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HOUSE BILL NO. 2026

Offered January 14, 2015

Prefiled January 14, 2015

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

Patron—Byron

Referred to Committee on Rules

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 and consider the periodic assessments of the implications impact of the Act's implementation Act~~ on residents of the Commonwealth, businesses operating within the Commonwealth, and the general fund of the Commonwealth ~~prepared pursuant to clause (ii) of § 30-344~~;

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;~~

5. ~~Recommend Receive periodic reports from the Bureau of Insurance of the State Corporation Commission (Bureau) regarding what health benefits should be are required by the Act 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;~~

6. ~~Provide assessments of existing and 5. Upon receipt of a request by the chair of the House or Senate Committee on Commerce and Labor, assess 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 as provided in § 30-343;~~

7. 6. 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 assessment.

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 Chair 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.

B. Upon receipt of such a request, the Commission shall request the Bureau to determine whether the proposed mandated benefit or provider is included in the essential health benefits required by federal law to be provided under a qualified health plan. If the Bureau finds that the proposed mandated benefit or provider is:

1. Included in such essential health benefits, the Commission shall report such finding to the chair of

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59 *the standing committee that requested the assessment; or*

60 2. *Not included in such essential health benefits, the Bureau and the Joint Legislative Audit and*
61 *Review Commission (JLARC) jointly shall (i) determine whether the enactment of legislation mandating*
62 *the provision of the benefit or provider would require the Commonwealth to be responsible, pursuant to*
63 *§ 1311(d)(3)(B) of the Act, for any additional costs associated with such proposed mandated benefit or*
64 *provider and (ii) if so, prepare an estimate of the costs for which the Commonwealth may be*
65 *responsible over the ensuing decade as a result of enacting the proposal.*

66 C. *Upon request of the Commission, the Bureau and JLARC shall jointly assess the social and*
67 *financial impact and the medical efficacy of the proposed mandate, which assessment shall include an*
68 *estimate of the effects of enactment of the proposed mandate on the costs of health coverage in the*
69 *Commonwealth. Upon completion of the assessment by the Bureau and JLARC, the Commission may*
70 *make a recommendation regarding its support of or opposition to the enactment of the proposed*
71 *mandate. The Commission's recommendation may address whether the proposed mandate should be*
72 *provided under health care plans offered through a health benefit exchange or outside a health benefit*
73 *exchange.*

74 D. *The Commission shall be given a period of 24 months to complete and submit its assessment. A*
75 *report summarizing the Commission's study assessment, including its recommendation with regard to the*
76 *enactment of the proposed mandate, shall be forwarded to the Governor and the General Assembly chair*
77 *of the standing committee that requested the assessment.*

78 ~~B.~~ E. *Whenever a legislative measure containing a mandated health insurance benefit or provider is*
79 *identical or substantially similar to a legislative measure previously reviewed by the Commission within*
80 *the three-year period immediately preceding the then current session of the General Assembly, the*
81 *standing committee Chair of the House or Senate Committee on Commerce and Labor may request the*
82 *Commission to study assess the measure as provided in subsection A. Upon receipt of such request*
83 *within the three-year period, the Commission may conduct, but shall not be required to conduct, such*
84 *an assessment.*

85 **§ 30-344. (Expires July 1, 2017) Staffing.**

86 *Administrative staff support for the Commission shall be provided by the Office of the Clerk of the*
87 *Senate or the Office of Clerk of the House of Delegates as may be appropriate for the house in which*
88 *the chairman of the Commission serves. The Division of Legislative Services shall provide legal,*
89 *research, policy analysis, and other services as requested by the Commission. The Bureau of Insurance*
90 *of the State Corporation Commission, and the Joint Legislative Audit and Review Commission, and*
91 *such other state agencies as may be considered appropriate by the Commission shall (i) provide staff*
92 *assistance to the Commission with annual assessments of the implications of the Act's implementation on*
93 *residents of the Commonwealth, businesses operating within the Commonwealth, and the general fund of*
94 *the Commonwealth; (ii) make determinations, prepare assessments, and perform such other duties as are*
95 *provided in § 30-343; and (iii) provide other services as requested by the Commission. All agencies of*
96 *the Commonwealth shall provide assistance to the Commission, upon request.*