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OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

WEST VIRGINIA LEGISLATURE

FIRST REGULAR SESSION, 1991

— ● —

ENROLLED

HOUSE BILL No. 2901

(By Mr. Del Gallagher + Beane)

— ● —

Passed March 9, 1991

In Effect 90 Days From Passage

ENROLLED
H. B. 2901

(By DELEGATES GALLAGHER AND BEANE)

[Passed March 9, 1991; in effect ninety days from passage.]

AN ACT to amend and reenact sections four-d and fourteen, article fifteen, chapter thirty-three of the code of West Virginia, one thousand nine hundred thirty-one, as amended; to amend and reenact sections three-h and ten, article sixteen of said chapter; to amend and reenact sections seven-c and forty-three, article twenty-four of said chapter; to amend and reenact sections eight-b and twenty, article twenty-five of said chapter; and to amend and reenact sections eight-b and thirty-one, article twenty-five-a of said chapter, all relating to accident and sickness insurance; third party reimbursement for rehabilitation services; policies discriminating among health care providers; group accident and sickness insurance; third party reimbursement for rehabilitation services; policies discriminating among health care providers; hospital service corporations, medical service corporations, dental service corporations and health service corporations; third party reimbursement for rehabilitation services; policies discriminating among health care providers; health care corporations; third party reimbursement for rehabilitation services; policies discriminating among health care providers; health maintenance organization act; third party reimbursement for rehabilitation services; and policies discriminating among health care providers.

Be it enacted by the Legislature of West Virginia:

That sections four-d and fourteen, article fifteen, chapter thirty-three of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended and reenacted; that sections three-h and ten, article sixteen of said chapter be amended and reenacted; that sections seven-c and forty-three, article twenty-four of said chapter be amended and reenacted; that sections eight-b and twenty, article twenty-five of said chapter be amended and reenacted; and that sections eight-b and thirty-one, article twenty-five-a of said chapter be amended and reenacted, all to read as follows:

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-4d. Third party reimbursement for rehabilitation services.

1 (a) Notwithstanding any provision of any policy,
2 provision, contract, plan or agreement to which this
3 article applies, any entity regulated by this article, shall
4 on or after the first day of July, one thousand nine
5 hundred ninety-one, provide as benefits to all subscrib-
6 ers and members coverage for rehabilitation services as
7 hereinafter set forth, unless rejected by the insured.

8 (b) For purposes of this article and section, "rehabil-
9 itation services" includes those services which are
10 designed to remediate patient's condition or restore
11 patients to their optimal physical, medical, psychologi-
12 cal, social, emotional, vocational and economic status.
13 Rehabilitative services include by illustration and not
14 limitation diagnostic testing, assessment, monitoring or
15 treatment of the following conditions individually or in
16 a combination:

- 17 (1) Stroke;
- 18 (2) Spinal cord injury;
- 19 (3) Congenital deformity;
- 20 (4) Amputation;
- 21 (5) Major multiple trauma;
- 22 (6) Fracture of femur;
- 23 (7) Brain injury;

24 (8) Polyarthritis, including rheumatoid arthritis;

25 (9) Neurological disorders, including, but not limited
26 to, multiple sclerosis, motor neuron diseases, polyneuro-
27 pathy, muscular dystrophy and Parkinson's disease;

28 (10) Cardiac disorders, including, but not limited to,
29 acute myocardial infarction, angina pectoris, coronary
30 arterial insufficiency, angioplasty, heart transplanta-
31 tion, chronic arrhythmias, congestive heart failure,
32 valvular heart disease;

33 (11) Burns.

34 (c) Rehabilitation services includes care rendered by
35 any of the following:

36 (1) A hospital duly licensed by the state of West
37 Virginia that meets the requirements for rehabilitation
38 hospitals as described in Section 2803.2 of the Medicare
39 Provider Reimbursement Manual, Part 1, as published
40 by the U. S. Health Care Financing Administration;

41 (2) A distinct part rehabilitation unit in a hospital
42 duly licensed by the state of West Virginia. The distinct
43 part unit must meet the requirements of Section 2803.61
44 of the Medicare Provider Reimbursement Manual, Part
45 1, as published by the U. S. Health Care Financing
46 Administration;

47 (3) A hospital duly licensed by the state of West
48 Virginia which meets the requirements for cardiac
49 rehabilitation as described in Section 35-25, Transmittal
50 41, dated August, 1989, as promulgated by the U. S.
51 Health Care Financing Administration.

52 (d) Rehabilitation services do not include services for
53 mental health, chemical dependency, vocational rehabil-
54 itation, long-term maintenance or custodial services.

55 (e) A policy, provision, contract, plan or agreement
56 may apply to rehabilitation services the same deducti-
57 bles, coinsurance and other limitations as apply to other
58 covered services.

**§33-15-14. Policies discriminating among health care
providers.**

1 Notwithstanding any other provisions of law, when
2 any health insurance policy, health care services plan or
3 other contract provides for the payment of medical
4 expenses, benefits or procedures, such policy, plan or
5 contract shall be construed to include payment to all
6 health care providers including medical physicians,
7 osteopathic physicians, podiatric physicians, chiroprac-
8 tic physicians, midwives and nurse practitioners who
9 provide medical services, benefits or procedures which
10 are within the scope of each respective provider's
11 license. Any limitation or condition placed upon servi-
12 ces, diagnoses or treatment by, or payment to any
13 particular type of licensed provider shall apply equally
14 to all types of licensed providers without unfair
15 discrimination as to the usual and customary treatment
16 procedures of any of the aforesaid providers.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-3h. Third party reimbursement for rehabilitation services.

1 (a) Notwithstanding any provision of any policy,
2 provision, contract, plan or agreement to which this
3 article applies, any entity regulated by this article shall,
4 on or after the first day of July, one thousand nine
5 hundred ninety-one, provide as benefits to all subscrib-
6 ers and members coverage for rehabilitation services as
7 hereinafter set forth, unless rejected by the insured.

8 (b) For purposes of this article and section, "rehabil-
9 itation services" includes those services which are
10 designed to remediate patient's condition or restore
11 patients to their optimal physical, medical, psychologi-
12 cal, social, emotional, vocational and economic status.
13 Rehabilitative services include by illustration and not
14 limitation diagnostic testing, assessment, monitoring or
15 treatment of the following conditions individually or in
16 a combination:

- 17 (1) Stroke;
- 18 (2) Spinal cord injury;
- 19 (3) Congenital deformity;

- 20 (4) Amputation;
- 21 (5) Major multiple trauma;
- 22 (6) Fracture of femur;
- 23 (7) Brain injury;
- 24 (8) Polyarthritis, including rheumatoid arthritis;
- 25 (9) Neurological disorders, including, but not limited
26 to, multiple sclerosis, motor neuron diseases, polyneuro-
27 pathy, muscular dystrophy and Parkinson's disease;
- 28 (10) Cardiac disorders, including, but not limited to,
29 acute myocardial infarction, angina pectoris, coronary
30 arterial insufficiency, angioplasty, heart transplanta-
31 tion, chronic arrhythmias, congestive heart failure,
32 valvular heart disease;
- 33 (11) Burns.
- 34 (c) Rehabilitative services includes care rendered by
35 any of the following:
- 36 (1) A hospital duly licensed by the state of West
37 Virginia that meets the requirements for rehabilitation
38 hospitals as described in Section 2803.2 of the Medicare
39 Provider Reimbursement Manual, Part 1, as published
40 by the U. S. Health Care Financing Administration;
- 41 (2) A distinct part rehabilitation unit in a hospital
42 duly licensed by the state of West Virginia. The distinct
43 part unit must meet the requirements of Section 2803.61
44 of the Medicare Provider Reimbursement Manual, Part
45 1, as published by the U. S. Health Care Financing
46 Administration;
- 47 (3) A hospital duly licensed by the state of West
48 Virginia which meets the requirements for cardiac
49 rehabilitation as described in Section 35-25, Transmittal
50 41, dated August, 1989, as promulgated by the U. S.
51 Health Care Financing Administration.
- 52 (d) Rehabilitation services do not include services for
53 mental health, chemical dependency, vocational rehabil-
54 itation, long-term maintenance or custodial services.
- 55 (e) A policy, provision, contract, plan or agreement

56 may apply to rehabilitation services the same deducti-
57 bles, coinsurance and other limitations as apply to other
58 covered services.

§33-16-10. Policies discriminating among health care providers.

1 Notwithstanding any other provisions of law, when
2 any health insurance policy, health care services plan or
3 other contract provides for the payment of medical
4 expenses, benefits or procedures, such policy, plan or
5 contract shall be construed to include payment to all
6 health care providers including medical physicians,
7 osteopathic physicians, podiatric physicians, chiroprac-
8 tic physicians, midwives and nurse practitioners who
9 provide medical services, benefits or procedures which
10 are within the scope of each respective provider's
11 license. Any limitation or condition placed upon serv-
12 ices, diagnoses or treatment by, or payment to any
13 particular type of licensed provider shall apply equally
14 to all types of licensed providers without unfair
15 discrimination as to the usual and customary treatment
16 procedures of any of the aforesaid providers.

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

§33-24-7c. Third party reimbursement for rehabilitation services.

1 (a) Notwithstanding any provision of any policy,
2 provision, contract, plan or agreement to which this
3 article applies, any entity regulated by this article shall,
4 on or after the first day of July, one thousand nine
5 hundred ninety-one, provide as benefits to all subscrib-
6 ers and members coverage for rehabilitation services as
7 hereinafter set forth, unless rejected by the insured.

8 (b) For purposes of this article and section, "rehabil-
9 itation services" includes those services which are
10 designed to remediate patient's condition or restore
11 patients to their optimal physical, medical, psychologi-
12 cal, social, emotional, vocational and economic status.
13 Rehabilitative services include by illustration and not

14 limitation diagnostic testing, assessment, monitoring or
15 treatment of the following conditions individually or in
16 a combination:

- 17 (1) Stroke;
- 18 (2) Spinal cord injury;
- 19 (3) Congenital deformity;
- 20 (4) Amputation;
- 21 (5) Major multiple trauma;
- 22 (6) Fracture of femur;
- 23 (7) Brain injury;
- 24 (8) Polyarthrits, including rheumatoid arthritis;
- 25 (9) Neurological disorders, including, but not limited
26 to, multiple sclerosis, motor neuron diseases, polyneuro-
27 pathy, muscular dystrophy and Parkinson's disease;
- 28 (10) Cardiac disorders, including, but not limited to,
29 acute myocardial infarction, angina pectoris, coronary
30 arterial insufficiency, angioplasty, heart transplanta-
31 tion, chronic arrhythmias, congestive heart failure,
32 valvular heart disease;
- 33 (11) Burns.

34 (c) Rehabilitative services includes care rendered by
35 any of the following:

36 (1) A hospital duly licensed by the state of West
37 Virginia that meets the requirements for rehabilitation
38 hospitals as described in Section 2803.2 of the Medicare
39 Provider Reimbursement Manual, Part 1, as published
40 by the U. S. Health Care Financing Administration;

41 (2) A distinct part rehabilitation unit in a hospital
42 duly licensed by the state of West Virginia. The distinct
43 part unit must meet the requirements of Section 2803.61
44 of the Medicare Provider Reimbursement Manual, Part
45 1, as published by the U. S. Health Care Financing
46 Administration;

47 (3) A hospital duly licensed by the state of West
48 Virginia which meets the requirements for cardiac

49 rehabilitation as described in Section 3-25, Transmittal
50 41, dated August, 1989, as promulgated by the U. S.
51 Health Care Financing Administration.

52 (d) Rehabilitation services do not include services for
53 mental health, chemical dependency, vocational rehabil-
54 itation, long-term maintenance or custodial services.

55 (e) A policy, provision, contract, plan or agreement
56 may apply to rehabilitation services the same deducti-
57 bles, coinsurance and other limitations as apply to other
58 covered services.

§33-24-43. Policies discriminating among health care providers.

1 Notwithstanding any other provisions of law, when
2 any health insurance policy, health care services plan or
3 other contract provides for the payment of medical
4 expenses, benefits or procedures, such policy, plan or
5 contract shall be construed to include payment to all
6 health care providers including medical physicians,
7 osteopathic physicians, podiatric physicians, chiroprac-
8 tic physicians, midwives and nurse practitioners who
9 provide medical services, benefits or procedures which
10 are within the scope of each respective provider's
11 license. Any limitation or condition placed upon serv-
12 ices, diagnoses or treatment by, or payment to any
13 particular type of licensed provider shall apply equally
14 to all types of licensed providers without unfair
15 discrimination as to the usual and customary treatment
16 procedures of any of the aforesaid providers.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-8b. Third party reimbursement for rehabilitation services.

1 (a) Notwithstanding any provision of any policy,
2 provision, contract, plan or agreement to which this
3 article applies, any entity regulated by this article shall
4 on or after the first day of July, one thousand nine
5 hundred ninety-one, provide as benefits to all subscrib-
6 ers and members coverage for rehabilitation services as
7 hereinafter set forth, unless rejected by the insured.

8 (b) For purposes of this article and section, "rehabil-
9 itation services" includes those services which are
10 designed to remediate patient's condition or restore
11 patients to their optimal physical, medical, psychologi-
12 cal, social, emotional, vocational and economic status.
13 Rehabilitative services include by illustration and not
14 limitation diagnostic testing, assessment, monitoring or
15 treatment of the following conditions individually or in
16 a combination:

17 (1) Stroke;

18 (2) Spinal cord injury;

19 (3) Congenital deformity;

20 (4) Amputation;

21 (5) Major multiple trauma;

22 (6) Fracture of femur;

23 (7) Brain injury;

24 (8) Polyarthritis, including rheumatoid arthritis;

25 (9) Neurological disorders, including, but not limited
26 to, multiple sclerosis, motor neuron diseases, polyneuro-
27 pathy, muscular dystrophy and Parkinson's disease;

28 (10) Cardiac disorders, including, but not limited to,
29 acute myocardial infarction, angina pectoris, coronary
30 arterial insufficiency, angioplasty, heart transplanta-
31 tion, chronic arrhythmias, congestive heart failure,
32 valvular heart disease;

33 (11) Burns.

34 (c) Rehabilitative services includes care rendered by
35 any of the following:

36 (1) A hospital duly licensed by the state of West
37 Virginia that meets the requirements for rehabilitation
38 hospitals as described in Section 2803.2 of the Medicare
39 Provider Reimbursement Manual, Part 1, as published
40 by the U. S. Health Care Financing Administration;

41 (2) A distinct part rehabilitation unit in a hospital
42 duly licensed by the state of West Virginia. The distinct

43 part unit must meet the requirements of Section 2803.61
44 of the Medicare Provider Reimbursement Manual, Part
45 1, as published by the U. S. Health Care Financing
46 Administration;

47 (3) A hospital duly licensed by the state of West
48 Virginia which meets the requirements for cardiac
49 rehabilitation as described in Section 35-25, Transmittal
50 41, dated August, 1989, as promulgated by the U. S.
51 Health Care Financing Administration.

52 (d) Rehabilitation services do not include services for
53 mental health, chemical dependency, vocational rehabil-
54 itation, long-term maintenance or custodial services.

55 (e) A policy, provision, contract, plan or agreement
56 may apply to rehabilitation services the same deducti-
57 bles, coinsurance and other limitations as apply to other
58 covered services.

§33-25-20. Policies discriminating among health care providers.

1 Notwithstanding any other provisions of law, when
2 any health insurance policy, health care services plan or
3 other contract provides for the payment of medical
4 expenses, benefits or procedures, such policy, plan or
5 contract shall be construed to include payment to all
6 health care providers including medical physicians,
7 osteopathic physicians, podiatric physicians, chiroprac-
8 tic physicians, midwives and nurse practitioners who
9 provide medical services, benefits or procedures which
10 are within the scope of each respective provider's
11 license. Any limitation or condition placed upon servi-
12 ces, diagnoses or treatment by, or payment to any
13 particular type of licensed provider shall apply equally
14 to all types of licensed providers without unfair
15 discrimination as to the usual and customary treatment
16 procedures of any of the aforesaid providers.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

**§33-25A-8b. Third party reimbursement for rehabilita-
tion services.**

1 (a) Notwithstanding any provision of any policy,

2 provision, contract, plan or agreement to which this
3 article applies, any entity regulated by this article shall,
4 on or after the first day of July, one thousand nine
5 hundred ninety-one, provide as benefits to all subscrib-
6 ers and members coverage for rehabilitation services as
7 hereinafter set forth, unless rejected by insured.

8 (b) For purposes of this article and section, "rehabil-
9 itation services" includes those services which are
10 designed to remediate patient's condition or restore
11 patients to their optimal physical, medical, psychologi-
12 cal, social, emotional, vocational and economic status.
13 Rehabilitative services include by illustration and not
14 limitation diagnostic testing, assessment, monitoring or
15 treatment of the following conditions individually or in
16 a combination:

17 (1) Stroke;

18 (2) Spinal cord injury;

19 (3) Congenital deformity;

20 (4) Amputation;

21 (5) Major multiple trauma;

22 (6) Fracture of femur;

23 (7) Brain injury;

24 (8) Polyarthritis, including rheumatoid arthritis;

25 (9) Neurological disorders, including, but not limited
26 to, multiple sclerosis, motor neuron diseases, polyneuro-
27 pathy, muscular dystrophy and Parkinson's disease;

28 (10) Cardiac disorders, including, but not limited to,
29 acute myocardial infarction, angina pectoris, coronary
30 arterial insufficiency, angioplasty, heart transplanta-
31 tion, chronic arrhythmias, congestive heart failure,
32 valvular heart disease;

33 (11) Burns.

34 (c) Rehabilitative services includes care rendered by
35 any of the following:

36 (1) A hospital duly licensed by the state of West

37 Virginia that meets the requirements for rehabilitation
38 hospitals as described in Section 2803.2 of the Medicare
39 Provider Reimbursement Manual, Part 1, as published
40 by the U. S. Health Care Financing Administration;

41 (2) A distinct part rehabilitation unit in a hospital
42 duly licensed by the state of West Virginia. The distinct
43 part unit must meet the requirements of Section 2803.61
44 of the Medicare Provider Reimbursement Manual, Part
45 1, as published by the U. S. Health Care Financing
46 Administration;

47 (3) A hospital duly licensed by the state of West
48 Virginia which meets the requirements for cardiac
49 rehabilitation as described in Section 35-25, Transmittal
50 41, dated August, 1989, as promulgated by the U. S.
51 Health Care Financing Administration.

52 (d) Rehabilitation services do not include services for
53 mental health, chemical dependency, vocational rehabil-
54 itation, long-term maintenance or custodial services.

55 (e) A policy, provision, contract, plan or agreement
56 may apply to rehabilitation services the same deducti-
57 bles, coinsurance and other limitations as apply to other
58 covered services.

**§33-25A-31. Policies discriminating among health care
providers.**

1 Notwithstanding any other provisions of law, when
2 any health insurance policy, health care services plan or
3 other contract provides for the payment of medical
4 expenses, benefits or procedures, such policy, plan or
5 contract shall be construed to include payment to all
6 health care providers including medical physicians,
7 osteopathic physicians, podiatric physicians, chiroprac-
8 tic physicians, midwives and nurse practitioners who
9 provide medical services, benefits or procedures which
10 are within the scope of each respective provider's
11 license. Any limitation or condition placed upon servi-
12 ces, diagnoses or treatment by, or payment to any
13 particular type of licensed provider shall apply equally
14 to all types of licensed providers without unfair
15 discrimination as to the usual and customary treatment
16 procedures of any of the aforesaid providers.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Somer Heck

Chairman Senate Committee

Ernest C. Moore

Chairman House Committee

Originating in the House.

Takes effect ninety days from passage.

Harrell Williams

Clerk of the Senate

Donald L. Kopp

Clerk of the House of Delegates

Keith Fontaine

President of the Senate

Robert C. Bell

Speaker of the House of Delegates

The within *is approved* this the *3rd*
day of *April* 1991.

Yaston Caperton

Governor

PRESENTED TO THE
GOVERNOR

Date 3/20/41

Time 5:10 pm