WEST VIRGINIA LEGISLATURE
REGULAR SESSION, 1989

ENROLLED

SENATE BILL NO. 523

(By Senator Spears, et al.)

PASSED April 8, 1989
In Effect July 1, 1989 Passage
ENROLLED

Senate Bill No. 523

(BY SENATORS SPEARS, RUNDLE, BLATNIK, PRITT, LUCHT AND BOLEY)

[Passed April 8, 1989; to take effect July 1, 1989.]

AN ACT to amend article fifteen, chapter thirty-three of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new section, designated section four-c; to amend article sixteen, chapter thirty-three of said code by adding thereto a new section, designated section three-g; to amend article twenty-four of said chapter thirty-three by adding thereto a new section, designated section seven-b; to amend article twenty-five of said chapter by adding thereto a new section, designated section eight-a; and to amend article twenty-five-a of said chapter by adding thereto a new section, designated section eight-a, all relating to insurance; and requiring third party reimbursement for mammography and pap smear testing.

Be it enacted by the Legislature of West Virginia:

That article fifteen, chapter thirty-three of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto a new section, designated section four-c; that article sixteen, chapter thirty-three of said code be amended by adding thereto a new section, designated section three-g; that article twenty-four of said chapter be amended by adding thereto a new
section, designated section seven-b; that article twenty-five of said chapter be amended by adding thereto a new section, designated section eight-a; and that article twenty-five-a of said chapter be amended by adding thereto a new section, designated section eight-a, all to read as follows:

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-4c. Third party reimbursement for mammography or pap smear testing.

1 Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, whenever reimbursement or indemnity for laboratory or X ray services are covered, reimbursement or indemnification shall not be denied for mammograms or pap smears 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) A baseline mammogram for women age thirty-five to thirty-nine, inclusive; (2) a mammogram for women age forty to forty-nine inclusive, every two years or more frequently based on the woman's physician's recommendation; (3) a mammogram every year for women age fifty and over; (4) a pap smear annually or more frequently based on the woman's physician's recommendation for women age eighteen or over. A policy, provision, contract, plan or agreement may apply to mammograms or pap smears, the same deductibles, coinsurance and other limitations as apply to other covered services.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

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

1 Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, whenever reimbursement or indemnity for laboratory or X ray services are covered, reimbursement or indemnification shall not be denied for mammograms or pap smears when performed for cancer screening or diagnostic purposes, at the direc-
tion of a person licensed to practice medicine and surgery by the board of medicine: (1) A baseline mammogram for women age thirty-five to thirty-nine, inclusive; (2) a mammogram for women age forty to forty-nine inclusive, every two years or more frequently based on the woman’s physician’s recommendation; (3) a mammogram every year for women age fifty and over; (4) a pap smear annually or more frequently based on the woman’s physician’s recommendation for women age eighteen or over. A policy, provision, contract, plan or agreement may apply to mammograms or pap smears, the same deductibles, coinsurance and other limitations as apply to other covered services.

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

§33-24-7b. Third party reimbursement for mammography or pap smear testing.

Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, whenever reimbursement or indemnity for laboratory or X ray services are covered, reimbursement or indemnification shall not be denied for mammograms or pap smears 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) A baseline mammogram for women age thirty-five to thirty-nine, inclusive; (2) a mammogram for women age forty to forty-nine, inclusive, every two years or more frequently based on the woman’s physician’s recommendation; (3) a mammogram every year for women age fifty and over; (4) a pap smear annually or more frequently based on the woman’s physician’s recommendation for women age eighteen or over. A policy, provision, contract, plan or agreement may apply to mammograms or pap smears, the same deductibles, coinsurance and other limitations as apply to other covered services.
ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-8a. Third party reimbursement for mammography or pap smear testing.

Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, whenever reimbursement or indemnity for laboratory or X ray services are covered, reimbursement or indemnification shall not be denied for mammograms or pap smears 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) A baseline mammogram for women age thirty-five to thirty-nine, inclusive; (2) a mammogram for women age forty to forty-nine inclusive, every two years or more frequently based on the woman’s physician’s recommendation; (3) a mammogram every year for women age fifty and over; (4) a pap smear annually or more frequently based on the woman’s physician’s recommendation for women age eighteen or over. A policy, provision, contract, plan or agreement may apply to mammograms or pap smears, the same deductibles, coinsurance and other limitations as apply to other covered services.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

§33-25A-8a. Third party reimbursement for mammography and pap smear testing.

Notwithstanding any provision of any policy, provision, contract, plan or agreement to which this article applies, whenever reimbursement or indemnity for laboratory or X ray services are covered, reimbursement or indemnification shall not be denied for mammograms or pap smears 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) A baseline mammogram for women age thirty-five to thirty-nine, inclusive; (2) a mammogram for women age forty to forty-nine inclusive, every two years or more frequently based on the woman’s physician’s recommend-
14 dation; (3) a mammogram every year for women age
15 fifty and over; (4) a pap smear annually or more
16 frequently based on the woman's physician's recom-
17 mendation for women age eighteen or over. A policy,
18 provision, contract, plan or agreement may apply to
19 mammograms or pap smears, the same deductibles,
20 coinsurance and other limitations as apply to other
21 covered services.
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originated in the Senate.

To take effect July 1, 1989.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker House of Delegates

The within is approved . . . this the . . .

day of . . . . . . . . . . . . . . . . . 1989.

Governor