

E4WQ2WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

House Bill 5241

**FISCAL
NOTE**

By Delegate Hornbuckle

[Introduced February 05, 2026; referred to the
Committee on Finance]

1 A BILL to amend and reenact §33-16-3g and §33-24-7b of the Code of West Virginia, 1931, as
2 amended, and to amend said code by adding 7 new sections, designated §5-16-7h, §16-
3 5A-6, §33-15-4y, §33-16-3pp, §33-24-7z, §33-25-8w, and §33-25A-8z, all relating to
4 insurance coverage for breast cancer screening.

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.

§5-16-7h. Required coverage for breast cancer screenings.

1 (a) The agency shall provide coverage for the cost of health care services pursuant to this
2 article for the cost of the following health care services:

3 (1) One baseline mammogram examination for women who are at least 30 but less than 40
4 years of age; a mammogram examination every year for women aged 40 and over; and, in the
5 case of a woman who is under 40 years of age and has a family history of breast cancer or other
6 breast cancer risk factors, a mammogram examination at such age and intervals as deemed
7 medically necessary by the woman's health care provider; and

8 (2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram
9 demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and
10 Data System established by the American College of Radiology or if a woman is believed to be at
11 increased risk for breast cancer due to family history or prior personal history of breast cancer,
12 positive genetic testing, or other indications as determined by a woman's physician or advanced
13 practice nurse.

(b) This section applies to all coverage issued by this agency delivered, issued for delivery, reissued, or extended in the state on and after January 1, 2026, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.

CHAPTER 16. PUBLIC HEALTH.

ARTICLE 5A. CANCER CONTROL.

§16-5A-6. Notification of breast density.

(a) A radiologist or mammography facility that is certified by the United States Food and Drug Administration or by a certification agency approved by the United States Food and Drug Administration shall include in the mammography summary information that identifies a patient's breast density. This information shall be based upon the Breast Imaging Reporting and Data System established by the American College of Radiology.

(b) The information included:

(1) Shall state that high density breast tissue is not abnormal;

(2) Should provide detail of the potential risks from high breast density;

(3) Provide information on the benefits of additional screening; and

(4) Shall suggest that the patient speak with the patient's primary care physician.

(c) The patient may be provided with any other materials concerning breast density which may include, but are not limited to, the American College of Radiology's most current brochure on the subject of breast density.

(d) This section does not create a standard of care, obligation or duty that would provide the basis for a private cause of action.

CHAPTER 33. INSURANCE.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-4y. Required coverage for breast cancer screenings.

(a) An insurance policy issued by an insurer pursuant to this article that provides

reimbursement or indemnity for laboratory or X-ray services shall provide coverage for the cost of the following health care services:

(1) One baseline mammogram examination for women who are at least 30 but less than 40 years of age; a mammogram examination every year for women aged 40 and over; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider; and

(2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing, or other indications as determined by a woman's physician or advanced practice nurse.

(b) The requirements of this section shall apply to all insurance policies issued by an insurer pursuant to this article delivered, issued for delivery, reissued, or extended in the state on and after January 1, 2026, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-3g. Third party reimbursement for mammography, pap smear or human papilloma virus testing.

~~(a) Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, whenever~~ If reimbursement or indemnity for laboratory or X-ray services are covered, reimbursement or indemnification shall may not be denied for any of the following when performed for cancer screening or diagnostic purposes: ~~at the direction of a person licensed to practice medicine and surgery by the board of Medicine~~

~~(1) Mammograms when medically appropriate and consistent with the current guidelines~~

7 ~~from the United States Preventive Services Task Force~~

8 ~~(2) (1) A pap smear, either conventional or liquid-based cytology, whichever is medically~~
9 appropriate and consistent with the current guidelines from the United States Preventive Services
10 Task Force or The American College of Obstetricians and Gynecologists, for women age 18 or
11 over; and

12 ~~(3) (2) A test for the human papilloma virus (HPV) for women age 18 or over, when~~
13 medically appropriate and consistent with the current guidelines from either the United States
14 Preventive Services Task Force or The American College of Obstetricians and Gynecologists for
15 women age 18 and over.

16 (b) A policy, provision, contract, plan, or agreement may apply to mammograms pap
17 smears or human papilloma virus (HPV) test the same deductibles, coinsurance and other
18 limitations as apply to other covered services.

§33-16-3pp. Required coverage for breast cancer screenings.

1 (a) An insurance policy issued by an insurer pursuant to this article that provides
2 reimbursement or indemnity for laboratory or X-ray services shall provide coverage for the cost of
3 the following health care services:

4 (1) One baseline mammogram examination for women who are at least 30 but less than 40
5 years of age; a mammogram examination every year for women aged 40 and over; and, in the
6 case of a woman who is under 40 years of age and has a family history of breast cancer or other
7 breast cancer risk factors, a mammogram examination at such age and intervals as deemed
8 medically necessary by the woman's health care provider; and

9 (2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram
10 demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and
11 Data System established by the American College of Radiology or if a woman is believed to be at
12 increased risk for breast cancer due to family history or prior personal history of breast cancer,
13 positive genetic testing, or other indications as determined by a woman's physician or advanced

14 practice nurse.

15 (b) The requirements of this section shall apply to all insurance policies issued by an
16 insurer pursuant to this article delivered, issued for delivery, reissued, or extended in the state on
17 and after January 1, 2026, or at any time thereafter when any term of the policy, contract, or plan is
18 changed or any premium adjustment is made.

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

**§33-24-7b. Third party reimbursement for mammography, pap smear or human papilloma
virus testing.**

1 ~~(a) Notwithstanding any provision of any policy, provision, contract, plan or agreement to~~
2 ~~which this article applies, whenever~~ If reimbursement or indemnity for laboratory or X-ray services
3 are covered, reimbursement or indemnification shall may not be denied for any of the following
4 when performed for cancer screening or diagnostic purposes, at the direction of a person licensed
5 to practice medicine and surgery by the board of Medicine:

6 ~~(1) Mammograms when medically appropriate and consistent with the current guidelines~~
7 ~~from the United States Preventive Services Task Force~~

8 ~~(2) (1) A pap smear, either conventional or liquid-based cytology, whichever is medically~~
9 appropriate and consistent with the current guidelines from either the United States Preventive
10 Services Task Force or The American College of Obstetricians and Gynecologists, for women age
11 18 or over; or

12 ~~(3) (2)~~ (2) A test for the human papilloma virus (HPV), when medically appropriate and
13 consistent with the current guidelines from either the United States Preventive Services Task
14 Force or The American College of Obstetricians and Gynecologists, for women age 18 or over.

15 (b) A policy, provision, contract, plan or agreement may apply to mammograms, pap

16 smears or human papilloma virus (HPV) test the same deductibles, coinsurance and other
17 limitations as apply to other covered services.

§33-24-7z. Required coverage for breast cancer screenings.

1 (a) A contract, plan or agreement issued by an insurer pursuant to this article that provides
2 reimbursement or indemnity for laboratory or X-ray services shall provide coverage for the cost of
3 the following health care services:

4 (1) One baseline mammogram examination for women who are at least 30 but less than 40
5 years of age; a mammogram examination every year for women aged 40 and over; and, in the
6 case of a woman who is under 40 years of age and has a family history of breast cancer or other
7 breast cancer risk factors, a mammogram examination at such age and intervals as deemed
8 medically necessary by the woman's health care provider; and

9 (2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram
10 demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and
11 Data System established by the American College of Radiology or if a woman is believed to be at
12 increased risk for breast cancer due to family history or prior personal history of breast cancer,
13 positive genetic testing, or other indications as determined by a woman's physician or advanced
14 practice nurse.

15 (b) The requirements of this section shall apply to all insurance policies issued by an
16 insurer pursuant to this article delivered, issued for delivery, reissued, or extended in the state on
17 and after January 1, 2026, or at any time thereafter when any term of the policy, contract, or plan is
18 changed or any premium adjustment is made.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-8w. Required coverage for breast cancer screenings.

1 (a) A contract, plan or agreement issued by an insurer pursuant to this article that provides
2 reimbursement or indemnity for laboratory or X-ray services shall provide coverage for the cost of
3 the following health care services:

4 (1) One baseline mammogram examination for women who are at least 30 years but less
5 than 40 years of age; a mammogram examination every year for women aged 40 and over; and, in
6 the case of a woman who is under 40 years of age and has a family history of breast cancer or
7 other breast cancer risk factors, a mammogram examination at such age and intervals as deemed
8 medically necessary by the woman's health care provider; and

9 (2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram
10 demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and
11 Data System established by the American College of Radiology or if a woman is believed to be at
12 increased risk for breast cancer due to family history or prior personal history of breast cancer,
13 positive genetic testing, or other indications as determined by a woman's physician or advanced
14 practice nurse.

15 (b) The requirements of this section shall apply to all insurance policies issued by an
16 insurer pursuant to this article delivered, issued for delivery, reissued, or extended in the state on
17 and after January 1, 2026, or at any time thereafter when any term of the policy, contract, or plan is
18 changed or any premium adjustment is made.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.
§33-25A-8z. Required coverage for breast cancer screenings.

1 (a) A contract, plan or agreement issued by an insurer pursuant to this article that provides
2 reimbursement or indemnity for laboratory or X-ray services shall provide coverage for the cost of
3 the following health care services:

4 (1) One baseline mammogram examination for women who are at least 30 but less than 40
5 years of age; a mammogram examination every year for women aged 40 and over; and, in the
6 case of a woman who is under 40 years of age and has a family history of breast cancer or other
7 breast cancer risk factors, a mammogram examination at such age and intervals as deemed
8 medically necessary by the woman's health care provider; and

9 (2) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram

10 demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and
11 Data System established by the American College of Radiology or if a woman is believed to be at
12 increased risk for breast cancer due to family history or prior personal history of breast cancer,
13 positive genetic testing, or other indications as determined by a woman's physician or advanced
14 practice nurse.

15 (b) The requirements of this section shall apply to all insurance policies issued by an
16 insurer pursuant to this article delivered, issued for delivery, reissued, or extended in the state on
17 and after January 1, 2026, or at any time thereafter when any term of the policy, contract, or plan is
18 changed or any premium adjustment is made.

NOTE: The purpose of this bill is to establish insurance provisions required relating to breast cancer screenings.

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