

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact § 38.2-3451 of the Code of Virginia, relating to health insurance;*
3 *essential health benefits; abortion coverage.*

4 [H 1896]

5 Approved

6 **Be it enacted by the General Assembly of Virginia:**7 **1. That § 38.2-3451 of the Code of Virginia is amended and reenacted as follows:**8 **§ 38.2-3451. Essential health benefits.**

9 A. Notwithstanding any provision of law to the contrary, any person offering or providing a health
10 benefit plan providing individual or small group health insurance coverage, including (i) catastrophic
11 health insurance policies, and policies that pay on a cost-incurred basis; (ii) association health plans; and
12 (iii) plans provided by a multiple-employer welfare arrangement, shall provide that such coverage
13 includes essential health benefits. Nothing in this section shall require a health benefit plan providing
14 large group health insurance coverage to provide coverage for essential health benefits in a manner that
15 exceeds the requirements of the PPACA as of January 1, 2019. The essential health benefits package
16 may also include associated cost-sharing requirements or limitations. ~~No qualified health insurance plan~~
17 ~~that is sold or offered for sale through an exchange established or operating in the Commonwealth shall~~
18 ~~provide coverage for abortions, regardless of whether such coverage is provided through the plan or is~~
19 ~~offered as a separate optional rider thereto; provided that such limitation shall not apply to an abortion~~
20 ~~performed (a) when the life of the mother is endangered by a physical disorder, physical illness, or~~
21 ~~physical injury, including a life-endangering physical condition caused by or arising from the pregnancy~~
22 ~~itself, or (b) when the pregnancy is the result of an alleged act of rape or incest.~~

23 B. The provisions of subsection A requiring minimum essential pediatric oral health benefits shall be
24 deemed to be satisfied for health benefit plans made available in the small group market or individual
25 market in the Commonwealth outside an exchange, as defined in § 38.2-3455, issued for policy or plan
26 years beginning on or after January 1, 2015, that do not include the minimum essential pediatric oral
27 health benefits if the health carrier has obtained reasonable assurance that such pediatric oral health
28 benefits are provided to the purchaser of the health benefit plan. The health carrier shall be deemed to
29 have obtained reasonable assurance that such pediatric oral health benefits are provided to the purchaser
30 of the health benefit plan if:

31 1. At least one qualified dental plan, as defined in § 38.2-3455, (i) offers the minimum essential
32 pediatric oral health benefits and (ii) is available for purchase by the small group or individual
33 purchaser; and

34 2. The health carrier prominently discloses, in a form approved by the Commission, at the time that
35 it offers the health benefit plan that the plan does not provide the minimum essential pediatric oral
36 health benefits.

ENROLLED

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