HB 2199 (see companion bill SB 1397)

Health Insurance Reform Commission; review of essential health benefits plan. Requires that the Health Insurance Reform Commission review the essential health benefits benchmark plan and establishes a process for such review. The bill requires the Commission, in coordination with the Bureau of Insurance, to conduct a review of the essential health benefits benchmark plan in 2025 and every five years thereafter. The bill requires during such review (i) the Bureau to convene a stakeholder workgroup to make recommendations to the Commission, (ii) the Bureau to estimate the effects of certain referred legislation on the costs of health coverage in the Commonwealth, (iii) the Commission to determine if any changes are to be made to the benchmark plan and to identify such changes, (iv) the Bureau to conduct an actuarial analysis of any changes identified by the Commission, and (v) the Commission to determine which changes will be recommended and to make a recommendation to the General Assembly in the form of a bill that directs the Bureau to select a new benchmark plan that includes any such changes at the next regular session of the General Assembly. The bill (a) requires public hearings to be held throughout the process, (b) establishes a timeline for each step of the process, and (c) requires the Bureau to maintain a website to convey relevant information regarding the process to the public. As introduced, this bill is a recommendation of the Health Insurance Reform Commission.

HB 2237

Hospital price transparency; private right of action; patient payment disputes; noncompliance; prohibition of debt collection. Allows patients to bring an action against a hospital that is not in material compliance with hospital price transparency laws. Under the bill, if a hospital is not in material compliance with hospital price transparency laws on the date that an elective procedure, test, or service is provided to a patient by the hospital, the patient may bring an action, individually or jointly, against the hospital to recover payment of the price of the elective procedure, test, or service. Under the bill, a hospital that is not in material compliance with hospital price transparency laws on the date that an elective procedure, test, or service is provided to a patient is liable for the price of the elective procedure, test, or service provided and an additional equal amount as liquidated damages; interest accruing from the date the elective procedure, test, or service was provided; and reasonable attorney fees and costs. The bill requires the court, if it finds that the hospital knowingly was not in material compliance with hospital price transparency laws, to award the patient an amount equal to triple the amount of the price of the elective procedure, test, or service and reasonable attorney fees and costs. Under the bill, beginning July 1, 2023, whenever a dispute arises between a hospital and a patient over a patient payment amount, the hospital’s list of standard charges for all items and services shall be used to determine the correct payment amount and reasonableness of the payment. The bill also prohibits a hospital, defined in the bill, or other person or entity collecting on behalf of the hospital, from initiating or pursuing collection actions against a patient or patient guarantor for debt incurred by the patient on the date or dates of service when the hospital was not in material compliance with federal hospital price transparency laws.

HB 2239

Department of Health Professions; Virginia Healthcare Workforce Data Center; provision of certain information related to health care providers to the public. Directs the Department of Health Professions (the Department), through its Virginia Healthcare Workforce Data Center, to make available to the public by request any existing data on health care providers by locality, including certification type and demographic information for each provider. The bill requires that if the Department is unable to provide such information upon request, the Department must provide an explanation to the requestor as to why the information cannot be provided.

HB 2374

Prescriptions; telemedicine; refusal to fill prescription from telemedicine provider; prohibition. Prohibits pharmacists from refusing to fill prescriptions solely on the basis of a prescriber’s use of a telemedicine platform to provide services. The bill also prohibits pharmacists from prioritizing dispensing prescriptions from a prescriber who does not use telemedicine over prescriptions from a prescriber who does use telemedicine based solely on the prescriber’s use of a telemedicine platform to provide services.

HB 2427

Hospital price transparency; private right of action; patient payment disputes; noncompliance; prohibition of debt collection. Allows patients to bring an action against a hospital that is not in material compliance with hospital price transparency laws. Under the bill, if a hospital is not in material compliance with hospital price transparency laws on the date that an elective procedure, test, or service is provided to a patient by the hospital, the patient may bring an action, individually or jointly, against the hospital to recover payment of the price of the elective procedure, test, or service. Under the bill, a hospital that is not in material compliance with hospital price transparency laws on the date that an elective procedure, test, or service is provided to a patient is liable for the price of the elective procedure, test, or service provided and an additional equal amount as liquidated damages; interest accruing from the date the elective procedure, test, or service was provided; and reasonable attorney fees and costs. The bill requires the court, if it finds that the hospital knowingly was not in material compliance with hospital price transparency laws, to award the patient an amount up to triple the amount of the price of the elective procedure, test, or service and reasonable attorney fees and costs. Under the bill, beginning July 1, 2023, whenever a dispute arises between a hospital and a patient over a patient payment amount, the hospital’s list of standard charges for all items and services shall be used to determine the correct payment amount and reasonableness of the payment. The bill also prohibits a hospital, defined in the bill, or other person or entity collecting on behalf of the hospital, from initiating or pursuing collection actions against a patient or patient guarantor for debt incurred by the patient on the date or dates of service when the hospital was not in material compliance with federal hospital price transparency laws.

HB 2472

340B Covered Entity Commitment to Good Stewardship Principles Annual Report; definition of covered entity; report. Directs the nonprofit organization, as defined by § 32.1-276.3 of the Code of Virginia, to create a standardized reporting form that requires each covered each hospital described in § 340B(a)(4) of the federal Public Health Service Act, 42 U.S.C. § 256B(a)(4), to disclose certain information about its 340B Drug Pricing Program savings and the use of such savings. Under the bill, each hospital that participates in the 340B Drug Pricing Program shall submit such form, to be known as the 340B Covered Entity Commitment to Good Stewardship Principles Annual Report, to the nonprofit organization annually by February 1 for the previous calendar year. The bill directs the nonprofit organization to post such annual reports on its website.

SB 1270 (see companion bill HB 2190)

Department of Medical Assistance Services; data collection and analysis; claims submitted to managed care organizations; report. Requires the Department of Medical Assistance Services to collect data for each fiscal year from fiscal year 2018 through fiscal year 2022 regarding (i) the number and percentage of claims submitted to managed care organizations that were denied and the reasons for such denials and (ii) the number and percentage of claims submitted to managed care

organizations that required resubmission prior to payment and the reasons for such resubmissions and to examine such data and identify barriers that providers encounter when accepting and treating patients enrolled in the state plan for medical assistance services. Under the bill, the Department shall report such data and analysis by November 1, 2023, to the Joint Commission on Health Care and the Joint Subcommittee for Health and Human Resources Oversight.

SB 1397 (see companion bill HB 2199)

Health Insurance Reform Commission; review of essential health benefits plan. Requires that the Health Insurance Reform Commission review the essential health benefits benchmark plan and establishes a process for such review. The bill requires the Commission, in coordination with the Bureau of Insurance, to conduct a review of the essential health benefits benchmark plan in 2025 and every five years thereafter. The bill requires during such review (i) the Bureau to convene a stakeholder workgroup to make recommendations to the Commission, (ii) the Bureau to estimate the effects of certain referred legislation on the costs of health coverage in the Commonwealth, (iii) the Commission to determine if any changes are to be made to the benchmark plan and to identify such changes, (iv) the Bureau to conduct an actuarial analysis of any changes identified by the Commission, and (v) the Commission to determine which changes will be recommended and to make a recommendation to the General Assembly in the form of a bill that directs the Bureau to select a new benchmark plan that includes any such changes at the next regular session of the General Assembly. The bill (a) requires public

hearings to be held throughout the process, (b) establishes a timeline for each step of the process, and (c) requires the Bureau to maintain a website to convey relevant information regarding the process to the public. As introduced, this bill is a recommendation of the Health Insurance Reform Commission.

SB 1418 (see companion bill HB 1602)

State plan for medical assistance services; telemedicine; in-state presence. Establishes that health care providers are not required to maintain a physical presence in the Commonwealth to maintain eligibility to enroll as a Medicaid provider. Additionally, the bill establishes that telemedicine services provider groups with health care providers duly licensed by the Commonwealth are not required to maintain an in-state service address to maintain eligibility to enroll as a Medicaid vendor or Medicaid provider group.

SB 2435

Hospital price transparency; enforcement; plans of correction; civil penalty. Grants the Department of Health authority to impose a plan of correction on hospitals that fail to comply with hospital price transparency requirements. The bill imposes a civil penalty on noncompliant hospitals. Hospitals that violate price transparency requirements may be reported to the Consumer Protection Division of the Office of the

Attorney General.