

HB # 4516

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OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

WEST VIRGINIA LEGISLATURE

REGULAR SESSION, 1994



ENROLLED

Com. Sub. For

HOUSE BILL No. 4516

(By ~~Delegate~~ *Mr. Speaker, Mr. Chambers*)
and Delegates P. White, Gallagher,
Kiss, Lowe, Ashcraft and Rutledge)

Passed March 12, 1994

In Effect From Passage

ENROLLED
COMMITTEE SUBSTITUTE
FOR
H. B. 4516

(By MR. SPEAKER, MR. CHAMBERS, AND DELEGATES P. WHITE,
GALLAGHER, KISS, ROWE, ASHCRAFT AND RUTLEDGE)

[Passed March 12, 1994; in effect from passage.]

AN ACT to amend and reenact section nine, article sixteen, chapter five of the code of West Virginia, one thousand nine hundred thirty-one, as amended; to amend and reenact section five, article three, chapter sixteen of said code; to amend and reenact section fifteen, article fifteen, chapter thirty-three of said code; to further amend said article fifteen by adding thereto a new section, designated section seventeen; to amend article sixteen of said chapter by adding thereto a new section, designated section twelve; to amend article sixteen-a of said chapter by adding thereto a new section, designated section fifteen; to amend and reenact sections three and four, article sixteen-c of said chapter; to amend article sixteen-d of said chapter by adding thereto a new section, designated section fourteen; to amend article twenty-four of said chapter by adding thereto a new section, designated section seven-d; to amend article twenty-five of said chapter by adding thereto a new section, designated section eight-c; and to amend article twenty-five-a of said chapter by adding thereto a new section, designated section eight-c, all relating to child immunization services; requiring free distribution of additional vaccines; requiring all third party payors to provide first-dollar coverage for cost of childhood

immunizations and vaccine administration.

Be it enacted by the Legislature of West Virginia:

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

**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.

§5-16-9. Authorization to execute contracts for group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance and other accidental death insurance; mandated benefits; limitations; awarding of contracts; reinsurance; certificates for covered employees; discontinuance of contracts.

1 (a) The director is hereby given exclusive authoriza-
2 tion to execute such contract or contracts as are
3 necessary to carry out the provisions of this article and
4 to provide the plan or plans of group hospital and
5 surgical insurance coverage, group major medical
6 insurance coverage, group prescription drug insurance
7 coverage and group life and accidental death insurance
8 coverage selected in accordance with the provisions of
9 this article, such contract or contracts to be executed
10 with one or more agencies, corporations, insurance
11 companies or service organizations licensed to sell group
12 hospital and surgical insurance, group major medical
13 insurance, group prescription drug insurance and group
14 life and accidental death insurance in this state.

15 (b) The group hospital or surgical insurance coverage
16 and group major medical insurance coverage herein
17 provided for shall include coverages and benefits for X-
18 ray and laboratory services in connection with mammo-
19 grams and pap smears when performed for cancer
20 screening or diagnostic services and annual checkups
21 for prostate cancer in men age fifty and over. Such
22 benefits shall include, but not be limited to, the
23 following:

24 (1) Baseline or other recommended mammograms for
25 women ages thirty-five to thirty-nine, inclusive;

26 (2) Mammograms recommended or required for
27 women age forty to forty-nine, inclusive, every two years
28 or as needed;

29 (3) A mammogram every year for women age fifty
30 and over;

31 (4) A pap smear annually or more frequently based
32 on the woman's physician's recommendation for women
33 age eighteen and over; and

34 (5) A checkup for prostate cancer annually for men
35 age fifty or over.

36 (c) The group life and accidental death insurance
37 herein provided for shall be in the amount of ten
38 thousand dollars for every employee. The amount of the
39 group life and accidental death insurance to which an

40 employee would otherwise be entitled shall be reduced
41 to five thousand dollars upon such employee attaining
42 age sixty-five.

43 (d) All of the insurance coverage to be provided for
44 under this article may be included in one or more
45 similar contracts issued by the same or different
46 carriers.

47 (e) The provisions of article three, chapter five-a of
48 this code, relating to the division of purchases of the
49 department of finance and administration, shall not
50 apply to any contracts for any insurance coverage or
51 professional services authorized to be executed under
52 the provisions of this article. Before entering into any
53 contract for any insurance coverage, as herein autho-
54 rized, said director shall invite competent bids from all
55 qualified and licensed insurance companies or carriers,
56 who may wish to offer plans for the insurance coverage
57 desired. The director shall deal directly with insurers
58 in presenting specifications and receiving quotations for
59 bid purposes. No commission or finder's fee, or any
60 combination thereof, shall be paid to any individual or
61 agent; but this shall not preclude an underwriting
62 insurance company or companies, at their own expense,
63 from appointing a licensed resident agent, within this
64 state, to service the companies' contracts awarded under
65 the provisions of this article. Commissions reasonably
66 related to actual service rendered for such agent or
67 agents may be paid by the underwriting company or
68 companies: *Provided*, That in no event shall payment be
69 made to any agent or agents when no actual services are
70 rendered or performed. The director shall award such
71 contract or contracts on a competitive basis. In award-
72 ing the contract or contracts the director shall take into
73 account the experience of the offering agency, corpora-
74 tion, insurance company or service organization in the
75 group hospital and surgical insurance field, group major
76 medical insurance field, group prescription drug field
77 and group life and accidental death insurance field, and
78 its facilities for the handling of claims. In evaluating
79 these factors, the director may employ the services of
80 impartial, professional insurance analysts or actuaries

81 or both. Any contract executed by the director with a
82 selected carrier shall be a contract to govern all eligible
83 employees subject to the provisions of this article.
84 Nothing contained in this article shall prohibit any
85 insurance carrier from soliciting employees covered
86 hereunder to purchase additional hospital and surgical,
87 major medical or life and accidental death insurance
88 coverage.

89 (f) The director may authorize the carrier with whom
90 a primary contract is executed to reinsure portions of
91 such contract with other carriers which elect to be a
92 reinsurer and who are legally qualified to enter into a
93 reinsurance agreement under the laws of this state.

94 (g) Each employee who is covered under any such
95 contract or contracts shall receive a statement of
96 benefits to which such employee, his or her spouse and
97 his or her dependents are entitled thereunder, setting
98 forth such information as to whom such benefits shall
99 be payable, to whom claims shall be submitted, and a
100 summary of the provisions of any such contract or
101 contracts as they affect the employee, his or her spouse
102 and his or her dependents.

103 (h) The director may at the end of any contract period
104 discontinue any contract or contracts it has executed
105 with any carrier and replace the same with a contract
106 or contracts with any other carrier or carriers meeting
107 the requirements of this article.

108 (i) The director shall provide by contract or contracts
109 entered into under the provisions of this article the cost
110 for coverage of children's immunization services from
111 birth through age sixteen years to provide immunization
112 against the following illnesses: Diphtheria, polio,
113 mumps, measles, rubella, tetanus, hepatitis-b, haemo-
114 philus influenzae-b and whooping cough. Additional
115 immunizations may be required by the commissioner of
116 the bureau of public health for public health purposes.
117 Any contract entered into to cover these services shall
118 require that all costs associated with immunization,
119 including the cost of the vaccine, if incurred by the
120 health care provider, and all costs of vaccine adminis-

121 tration, be exempt from any deductible, per visit charge
122 and/or copayment provisions which may be in force in
123 these policies or contracts. This section does not require
124 that other health care services provided at the time of
125 immunization be exempt from any deductible and/or
126 copayment provisions.

CHAPTER 16. PUBLIC HEALTH

ARTICLE 3. PREVENTION AND CONTROL OF COMMUNICABLE AND OTHER INFECTIOUS DISEASES.

§16-3-5. Distribution of free vaccine preventives of disease.

1 (a) Declaration of legislative findings and purpose. —
2 The Legislature finds and declares that early immun-
3 ization for preventable diseases represents one of the
4 most cost-effective means of disease prevention. The
5 savings which can be realized from immunization,
6 compared to the cost of health care necessary to treat
7 the illness and lost productivity, are substantial.
8 Immunization of children at an early age serves as a
9 preventative measure both in time and money and is
10 essential to maintain our children's health and well-
11 being. The costs of childhood immunizations should not
12 be allowed to preclude the benefits available from a
13 comprehensive, medically supervised child immuniza-
14 tion service. Furthermore, the federal government has
15 established goals that require ninety percent of all
16 children to be immunized by age two and provided
17 funding to allow uninsured children to meet this goal.

18 (b) The state director of health shall acquire vaccine
19 for the prevention of polio, measles, mumps, rubella,
20 diphtheria, pertussis, tetanus, hepatitis-b, haemophilus
21 influenzae-b and other vaccine preventives of disease as
22 may be deemed necessary or required by law, and shall
23 distribute the same, free of charge, in such quantities
24 as he may deem necessary, to county and municipal
25 health officers, to be used by them for the benefit of, and
26 without expense to the citizens within their respective
27 jurisdictions, to check contagions and control epidemics.

28 (c) The county and municipal health officers shall
29 have the responsibility to properly store and distribute,

30 free of charge, vaccines to private medical or osteopathic
31 physicians within their jurisdictions to be utilized to
32 check contagions and control epidemics: *Provided*, That
33 the private medical or osteopathic physicians shall not
34 make a charge for the vaccine itself when administering
35 it to a patient. The county and municipal health officers
36 shall provide a receipt to the state director of health for
37 any vaccine delivered as herein provided.

38 (d) The director of the division of health is charged
39 with establishing a childhood immunization advisory
40 committee to plan for universal access, make recommen-
41 dations on the distribution of vaccines acquired pursu-
42 ant to this section and tracking of immunization
43 compliance in accordance with federal and state laws.
44 The childhood immunization advisory committee shall
45 be appointed by the secretary of the department of
46 health and human resources no later than the first day
47 of July, one thousand nine hundred ninety-four, and
48 shall be comprised of representatives from the following
49 groups: Public health nursing, public health officers,
50 primary health care providers, pediatricians, family
51 practice physicians, health care administrators, state
52 medicaid program, the health insurance industry, the
53 public employees insurance agency, the self-insured
54 industry and consumers. The state epidemiologist shall
55 serve as an advisor to the committee. Members of the
56 advisory committee shall serve two-year terms.

57 (e) All health insurance policies and prepaid care
58 policies issued in this state which provide coverage for
59 the children of the insured shall provide coverage for
60 child immunization services to include the cost of the
61 vaccine, if incurred by the health care provider, and all
62 costs of administration from birth through age sixteen
63 years. These services shall be exempt from any deduct-
64 ible, per-visit charge and/or copayment provisions
65 which may be in force in these policies or contracts. This
66 section does not exempt other health care services
67 provided at the time of immunization from any deduct-
68 ible and/or copayment provisions.

69 (f) Attending physicians, midwives, nurse practition-
70 ers, hospitals, birthing centers, clinics and other

71 appropriate health care providers shall provide parents
72 of newborns and preschool age children with informa-
73 tion on the following immunizations: Diphtheria, polio,
74 mumps, measles, rubella, tetanus, hepatitis-b, haemo-
75 philus influenzae-b and whooping cough. This informa-
76 tion should include the availability of free immunization
77 services for children.

CHAPTER 33. INSURANCE.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-15. Insurance commissioner to establish minimum benefits and coverages for an individual policy design; basic policy benefits; exemptions; legislative rules; premiums; applicability.

1 (a) The insurance commissioner shall establish
2 minimum benefits which may be included in any
3 individual accident and sickness insurance policy issued
4 pursuant to this article. The commissioner may accept
5 bids on designs for such minimum plans and shall
6 compile a final basic benefit plan for use by insurers
7 within six months after the effective date of this article.

8 (b) The basic policy plan established by the insurance
9 commissioner may include coverage for the services of
10 medical physicians or surgeons, podiatrists, physician
11 assistants, osteopathic physicians or surgeons, chiro-
12 practors, midwives, advanced nurse practitioners or any
13 other professional health care provider as deemed
14 appropriate by the insurance commissioner.

15 (c) The following shall serve as a guide to the
16 commissioner in the design of a basic policy issued
17 pursuant to this article:

- 18 (1) Inpatient hospital care up to twenty days per year;
- 19 (2) Outpatient hospital care including, but not limited
20 to, surgery and anesthesia, pre-admission testing,
21 radiation therapy and chemotherapy;
- 22 (3) Accident or emergency care through emergency
23 room care and emergency admissions to a hospital;

24 (4) Physician office visits for primary, preventive,
25 well, acute or sick care, up to four visits per year, and
26 laboratory fees, surgery and anesthesia, diagnostic X
27 rays, physician care in a hospital inpatient or outpatient
28 setting;

29 (5) Prenatal care, including a minimum of one
30 prenatal office visit per month during the first two
31 trimesters of pregnancy, two office visits per month
32 during the seventh and eighth months of pregnancy, and
33 one office visit per week during the ninth month and
34 until term. Coverage for each such visit shall include
35 necessary appropriate screening, including history,
36 physical examination, and such laboratory and diagnos-
37 tic procedures as may be deemed appropriate by the
38 physician based upon recognized medical criteria for the
39 risk group of which the patient is a member. Coverage
40 for each office visit shall also include such prenatal
41 counseling as the physician deems appropriate;

42 (6) Obstetrical care, including physician's services,
43 delivery room and other medically necessary hospital
44 services; and

45 (7) X-ray and laboratory services in connection with
46 mammograms or pap smears when performed for
47 cancer screening or diagnostic purposes, at the direction
48 of a physician, including, but not limited to, the
49 following:

50 (A) Baseline or other recommended mammograms for
51 women age thirty-five to thirty-nine, inclusive;

52 (B) Mammograms recommended or required for
53 women age forty to forty-nine, inclusive, every two years
54 or as needed;

55 (C) A mammogram every year for women age fifty
56 and over; or

57 (D) A pap smear annually or more frequently based
58 on the woman's physician's recommendation for women
59 age eighteen or over. A basic policy issued pursuant to
60 this article may apply to mammograms or pap smears
61 the same deductibles or copayments as apply to other
62 covered services.

63 (8) Medical and laboratory services in connection with
64 annual checkups for prostate cancer in men age fifty
65 and over.

66 (9) Child immunization services as described in
67 section five, article three, chapter sixteen of this code.
68 This coverage will cover all costs associated with
69 immunization, including the cost of the vaccine, if
70 incurred by the health care provider, and all costs of
71 vaccine administration. These services shall be exempt
72 from any deductible, per-visit charge and/or copayment
73 provisions which may be in force in these policies or
74 contracts. This section does not require that other health
75 care services provided at the time of immunization be
76 exempt from any deductible and/or copayment
77 provisions.

78 (d) Notwithstanding any other provision of this code
79 to the contrary, any basic policy issued pursuant to this
80 section shall be exempt from all statutorily and
81 regulatorily mandated benefits and coverages except for
82 the minimum benefits and coverages as established by
83 the commissioner pursuant to subsection (a) of this
84 section.

85 (e) Nothing in this section shall preclude an insurer
86 from offering any other benefit or coverage under a
87 basic policy issued pursuant to this article, for an
88 appropriate additional premium: *Provided*, That any
89 additional benefit or coverage must first be approved by
90 the insurance commissioner.

91 (f) A basic policy issued pursuant to this section may
92 include deductibles, copayments and maximum benefits:
93 *Provided*, That any additional benefit must first be
94 approved by the insurance commissioner.

95 (g) The insurance commissioner shall promulgate
96 legislative rules pursuant to chapter twenty-nine-a of
97 this code to implement the provisions of this section,
98 including, but not limited to, rules regarding bids,
99 forms and rates.

100 (h) The premiums paid for insurance provided
101 pursuant to this article shall be exempt from the

102 premium tax required to be paid pursuant to sections
103 fourteen and fourteen-a, article three of this chapter.

104 (i) A basic policy provided by this section shall be
105 issued only to individuals who have been without health
106 insurance coverage for at least one year prior to
107 application for the same.

§33-15-17. Child immunization services coverage.

1 All policies issued pursuant to this article shall cover
2 the cost of child immunization services as described in
3 section five, article three, chapter sixteen of this code,
4 including the cost of the vaccine, if incurred by the
5 health care provider, and all costs of vaccine adminis-
6 tration. These services shall be exempt from any
7 deductible, per-visit charge and/or copayment provi-
8 sions which may be in force in these policies or
9 contracts. This section does not require that other health
10 care services provided at the time of immunization be
11 exempt from any deductible and/or copayment provi-
12 sions.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-12. Child immunization services coverage.

1 All policies issued pursuant to this article shall cover
2 the cost of child immunization services as described in
3 section five, article three, chapter sixteen of this code,
4 including the cost of the vaccine, if incurred by the
5 health care provider, and all costs of vaccine adminis-
6 tration. These services shall be exempt from any
7 deductible, per-visit charge and/or copayment provi-
8 sions which may be in force in these policies or
9 contracts. This section does not require that other health
10 care services provided at the time of immunization be
11 exempt from any deductible and/or copayment provi-
12 sions.

ARTICLE 16A. GROUP HEALTH INSURANCE CONVERSION.

§33-16A-15. Child immunization services coverage.

1 All policies issued pursuant to this article shall cover
2 the cost of child immunization services as described in
3 section five, article three, chapter sixteen of this code,

4 including the cost of the vaccine, if incurred by the
5 health care provider, and all costs of vaccine adminis-
6 tration. These services shall be exempt from any
7 deductible, per-visit charge and/or copayment provi-
8 sions which may be in force in these policies or
9 contracts. This section does not require that other health
10 care services provided at the time of immunization be
11 exempt from any deductible and/or copayment provi-
12 sions.

**ARTICLE 16C. EMPLOYER GROUP ACCIDENT AND SICKNESS
INSURANCE POLICIES.**

**§33-16C-3. Exemption from mandatory benefits and
coverages; optional benefits and cover-
ages; deductibles and copayments.**

1 (a) Notwithstanding any other provision of this code
2 to the contrary, any basic policy issued pursuant to this
3 article shall be exempt from all statutorily and regula-
4 torily mandated benefits and coverages except for the
5 minimum benefits and coverages provided for in section
6 four of this article.

7 (b) Nothing in this article shall preclude an insurer
8 from offering any other benefit or coverage under a
9 basic policy issued pursuant to this article, for an
10 appropriate additional premium: *Provided*, That any
11 additional benefit or coverage must first be approved by
12 the insurance commissioner.

13 (c) A basic policy issued pursuant to this article may
14 include deductibles, copayments and maximum benefits:
15 *Provided*, That any additional benefit must first be
16 approved by the insurance commissioner: *Provided*,
17 *however*, That child immunization services shall be
18 exempt from any deductible, per-visit charge and/or
19 copayment provisions which may be in force in these
20 policies or contracts. This section does not exempt other
21 health care services provided at the time of immuniza-
22 tion from any deductible and/or copayment provisions.

**§33-16C-4. Insurance commissioner to establish minimum
benefits and coverages; basic policy
benefits.**

1 (a) The insurance commissioner shall establish
2 minimum benefits which shall be included in every
3 insurance policy issued pursuant to this article. The
4 commissioner may accept bids on designs for such
5 minimum plans and shall compile a final basic benefit
6 plan for use by insurers within six months after the
7 effective date of this article.

8 (b) The basic policy plan established by the insurance
9 commissioner may include coverage for the services of
10 medical physicians or surgeons, podiatrists, physician
11 assistants, osteopathic physicians or surgeons, chiro-
12 practors, midwives, advanced nurse practitioners, or
13 any other professional health care provider as deemed
14 appropriate by the insurance commissioner.

15 (c) The following shall serve as a guide to the
16 commissioner in the design of a basic policy issued
17 pursuant to this article:

18 (1) Inpatient hospital care up to twenty days per year;

19 (2) Outpatient hospital care including, but not limited
20 to, surgery and anesthesia, pre-admission testing,
21 radiation therapy and chemotherapy;

22 (3) Accident or emergency care through emergency
23 room care and emergency admissions to a hospital;

24 (4) Physician office visits for primary, preventive,
25 well, acute or sick care, up to four visits per year, and
26 laboratory fees, surgery and anesthesia, diagnostic X
27 rays, physician care in a hospital inpatient or outpatient
28 setting;

29 (5) Prenatal care, including a minimum of one
30 prenatal office visit per month during the first two
31 trimesters of pregnancy, two office visits per month
32 during the seventh and eighth months of pregnancy, and
33 one office visit per week during the ninth month and
34 until term. Coverage for each such visit shall include
35 necessary appropriate screening, including history,
36 physical examination, and such laboratory and diagnos-
37 tic procedures as may be deemed appropriate by the
38 physician based upon recognized medical criteria for the
39 risk group of which the patient is a member. Coverage

40 for each office visit shall also include such prenatal
41 counseling as the physician deems appropriate;

42 (6) Obstetrical care, including physician's services,
43 delivery room and other medically necessary hospital
44 services; and

45 (7) X-ray and laboratory services in connection with
46 mammograms or pap smears when performed for
47 cancer screening or diagnostic purposes, at the direction
48 of a physician, including, but not limited to, the
49 following:

50 (A) Baseline or other recommended mammograms for
51 women age thirty-five to thirty-nine, inclusive;

52 (B) Mammograms recommended or required for
53 women age forty to forty-nine, inclusive, every two years
54 or as needed;

55 (C) A mammogram every year for women age fifty
56 and over; or

57 (D) A pap smear annually or more frequently based
58 on the woman's physician's recommendation for women
59 age eighteen or over. A basic policy issued pursuant to
60 this article may apply to mammograms or pap smears
61 the same deductibles or copayments as apply to other
62 covered services.

63 (8) Medical and laboratory services in connection with
64 annual checkups for prostate cancer in men age fifty
65 and over.

66 (9) Child immunization services as described in
67 section five, article three, chapter sixteen of this code.
68 This coverage will cover all costs associated with
69 immunization, including the cost of the vaccine, if
70 incurred by the health care provider, and all costs of
71 vaccine administration. These services shall be exempt
72 from any deductible, per-visit charge and/or copayment
73 provisions which may be in force in these policies or
74 contracts. This section does not require that other health
75 care services provided at the time of immunization be
76 exempt from any deductible and/or copayment provi-
77 sions.

**ARTICLE 16D. MARKETING AND RATE PRACTICES FOR
SMALL EMPLOYER ACCIDENT AND SICK-
NESS INSURANCE POLICIES.**

§33-16D-14. Child immunization services coverage.

1 All policies issued pursuant to this article shall cover
2 the cost of child immunization services as described in
3 section five, article three, chapter sixteen of this code,
4 including the cost of the vaccine, if incurred by the
5 health care provider, and all costs of vaccine adminis-
6 tration. These services shall be exempt from any
7 deductible, per-visit charge and/or copayment provi-
8 sions which may be in force in these policies or
9 contracts. This section does not require that other health
10 care services provided at the time of immunization be
11 exempt from any deductible and/or copayment provi-
12 sions.

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

**§33-24-7d. Required provisions in contracts which in-
clude child immunization services in the
terms of the contract.**

1 Each contract made by the corporation with partic-
2 ipating hospitals, physicians, and other health agencies
3 which provide immunizations to children shall require
4 that bills submitted to the corporation for child
5 immunization services rendered under the terms of
6 their contracts will set forth separately those charges for
7 said services. Charges for other health care services
8 provided during the same visit shall not be included in
9 the charge for immunization services.

ARTICLE 25. HEALTH CARE CORPORATIONS.

**§33-25-8c. Third party payment for child immunization
services.**

1 Notwithstanding any provision of any policy, provi-
2 sion, contract, plan or agreement to which this article
3 applies, any entity regulated by this article shall, on or
4 after the first day of July, one thousand nine hundred

5 ninety-four, provide as benefits to all subscribers and
6 members coverage for child immunization services as
7 described in section five, article three, chapter sixteen
8 of this code. This coverage will cover all costs associated
9 with immunization, including the cost of the vaccine, if
10 incurred by the health care provider, and all costs of
11 vaccine administration. These services shall be exempt
12 from any deductible, per-visit charge and/or copayment
13 provisions which may be in force in these policies,
14 provisions, plans, agreements or contracts. This section
15 does not require that other health care services provided
16 at the time of immunization be exempt from any
17 deductible and/or copayment provisions.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

§33-25A-8c. Third party payment for child immunization services.

1 Notwithstanding any provision of any policy, provi-
2 sion, contract, plan or agreement to which this article
3 applies, any entity regulated by this article shall, on or
4 after the first day of July, one thousand nine hundred
5 ninety-four, provide as benefits to all subscribers and
6 members coverage for child immunization services as
7 described in section five, article three, chapter sixteen
8 of this code. This coverage will cover all costs associated
9 with immunization, including the cost of the vaccine, if
10 incurred by the health care provider, and all costs of
11 vaccine administration. These services shall be exempt
12 from any deductible, per-visit charge and/or copayment
13 provisions which may be in force in these policies,
14 provisions, plans, agreements or contracts. This section
15 does not require that other health care services provided
16 at the time of immunization be exempt from any
17 deductible and/or copayment provisions.

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

[Handwritten Signature]
.....
Chairman Senate Committee

Ernest C Moore
.....
Chairman House Committee

Originating in the House.

Takes effect from passage.

[Handwritten Signature]
.....
Clerk of the Senate

Donald L Kapp
.....
Clerk of the House of Delegates

[Handwritten Signature]
.....
President of the Senate

[Handwritten Signature]
.....
Speaker of the House of Delegates

The within *is approved* this the *30th*
day of *March* 1994.

[Handwritten Signature]
.....
Governor

PRESENTED TO THE

GOVERNOR

Date 3/29/94

Time 11:48 AM