

# **WEST VIRGINIA LEGISLATURE**

## **2025 REGULAR SESSION**

### **Introduced**

## **House Bill 3339**

By Delegates Hamilton, Young, Pushkin, Lewis,  
Hornbuckle, and Garcia

[Introduced March 13, 2025; referred to the  
Committee on Finance]

1 A BILL to amend and reenact the Code of West Virginia, 1931, as amended, adding a new article,  
2 designated §33-64-1, relating to cost sharing for diagnostic and supplemental breast  
3 examinations; providing definitions; providing that the Commissioner of Insurance may  
4 propose legislative rules; providing requirements for insurance and exceptions thereto if  
5 the benefit reduces certain federal benefits; and to provide related matters associated with  
6 coverage.

*Be it enacted by the Legislature of West Virginia:*

**ARTICLE 64. BREAST SCREENING INSURANCE COVERAGE.**

**§33-64-1. Cost-sharing requirements for diagnostic and supplemental breast examinations.**

1 (a) As used in this section:

2 "Cost-sharing requirement" means a deductible, coinsurance, copayment or similar out-of-  
3 pocket expense;

4 "Diagnostic breast examinations" mean a medically necessary and clinically appropriate  
5 breast examination utilizing guidelines established by a professional medical organization,  
6 including such examinations using breast MRI, breast ultrasound, or diagnostic mammogram, that  
7 is:

8 (A) Used to evaluate an abnormality seen or suspected from a screening examination for  
9 breast cancer; or

10 (B) Used to evaluate an abnormality detected by another means of examination.

11 "Health benefit policy" means any individual or group plan, policy, or contract for health  
12 care services issued, delivered, issued for delivery, executed, or renewed by an insurer in this  
13 state;

14 "Insurer" means an entity subject to the insurance laws and rules of this state, or subject to  
15 the jurisdiction of the Insurance Commissioner, that contracts or offers to contract, or enters into  
16 an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care

services, including government agencies and any insurer subject to §5-16-1 *et seq.*, §33-15-1 *et seq.*, §33-16-1 *et seq.*, §33-24-1 *et seq.*, §33-25-1 *et seq.*, and §33-25A-1 *et seq.*:

"Supplemental breast examinations" mean a medically necessary and clinically appropriate, examination of the breast, utilizing current guidelines established by a professional medical organization, including such examinations using breast MRI and breast ultrasound, that is:

(A) Used to screen for breast cancer when there is no abnormality seen or suspected in the breast; and

(B) Based on personal or family medical history or additional factors that may increase the individual's risk of breast cancer.

(b) If a health benefit policy provides coverage with respect to screening, diagnostic breast examinations and supplemental breast examinations, the policy may not impose any cost sharing requirements.

(c) Nothing in this section may be construed to preclude existing utilization review.

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

(e) The Insurance Commissioner may propose rules for legislative approval in accordance with §29A-3-1 *et seq.* necessary to implement the provisions of this section in accordance with current guidelines established by professional medical organizations such as the National Comprehensive Cancer Network.

NOTE: The purpose of this bill is to require insurance providers to provide diagnostic and supplemental breast examinations without 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.