WEST VIRGINIA LEGISLATURE

2025 REGULAR SESSION

Introduced

House Bill 3090

By Delegates Rohrbach, Funkhouser, Amos, Browning, Hall, and Hott

[Introduced ; referred  
to the Committee on ]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto six new sections, designated §5-16-8b, §33-15-24, §33-16-20, §33-24-15, §33-25-23 and §33-25A-37, relating to requiring habilitative speech therapy as a treatment for stuttering insurance coverage.

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.

§5-16-8b. Habilitative services, habilitative speech therapy as a treatment for stuttering.

(a) On or after July 1, 2025, a policy, plan or contract subject to this article shall provide coverage for patient cost to a member in habilitative speech therapy as a treatment for stuttering.

(b) As used in this section:

"Habilitative services" means health care services that help a person keep, learn, or improve skills and functioning for daily living;

"Habilitative speech therapy" means speech therapy that helps a person keep, learn, or improve skills and functioning for daily living;

"Rehabilitative services" means health care services that help a person restore or improve skills and functioning for daily living that have been lost or impaired; and

"Rehabilitative speech therapy" means speech therapy that helps a person restore or improve skills and functioning for daily living that have been lost or impaired.

(c) Any health insurance policy, certificate, plan, or contract, including but not limited to a health benefit plan, that provides coverage for:

(1) Habilitative services, shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified as developmental;

(2) Rehabilitative services, shall provide coverage for rehabilitative speech therapy as a treatment for stuttering; or

(3) Both habilitative services and rehabilitative services, shall provide the coverage required this section.

(d) The coverage required under this section may not be:

(1) Subject to any maximum annual benefit limit, including any limits on the number of visits an insured may make to a speech-language pathologist;

(2) Limited based on the type of disease, injury, disorder, or other medical condition that resulted in the stuttering; or

(3) Subject to utilization review or utilization management requirements, including prior authorization or a determination that the speech therapy services are medically necessary; and

(4) Include coverage for speech therapy provided in person and via telehealth.

(e) The telehealth coverage required under this paragraph shall:

(1) Be not less than the coverage required for health benefit plans under this article and

(2) Include the use of any communication technology, application, or platform to deliver telehealth services, except coverage may be restricted to technology, applications, or platforms that are compliant with any applicable privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996, 42 17 U.S.C. sec. 1320d *et seq*., as amended.

(f) Nothing in this section limits the authority of the director under §5-16-3(c) and §5-16-9, including, but not limited to, his or her authority to manage provider contracting and payments and to designate covered and noncovered services.

(g) This section does not limit the authority of the director, the plan, or the plans under §5-16-11.

(h) Notwithstanding any provision of this code to the contrary, wherever 49 U.S.C. §41713(b) applies to the reimbursement of air ambulance providers under §5-16-8a, the provisions of this code, including any administrative, civil, or criminal penalties, are inapplicable.

chapter 33. insurance.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-24. Physical therapy, speech, and occupational therapy be covered by all accident and sickness insurance policies.

(a) Any insurer who, on or after July 1, 2025, delivers or issues a policy of accident and sickness insurance in this state under the provisions of this article shall make available as benefits to all subscribers and members coverage on an expense-incurred basis and individual and group service or indemnity type contracts issued by a nonprofit corporation shall provide coverage for patient cost to a member in habilitative speech therapy as a treatment for stuttering.

(b) As used in this section:

"Habilitative services" means health care services that help a person keep, learn, or improve skills and functioning for daily living;

"Habilitative speech therapy" means speech therapy that helps a person keep, learn, or improve skills and functioning for daily living;

"Rehabilitative services" means health care services that help a person restore or improve skills and functioning for daily living that have been lost or impaired; and

"Rehabilitative speech therapy" means speech therapy that helps a person restore or improve skills and functioning for daily living that have been lost or impaired.

(1) Habilitative services, shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified as developmental;

(2) Rehabilitative services, shall provide coverage for rehabilitative speech therapy as a treatment for stuttering; or

(3) Both habilitative services and rehabilitative services, shall provide the coverage required with in this section**.**

(c) The coverage required under this section may not be:

(1) Subject to any maximum annual benefit limit, including any limits on the number of visits an insured may make to a speech-language pathologist;

(2) Limited based on the type of disease, injury, disorder, or other medical condition that resulted in the stuttering; or

(3) Subject to utilization review or utilization management requirements, including prior authorization or a determination that the speech therapy services are medically necessary; and

(4) Include coverage for speech therapy provided in person and via telehealth.

(d) The telehealth coverage required under this paragraph shall:

(1) Be not less than the coverage required for health benefit plans under this article and

(2) Include the use of any communication technology, application, or platform to deliver telehealth services, except coverage may be restricted to technology, applications, or platforms that are compliant with any applicable privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996, 42 17 U.S.C. sec. 1320d *et seq*., as amended.

(e) Nothing in this section limits the authority of the director under §5-16-3(c) and §5-16-9, including, but not limited to, his or her authority to manage provider contracting and payments and to designate coveredand noncovered services**.**

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-20. Rehabilitative speech therapy as a treatment for stuttering.

(a) All policies issued pursuant to this article shall cover patient cost rehabilitative speech therapy as a treatment for stuttering. These services shall be exempt from any deductible, for a visit charge and/or copayment provisions which may be in force in these policies or contracts. This section does not require that other health care services provided be exempt from any deductible and/or copayment provisions.

(b) As used in this section:

"Habilitative services" means health care services that help a person keep, learn, or improve skills and functioning for daily living;

"Habilitative speech therapy" means speech therapy that helps a person keep, learn, or improve skills and functioning for daily living;

"Rehabilitative services" means health care services that help a person restore or improve skills and functioning for daily living that have been lost or impaired; and

"Rehabilitative speech therapy" means speech therapy that helps a person restore or improve skills and functioning for daily living that have been lost or impaired.

(c) Any accident and sickness insurance in this state certificate, plan, or contract, including but not limited to a health benefit plan, that provides coverage for:

(1) Habilitative services, shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified as developmental;

(2) Rehabilitative services, shall provide coverage for rehabilitative speech therapy as a treatment for stuttering; or

(3) Both habilitative services and rehabilitative services, shall provide the coverage required with in this section.

(d) The coverage required under this section may not be:

(1) Subject to any maximum annual benefit limit, including any limits on the number of visits an insured may make to a speech-language pathologist;

(2) Limited based on the type of disease, injury, disorder, or other medical condition that resulted in the stuttering; or

(3) Subject to utilization review or utilization management requirements, including prior authorization or a determination that the speech therapy services are medically necessary; and

(4) Include coverage for speech therapy provided in person and via telehealth.

(e) The telehealth coverage required under this paragraph shall:

(1) Be not less than the coverage required for health benefit plans under this article and

(2) Include the use of any communication technology, application, or platform to deliver telehealth services, except coverage may be restricted to technology, applications, or platforms that are compliant with any applicable privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996, 42 17 U.S.C. sec. 1320d *et seq*., as amended.

(f) Nothing in this section limits the authority of the director under §5-16-3(c) and §5-16-9, including, but not limited to, his or her authority to manage provider contracting and payments and to designate covered and noncovered services**.**

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

§33-24-15. Habilitative speech therapy as a treatment for stuttering.

(a) On or after July 1, 2025, A policy, plan or contract subject to this article shall provide coverage for patient cost to a member in habilitative speech therapy as a treatment for stuttering.

(b) Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, any entity regulated by this article shall provide as benefits to all subscribers and members coverage for habilitative speech therapy as a treatment for stuttering for school age children up to age 18 years: *Provided,* That preauthorization or precertification may not be required.

(c) As used in this section:

"Habilitative services" means health care services that help a person keep, learn, or improve skills and functioning for daily living;

"Habilitative speech therapy" means speech therapy that helps a person keep, learn, or improve skills and functioning for daily living;

"Rehabilitative services" means health care services that help a person restore or improve skills and functioning for daily living that have been lost or impaired; and

"Rehabilitative speech therapy" means speech therapy that helps a person restore or improve skills and functioning for daily living that have been lost or impaired.

(d) Any plan under this article in this state any certificate, plan, or contract, including but not limited to a health benefit plan, shall provide coverage for:

(1) Habilitative services, shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified asdevelopmental;

(2) Rehabilitative services, shall provide coverage for rehabilitative speech therapy as a treatment for stuttering; or

(3) Both habilitative services and rehabilitative services, shall provide the coverage required with in this section.

(e) The coverage required under this section may not be:

(1) Subject to any maximum annual benefit limit, including any limits on the number of visits an insured may make to a speech-language pathologist;

(2) Limited based on the type of disease, injury, disorder, or other medical condition that resulted in the stuttering; or

(3) Subject to utilization review or utilization management requirements, including prior authorization or a determination that the speech therapy services are medically necessary; and

(4) Include coverage for speech therapy provided in person and via telehealth.

(f) The telehealth coverage required under this paragraph shall:

(1) Be not less than the coverage required for health benefit plans under this article and

(2) Include the use of any communication technology, application, or platform to deliver telehealth services, except coverage may be restricted to technology, applications, or platforms that are compliant with any applicable privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996, 42 17 U.S.C. sec. 1320d *et seq*., as amended.

(g) Nothing in this section limits the authority of the director under §5-16-3(c) and §5-16-9, including, but not limited to, his or her authority to manage provider contracting and payments and to designate covered and noncovered services**.**

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-23. Habilitative speech therapy as a treatment for stuttering.

(a) Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, any entity regulated by this article shall, on or after July 1, 2025, provide as benefits to all subscribers and members coverage for the cost of habilitative speech therapy as a treatment for stuttering services for school age children up to age 18 years. These services shall be exempt from any deductible, per-visit charge and/or copayment provisions which may be in force in these policies or contracts. This coverage will cover all costs associated with child physical therapy, speech, and occupational therapy services. These services shall be exempt from any deductible, per-visit charge and/or copayment provisions which may be in force in these policies, provisions, plans, agreements or contracts. This section does not require that other health care services provided be exempt from any deductible and/or copayment provisions.

(b) As used in this section:

"Habilitative services" means health care services that help a person keep, learn, or improve skills and functioning for daily living;

"Habilitative speech therapy" means speech therapy that helps a person keep, learn, or improve skills and functioning for daily living;

"Rehabilitative services" means health care services that help a person restore or improve skills and functioning for daily living that have been lost or impaired; and

"Rehabilitative speech therapy" means speech therapy that helps a person restore or improve skills and functioning for daily living that have been lost or impaired.

(c) Any accident and sickness insurance in this state certificate, plan, or contract, including but not limited to a health benefit plan, that provides coverage for:

(1) Habilitative services, shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified as developmental;

(2) Rehabilitative services, shall provide coverage for rehabilitative speech therapy as a treatment for stuttering; or

(3) Both habilitative services and rehabilitative services, shall provide the coverage required with in this section.

(d) The coverage required under this section may not be:

(1) Subject to any maximum annual benefit limit, including any limits on the number of visits an insured may make to a speech-language pathologist;

(2) Limited based on the type of disease, injury, disorder, or other medical condition that resulted in the stuttering; or

(3) Subject to utilization review or utilization management requirements, including prior authorization or a determination that the speech therapy services are medically necessary; and

(4) Include coverage for speech therapy provided in person and via telehealth.

(e) The telehealth coverage required under this paragraph shall:

(1) Be not less than the coverage required for health benefit plans under this article and

(2) Include the use of any communication technology, application, or platform to deliver telehealth services, except coverage may be restricted to technology, applications, or platforms that are compliant with any applicable privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996, 42 17 U.S.C. sec. 1320d *et seq*., as amended.

(f) Nothing in this section limits the authority of the director under §5-16-3(c) and §5-16-9, including, but not limited to, his or her authority to manage provider contracting and payments and to designate covered and noncovered services**.**

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

§33-25A-37. Coverage of habilitative speech therapy as a treatment for stuttering.

(a) Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, any entity regulated by this article shall, on or after July 1, 2025 provide as benefits to all subscribers and members coverage for of habilitative speech therapy as atreatment for stuttering: *Provided,* That preauthorization or precertification may not be required.

(b) Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, any entity regulated by this article shall, on or after July 1, 2025, provide as benefits to all subscribers and members coverage for the cost of habilitative speech therapy as a treatment for stuttering services. These services shall be exempt from any deductible, per-visit charge and/or copayment provisions which may be in force in these policies or contracts. This coverage will cover all costs associated with child physical therapy, speech, and occupational therapy services. These services shall be exempt from any deductible, per-visit charge and/or copayment provisions which may be in force in these policies, provisions, plans, agreements or contracts. This section does not require that other health care services provided be exempt from any deductible and/or copayment provisions.

(c) As used in this section:

"Habilitative services" means health care services that help a person keep, learn, or improve skills and functioning for daily living;

"Habilitative speech therapy" means speech therapy that helps a person keep, learn, or improve skills and functioning for daily living;

"Rehabilitative services" means health care services that help a person restore or improve skills and functioning for daily living that have been lost or impaired; and

"Rehabilitative speech therapy" means speech therapy that helps a person restore or improve skills and functioning for daily living that have been lost or impaired.

(d) Any policy under this article in this state shall provide coverage for:

(1) Habilitative services, shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified as developmental;

(2) Rehabilitative services, shall provide coverage for rehabilitative speech therapy as a treatment for stuttering; or

(3) Both habilitative services and rehabilitative services, shall provide the coverage required with in this section.

(e) The coverage required under this section may not be:

(1) Subject to any maximum annual benefit limit, including any limits on the number of visits an insured may make to a speech-language pathologist;

(2) Limited based on the type of disease, injury, disorder, or other medical condition that resulted in the stuttering; or

(3) Subject to utilization review or utilization management requirements, including prior authorization or a determination that the speech therapy services are medically necessary; and

(4) Include coverage for speech therapy provided in person and via telehealth.

(f) The telehealth coverage required under this paragraph shall:

(1) Be not less than the coverage required for health benefit plans under this article and

(2) Include the use of any communication technology, application, or platform to deliver telehealth services, except coverage may be restricted to technology, applications, or platforms that are compliant with any applicable privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996, 42 17 U.S.C. sec. 1320d *et seq*., as amended.

(g) Nothing in this section limits the authority of the director under §5-16-3(c) and §5-16-9, including, but not limited to, his or her authority to manage provider contracting and payments and to designate covered and noncovered services.

NOTE: The purpose of this bill is to require habilitative speech therapy as a treatment for stuttering insurance coverage.

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