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HOUSE BILL NO. 2485

Offered January 20, 1997

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

Patrons-Rhodes, Christian, Connally, Cooper, Crittenden, Cunningham, Darner, Drake, Keating, Puller, Sherwood, Van Landingham and Watts; Senator: Woods

Referred to Committee on General Laws

Be it enacted by the General Assembly of Virginia:

12 1. That § 2.1-20.1, as it is currently effective and as it may become effective, of the Code of 13 Virginia is amended and reenacted as follows:

 $\frac{1}{5}$ 2.1-20.1. (For effective date - See note) Health and related insurance for state employees.

15 A. 1. The Governor shall establish a plan for providing health insurance coverage, including 16 chiropractic treatment, hospitalization, medical, surgical and major medical coverage, for state employees 17 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. 18 The plan chosen shall provide means whereby coverage for the families or dependents of state 19 20 employees may be purchased. The Commonwealth may pay all or a portion of the cost thereof, and for 21 such portion as the Commonwealth does not pay, the employee may purchase the coverage by paying 22 the additional cost over the cost of coverage for an employee.

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

24 B. 1. The plan shall include coverage for low-dose screening mammograms for determining the 25 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 26 27 through forty-nine, one such mammogram annually to persons age fifty and over and may be limited to 28 a benefit of fifty dollars per mammogram subject to such dollar limits, deductibles, and coinsurance 29 factors as are no less favorable than for physical illness generally. The term "mammogram" shall mean 30 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 31 32 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.

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

45 4. The plan shall include coverage for prescription drugs and devices approved by the United States 46 Food and Drug Administration for use as contraceptives.

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.

54 D. For the purposes of this section, the term "state employee" means state employee as defined in 55 § 51.1-124.3, employee as defined in § 51.1-201, the Governor, Lieutenant Governor and Attorney 56 General, judge as defined in § 51.1-301 and judges, clerks and deputy clerks of regional juvenile and 57 domestic relations, county juvenile and domestic relations, and district courts of the Commonwealth, 58 interns and residents employed by the School of Medicine and Hospital of the University of Virginia, 59 and interns, residents, and employees of the Medical College of Virginia Hospitals Authority as provided HB2485

60 in § 23-50.16:24.

61 E. Provisions shall be made for retired employees to obtain coverage under the above plan. The 62 Commonwealth may, but shall not be obligated to, pay all or any portion of the cost thereof.

63 F. Any self-insured group health insurance plan established by the Department of Personnel and 64 Training which utilizes a network of preferred providers shall not exclude any physician solely on the 65 basis of a reprimand or censure from the Board of Medicine, so long as the physician otherwise meets 66 the plan criteria established by the Department.

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

A. 1. The Governor shall establish a plan for providing health insurance coverage, including 68 chiropractic treatment, hospitalization, medical, surgical and major medical coverage, for state employees 69 70 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. 71 72 The plan chosen shall provide means whereby coverage for the families or dependents of state 73 employees may be purchased. The Commonwealth may pay all or a portion of the cost thereof, and for 74 such portion as the Commonwealth does not pay, the employee may purchase the coverage by paying 75 the additional cost over the cost of coverage for an employee. 76

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 77 78 presence of occult breast cancer. Such coverage shall make available one screening mammogram to 79 persons age thirty-five through thirty-nine, one such mammogram biennially to persons age forty 80 through forty-nine, one such mammogram annually to persons age fifty and over and may be limited to 81 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 82 an X-ray examination of the breast using equipment dedicated specifically for mammography, including 83 84 but not limited to the X-ray tube, filter, compression device, screens, film, and cassettes, with an 85 average radiation exposure of less than one rad mid-breast, two views of each breast.

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91 3. The plan shall include coverage for postpartum services providing inpatient care and a home visit 92 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. 93 94 95 96 Such coverage shall be provided incorporating any changes in such Guidelines or Standards within six 97 months of the publication of such Guidelines or Standards or any official amendment thereto.

98 4. The plan shall include coverage for prescription drugs and devices approved by the United States 99 Food and Drug Administration for use as contraceptives.

C. Claims incurred during a fiscal year but not reported during that fiscal year shall be paid from 100 such funds as shall be appropriated by law. Appropriations, premiums and other payments shall be 101 102 deposited in the employee health insurance fund, from which payments for claims, premiums, cost 103 containment programs and administrative expenses shall be withdrawn from time to time. The assets of 104 the fund shall be held for the sole benefit of the employee health insurance program. The fund shall be 105 held in the state treasury. Any interest on unused balances in the fund shall revert back to the credit of 106 the fund.

D. For the purposes of this section, the term "state employee" means state employee as defined in 107 108 § 51.1-124.3, employee as defined in § 51.1-201, the Governor, Lieutenant Governor and Attorney 109 General, judge as defined in § 51.1-301 and judges, clerks and deputy clerks of district courts of the 110 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 111 112 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 113 114 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 115 116 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 117 118

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