

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

House Bill 4869

**FISCAL
NOTE**

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

[Introduced January 28, 2026; referred to the
Committee on Finance]

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 Medigap regardless of health; establishing clearly bounded
4 guaranteed-issue rights for Medicare Supplement (Medigap) 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 article that is advertised, marketed, or designed to supplement Medicare.

4 "Affiliated insurer" means an insurer that is part of the same holding company system as
5 defined in §33-2-9b of this code.

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

7 "Same or lesser benefits" means a Medicare supplement policy that provides benefits that
8 are identical to, or a subset of, the standardized Medicare supplement benefits authorized under
9 this article and applicable federal law.

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

11 (1) An individual who is enrolled in a Medicare supplement policy issued in this state shall
12 have a guaranteed issue right once per calendar year to replace that policy.

13 (2) The guaranteed issue period shall begin on the individual's birthday and end 60 days
14 after the birthday.

15 (3) During the guaranteed issue period, the individual may purchase a Medicare
16 supplement policy:

17 (A) Issued by the same insurer that issued the existing policy or by an affiliated insurer, as
18 determined pursuant to §33-2-9b of this code; and

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

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

22 (A) Deny issuance;

23 (B) Impose medical underwriting; or

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

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

27 (6) Nothing in this subsection shall be construed to:

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

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

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

33 (7) A Medicare supplement policy issued under this subsection shall not become effective
34 earlier than the termination date of the policy being replaced and shall be coordinated to prevent
35 duplication of coverage.

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

37 (1) An individual who is 65 years of age or older on the date the individual's Medicaid
38 eligibility ends, is entitled to Medicare, and loses eligibility for medical assistance under Title XIX of
39 the Social Security Act (Medicaid), including full or partial dual eligibility, shall have a guaranteed
40 issue right to purchase a Medicare supplement policy.

41 (2) The guaranteed issue period under this subsection shall begin on the date Medicaid
42 eligibility ends and shall continue for 63 days thereafter.

(3) During the guaranteed issue period, the individual may purchase any Medicare supplement policy offered by any insurer authorized to issue Medicare supplement policies in this state.

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

(A) Deny issuance;

(B) Impose medical underwriting; or

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

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

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

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

(d) Annual reporting by the Insurance Commissioner. –

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

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

(A) The President of the Senate;

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

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

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

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

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

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

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

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

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

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

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

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

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

82 (4) Apply to Medicare Advantage plans.

NOTE: The purpose of this bill is to establish a narrow, clearly bounded guaranteed-issue rights for Medicare Supplement (Medigap) policies in West Virginia.

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