WEST virginia legislature

2025 regular session

Committee Substitute

for

House Bill 3090

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

[Originating in the Banking and Insurance Subcommittee, March 19, 2025]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto seven new sections, designated §5-16-8b, §9-5-34, §33-15-24, §33-16-20, §33-24-15, §33-25-23 and §33-25A-37, relating to requiring health benefit plan coverage; requiring coverage for habilitative services and rehabilitative services as a treatment for stuttering; and defining terms.

*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 and rehabilitative services as treatment for stuttering.

(a) A policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article shall provide coverage for patient cost habilitative services and rehabilitative services as a treatment for stuttering. These services shall be exempt from any deductible, per visit charge and copayment provisions which may be in force in these policies, plans or contracts. This section does not require that other health care services provided be exempt from any deductible 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 policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article 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) Shall 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.

**CHAPTER 9. HUMAN SERVICES.**

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-34. Habilitative and rehabilitative services as treatment for stuttering.

(a) A policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article shall provide coverage for patient cost habilitative services and rehabilitative services as a treatment for stuttering. These services shall be exempt from any deductible, per visit charge and copayment provisions which may be in force in these policies, plans or contracts. This section does not require that other health care services provided be exempt from any deductible 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 policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article 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) Shall 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.

chapter 33. insurance.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-24. Habilitative and rehabilitative services as treatment for stuttering.

(a) A policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article shall provide coverage for patient cost habilitative services and rehabilitative services as a treatment for stuttering. These services shall be exempt from any deductible, per visit charge and copayment provisions which may be in force in these policies, plans or contracts. This section does not require that other health care services provided be exempt from any deductible 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 policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article 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) Shall 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.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-20. Habilitative and rehabilitative services as treatment for stuttering.

(a) A policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article shall provide coverage for patient cost habilitative services and rehabilitative services as a treatment for stuttering. These services shall be exempt from any deductible, per visit charge and copayment provisions which may be in force in these policies, plans or contracts. This section does not require that other health care services provided be exempt from any deductible 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 policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article 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) Shall 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.

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

§33-24-15. Habilitative and rehabilitative services as treatment for stuttering.

(a) A policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article shall provide coverage for patient cost habilitative services and rehabilitative services as a treatment for stuttering. These services shall be exempt from any deductible, per visit charge and copayment provisions which may be in force in these policies, plans or contracts. This section does not require that other health care services provided be exempt from any deductible 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 policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article 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) Shall 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.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-23. Habilitative and rehabilitative services as treatment for stuttering.

(a) A policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article shall provide coverage for patient cost habilitative services and rehabilitative services as a treatment for stuttering. These services shall be exempt from any deductible, per visit charge and copayment provisions which may be in force in these policies, plans or contracts. This section does not require that other health care services provided be exempt from any deductible 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 policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article 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) Shall 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.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

§33-25A-37. Habilitative and rehabilitative services as treatment for stuttering.

(a) A policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article shall provide coverage for patient cost habilitative services and rehabilitative services as a treatment for stuttering. These services shall be exempt from any deductible, per visit charge and copayment provisions which may be in force in these policies, plans or contracts. This section does not require that other health care services provided be exempt from any deductible 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 policy, plan or contract that is issued or renewed on or after January 1, 2026, and is subject to this article 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) Shall 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.