisions of this section.

(d) This section is effective for policy, contract, plans, or agreements beginning on or after January 1, 2020. This section applies to all policies, contracts, plans, or agreements, subject to this article that are delivered, executed, issued, amended, adjusted, or renewed in this state on or after the effective date of this section.

NOTE: The purpose of this bill is to define a voluntary cost share assistance program and provide that this law not to apply to amounts obtained under this program.

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