

# VIRGINIA ACTS OF ASSEMBLY -- 2015 SESSION

## CHAPTER 698

*An Act to amend and reenact §§ 30-342, 30-343, and 30-344 of the Code of Virginia, relating to the Health Insurance Reform Commission.*

[H 2026]

Approved March 27, 2015

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 30-342, 30-343, and 30-344 of the Code of Virginia are amended and reenacted as follows:**

**§ 30-342. (Expires July 1, 2017) Powers and duties.**

The Commission shall have the following powers and duties:

1. Monitor the work of appropriate federal and state agencies in implementing the provisions of the federal Patient Protection and Affordable Care Act (*the Act*), including amendments thereto and regulations promulgated thereunder (~~the Act~~);

2. ~~Assess~~ *Receive information provided to the Commission pursuant to § 30-343 and, on the basis of such information, assess* the implications of the Act's implementation on residents of the Commonwealth, businesses operating within the Commonwealth, and the general fund of the Commonwealth;

3. Consider the ~~recommendations of the Virginia Health Reform Initiative to the Governor regarding the development of a comprehensive strategy for implementing health reform in Virginia, including recommendations for innovative health care solutions independent of the approach embodied in the Act that meet the needs of Virginia's citizens and government by creating an improved health system that will serve as an economic driver for the Commonwealth while allowing for more effective and efficient delivery of high quality care at lower cost;~~

4. ~~Determine whether, when, and under what conditions the Commonwealth should establish a state-run health benefit exchange, partner with the federal government to implement a health benefit exchange, or acquiesce in the establishment of a federally operated health benefit exchange within Virginia~~ *Receive periodic reports from the Bureau of Insurance of the State Corporation Commission pursuant to § 30-343 and recommend health benefits required to be included within the scope of the essential health benefits provided under health insurance products offered in the Commonwealth, including any benefits that are not required to be provided by the terms of the Act;*

5. ~~Recommend what health benefits should be required to be included within the scope of the essential health benefits provided under health insurance products offered in the Commonwealth, including any benefits that are not required to be provided by the terms of the Act~~ *Upon request of the Chairman of the House or Senate Committee on Commerce and Labor, assess proposed mandated benefits and providers as provided in § 30-343 and recommend whether, on the basis of such assessments, mandated benefits and providers be providers under health care plans offered through a health benefit exchange, outside a health benefit exchange, neither, or both;*

6. ~~Provide assessments of existing and proposed mandated health insurance benefits and providers, including assessments of whether such a mandate (i) is included in the essential health benefits required by federal law to be provided under a health care plan and (ii) should be provided under health care plans offered through a health benefit exchange, outside a health benefit exchange, neither, or both;~~

7. Conduct other studies of mandated benefits and provider issues as requested by the General Assembly; and

8. ~~7.~~ Develop such recommendations as may be appropriate for legislative and administrative consideration in order to increase access to health insurance coverage, ensure that the costs to business and individual purchasers of health insurance coverage are reasonable, and encourage a robust market for health insurance products in the Commonwealth.

**§ 30-343. (Expires July 1, 2017) Standing committees to request Commission study.**

A. Whenever a legislative measure containing a mandated health insurance benefit or provider is proposed *that is not identical or substantially similar to a legislative measure previously reviewed by the Commission within the three-year period immediately preceding the then-current session of the General Assembly, the standing committee Chairman of the General Assembly House or Senate Committee on Commerce and Labor having jurisdiction over the proposal shall request that the Commission prepare a study that assesses* ~~assess~~ *the proposal. The Commission shall be given a period of 24 months to complete and submit its assessment. A report summarizing the Commission's assessment shall be forwarded to the Chairman of the standing committee that requested the assessment.*

B. *Upon receipt of such a request, the Commission shall request the Bureau of Insurance of the State Corporation Commission (the Bureau) to prepare an analysis of the extent to which the proposed*

*mandate is currently available under qualified health plans in the Commonwealth and advise the Commission as to whether, on the basis of that analysis, the Exchange would likely determine, in accordance with applicable federal rules, that the proposed mandate exceeds the scope of the essential health benefits. The Bureau's analysis shall be advisory only and not binding upon the Commission, the Exchange, the Bureau, the State Corporation Commission, or any other parties.*

*C. Upon request of the Commission, the Bureau and the Joint Legislative Audit and Review Commission shall jointly assess the social and financial impact and the medical efficacy of the proposed mandate, which assessment shall include an estimate of the effects of enactment of the proposed mandate on the costs of health coverage in the Commonwealth, including any estimated additional costs that the Commonwealth may be responsible for pursuant to § 1311(d)(3)(B) of the Patient Protection and Affordable Care Act should the proposed mandate ultimately be determined by the Exchange to be a benefit that exceeds the scope of the essential health benefits. Upon completion of the assessment by the Bureau and the Joint Legislative Audit and Review Commission, the Commission may make a recommendation regarding its support of or opposition to the enactment of the proposed mandate. The Commission's recommendation may address whether the proposed mandate should be provided under health care plans offered through a health benefit exchange or outside a health benefit exchange.*

The Commission shall be given a period of 24 months to complete and submit its assessment. A report summarizing the Commission's study shall be forwarded to the Governor and the General Assembly.

~~B.~~ *D. Whenever a legislative measure containing a mandated health insurance benefit or provider is identical or substantially similar to a legislative measure previously reviewed by the Commission within the three-year period immediately preceding the then current session of the General Assembly, the standing committee may request the Commission to study as provided in subsection A.*

**§ 30-344. (Expires July 1, 2017) Staffing.**

Administrative staff support for the Commission shall be provided by the Office of the Clerk of the Senate or the Office of Clerk of the House of Delegates as may be appropriate for the house in which the chairman of the Commission serves. *The Division of Legislative Services shall provide legal, research, policy analysis, and other services as requested by the Commission.* The Bureau of Insurance of the State Corporation Commission, ~~the Joint Legislative Audit and Review Commission,~~ and such other state agencies as may be considered appropriate by the Commission shall provide staff assistance to the Commission. All agencies of the Commonwealth shall provide assistance to the Commission, upon request.