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HOUSE BILL NO. 5083

Offered August 18, 2020

A BILL to amend the Code of Virginia by adding a section numbered 32.1-329.1, relating to health care coverage; qualified health plans.

Patrons—Samirah, Rasoul and Cole, J.G.

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 32.1-329.1 as follows:

§ 32.1-329.1. Qualified health plans.

A. As used in this section:

"Health benefit exchange" means a health benefit exchange established under the provisions of the federal Patient Protection and Affordable Care Act (PPACA), P.L. 111-148, as amended, without regard to whether such health benefits exchange was established by the Secretary of the U.S. Department of Health and Human Services or by the Commonwealth.

"Health benefit plan" means a policy, contract, certificate, or agreement offered or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services.

"Health carrier" means an entity subject to the insurance laws and regulations of the Commonwealth and subject to the jurisdiction of the Commission that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including an insurer licensed to sell accident and sickness insurance, a health maintenance organization, a nonprofit hospital and health service corporation, a dental plan organization, a dental services plan, or any other entity providing a plan of health insurance, health benefits, or health care services.

"Qualified health plan" means a health benefit plan that has in effect a certification that the plan meets the criteria for certification described in § 1311(c) of the PPACA.

B. The Department, in collaboration with the State Corporation Commission, shall contract with health carriers to offer qualified health plans on the health benefit exchange beginning January 1, 2022. Such qualified health plans shall be designed to reduce deductibles, make more services available before the deductible is met, provide predictable cost sharing, maximize subsidies, limit adverse premium impacts, reduce barriers to maintaining and improving health, encourage choice based on value, and limit adverse premium impacts and increases in premium rates.

C. Any health carrier contracted with the Department to offer such qualified health plans shall (i) be licensed and in good standing to offer health insurance coverage in the Commonwealth and (ii) offer at least one qualified health plan at a silver level of coverage and at least one qualified health plan at a gold level of coverage.

D. Any fee-for-service rates for providers and facilities under any such qualified health plan shall not exceed the Medicare rates for the same or similar covered services. For reimbursement other than fee-for-service, the aggregate amount the qualified health plan pays to providers and facilities shall not exceed the equivalent of the aggregate amount the qualified health plan would have reimbursed providers using fee-for-service Medicare rates.

E. The Department shall provide for a public comment period prior to entering any such contract with a health carrier and shall annually review qualified health plans offered pursuant to such contracts.

F. Nothing in this section shall prohibit a health carrier that has contracted with the Department from offering any health benefit plan on a health benefit exchange or otherwise in addition to any qualified health plan offered pursuant to this section.

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