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SENATE BILL NO. 1473

Offered January 22, 2021

A BILL to amend and reenact § 30-343 of the Code of Virginia, relating to the Health Insurance Reform Commission; mandated health insurance benefit or provider.

Patron-Saslaw

Referred to Committee on Rules

Be it enacted by the General Assembly of Virginia:

1. That § 30-343 of the Code of Virginia is amended and reenacted as follows: 10 11

§ 30-343. Standing committees to request Commission assessment.

A. Whenever a legislative measure containing a mandated health insurance benefit or provider is 12 proposed that is not identical or substantially similar to a legislative measure previously reviewed by the 13 Commission within the three-year period immediately preceding the then-current session of the General 14 15 Assembly, the Chairman Chair of the House Committee on Labor and Commerce or Senate Committee 16 on Commerce and Labor having jurisdiction over the proposal shall (i) request that the Commission assess the proposal and (ii) send a copy of such request to the Bureau of Insurance of the State 17 Corporation Commission (the Bureau). The Commission shall be given a period of 24 months to 18 complete and submit its assessment. A report summarizing the Commission's assessment shall be 19 20 forwarded to the Chairman of the standing committee that requested the assessment. For the purposes of this section, "mandated health insurance benefit or provider" has the same meaning as "state-mandated 21 22 health benefit" provided in § 38.2-3406.1.

23 B. Upon receipt of a copy of such a request, the Bureau shall prepare an analysis of the extent to which the proposed mandate is currently available under qualified health plans in the Commonwealth 24 25 and advise the Commission as to whether, on the basis of that analysis, the applicable agency has determined or would likely determine, in accordance with applicable federal rules, that the proposed 26 27 mandate exceeds the scope of the essential health benefits. The Bureau's analysis shall be advisory only 28 and not binding upon the Commission, the Bureau, the State Corporation Commission, or any other 29 parties. As used in this section, "applicable agency" means the governmental agency that in accordance 30 with applicable federal rules is responsible for identifying state-mandated benefits that are in addition to 31 the essential health benefits. If the applicable federal rules require an agency of the Commonwealth to identify the state-mandated benefits that are in addition to the essential health benefits but do not 32 33 identify a specific agency that is responsible for making such identification, the Bureau shall be the 34 applicable agency.

35 C. Upon request of the Commission, the Bureau and the Joint Legislative Audit and Review 36 Commission shall jointly assess the social and financial impact and the medical efficacy of the proposed 37 mandate, which assessment shall include an estimate of the effects of enactment of the proposed 38 mandate on the costs of health coverage in the Commonwealth, including any estimated additional costs 39 that the Commonwealth may be responsible for pursuant to 1311(d)(3)(B) of the Patient Protection and 40 Affordable Care Act should the proposed mandate ultimately be determined by the applicable agency to be a benefit that exceeds the scope of the essential health benefits. Upon completion of the assessment 41 by the Bureau and the Joint Legislative Audit and Review Commission, the Commission may make a 42 recommendation regarding its support of or opposition to the enactment of the proposed mandate. The 43 44 Commission's recommendation may address whether the proposed mandate should be provided under 45 health care plans offered through a health benefit exchange or outside a health benefit exchange.

The Commission shall be given a period of 24 months to complete and submit its assessment. A 46 47 report summarizing the Commission's study shall be forwarded to the Governor and the General 48 Assembly.

49 D. Whenever a legislative measure containing a mandated health insurance benefit or provider is identical or substantially similar to a legislative measure previously reviewed by the Commission within 50 51 the three-year period immediately preceding the then-current session of the General Assembly, the 52 standing committee may request the Commission to study the measure as provided in subsection A.