

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 An Act to amend the Code of Virginia by adding a section numbered 38.2-3445.1, relating to health
3 insurance; payment of out-of-network providers.

4 [H 2538]
5 Approved

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

7 **1. That the Code of Virginia is amended by adding a section numbered 38.2-3445.1 as follows:**

8 **§ 38.2-3445.1. Patient access to elective services.**

9 A. As used in this section:

10 "Cost-sharing requirement" means a deductible, copayment amount, or coinsurance rate.

11 "Elective services" means health care services rendered to a covered person that are not emergency
12 services.

13 "In-network provider" means a health care provider or provider group having a contract with a
14 carrier to provide health care services to a covered person under a health benefit plan as a member of
15 the health benefit plan's network.

16 "Provider group" means a group of multispecialty or single-specialty health care providers who
17 contract with a facility to exclusively provide multispecialty or single-specialty health care services at
18 such facility.

19 "Required notice" means notice by a facility to a covered person (i) that health care services
20 provided by a provider group will be billed separately from the facility and (ii) that some health care
21 services may not be provided by an in-network provider.

22 B. In a facility where a covered person receives scheduled elective services, the facility shall post the
23 required notice or inform the covered person of the required notice at the time of pre-admission or
24 pre-registration.

25 C. The facility shall inform the covered person or his legal representative (i) of the names of all
26 provider groups providing health care services at the facility, (ii) that consultation with the covered
27 person's managed care plan is recommended to determine if the provider groups providing health care
28 services at the facility are in-network providers, and (iii) that the covered person may be financially
29 responsible for health care services performed by a provider that is not an in-network provider, in
30 addition to any cost-sharing requirements.