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HOUSE BILL NO. 935

Offered January 10, 2024

Prefiled January 9, 2024

A *BILL to amend and reenact § 38.2-4319 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 38.2-3414.2, relating to health insurance; coverage for doula care services.*

Patrons—LeVere Bolling, Clark, Glass, Bennett-Parker and Williams

Referred to Committee on Labor and Commerce

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-4319 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 38.2-3414.2 as follows:

§ 38.2-3414.2. Obstetrical benefits; coverage for doula care services.

A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services whose policy, contract, or plan includes coverage for obstetrical services shall provide coverage for doula care services provided by a state-certified doula. Such coverage shall include coverage for at least eight visits during the antepartum or postpartum period and support during labor and delivery.

B. As used in this section:

"Doula care services" means (i) services to support pregnant individuals, improve birth outcomes, and support new mothers and families with culturally specific antepartum, intrapartum, and postpartum services, referrals, and advocacy; (ii) advocating for and supporting physiological birth, breastfeeding, and parenting for clients; (iii) supporting the antepartum, intrapartum, and postpartum periods with traditional comfort measures and educational materials, as well as assistance during the transition to parenthood in the initial postpartum period through home visits; (iv) empowering individuals and families with evidenced-based information to choose best practices for birth, breastfeeding, and infant care; (v) providing continuous support to the laboring individual until the birth of the baby at any location of delivery; (vi) referring clients to their appropriate provider for medical advice for care outside of the doula scope of practice; (vii) working as a member of the individual's multidisciplinary team; and (viii) offering evidence-based information on newborn and infant feeding, emotional and physical recovery from childbirth, and other issues related to the antepartum, intrapartum, and postpartum periods.

"State-certified doula" has the same meaning as provided in § 32.1-77.1.

C. No insurer, corporation, or health maintenance organization shall be required to pay for duplicate services actually rendered by both a state-certified doula and another health care provider.

D. No insurer, corporation, or health maintenance organization shall require supervision, signature, or referral by any other health care provider as a condition of reimbursement for doula care services, except when those requirements are also applicable to other categories of health care providers.

E. The provisions of this section shall apply to any policy, contract, or plan delivered, issued for delivery, or renewed in the Commonwealth on and after January 1, 2025.

F. The provisions of this section shall not apply to short-term travel, accident-only, or limited or specified disease policies, contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans, or short-term nonrenewable policies of not more than six months' duration.

§ 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 chapter, §§ 38.2-100, 38.2-136, 38.2-200, 38.2-203, 38.2-209 through 38.2-213, 38.2-216, 38.2-218 through 38.2-225, 38.2-229, 38.2-232, 38.2-305, 38.2-316, 38.2-316.1, 38.2-322, 38.2-325, 38.2-326, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 38.2-629, Chapter 9 (§ 38.2-900 et seq.), §§ 38.2-1016.1 through 38.2-1023, 38.2-1057, and 38.2-1306.1, Article 2 (§ 38.2-1306.2 et seq.), § 38.2-1315.1, and Articles 3.1 (§ 38.2-1316.1 et seq.), 4 (§ 38.2-1317 et seq.), 5 (§ 38.2-1322 et seq.), 5.1 (§ 38.2-1334.3 et seq.), and 5.2 (§ 38.2-1334.11 et seq.) of Chapter 13, Articles 1 (§ 38.2-1400 et seq.), 2 (§ 38.2-1412 et seq.), and 4 (§ 38.2-1446 et seq.) of Chapter 14, Chapter 15 (§ 38.2-1500 et seq.), Chapter 17 (§ 38.2-1700 et seq.), §§ 38.2-1800 through 38.2-1836,

59 38.2-3401, 38.2-3405, 38.2-3405.1, 38.2-3406.1, 38.2-3407.2 through 38.2-3407.6:1, 38.2-3407.9 through
60 38.2-3407.20, 38.2-3411, 38.2-3411.2, 38.2-3411.3, 38.2-3411.4, 38.2-3412.1, 38.2-3414.1, 38.2-3414.2,
61 38.2-3418.1 through 38.2-3418.19, 38.2-3418.21, 38.2-3419.1, and 38.2-3430.1 through 38.2-3454,
62 Articles 8 (§ 38.2-3461 et seq.) and 9 (§ 38.2-3465 et seq.) of Chapter 34, § 38.2-3500, subdivision 13
63 of § 38.2-3503, subdivision 8 of § 38.2-3504, §§ 38.2-3514.1, 38.2-3514.2, 38.2-3522.1 through
64 38.2-3523.4, 38.2-3525, 38.2-3540.1, 38.2-3540.2, 38.2-3541.2, 38.2-3542, and 38.2-3543.2, Article 5
65 (§ 38.2-3551 et seq.) of Chapter 35, Chapter 35.1 (§ 38.2-3556 et seq.), § 38.2-3610, Chapter 52
66 (§ 38.2-5200 et seq.), Chapter 55 (§ 38.2-5500 et seq.), Chapter 58 (§ 38.2-5800 et seq.), Chapter 65 (§
67 38.2-6500 et seq.), and Chapter 66 (§ 38.2-6600 et seq.) shall be applicable to any health maintenance
68 organization granted a license under this chapter. This chapter shall not apply to an insurer or health
69 services plan licensed and regulated in conformance with the insurance laws or Chapter 42 (§ 38.2-4200
70 et seq.) except with respect to the activities of its health maintenance organization.

71 B. For plans administered by the Department of Medical Assistance Services that provide benefits
72 pursuant to Title XIX or Title XXI of the Social Security Act, as amended, no provisions of this title
73 except this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-136,
74 38.2-200, 38.2-203, 38.2-209 through 38.2-213, 38.2-216, 38.2-218 through 38.2-225, 38.2-229,
75 38.2-232, 38.2-322, 38.2-325, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, and
76 38.2-600 through 38.2-629, Chapter 9 (§ 38.2-900 et seq.), §§ 38.2-1016.1 through 38.2-1023, 38.2-1057,
77 and 38.2-1306.1, Article 2 (§ 38.2-1306.2 et seq.), § 38.2-1315.1, Articles 3.1 (§ 38.2-1316.1 et seq.), 4
78 (§ 38.2-1317 et seq.), 5 (§ 38.2-1322 et seq.), 5.1 (§ 38.2-1334.3 et seq.), and 5.2 (§ 38.2-1334.11 et
79 seq.) of Chapter 13, Articles 1 (§ 38.2-1400 et seq.), 2 (§ 38.2-1412 et seq.), and 4 (§ 38.2-1446 et
80 seq.) of Chapter 14, §§ 38.2-3401, 38.2-3405, 38.2-3407.2 through 38.2-3407.5, 38.2-3407.6,
81 38.2-3407.6:1, 38.2-3407.9, 38.2-3407.9:01, and 38.2-3407.9:02, subdivisions E 1, 2, and 3 of
82 § 38.2-3407.10, §§ 38.2-3407.10:1, 38.2-3407.11, 38.2-3407.11:3, 38.2-3407.13, 38.2-3407.13:1,
83 38.2-3407.14, 38.2-3411.2, 38.2-3418.1, 38.2-3418.2, 38.2-3418.16, 38.2-3419.1, 38.2-3430.1 through
84 38.2-3437, and 38.2-3500, subdivision 13 of § 38.2-3503, subdivision 8 of § 38.2-3504, §§ 38.2-3514.1,
85 38.2-3514.2, 38.2-3522.1 through 38.2-3523.4, 38.2-3525, 38.2-3540.1, 38.2-3540.2, 38.2-3541.2,
86 38.2-3542, and 38.2-3543.2, Chapter 52 (§ 38.2-5200 et seq.), Chapter 55 (§ 38.2-5500 et seq.), Chapter
87 58 (§ 38.2-5800 et seq.), Chapter 65 (§ 38.2-6500 et seq.), and Chapter 66 (§ 38.2-6600 et seq.) shall be
88 applicable to any health maintenance organization granted a license under this chapter. This chapter shall
89 not apply to an insurer or health services plan licensed and regulated in conformance with the insurance
90 laws or Chapter 42 (§ 38.2-4200 et seq.) except with respect to the activities of its health maintenance
91 organization.

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

95 D. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful
96 practice of medicine. All health care providers associated with a health maintenance organization shall
97 be subject to all provisions of law.

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

102 F. For purposes of applying this section, "insurer" when used in a section cited in subsections A and
103 B shall be construed to mean and include "health maintenance organizations" unless the section cited
104 clearly applies to health maintenance organizations without such construction.