1996 SESSION

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1	HOUSE BILL NO. 1026
2 3 4 5 6	Offered January 22, 1996 A BILL to amend and reenact §§ 38.2-4214 and 38.2-4319 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 38.2-3514.2, relating to individual accident and sickness insurance policies.
0 7 8 9	Patrons—Connally, Baker, Brickley, DeBoer, Heilig, Melvin, Morgan and Moss; Senators: Lambert, Walker and Woods
10	Referred to Committee on Corporations, Insurance and Banking
11 12	Be it enacted by the General Assembly of Virginia:
13 14 15	1. That §§ 38.2-4214 and 38.2-4319 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 38.2-3514.2 as follows: § 38.2-3514.2. Renewability of coverage.
16 17	A. Every individual policy, subscription contract or plan delivered, issued for delivery or renewal in this Commonwealth providing benefits to or on behalf of an individual shall provide for the renewability
18 19 20	of such coverage at the sole option of the insured or policyholder. The insurer, health services plan or health maintenance organization issuing such policy, subscription contract or plan shall be permitted to refuse to renew the policy, subscription contract or plan only for one or more of the following reasons:
21 22	1. Nonpayment of the required premiums by the insured or policyholder, or such individual's representative;
23 24 25	2. In the event that the policy, subscription contract or plan contains a provision requiring the use of network providers, a documented pattern of abuse or misuse of such provision by the insured or policyholder, continuing for a period of no less than two years;
26 27	3. Subject to the time limits contained in § 38.2-3503.2, for fraud or material misrepresentation by the individual, with respect to his application for coverage; and;
28 29 30	4. Eligibility of an individual insured for Medicare, provided that such coverage may not terminate with respect to other individuals insured under the same policy, subscription contract or plan and who are not eligible for Medicare.
30 31 32	B. This section shall not apply to the following insurance policies, subscription contracts or plans: 1. Short-term travel;
33 34	2. Accident-only; 3. Disability income;
35	4. Limited or specified disease contracts; and
36 37	5. Long-term care insurance. § 38.2-4214. Application of certain provisions of law.
38 39 40	No provision of this title except this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-200, 38.2-203, 38.2-210 through 38.2-213, 38.2-218 through 38.2-225, 38.2-230, 38.2-232, 38.2-316, 38.2-322, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600
41 42	through 38.2-620, 38.2-700 through 38.2-705, 38.2-900 through 38.2-904, 38.2-1017, 38.2-1018, 38.2-1038, 38.2-1040 through 38.2-1044, Articles 1 (§ 38.2-1300 et seq.) and 2 (§ 38.2-1306.2 et seq.)
43 44 45	of Chapter 13, 38.2-1312, 38.2-1314, 38.2-1317 through 38.2-1328, 38.2-1334, 38.2-1340, 38.2-1400 through 38.2-1444, 38.2-1800 through 38.2-1836, 38.2-3400, 38.2-3401, 38.2-3404, 38.2-3405, 38.2-3405.1, 38.2-3407.1 through 38.2-3407.6, 38.2-3407.9, 38.2-3409, 38.2-3411 through 38.2-3419.1,
46 47	38.2-3425 through 38.2-3429, 38.2-3431, 38.2-3432, 38.2-3500, 38.2-3501, 38.2-3502, 38.2-3514.1, 38.2-3514.2, 38.2-3516 through 38.2-3520 as they apply to Medicare supplement policies, §§ 38.2-3525,
48 49	38.2-3540.1, 38.2-3541, 38.2-3542, 38.2-3600 through 38.2-3607 and Chapter 53 (§ 38.2-5300 et seq.) of this title shall apply to the operation of a plan.
50 51	§ 38.2-4319. Statutory construction and relationship to other laws. A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this
52 53	chapter, §§ 38.2-100, 38.2-200, 38.2-210 through 38.2-213, 38.2-218 through 38.2-225, 38.2-229, 38.2-232, 38.2-316, 38.2-322, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600
54 55	through 38.2-620, Chapter 9 (§ 38.2-900 et seq.) of this title, 38.2-1057, 38.2-1306.2 through 38.2-1309, Article 4 (§ 38.2-1317 et seq.) of Chapter 13, 38.2-1800 through 38.2-1836, 38.2-3401, 38.2-3405,
56	38.2-3405.1, 38.2-3407.2 through 38.2-3407.6, 38.2-3407.9, 38.2-3411.2, 38.2-3418.1, 38.2-3418.1:1,
57 58	38.2-3418.2, 38.2-3419.1, 38.2-3431, 38.2-3432, 38.2-3433, 38.2-3500, 38.2-3514.1, 38.2-3514.2, 38.2-3525, 38.2-3542, and Chapter 53 (§ 38.2-5300 et seq.) of this title shall be applicable to any health
59	maintenance organization granted a license under this chapter. This chapter shall not apply to an insurer

60 or health services plan licensed and regulated in conformance with the insurance laws or Chapter 42

61 (§ 38.2-4200 et seq.) of this title except with respect to the activities of its health maintenance

organization.
B. Solicitation of enrollees by a licensed health maintenance organization or by its representatives
shall not be construed to violate any provisions of law relating to solicitation or advertising by health
professionals.

66 C. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful
67 practice of medicine. All health care providers associated with a health maintenance organization shall
68 be subject to all provisions of law.

D. Notwithstanding the definition of an eligible employee as set forth in § 38.2-3431, a health maintenance organization providing health care plans pursuant to § 38.2-3431 shall not be required to offer coverage to or accept applications from an employee who does not reside within the health maintenance organization's service area.

2. That the Joint Commission on Health Care, in cooperation with the State Corporation 73 74 Commission's Bureau of Insurance, shall study additional reforms in the individual health 75 insurance market including, but not limited to, guaranteed issue and modified community rating for the essential and standard health benefit plans as defined in § 38.2-3431. The Joint 76 Commission also shall evaluate: (i) whether the Commonwealth has the authority to apply 77 individual health insurance reforms to fully insured and not fully insured multiple employer 78 79 welfare arrangements and out-of-state group trusts and associations; and (ii) the impact of guaranteed issue reforms on the taxation of open enrollment carriers. The Joint Commission shall 80 report its findings and recommendations to the Governor and the 1997 Session of the General 81

82 Assembly by October 1,1996.