

2024 RECONVENED SESSION

REPRINT

CHAPTER 807

An Act to amend the Code of Virginia by adding a section numbered 8.01-66.9:2, relating to Department of Medical Assistance Services; lien for claim of personal injuries.

[H 315]

Approved April 17, 2024

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 8.01-66.9:2 as follows:

§ 8.01-66.9:2. Lien in favor of the Department of Medical Assistance Services on claim for personal injuries.

A. When the Department of Medical Assistance Services (the Department) has a lien on the claim of an injured person or his personal representative for funds that may be due to him from insurance moneys received for medical services provided pursuant to § 8.01-66.9, the Department shall, upon request of the injured person or his personal representative, within 60 days from the receipt of such request provide such injured party or his personal representative with (i) an itemized statement detailing all health care expenses paid for by a program of the Department for services rendered or performed and for equipment or devices used due to an alleged injury on which the claim is based and (ii) a sum specific demand for payment in full and final resolution, satisfaction, and compromise of the Department's lien pursuant to this section, § 8.01-66.9, and its rights pursuant to subsection C of § 32.1-325.2. Such request shall not be made by the injured person or his personal representative until all claims for health care expenses to be paid for by a program of the Department for an alleged injury on which the claim is based have been submitted to and processed for potential payment by the Department.

B. If the Department fails to comply with the provisions of subsection A, the injured party or his personal representative may submit to the Department, with a copy to the Office of the Attorney General, an offer of the payment for a sum certain in satisfaction of the lien and shall include in such offer an itemized statement of all health care expenses paid for by a program of the Department for services rendered or performed and for equipment or devices used due to an alleged injury on which the claim is based and any explanation that may be necessary for the reasons for the underlying offer. The Department shall accept or reject such offer within 45 days of receipt. If such offer is rejected, the Department shall provide (i) an itemized statement detailing all health care expenses paid for by a program of the Department for services rendered or performed and for equipment or devices used due to an alleged injury on which the claim is based and (ii) a sum specific demand for payment in full and final resolution, satisfaction, and compromise of the Department's lien pursuant to this section, § 8.01-66.9, and its rights pursuant to subsection C of § 32.1-325.2.

C. If the Department does not respond to the offer in accordance with the provisions of subsection B, such offer shall be deemed to have been accepted by the Department as payment in full and final resolution, satisfaction, and compromise of the Department's lien pursuant to this section, § 8.01-66.9, and its rights pursuant to subsection C of § 32.1-325.2.

D. Nothing in this section shall be construed to be the exclusive means by which the injured party or his personal representative may request an itemized statement detailing all health care expenses paid for by a program of the Department for services rendered or performed and for equipment or devices used due to an alleged injury on which the claim is based, or to seek a full and final resolution, satisfaction, and compromise of the Department's lien pursuant to this section, § 8.01-66.9, and its rights pursuant to subsection C of § 32.1-325.2.

The provisions of this section shall apply whenever any person sustains personal injuries and receives treatment, medical attention, or nursing services or care, or receives pharmaceutical goods or any type of medical or rehabilitative device, apparatus, or treatment that is paid for by any program of the Department.

2. That the Department of Medical Assistance Services shall report on a quarterly basis those offers of the payment for a sum certain in satisfaction of liens to which it does not respond pursuant to subsections B and C of § 8.01-66.9:2 of the Code of Virginia, as created by this act, to the Chairs of the Senate Committee on Finance and Appropriations and the House Committee on Appropriations.

3. That the provisions of this act shall become effective on January 1, 2025.