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HOUSE BILL NO. 2716

House Amendments in [] — February 3, 1997

A BILL to amend and reenact § 2.1-20.1 of the Code of Virginia, as it is currently effective and as it may become effective, relating to health and related insurance for state employees; coverage for early intervention services.

Patrons—Christian, Behm, Bennett, Bloxom, Crittenden, Darner, Deeds, Grayson, Hargrove, Johnson, Jones, D.C., Jones, J.C., Keating, Landes, Lovelace, Moore, Morgan, Phillips, Plum, Puller, Putney, Robinson, Shuler, Spruill and Woodrum; Senators: Howell, Lambert, Marsh and Miller, Y.B.

Referred to Committee on Corporations, Insurance and Banking

Be it enacted by the General Assembly of Virginia:

1. That § 2.1-20.1 of the Code of Virginia as it is currently effective and as it may become effective is amended and reenacted as follows:

§ 2.1-20.1. Health and related insurance for state employees.

A. 1. The Governor shall establish a plan for providing health insurance coverage, including chiropractic treatment, hospitalization, medical, surgical and major medical coverage, for state employees and retired state employees with the Commonwealth paying the cost thereof to the extent of the coverage included in such plan. The Department of Personnel and Training shall administer this section. The plan chosen shall provide means whereby coverage for the families or dependents of state employees may be purchased. The Commonwealth may pay all or a portion of the cost thereof, and for such portion as the Commonwealth does not pay, the employee may purchase the coverage by paying the additional cost over the cost of coverage for an employee.

2. Such contribution shall be financed through appropriations provided by law.

B. 1. The plan shall include coverage for low-dose screening mammograms for determining the presence of occult breast cancer. Such coverage shall make available one screening mammogram to persons age thirty-five through thirty-nine, one such mammogram biennially to persons age forty through forty-nine, one such mammogram annually to persons age fifty and over and may be limited to a benefit of fifty dollars per mammogram subject to such dollar limits, deductibles, and coinsurance factors as are no less favorable than for physical illness generally. The term "mammogram" shall mean an X-ray examination of the breast using equipment dedicated specifically for mammography, including but not limited to the X-ray tube, filter, compression device, screens, film, and cassettes, with an average radiation exposure of less than one rad mid-breast, two views of each breast.

2. The plan shall include coverage for the treatment of breast cancer by dose-intensive chemotherapy with autologous bone marrow transplants or stem cell support when performed at a clinical program authorized to provide such therapies as a part of clinical trials sponsored by the National Cancer Institute. For persons previously covered under the plan, there shall be no denial of coverage due to the existence of a preexisting condition.

3. The plan shall include coverage for postpartum services providing inpatient care and a home visit or visits which shall be in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Such coverage shall be provided incorporating any changes in such Guidelines or Standards within six months of the publication of such Guidelines or Standards or any official amendment thereto.

4. The plan shall include coverage for early intervention services. For purposes of this section, "early intervention services" means [services provided through Part H of the Individuals with Disabilities Education Act (20 U.S.C. § 1471 et seq.) designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development and provided to children from birth through age three who have (i) a twenty-five percent developmental delay in one or more areas of development, (ii) atypical development, or (iii) a handicapping condition. "Medically necessary services" are those services designed to help an individual attain or retain the capability to function appropriately within his environment, and shall include services which enhance functional ability without effecting a cure. Provisions of these services shall include speech and language therapy, occupational therapy, physical therapy, psychological counseling, and adaptive equipment medically necessary speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age three who are certified by the Department of Mental Health, Mental Retardation, and Substance Abuse Services as eligible for services under Part H

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60 of the Individuals with Disabilities Education Act (20 U.S.C. §1471 et seq.). Medically necessary early
61 intervention services for the population certified by the Department of Mental Health, Mental
62 Retardation, and Substance Abuse Services shall mean those services designed to help an individual
63 attain or retain the capability to function age-appropriately within his environment, and shall include
64 services which enhance functional ability without effecting a cure] .

65 For persons previously covered under the plan, there shall be no denial of coverage due to the
66 existence of a preexisting condition. The cost of early intervention services shall not be applied to any
67 contractual provision limiting the total amount of coverage paid by the insurer to or on behalf of the
68 insured during the insured's lifetime.

69 C. Claims incurred during a fiscal year but not reported during that fiscal year shall be paid from
70 such funds as shall be appropriated by law. Appropriations, premiums and other payments shall be
71 deposited in the employee health insurance fund, from which payments for claims, premiums, cost
72 containment programs and administrative expenses shall be withdrawn from time to time. The assets of
73 the fund shall be held for the sole benefit of the employee health insurance program. The fund shall be
74 held in the state treasury. Any interest on unused balances in the fund shall revert back to the credit of
75 the fund.

76 D. For the purposes of this section, the term "state employee" means state employee as defined in
77 § 51.1-124.3, employee as defined in § 51.1-201, the Governor, Lieutenant Governor and Attorney
78 General, judge as defined in § 51.1-301 and judges, clerks and deputy clerks of regional juvenile and
79 domestic relations, county juvenile and domestic relations, and district courts of the Commonwealth,
80 interns and residents employed by the School of Medicine and Hospital of the University of Virginia,
81 and interns, residents, and employees of the Medical College of Virginia Hospitals Authority as provided
82 in § 23-50.16:24.

83 E. Provisions shall be made for retired employees to obtain coverage under the above plan. The
84 Commonwealth may, but shall not be obligated to, pay all or any portion of the cost thereof.

85 F. Any self-insured group health insurance plan established by the Department of Personnel and
86 Training which utilizes a network of preferred providers shall not exclude any physician solely on the
87 basis of a reprimand or censure from the Board of Medicine, so long as the physician otherwise meets
88 the plan criteria established by the Department.

89 § 2.1-20.1. (Delayed effective date) Health and related insurance for state employees.

90 A. 1. The Governor shall establish a plan for providing health insurance coverage, including
91 chiropractic treatment, hospitalization, medical, surgical and major medical coverage, for state employees
92 and retired state employees with the Commonwealth paying the cost thereof to the extent of the
93 coverage included in such plan. The Department of Personnel and Training shall administer this section.
94 The plan chosen shall provide means whereby coverage for the families or dependents of state
95 employees may be purchased. The Commonwealth may pay all or a portion of the cost thereof, and for
96 such portion as the Commonwealth does not pay, the employee may purchase the coverage by paying
97 the additional cost over the cost of coverage for an employee.

98 2. Such contribution shall be financed through appropriations provided by law.

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109 with autologous bone marrow transplants or stem cell support when performed at a clinical program
110 authorized to provide such therapies as a part of clinical trials sponsored by the National Cancer
111 Institute. For persons previously covered under the plan, there shall be no denial of coverage due to the
112 existence of a preexisting condition.

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114 or visits which shall be in accordance with the medical criteria, outlined in the most current version of
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116 Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for
117 Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists.
118 Such coverage shall be provided incorporating any changes in such Guidelines or Standards within six
119 months of the publication of such Guidelines or Standards or any official amendment thereto.

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Disabilities Education Act (20 U.S.C. § 1471 et seq.) designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development and provided to children from birth through age three who have (i) a twenty-five percent developmental delay in one or more areas of development, (ii) atypical development, or (iii) a handicapping condition. "Medically necessary services" are those services designed to help an individual attain or retain the capability to function appropriately within his environment, and shall include services which enhance functional ability without effecting a cure. Provisions of these services shall include speech and language therapy, occupational therapy, physical therapy, psychological counseling, and adaptive equipment medically necessary speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age three who are certified by the Department of Mental Health, Mental Retardation, and Substance Abuse Services as eligible for services under Part H of the Individuals with Disabilities Education Act (20 U.S.C. § 1471 et seq.). Medically necessary early intervention services for the population certified by the Department of Mental Health, Mental Retardation, and Substance Abuse Services shall mean those services designed to help an individual attain or retain the capability to function age-appropriately within his environment, and shall include services which enhance functional ability without effecting a cure] .

For persons previously covered under the plan, there shall be no denial of coverage due to the existence of a preexisting condition. The cost of early intervention services shall not be applied to any contractual provision limiting the total amount of coverage paid by the insurer to or on behalf of the insured during the insured's lifetime.

C. Claims incurred during a fiscal year but not reported during that fiscal year shall be paid from such funds as shall be appropriated by law. Appropriations, premiums and other payments shall be deposited in the employee health insurance fund, from which payments for claims, premiums, cost containment programs and administrative expenses shall be withdrawn from time to time. The assets of the fund shall be held for the sole benefit of the employee health insurance program. The fund shall be held in the state treasury. Any interest on unused balances in the fund shall revert back to the credit of the fund.

D. For the purposes of this section, the term "state employee" means state employee as defined in § 51.1-124.3, employee as defined in § 51.1-201, the Governor, Lieutenant Governor and Attorney General, judge as defined in § 51.1-301 and judges, clerks and deputy clerks of district courts of the Commonwealth, interns and residents employed by the School of Medicine and Hospital of the University of Virginia, and interns, residents, and employees of the Medical College of Virginia Hospitals Authority as provided in § 23-50.15:25.

E. Provisions shall be made for retired employees to obtain coverage under the above plan. The Commonwealth may, but shall not be obligated to, pay all or any portion of the cost thereof.

F. Any self-insured group health insurance plan established by the Department of Personnel and Training which utilizes a network of preferred providers shall not exclude any physician solely on the basis of a reprimand or censure from the Board of Medicine, so long as the physician otherwise meets the plan criteria established by the Department.