

WEST VIRGINIA LEGISLATURE

2024 REGULAR SESSION

Introduced

Senate Bill 857

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 the Code of West Virginia, 1931, as amended, by adding thereto a new section,
 2 designated §5-16-7h; to amend said code by adding thereto a new section, designated
 3 §33-15-4x; to amend said code by adding thereto a new section, designated §33-16-3ii; to
 4 amend said code by adding thereto a new section, designated §33-16-3pp; to amend said
 5 code by adding thereto a new section, designated §33-24-7y; to amend said code by
 6 adding thereto a new section, designated §33-25-8v; and to amend said code by adding
 7 thereto a new section, designated §33-25A-8y, all relating to requiring insurance coverage
 8 for clinical genetic testing for an inherited gene mutation and evidenced-based cancer
 9 imaging; and providing that this testing is not subject to cost-sharing.

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 clinical genetic testing for an inherited gene mutation and
 evidenced-based cancer imaging.**

1 (a) The agency shall provide coverage for the cost of health care services pursuant to this
 2 article for the cost of the following health care services:

3 (1) Clinical genetic testing for an inherited gene mutation for individuals with a personal
 4 family history of cancer that is recommended by a healthcare professional; and

5 (2) Evidenced-based cancer imaging for individuals with an increased risk of cancer as
 6 recommended by the National Comprehensive Cancer Network (NCCN) clinical practice
 7 guidelines.

8 (b) This section applies to all coverage issued by this agency delivered, issued for delivery,
 9 reissued, or extended in the state on and after January 1, 2024, or at any time thereafter when any
 10 term of the policy, contract, or plan is changed or any premium adjustment is made.

11 (c) Coverage required by this section may not be subject to cost-sharing requirements.

12 (d) If under federal law, application of this section would result in Health Savings Account
 13 ineligibility under section 223 of the federal Internal Revenue Code, this requirement shall apply
 14 only, for Health Savings Account-qualified High Deductible Health Plans with respect to the
 15 deductible of such a plan after the enrollee has satisfied the minimum deductible under section
 16 223, except for with respect to items or services that are preventive care pursuant to section
 17 223(c)(2)(C) of the federal Internal Revenue Code, in which case the requirements of this section
 18 shall apply regardless of whether the minimum deductible under section 223 has been satisfied.

CHAPTER 33. INSURANCE.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

**§33-15-4x. Required coverage for clinical genetic testing for an inherited gene mutation and
 evidenced-based cancer imaging.**

1 (a) An insurance policy 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: One mammogram examination every year for women aged 40
 4 and over without first requiring an order for the same; and, in the case of a woman who is under 40
 5 years of age and has a family history of breast cancer or other breast cancer risk factors, a
 6 mammogram examination at such age and intervals as deemed medically necessary by the
 7 woman's health care provider.

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

11 changed or any premium adjustment is made.

12 (c) Coverage required by this section may not be subject to cost-sharing requirements.

13 (d) If under federal law, application of this section would result in Health Savings Account
14 ineligibility under section 223 of the federal Internal Revenue Code, this requirement shall apply
15 only, for Health Savings Account-qualified High Deductible Health Plans with respect to the
16 deductible of such a plan after the enrollee has satisfied the minimum deductible under section
17 223, except for with respect to items or services that are preventive care pursuant to section
18 223(c)(2)(C) of the federal Internal Revenue Code, in which case the requirements of this section
19 shall apply regardless of whether the minimum deductible under section 223 has been satisfied.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

**§33-16-3ii. Required coverage for clinical genetic testing for an inherited gene mutation and
evidenced-based cancer imaging.**

1 (a) An insurance policy issued by an insurer pursuant to this article shall provide coverage
2 for the cost of health care services pursuant to this article for the cost of the following health care
3 services:

4 (1) Clinical genetic testing for an inherited gene mutation for individuals with a personal
5 family history of cancer that is recommended by a healthcare professional; and

6 (2) Evidenced-based cancer imaging for individuals with an increased risk of cancer as
7 recommended by the National Comprehensive Cancer Network (NCCN) clinical practice
8 guidelines.

9 (b) This section applies to all coverage issued by this agency delivered, issued for delivery,
10 reissued, or extended in the state on and after January 1, 2024, or at any time thereafter when any
11 term of the policy, contract, or plan is changed or any premium adjustment is made.

12 (c) Coverage required by this section may not be subject to cost-sharing requirements.

13 (d) If under federal law, application of this section would result in Health Savings Account
14 ineligibility under section 223 of the federal Internal Revenue Code, this requirement shall apply

15 only, for Health Savings Account-qualified High Deductible Health Plans with respect to the
16 deductible of such a plan after the enrollee has satisfied the minimum deductible under section
17 223, except for with respect to items or services that are preventive care pursuant to section
18 223(c)(2)(C) of the federal Internal Revenue Code, in which case the requirements of this section
19 shall apply regardless of whether the minimum deductible under section 223 has been satisfied.

**§33-16-3pp. Required coverage for clinical genetic testing for an inherited gene mutation
and evidenced-based cancer imaging.**

1 (a) An insurance policy issued by an insurer pursuant to this article shall provide coverage
2 for the cost of health care services pursuant to this article for the cost of the following health care
3 services:

4 (1) Clinical genetic testing for an inherited gene mutation for individuals with a personal
5 family history of cancer that is recommended by a healthcare professional; and

6 (2) Evidenced-based cancer imaging for individuals with an increased risk of cancer as
7 recommended by the National Comprehensive Cancer Network (NCCN) clinical practice
8 guidelines.

9 (b) This section applies to all coverage issued by this agency delivered, issued for delivery,
10 reissued, or extended in the state on and after January 1, 2024, or at any time thereafter when any
11 term of the policy, contract, or plan is changed or any premium adjustment is made.

12 (c) Coverage required by this section may not be subject to cost-sharing requirements.

13 (d) If under federal law, application of this section would result in Health Savings Account
14 ineligibility under section 223 of the federal Internal Revenue Code, this requirement shall apply
15 only, for Health Savings Account-qualified High Deductible Health Plans with respect to the
16 deductible of such a plan after the enrollee has satisfied the minimum deductible under section
17 223, except for with respect to items or services that are preventive care pursuant to section
18 223(c)(2)(C) of the federal Internal Revenue Code, in which case the requirements of this section
19 shall apply regardless of whether the minimum deductible under section 223 has been satisfied.

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

§33-24-7y. Required coverage for clinical genetic testing for an inherited gene mutation and evidenced-based cancer imaging.

1 (a) Notwithstanding any provision of any policy, provision, contract, plan or agreement to
2 which this article applies, an insurance policy issued by an insurer pursuant to this article shall
3 provide coverage for the cost of health care services pursuant to this article for the cost of the
4 following health care services:

5 (1) Clinical genetic testing for an inherited gene mutation for individuals with a personal
6 family history of cancer that is recommended by a healthcare professional; and

7 (2) Evidenced-based cancer imaging for individuals with an increased risk of cancer as
8 recommended by the National Comprehensive Cancer Network (NCCN) clinical practice
9 guidelines.

10 (b) This section applies to all coverage issued by this agency delivered, issued for delivery,
11 reissued, or extended in the state on and after January 1, 2024, or at any time thereafter when any
12 term of the policy, contract, or plan is changed or any premium adjustment is made.

13 (c) Coverage required by this section may not be subject to cost-sharing requirements.

14 (d) If under federal law, application of this section would result in Health Savings Account
15 ineligibility under section 223 of the federal Internal Revenue Code, this requirement shall apply
16 only, for Health Savings Account-qualified High Deductible Health Plans with respect to the
17 deductible of such a plan after the enrollee has satisfied the minimum deductible under section
18 223, except for with respect to items or services that are preventive care pursuant to section
19 223(c)(2)(C) of the federal Internal Revenue Code, in which case the requirements of this section
20 shall apply regardless of whether the minimum deductible under section 223 has been satisfied.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-8v. Required coverage for clinical genetic testing for an inherited gene mutation and evidenced-based cancer imaging.

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: One mammogram examination every year for women aged 40
4 and over without first requiring an order for the same; and, in the case of a woman who is under 40
5 years of age and has a family history of breast cancer or other breast cancer risk factors, a
6 mammogram examination at such age and intervals as deemed medically necessary by the
7 woman's health care provider.

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

12 (c) Coverage required by this section may not be subject to cost-sharing requirements.

13 (d) If under federal law, application of this section would result in Health Savings Account
14 ineligibility under section 223 of the federal Internal Revenue Code, this requirement shall apply
15 only, for Health Savings Account-qualified High Deductible Health Plans with respect to the
16 deductible of such a plan after the enrollee has satisfied the minimum deductible under section
17 223, except for with respect to items or services that are preventive care pursuant to section
18 223(c)(2)(C) of the federal Internal Revenue Code, in which case the requirements of this section
19 shall apply regardless of whether the minimum deductible under section 223 has been satisfied.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

§33-25A-8y. Required coverage for clinical genetic testing for an inherited gene mutation and evidenced-based cancer imaging.

1 (a) Notwithstanding any provision of any policy, provision, contract, plan or agreement to
2 which this article applies, An insurance policy issued by an insurer pursuant to this article shall
3 provide coverage for the cost of health care services pursuant to this article for the cost of the
4 following health care services:

5 (1) Clinical genetic testing for an inherited gene mutation for individuals with a personal
6 family history of cancer that is recommended by a healthcare professional; and

7 (2) Evidenced-based cancer imaging for individuals with an increased risk of cancer as
8 recommended by the National Comprehensive Cancer Network (NCCN) clinical practice
9 guidelines.

10 (b) This section applies to all coverage issued by this agency delivered, issued for delivery,
11 reissued, or extended in the state on and after January 1, 2024, or at any time thereafter when any
12 term of the policy, contract, or plan is changed or any premium adjustment is made.

13 (c) Coverage required by this section may not be subject to cost-sharing requirements.

14 (d) If under federal law, application of this section would result in Health Savings Account
15 ineligibility under section 223 of the federal Internal Revenue Code, this requirement shall apply
16 only, for Health Savings Account-qualified High Deductible Health Plans with respect to the
17 deductible of such a plan after the enrollee has satisfied the minimum deductible under section
18 223, except for with respect to items or services that are preventive care pursuant to section
19 223(c)(2)(C) of the federal Internal Revenue Code, in which case the requirements of this section
20 shall apply regardless of whether the minimum deductible under section 223 has been satisfied.

NOTE: The purpose of this bill is to require insurance coverage for clinical genetic testing for an inherited gene mutation and evidenced-based cancer imaging; and providing that this testing is not subject to 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.