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HOUSE BILL NO. 1339

Offered January 14, 2015

Prefiled November 26, 2014

A *BILL to amend the Code of Virginia by adding in Article 6 of Chapter 34 of Title 38.2 a section numbered 38.2-3454.1, relating to the provision by health carriers of information regarding health plans offered on a health benefits exchange.*

Patron—Ware

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 6 of Chapter 34 of Title 38.2 a section numbered 38.2-3454.1 as follows:

§ 38.2-3454.1. Health benefits exchange; information to be provided by health carriers.

A. Each health carrier that offers an individual or group health benefit plan for sale to persons in the Commonwealth through an exchange, as defined in § 38.2-3455, shall provide to the operator of the exchange's website, with regard to any such health benefit plan offered for sale through an exchange that has a plan benefit year beginning on or after January 1, 2016, information that if posted on the exchange's website would provide a person accessing the website the ability to determine:

1. Whether specific types of specialists are in network and to determine whether a named physician, hospital, or other health care provider is in network;

2. Any exclusions from coverage and any restrictions on use or quantity of covered items and services in each category of benefits;

3. How medications will specifically be included in or excluded from the deductible, including a description of out-of-pocket costs that may not apply to the deductible for a medication;

4. The specific dollar amount of any copayments or percentage coinsurance for each item or service;

5. Whether a specific drug is available on formulary, the applicable cost-sharing requirement, whether a specific drug is covered when furnished by a physician or clinic, and any clinical prerequisites or authorization requirements for coverage of a drug;

6. The process by which a patient may obtain reversal of a health carrier's decision to deny coverage for an item or service prescribed or ordered by a treating physician;

7. The amount of coverage for out-of-network providers or noncovered services; and

8. Any rights of appeal that exist when out-of-network providers or noncovered services are medically necessary.

B. Each health carrier that is required to provide information to the website operator pursuant to subsection A shall prepare such information in a clear and understandable format that permits persons who access the website to make meaningful comparisons of the coverages, premiums, and other relevant aspects of health benefit plans that are offered for sale through the exchange.

C. Each health carrier that is required by this section to provide information to the operator of the exchange's website shall provide the Commission with (i) a copy of such information that was provided to the website operator and (ii) evidence satisfactory to the Commission that the information was provided by the health carrier to the website operator as required by this section. Such copies and evidence shall be provided by the health carrier to the Commission within 30 days after the health carrier provided them to the website operator.

D. The Commission shall make reasonable efforts to ensure that the information provided by health carriers to the operator of the exchange's website is made available to persons in the Commonwealth who access the website.

E. Pursuant to the authority granted by § 38.2-223, the Commission shall adopt such rules and regulations as it may deem necessary to implement this section, including a schedule establishing the date or dates by which a health carrier is required to provide the information to the operator of the exchange's website pursuant to subsection A.

F. A health carrier that violates any provision of this section or any order or regulation adopted hereunder shall be subject to a penalty in accordance with § 38.2-218.

INTRODUCED

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