

# **WEST VIRGINIA LEGISLATURE**

## **2025 REGULAR SESSION**

**Introduced**

### **Senate Bill 156**

By Senator Chapman

[Introduced February 12, 2025; referred  
to the Committee on Health and Human Resources;  
and then 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 (1) "Cost-sharing requirement" means a deductible, coinsurance, copayment or similar  
 3 out-of-pocket expense;

4 (2) "Diagnostic breast examinations" mean a medically necessary and clinically  
 5 appropriate breast examination utilizing guidelines established by a professional medical  
 6 organization, including such examinations using breast MRI, breast ultrasound, or diagnostic  
 7 mammogram, that 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 (3) "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 (4) "Insurer" means an entity subject to the insurance laws and rules of this state, or  
 15 subject to the jurisdiction of the Insurance Commissioner, that contracts or offers to contract, or  
 16 enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of

17 health care services, including government agencies and any insurer subject to §5-16-1 et seq.,  
18 §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.;

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

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

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

27 (b) In the case that a health benefit policy provides coverage with respect to screening,  
28 diagnostic breast examinations and supplemental breast examinations, such policy shall not  
29 impose any cost sharing requirements.

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

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

39 (e) The Insurance Commissioner may propose rules for legislative approval in accordance  
40 with the provisions of §29A-3-1 et seq. necessary to implement the provisions of this section in  
41 accordance with current guidelines established by professional medical organizations such as the  
42 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.