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WEST VIRGINIA LEGISLATURE
EIGHTY-SECOND LEGISLATURE
REGULAR SESSION, 2015

OFFICE OF THE SECRETARY OF STATE



ENROLLED

COMMITTEE SUBSTITUTE

FOR

Senate Bill No. 366

(SENATORS FERNS, STOLLINGS, WALTERS AND
D. HALL, *ORIGINAL SPONSORS*)

[PASSED MARCH 11, 2015; IN EFFECT NINETY DAYS FROM PASSAGE.]

SB 366

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[Passed March 11, 2015; in effect ninety days from passage.]

AN ACT to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article, designated §33-50-1, §33-50-2 and §33-50-3, all relating to the West Virginia Health Benefit Exchange; defining terms; requiring certain information be published on a website; providing online information to assist consumers in making informed decisions concerning purchase of a qualified health plan; and authorizing rulemaking.

Be it enacted by the Legislature of West Virginia:

That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new article, designated §33-50-1, §33-50-2 and §33-50-3, all to read as follows:

ARTICLE 50. PATIENT PROTECTION AND TRANSPARENCY ACT.

§33-50-1. Definitions.

- 1 For the purposes of this article, the following words and
- 2 terms mean the following:

3 (1) "Commissioner" means the West Virginia Insurance
4 Commissioner.

5 (2) "Consumer" means an individual or family purchasing
6 insurance coverage through the exchange.

7 (3) "Exchange" means the West Virginia Health Benefit
8 Exchange or an exchange website operated by the federal
9 government.

10 (4) "Health care provider" means a provider of medical
11 or health services and any other person or organization who
12 furnishes, bills or is paid for health care in the normal course
13 of business.

14 (5) "Health carrier" means an entity subject to the
15 insurance laws of this state, or subject to the jurisdiction of
16 the commissioner, that contracts or offers to contract to
17 provide, deliver, arrange for, pay for or reimburse any of the
18 costs of health care services, including a sickness and
19 accident insurance company, a health maintenance
20 organization, a nonprofit hospital and health service
21 corporation or any other entity providing a plan of health
22 insurance, health benefits or health services.

23 (6) "Network" means a group of health care providers
24 that have contracted with a health plan to provide care at a
25 discounted rate.

26 (7) "Qualified health plan" means a health plan certified
27 to be offered for sale through the exchange.

28 (8) "West Virginia Health Benefit Exchange" means the
29 government-regulated marketplace of qualified health plans
30 with multiple levels of coverage established pursuant to
31 article sixteen-g of this chapter.

§33-50-2. Information available to the public and disclosures required of health carriers.

1 (a) The commissioner shall on his or her website provide
2 information regarding the qualified health plans being offered
3 for sale through the exchange in a format easily found by a
4 consumer on such website. Information may be provided
5 through links to specific information, including through links
6 to the website of each health carrier offering a qualified
7 health plan for sale through the exchange.

8 (b) Information to be made available to consumers for
9 each qualified health plan offered for sale through the
10 exchange include:

11 (1) The names of the physicians, hospitals and other
12 health care providers that are in network;

13 (2) A list of the types of specialists that are in network;

14 (3) Exclusions from coverage by category of benefits;

15 (4) Restrictions on use or quantity of covered items and
16 services by category of benefits;

17 (5) The dollar amount of copayments;

18 (6) The percentage of coinsurance by item and service;

19 (7) Required cost-sharing;

20 (8) Information sufficient to determine whether a specific
21 drug is available on formulary;

22 (9) Clinical prerequisites or authorization requirements
23 for coverage of specific drugs;

24 (10) A description of how medications will be included
25 in or excluded from the deductible;

26 (11) A description of out-of-pocket costs that may not
27 apply to the deductible for a medication;

28 (12) Information sufficient to determine whether a
29 specific drug is covered when furnished by a physician or
30 clinic;

31 (13) An explanation of the amount of coverage for out-of-
32 network providers or noncovered services;

33 (14) The process for a patient to appeal a health plan
34 decision; and

35 (15) Contact information for the qualified health plan.

36 (c) The commissioner may require a qualified health plan
37 to make the information listed in subsection (b) of this section
38 available, including for website usage, and to provide for the
39 reasonable updating of such information.

40 (d) The commissioner's website should provide general
41 information concerning the exchange, qualified health plans,
42 health insurance terminology and other information
43 consumers may need to assist them in making informed
44 decisions concerning the purchase of a qualified health plan
45 through the exchange.

§33-50-3. Rule-making authority.

1 The commissioner may propose rules for legislative
2 approval in accordance with the provisions of article three,
3 chapter twenty-nine-a of this code to implement the
4 provisions of this article.

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

Mark R. Ferguson
.....
(Chairman Senate Committee)

John B. McKelvey
.....
Chairman House Committee

Originated in the Senate.

In effect ninety days from passage.

Clark A. Barnes
.....
Clerk of the Senate

Steph D. Harris
.....
Clerk of the House of Delegates

Will P. Holcomb
.....
President of the Senate

Philip Miller
.....
Speaker of the House of Delegates

The within *is approved* this the *18th*
Day of *March*, 2015.

Earl Ray Tomblin
.....
Governor

PRESENTED TO THE GOVERNOR

MAR 16 2015

Time 11:15 AM