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denials of coverage.

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Offered January 17, 2022

A BILL to require each health carrier in the Commonwealth to submit a quarterly report of all first-time

Patrons—Adams, D.M., Clark, Glass, Jenkins, Kory, Maldonado, Plum, Rasoul, Roem, Shin, Simon and Simonds

HOUSE BILL NO. 1174

Referred to Committee on Commerce and Energy

Be it enacted by the General Assembly of Virginia:

1. § 1. Each health carrier in the Commonwealth shall submit to the State Corporation Commission on a quarterly basis a report of all first-time denials of coverage, including any denials of coverage on the basis of a preexisting condition exclusion, as defined in § 38.2-3438 of the Code of Virginia, and any denials of coverage based on a determination that the health care service or treatment recommended or requested is experimental or investigational, as described in § 38.2-3563 of the Code of Virginia. A denial of coverage may entitle a covered person to file a request for an internal appeal or an external review, pursuant to the provisions of Chapter 35.1 (§ 38.2-3556 et seq.) of Title 38.2 of the Code of Virginia. Upon any denial of coverage, adverse determination, or final adverse determination, a health carrier shall issue a statement to the covered person informing him of the right to an internal appeal or, if applicable, an external review, as required by § 38.2-3570 of the Code of Virginia. The provisions of this act shall expire on July 1, 2024.