

# Spotlight on State: Virginia

*This is part of a [series of summaries](#) that highlight notable legislation and initiatives in health policy and reform of all 50 states. Check back on The Source as we roll out additional states each week.*

See [Virginia](#) page.

Virginia is an active state in promoting price transparency in health care. Virginia operates an [All-Payer Claims Database](#) and provides other datasets online relating to cost and quality, including the average charge data for 25 of the most frequently reported health care services. All medical facilities and health maintenance organizations are required to submit utilization data to the Commissioner to populate the database. Virginia law provides prohibition against surprise and balance billing for both emergency and non-emergency healthcare services. The state also enacted legislation that requires health carriers to establish a comparable health care service incentive program under which savings are shared with a covered person who elects to receive a covered comparable health care service from a lower-cost provider.

In healthcare market competition, the state requires notice to the attorney general for all mergers, acquisitions, and other transactions involving nonprofit hospitals. The merger review criteria for the AG includes factors such as how the transaction will impact access to care and the affordability or cost of care. The legislature also introduced legislation to prohibit anticompetitive contracting practices in provider contracts, including the use of most-favored nation, all-or-nothing, and anti-tiering/anti-steering clauses.

Virginia has considered state system reform initiatives including single payer and public option proposals, and its state-run health insurance marketplace will launch by 2023.

Additionally, Virginia's telehealth parity law encouraged the expansion of telehealth well before the COVID-19 pandemic, as health maintenance organizations are mandated to provide parity in coverage, reimbursement, and cost-sharing for telemedicine services in the state.