

# **WEST VIRGINIA LEGISLATURE**

**2026 REGULAR SESSION**

**ENGROSSED**

**Committee Substitute**

**for**

**House Bill 4869**

By Delegates Green, Hanshaw (Mr. Speaker), Hott,  
Jeffries, Kyle, Rohrbach, Hall, Worrell, Hite, Ellington,  
and Statler

[Originating in the Committee on Finance, February  
25, 2026]



1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new article,  
2 designated §33-15F-1, relating to Medicare supplement policies; providing definitions;  
3 creating access to Medicare supplement policies regardless of health; establishing clearly  
4 bounded guaranteed-issue rights for Medicare supplement policies; providing reporting  
5 requirements; and authorizing rulemaking.

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

**ARTICLE 15F. GUARANTEED ISSUE RIGHTS FOR MEDICARE SUPPLEMENT  
POLICIES.**

**§33-15F-1. Medicare supplement policies.**

1 (a) Definitions. – For purposes of this section:

2 "Medicare supplement policy" means a policy or certificate of health insurance issued  
3 pursuant to this chapter that is advertised, marketed, or designed to supplement Medicare.

4 "Accepted applications" means that an insurer has actively marketed and issued at least  
5 one Medicare supplement policy of the applicable standardized benefit type in this state within the  
6 preceding 12 months, and has not formally closed the policy form to new enrollment.

7 "Affiliated insurer" means an insurer that, directly or indirectly, through one or more  
8 intermediaries, controls, or is controlled by, or is under common control with the insurer specified.

9 "Birthday" means the anniversary of an individual's date of birth.

10 "Same or lesser benefits" means a Medicare supplement policy that provides benefits that  
11 are identical to, or a subset of, the standardized Medicare supplement benefits authorized under  
12 this chapter and applicable federal law.

13 (b) Annual guaranteed issue based on birthday. –

14 (1) Eligibility. – An individual who is enrolled in a Medicare supplement policy issued in this  
15 state shall have a guaranteed issue right, subject to the continuous coverage requirement in  
16 subdivision (2) of this subsection, once per calendar year to replace that policy.

17           (2) Continuous coverage requirement. – The guaranteed issue right under this subsection  
18 is available only if the individual’s existing Medicare supplement policy has been continuously in  
19 force for at least 24 months as of the effective date of the replacement policy. Each replacement  
20 policy issued pursuant to this subsection shall thereafter be subject to the same 24 month  
21 continuous coverage requirement before it may be replaced under this subsection. For purposes  
22 of this subsection, a policy is considered continuously in force if it has been reissued or assumed  
23 by the same insurer or an affiliated insurer without a lapse in coverage.

24           (3) Application period. – For purposes of this subsection, the birthday guaranteed issue  
25 application period begins on the first day of the month of the individual’s birthday and ends 60 days  
26 thereafter.

27           (4) Nature of application period. – The birthday guaranteed issue application period  
28 constitutes an application window only and does not require that the replacement policy become  
29 effective within the 60 day period.

30           (5) Scope of replacement coverage. – During the birthday guaranteed issue application  
31 period, the individual may purchase a Medicare supplement policy:

32           (A) Issued by the same insurer that issued the existing policy or by an affiliated insurer; and

33           (B) That provides the same or lesser standardized Medicare supplement benefits as the  
34 policy being replaced.

35           (6) Exception when comparable coverage is unavailable. –

36           (A) If neither the issuing insurer nor any affiliated insurer of the individual’s existing policy  
37 has accepted applications for a Medicare supplement policy providing the same or lesser  
38 standardized benefits for a period of at least 12 months, the individual may purchase a Medicare  
39 supplement policy providing the same or lesser standardized benefits from any insurer authorized  
40 to issue Medicare supplement policies in this state.

41 (B) This subdivision does not waive the continuous coverage requirement set forth in  
42 subdivision (2) of this subsection and does not permit the purchase of a policy with greater benefits  
43 than the policy being replaced.

44 (7) An insurer may not, with respect to a policy issued under this subsection:

45 (A) Deny issuance;

46 (B) Impose medical underwriting; or

47 (C) Impose a pre-existing condition exclusion or waiting period.

48 (8) An individual who is not enrolled in a Medicare supplement policy on the individual's  
49 birthday is not eligible for the guaranteed issue rights under this subsection.

50 (9) Nothing in this subsection shall be construed to:

51 (A) Require an insurer to offer a Medicare supplement policy not otherwise offered in this  
52 state;

53 (B) Permit the purchase of a Medicare supplement policy with greater benefits than the  
54 policy being replaced; or

55 (C) Alter lawful rating classifications otherwise permitted under this article.

56 (10) A Medicare supplement policy issued under this subsection shall not become effective  
57 earlier than the termination date of the policy being replaced and shall be coordinated to prevent  
58 duplication of coverage.

59 (11) Delayed effective date. – At the request of the applicant, the effective date of a  
60 replacement Medicare supplement policy issued under the birthday guaranteed issue application  
61 period may be delayed for a period not to exceed 90 days following the date of application for the  
62 purpose of coordinating termination of the existing policy and preventing overlapping premium  
63 obligations.

64 (c) Guaranteed issue upon loss of Medicaid eligibility. –

65 (1) An individual who is 65 years of age or older on the date the individual's Medicaid  
66 eligibility ends, is entitled to Medicare, and loses eligibility for medical assistance under Title XIX of

67 the Social Security Act (Medicaid), including full or partial dual eligibility, shall have a guaranteed  
68 issue right to purchase a Medicare supplement policy.

69 (2) The guaranteed issue period under this subsection begins on the date Medicaid  
70 eligibility ends and continues for 63 days thereafter.

71 (3) During the guaranteed issue period, the individual may purchase any Medicare  
72 supplement policy that is actively offered for sale to new enrollees at the time of application by any  
73 insurer authorized to issue Medicare supplement policies in this state.

74 (4) An insurer may not, with respect to a policy issued under this subsection:

75 (A) Deny issuance;

76 (B) Impose medical underwriting; or

77 (C) Impose a pre-existing condition exclusion or waiting period.

78 (5) Guaranteed issue rights under this subsection apply regardless of whether the  
79 individual was previously enrolled in a Medicare supplement policy.

80 (6) Guaranteed issue rights under this subsection apply regardless of whether the  
81 individual was eligible for or enrolled in Medicaid at the time the individual first became entitled to  
82 Medicare.

83 (7) Guaranteed issue rights under this subsection do not arise solely due to disenrollment  
84 from a Medicare Advantage plan.

85 (d) *Annual reporting by the Insurance Commissioner.* –

86 (1) The Insurance Commissioner shall submit an annual written report to the Legislature on  
87 Medicare supplement policy premium trends in this state.

88 (2) The report shall be submitted on or before December 1 of each year and provided to:

89 (A) The President of the Senate;

90 (B) The Speaker of the House of Delegates; and

91 (C) The chairs and members of the committees with jurisdiction over insurance matters.

92 (3) The report shall include, at a minimum:

93 (A) Year-over-year premium changes for Medicare supplement policies, broken out by  
94 insurer;

95 (B) Aggregate statewide premium changes for Medicare supplement policies;

96 (C) A summary of premium trends by standardized Medicare supplement plan type; and

97 (D) Any notable market-wide trends or patterns observed.

98 (4) The report shall be informational in nature and may not be construed to authorize  
99 premium regulation, rate setting, or modification of rating methodologies.

100 (e) Rulemaking authority. – The Insurance Commissioner may propose legislative rules for  
101 promulgation in accordance with the provisions of §29A-3-1 et seq. of this code solely for the  
102 purpose of administering this section, including verification of eligibility and coordination of  
103 effective dates, but may not expand eligibility, carrier access, benefit scope, rating requirements,  
104 or guaranteed issue periods beyond those expressly provided in this section.

105 (f) Construction. – Nothing in this section shall be construed to:

106 (1) Create an open enrollment period beyond those expressly provided;

107 (2) Limit or replace guaranteed issue rights otherwise provided under federal law;

108 (3) Require an insurer to offer a particular premium rate or rating classification not  
109 otherwise permitted under this article; or

110 (4) Apply to Medicare Advantage plans.

111 (g) Applicability. – The requirements of this section shall apply to all insurance policies  
112 issued by an insurer pursuant to this chapter that are delivered, issued for delivery, reissued, or  
113 extended in this state on and after June 1, 2026, or at any time thereafter when any term of the  
114 policy, contract, or plan is changed or any premium adjustment is made.