

Virginia Government Relations

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Virginia Legislative Report at the Conclusion of the 2012 Session

2012 General Assembly Overview

The 2012 General Assembly was preceded by both a lengthy redistricting process and a contentious election cycle. As a result, Republicans gained eight seats in the House of Delegates, increasing their control of that chamber (68-32). Republicans gained two seats in the formerly-Democratic Senate, creating a 20-20 tie in that chamber. In the opening days of the Session, Republicans claimed the majority of the Senate, citing Republican Lieutenant Governor Bill Bolling's tie-breaking ability for most legislative issues. Importantly, both Republicans and Democrats agreed that the Lieutenant Governor was *not* authorized to vote on the state budget. Besides claiming the majority of the Senate, Republicans also reorganized the membership of most Senate committees in their favor.

The legislature considered a variety of issues this Session, from business and economic development measures to a range of social issues. The social issues, including womens' rights and gun laws, predominated in the Session, both in the confines of the chambers and in the press.

Anger over the reorganization of the Senate, the advancement of these social issues, and differing state budget priorities led to a Democratic stalemate at the end of year Session. Because a majority of Senate members' votes are needed to pass the budget, Democrats were able effectively to halt the legislative process by refusing to vote for either the House or Senate version of the budget. This stalemate continued through March 10th, the scheduled date of adjournment, causing both chambers to recess until March 21st. It is expected that both parties will use the recess to agree to a compromise and that they will return later this month to pass a state budget.

The Reconvened Session is scheduled to begin on April 25th. At this time, legislators will consider the Governor's recommendations and vetoes on any legislation that passed during the 2012 Session.



Summary of Approved Health Care Legislation

There were 2,876 bills and resolutions introduced during the 2012 General Assembly Session. Most of the measures have completed the legislative process; however, some are still awaiting final action from the Governor's office (denoted with an asterisk). Generally, the Governor has thirty days to review legislation approved by the General Assembly, although some legislation can be expedited.

Below, please find a description of various bills approved by the General Assembly that will affect the health care industry. You can access the complete text of the bills as well as the votes on each bill by clicking on the blue hyperlinks below:

[**HB 183**](#) **Family Access to Medical Insurance Security Plan; coverage for certain children and pregnant women.** *

Chief patron: O'Bannon

An Act to amend and reenact §§ 32.1-325 and 32.1-351 of the Code of Virginia, relating to medical assistance; coverage for certain children and pregnant women.

Summary as passed:

Medical assistance; coverage for certain children and pregnant women. Provides that the Board of Medical Assistance Services shall include a provision in the state plan for medical assistance services for medical assistance for otherwise eligible pregnant women during the first five years of lawful residence in the United States. The bill also requires the Department of Medical Assistance Services to provide coverage under the Family Access to Medical Insurance Security (FAMIS) Plan for otherwise eligible children and pregnant women during the first five years of lawful residence in the United States. This bill is identical to SB 568.

[**HB 269**](#) **Certificate of public need; process for review & approval of psychiatric & substance abuse services.** *

Chief patron: Peace

An Act to amend and reenact §§ 32.1-102.1 and 32.1-102.3:2 of the Code of Virginia, relating to certificate of public need; process for review and approval of psychiatric and substance abuse services.

Summary as introduced:

Certificate of public need; process for review and approval of psychiatric and substance abuse services. Eliminates the requirement that a Request for Applications be issued before the Commissioner of Health may accept and consider applications for a certificate of public need for establishment of psychiatric or substance abuse treatment beds or services. The bill contains technical amendments.

[**HB 272**](#) **Death, marriage, or divorce records; changes time period before becomes public.**

Chief patron: Peace

An Act to amend and reenact § 32.1-271 of the Code of Virginia, relating to when certain records are made public.



Summary as introduced:

Death, marriage, or divorce records; when public. Reduces the time period after which death, marriage, divorce, or annulment records become public from 50 years to 25 years.

HB 343 Virginia All-Payer Claims Database; created. *

Chief patron: O'Bannon

An Act to amend and reenact §§ 2.2-3705.6, 32.1-276.2, and 32.1-276.4 of the Code of Virginia; to amend the Code of Virginia by adding sections numbered 32.1-276.7:1 and 32.1-276.9:1; and to repeal § 32.1-276.5:1 of the Code of Virginia, relating to health care data reporting.

Summary as passed:

Virginia All Payer Claims Database; creation. Establishes the Virginia All-Payer Claims Database system, in order to facilitate data-driven, evidence-based improvements in access, quality, and cost of health care and to improve the public health through understanding of health care expenditure patterns and operation and performance of the health care system. Entities that choose to submit claims data to the database shall do so pursuant to data use and submission agreements executed with the nonprofit organization that contracts with the Commissioner of Health for public health data needs. The bill also directs the Commissioner to develop a work group to study continuing health information needs in the Commonwealth. This bill is identical to SB 135.

HB 346 Nurse practitioners; practice as part of patient care teams that includes a physician.

Chief patron: O'Bannon

An Act to amend and reenact §§ 32.1-263, 54.1-2900, 54.1-2901, 54.1-2957, 54.1-2957.01, 54.1-3000, 54.1-3005, 54.1-3301, and 54.1-3401 of the Code of Virginia, relating to practice of nurse practitioners; patient care teams.

Summary as passed House:

Practice of nurse practitioners; patient care teams. Amends provisions governing the practice of nurse practitioners. The bill provides that nurse practitioners shall only practice as part of a patient care team and shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician licensed to practice medicine in the Commonwealth. The bill also establishes requirements for written or electronic practice agreements for nurse practitioners, provides that physicians practicing as part of a patient care team may require nurse practitioners practicing as part of that patient care team to be covered by professional malpractice insurance, and amends requirements related to the prescriptive authority of nurse practitioners practicing as part of a patient care team.

HB 462 Abortion; informed consent, shall undergo ultrasound imaging, exceptions.

Chief patron: Byron



An Act to amend and reenact § 18.2-76 of the Code of Virginia, relating to ultrasound requirement as part of informed consent for abortion.

Summary as passed:

Abortion; informed consent. Requires that, as a component of informed consent to an abortion, to determine gestational age, every pregnant female shall undergo transabdominal ultrasound imaging and be given an opportunity to view the ultrasound image of her fetus prior to the abortion. The medical professional performing the ultrasound must obtain written certification from the woman that the opportunity was offered and whether the woman availed herself of the opportunity to see the ultrasound image or hear the fetal heartbeat. A copy of the ultrasound and the written certification shall be maintained in the woman's medical records at the facility where the abortion is to be performed. The ultrasound is not required if the woman is the victim of rape or incest and the incident was reported to law enforcement. This bill incorporates HB 261.

HB 496 Discharge planning from state hospital or training center; right to return to place of residence. *

Chief patron: Dance

An Act to amend and reenact § 37.2-505 of the Code of Virginia, relating to release from a state hospital or training center; discharge planning.

Summary as passed House:

Discharge from state hospital or training center; return to place of residence. Provides that community services boards shall, as part of the discharge planning process for each individual released from a state hospital or training center, inform the consumer or his legally authorized representative that he may choose to return to the county or city in which he resided prior to admission or to any other county or city in the Commonwealth. The bill provides that the community services board serving the county or city in which the individual chooses to live is responsible for arranging transportation for the individual upon request.

HB 507 Child abuse; increases reporting period by health care providers on substance exposed infants. *

Chief patron: Garrett

An Act to amend and reenact §§ 16.1-241.3 and 63.2-1509 of the Code of Virginia, relating to suspected child abuse; substance exposed infants; reporting by health care providers.

Summary as passed:

Suspected child abuse; substance exposed infants; reporting by physicians. Increases the period of time from seven days to six weeks during which a health care provider, not exclusively the attending physician as in current law, may make a finding that an infant is a substance exposed infant in cases in which the determination is based on a drug test of the infant or on a diagnosis that the child has an illness, disease, or condition that may be attributed to in utero exposure to controlled substances. A diagnosis that the infant has fetal alcohol spectrum disorder may be made at any time following a child's birth. The bill also allows a



petition to be filed alleging suspected child abuse or neglect based on a finding by a health care provider that an infant is a substance exposed infant at any time. This bill is identical to SB 448.

HB 543 Massage therapists; licensure required by Board of Nursing. *

Chief patron: Robinson

An Act to amend and reenact §§ 4.1-100, 54.1-3000, 54.1-3005, 54.1-3008, 54.1-3029, and 54.1-3029.1 of the Code of Virginia, relating to licensure of massage therapists.

Summary as passed:

Licensed massage therapists. Requires that massage therapists be licensed, rather than certified, by the Board of Nursing; includes "bodywork" in the definition of "massage therapy"; and identifies activities that do not constitute massage therapy and bodywork. The bill also allows the Board of Nursing to issue a provisional license valid until July 1, 2014, to any individual who meets the current requirements for certification as a massage therapist, and requires the Board of Nursing to promulgate regulations to implement the provisions of the act with 280 days.

HB 735 Community-based continuing care (CBCC) providers; required to be registered with SCC. *

Chief patron: Jones

An Act to amend and reenact §§ 38.2-4900, 38.2-4902, 38.2-4904, and 38.2-4905 of the Code of Virginia; to amend the Code of Virginia by adding in Chapter 49 of Title 38.2 an article numbered 2, consisting of sections numbered 38.2-4918 through 38.2-4923, and an article numbered 3, consisting of sections numbered 38.2-4924 through 38.2-4932; and to repeal §§ 38.2-4906 through 38.2-4909, 38.2-4911, and 38.2-4913 through 38.2-4916 of the Code of Virginia, relating to continuing care providers and community-based continuing care providers.

Summary as introduced:

Community-based continuing care providers. Requires providers of community-based continuing care (CBCC) to be registered with the State Corporation Commission as a continuing care provider and file a statement regarding the provider's CBCC program. Community-based continuing care is a program providing or committing to provide a range of services to an individual, other than an individual related by blood or marriage, pursuant to an agreement that is effective for the life of the individual or for a period in excess of one year, and in consideration of the payment of an entrance fee. A CBCC program includes the provision of the services in the individual's private residence as long as medically feasible and facility-based long-term care services when required. CBCC providers are required to deliver a copy of a disclosure statement regarding the CBCC program. Provisions regarding the escrowing of entrance fees and terms of contracts are analogous to existing requirements for continuing care providers. This bill is identical to SB 266.

HB 1211 Assisted living facilities and adult foster care homes; may accept third-party payments. *

Chief patron: O'Bannon



An Act to amend and reenact § 63.2-800 of the Code of Virginia, relating to auxiliary grants; third-party payments.

Summary as passed House:

Auxiliary grants; third-party payments. Provides that assisted living facilities and adult foster care homes may accept payments from third parties for certain goods and services provided to auxiliary grant recipients provided certain requirements are met. The Department of Social Services shall not count such payments as income for the purpose of determining eligibility for or calculating the amount of an auxiliary grant. The bill also provides that assisted living facilities and adult foster care homes shall provide each auxiliary grant recipient with a written list of the goods and services that are covered by the auxiliary grant. This bill is identical to SB 596.

HB 1237 Child abuse and neglect; mandatory reporting, penalties. *

Chief patron: Scott, E.T.

An Act to amend and reenact § 63.2-1509 of the Code of Virginia, relating to suspected child abuse and neglect; mandatory reporting; penalties.

Summary as passed:

Mandatory reporting of child abuse; penalty. Adds individuals who are 18 years of age or older and who are associated with or employed by any public organization responsible for the care, custody, or control of children to the list of individuals required to report suspected child abuse or neglect; reduces the time limit for reporting suspected child abuse or neglect by mandated reporters from 72 hours to 24 hours and increases the penalty for a second or subsequent failure to report from not less than \$100 nor more than \$1,000 to a fine of not less than \$1,000; provides that, in cases evidencing acts of rape, sodomy, or object sexual penetration, a person who knowingly and intentionally fails to make the required report shall be guilty of a Class 1 misdemeanor; and provides that no mandatory reporter shall be required to make a report if the person has actual knowledge that the same matter has already been reported to the local department or the Department's toll-free child abuse and neglect hotline.

HB 1274 Nursing facility transfer & discharge procedures; workgroup to clarify requirements and guidelines. *

Chief patron: Hope

An Act to develop guidelines addressing nursing facility transfer and discharge procedures.

Summary as introduced:

Requirements for transferring a nursing home resident; workgroup. Creates a workgroup for the purposes of clarifying requirements and developing guidelines applicable to nursing homes when transferring or discharging a resident.



SB 487 Certificate of public need program; annual report.

Chief patron: Newman

An Act to repeal § 32.1-102.12 of the Code of Virginia, relating to certificate of public need program; annual report.

Summary as introduced:

Certificate of public need program; annual report. Eliminates the requirement that the Commissioner of Health report annually to the Governor and the General Assembly on the status of Virginia's certificate of public need program.

SB 674 Death by wrongful act; whenever fetal death, natural mother may bring an action against person, etc. *

Chief patrons: Stanley, Garrett

An Act to amend and reenact § 8.01-50 of the Code of Virginia, relating to action for death by wrongful act; fetal death.

Summary as passed:

Action for death by wrongful act; fetal death. Creates a cause of action for the death of a fetus caused by the wrongful act, neglect, or default of any person, ship, vessel, or corporation. The action shall be brought by the natural mother of the fetus or, in the event of the death or disability of the mother, the administrator of her estate, her guardian, or her personal representative. No cause of action for the death of the fetus may be brought against the natural mother of the fetus.

SJ 92 Medicaid; JLARC to study payment policies for hospitals, nursing home, etc., on access to services. *

Chief patron: Stosch

Directing the Joint Legislative Audit and Review Commission to study the effect of Medicaid payment policies for hospitals, nursing homes, and physicians on access to health care services for Virginians. Report.

12104019D

Summary as introduced:

Study; Joint Legislative Audit and Review Commission to study the effect of Medicaid payment policies for hospitals, nursing homes, and physicians on access to health care services for Virginians; report. Directs the Joint Legislative Audit and Review Commission to study the effect of Medicaid payment policies for hospitals, nursing homes, and physicians on Virginia Medicaid recipients' access to health care services.

Overview of Defeated Health Exchange Legislation

While several bills were introduced in the House and the Senate to set up the framework for the creation of Virginia's Health Benefit Exchange, neither chamber approved any of the bills introduced in its respective body. Legislators contended that Virginia should not invest any time or resources in the



development of the state exchange before the Supreme Court ruled on the constitutionality of provisions of the federal law. Despite the conduct of hearings to review the bills introduced in that body, the Senate, like the House of Delegates, delayed any action on the bills with the assertion that, if the federal law was found to be constitutional, a special session could be convened to consider Health Benefit Exchange legislation. Virginia's Secretary of Health and Human Resources believes that legislation passed in the 2011 Session that stated that Virginia should create its own exchange gives the executive branch the authority to develop an exchange. The legislative branch however is not amenable to allowing the executive branch to make all decisions related to the creation of the Exchange. We, of course, will be monitoring and will continue to discuss the creation of Virginia's exchange with legislators before and, if the federal law is upheld, after the Supreme Court case is decided.

Below please find a list of bills introduced to create Virginia's Health Benefit Exchange. We expect that if and when the legislature proceeds with the creation of the exchange, either or both of Senator John Watkins's and Delegate Kathy Byron's bills could be the language used to start the discussion.

HB 357 Virginia Health Benefit Exchange Authority; created.

Chief patron: McClellan

A BILL to amend and reenact §§ 2.2-2818, 2.2-2905, 2.2-3705.7, 2.2-3711, 2.2-4002, 2.2-4343, 32.1-16, 32.1-321.1, 38.2-200, 38.2-316, 38.2-3522.1, 38.2-3523.4, and 63.2-206 of the Code of Virginia and to amend the Code of Virginia by adding sections numbered 38.2-1809.1, 38.2-3430.1:2, and 38.2-3510.1 and by adding in Title 38.2 a chapter numbered 64, consisting of sections numbered 38.2-6400 through 38.2-6431, relating to the creation of the Virginia Health Benefit Exchange Authority and the establishment and operation of a health benefit exchange for the Commonwealth; assessments; rules applicable to health care plans offered outside the health benefit exchange; duties of state agencies.

12101057D

Summary as introduced:

Virginia Health Benefits Exchange. Creates the Virginia Health Benefits Exchange Authority as a political subdivision of the Commonwealth. The Authority is charged with establishing and operating health benefit exchanges for qualified individuals and small businesses, collectively referred to as the Exchange. The measure also provides for the Authority to perform, or provide for the performance by other state agencies of, duties associated with the operation of the Exchange as required by the federal Patient Protection and Affordable Care Act, and implements the intent set forth in Chapter 823 of the 2011 Acts of Assembly that Virginia create and operate its own health benefits exchange to preserve and enhance competition in the health insurance market. The Authority is authorized to enter agreements with the State Corporation Commission and Departments of Medical Assistance Services, Health, and Social Services regarding the performance of duties related to the conduct of the Exchange. The Exchange will be funded by assessments on health insurers offering plans in the Exchange. Persons who file information that is known to be false or misleading, or willfully and knowingly violate any provision of the act, are subject to a civil penalty of not



more than \$5,000. The measure provides that the same market rules will apply to health plans sold inside and outside the Exchange, and that mandated health benefits applicable to plans offered outside the Exchange will also apply to plans offered through the Exchange. Insurance companies are required to offer the same health plans, for the same price, inside and outside the Exchange. Insurers are prohibited from offering bronze level plans outside the Exchange unless they also offer such plans through the Exchange. The State Corporation Commission is required to ensure that insurance agents and brokers are not provided with financial incentives to direct persons either to the Exchange or outside the Exchange. The measure will expire on the effective date of a final, nonappealable order of a court of proper jurisdiction invalidating the Patient Protection and Affordable Care Act or of federal legislation repealing the federal act.

HB 402 Health Benefit Exchange Authority; created, report.

Chief patron: Hope

A BILL to amend and reenact §§ 2.2-2905, 2.2-3705.7, 2.2-3711, 2.2-4002, 2.2-4343, 32.1-16, 32.1-321.1, 38.2-200, and 63.2-206 of the Code of Virginia and to amend the Code of Virginia by adding in Title 38.2 a chapter numbered 64, consisting of sections numbered 38.2-6400 through 38.2-6427, relating to the creation of the Virginia Health Benefit Exchange Authority and the establishment and operation of a health benefit exchange for the Commonwealth; assessments; duties of state agencies; study.

12102105D

Summary as introduced:

Virginia Health Benefits Exchange. Creates the Virginia Health Benefits Exchange Authority as a political subdivision of the Commonwealth, as recommended by the Virginia Health Reform Initiative Advisory Council. The Authority is charged with establishing and operating health benefit exchanges for qualified individuals and for small businesses, collectively referred to as the Exchange. The measure also provides for the Authority to perform, or provide for the performance by other state agencies of, duties associated with the operation of the Exchange as required by the federal Patient Protection and Affordable Care Act, and implements the intent set forth in Chapter 823 of the Acts of Assembly of 2011 that Virginia create and operate its own health benefits exchange to preserve and enhance competition in the health insurance market. The Authority is authorized to enter agreements with the State Corporation Commission and Departments of Medical Assistance Services, Health, and Social Services regarding the performance of duties related to the conduct of the Exchange. The Exchange will be funded by assessment fees on all health carriers offering plans in the Exchange. The measure provides that mandated health benefits applicable to plans offered outside the Exchange will also apply to plans offered through the Exchange.

HB 464 Virginia Health Benefit Exchange; created, report.

Chief patron: Byron

A BILL to amend the Code of Virginia by adding in Title 38.2 a chapter numbered 64, consisting of sections numbered 38.2-6400 through 38.2-6415, relating to the establishment and operation of a health benefit exchange for the Commonwealth; assessments.



12102877D

Summary as introduced:

Virginia Health Benefit Exchange. Creates the Virginia Health Benefit Exchange, which will be established and operated by a new division within the State Corporation Commission. The Exchange shall facilitate the purchase and sale of qualified health plans and qualified dental plans to qualified individuals and qualified employers. The Exchange will be funded by assessments on health insurers offering plans in the Exchange. A health plan will not be required to cover any state mandated health benefit if federal law does not require it to be covered as part of the essential benefits package. The essential health benefits are items and services included in the benchmark health insurance plan, which is the largest plan in the largest product in the Commonwealth's small group market as supplemented in order to provide coverage for the items and services within the statutory essential health benefits categories. The Exchange shall ensure that no qualified health insurance plan that is sold or offered for sale through the Exchange provides coverage for abortions, except for an abortion performed (i) when the life of the mother is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself, or (ii) when the pregnancy is the result of an alleged act of rape or incest. The measure shall expire if any section, clause, provision, or portion of Title I, subtitle D of the Patient Protection and Affordable Care Act shall be repealed or held invalid or unconstitutional by any court of competent jurisdiction.

SB 383 Virginia Health Benefit Exchange Authority; created.*Chief patron:* McEachin

A BILL to amend and reenact §§ 2.2-2818, 2.2-2905, 2.2-3705.7, 2.2-3711, 2.2-4002, 2.2-4343, 32.1-16, 32.1-321.1, 38.2-200, 38.2-316, 38.2-3522.1, 38.2-3523.4, and 63.2-206 of the Code of Virginia and to amend the Code of Virginia by adding sections numbered 38.2-1809.1, 38.2-3430.1:2, and 38.2-3510.1 and by adding in Title 38.2 a chapter numbered 64, consisting of sections numbered 38.2-6400 through 38.2-6431, relating to the creation of the Virginia Health Benefit Exchange Authority and the establishment and operation of a health benefit exchange for the Commonwealth; assessments; rules applicable to health care plans offered outside the health benefit exchange; duties of state agencies.

12101007D

Summary as introduced:

Virginia Health Benefits Exchange. Creates the Virginia Health Benefits Exchange Authority as a political subdivision of the Commonwealth. The Authority is charged with establishing and operating health benefit exchanges for qualified individuals and small businesses, collectively referred to as the Exchange. The measure also provides for the Authority to perform, or provide for the performance by other state agencies of, duties associated with the operation of the Exchange as required by the federal Patient Protection and Affordable Care Act, and implements the intent set forth in Chapter 823 of the 2011 Acts of Assembly that Virginia create and operate its own health benefits exchange to preserve and enhance competition in the



health insurance market. The Authority is authorized to enter agreements with the State Corporation Commission and Departments of Medical Assistance Services, Health, and Social Services regarding the performance of duties related to the conduct of the Exchange. The Exchange will be funded by assessments on health insurers offering plans in the Exchange. Persons who file information that is known to be false or misleading, or willfully and knowingly violate any provision of the act, are subject to a civil penalty of not more than \$5,000. The measure provides that the same market rules will apply to health plans sold inside and outside the Exchange, and that mandated health benefits applicable to plans offered outside the Exchange will also apply to plans offered through the Exchange. Insurance companies are required to offer the same health plans, for the same price, inside and outside the Exchange. Insurers are prohibited from offering bronze level plans outside the Exchange unless they also offer such plans through the Exchange. The State Corporation Commission is required to ensure that insurance agents and brokers are not provided with financial incentives to direct persons either to the Exchange or outside the Exchange. The measure will expire on the effective date of a final, nonappealable order of a court of proper jurisdiction invalidating the Patient Protection and Affordable Care Act or of federal legislation repealing the federal act.

[SB 488](#) Virginia Health Benefit Exchange; created, report.

Chief patron: Saslaw

A BILL to amend the Code of Virginia by adding in Title 38.2 a chapter numbered 64, consisting of sections numbered 38.2-6400 through 38.2-6412, relating to the establishment and operation of a health benefit exchange for the Commonwealth; assessments.

12100912D

Summary as introduced:

Virginia Health Benefit Exchange. Creates the Virginia Health Benefit Exchange, which will be established and operated by a new division within the State Corporation Commission. The Exchange shall facilitate the purchase and sale of qualified health plans and qualified dental plans to qualified individuals and qualified employers. The Exchange will be funded by assessments on health insurers offering plans in the Exchange. A health plan will not be required to cover any state mandated health benefit if federal law does not require it to be covered as part of the essential benefits package.

[SB 496](#) Virginia Health Benefit Exchange; created, report.

Chief patron: Watkins

A BILL to amend the Code of Virginia by adding in Title 38.2 a chapter numbered 64, consisting of sections numbered 38.2-6400 through 38.2-6415, relating to the establishment and operation of a health benefit exchange for the Commonwealth; assessments.

12100906D

Summary as introduced:

Virginia Health Benefit Exchange. Creates the Virginia Health Benefit Exchange, which will be established



and operated by a new division within the State Corporation Commission. The Exchange shall facilitate the purchase and sale of qualified health plans and qualified dental plans to qualified individuals and qualified employers. The Exchange will be funded by assessments on health insurers offering plans in the Exchange. A health plan will not be required to cover any state mandated health benefit if federal law does not require it to be covered as part of the essential benefits package. The essential health benefits are items and services included in the benchmark health insurance plan, which is the largest plan in the largest product in the Commonwealth's small group market as supplemented in order to provide coverage for the items and services within the statutory essential health benefits categories. The Exchange shall ensure that no qualified health insurance plan that is sold or offered for sale through the Exchange provides coverage for abortions, except for an abortion performed (i) when the life of the mother is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself, or (ii) when the pregnancy is the result of an alleged act of rape or incest. The measure shall expire if any section, clause, provision, or portion of Title I, subtitle D of the Patient Protection and Affordable Care Act shall be repealed or held invalid or unconstitutional by any court of competent jurisdiction.

SB 615 Health Benefit Exchange Authority; created, report.

Chief patrons: Favola, Northam

A BILL to amend and reenact §§ 2.2-2905, 2.2-3705.7, 2.2-3711, 2.2-4002, 2.2-4343, 32.1-16, 32.1-321.1, 38.2-200, and 63.2-206 of the Code of Virginia and to amend the Code of Virginia by adding in Title 38.2 a chapter numbered 64, consisting of sections numbered 38.2-6400 through 38.2-6427, relating to the creation of the Virginia Health Benefit Exchange Authority and the establishment and operation of a health benefit exchange for the Commonwealth; assessments; duties of state agencies; study.

12103373D

Summary as introduced:

Virginia Health Benefits Exchange. Creates the Virginia Health Benefits Exchange Authority as a political subdivision of the Commonwealth, as recommended by the Virginia Health Reform Initiative Advisory Council. The Authority is charged with establishing and operating health benefit exchanges for qualified individuals and for small businesses, collectively referred to as the Exchange. The measure also provides for the Authority to perform, or provide for the performance by other state agencies of, duties associated with the operation of the Exchange as required by the federal Patient Protection and Affordable Care Act, and implements the intent set forth in Chapter 823 of the Acts of Assembly of 2011 that Virginia create and operate its own health benefits exchange to preserve and enhance competition in the health insurance market. The Authority is authorized to enter agreements with the State Corporation Commission and Departments of Medical Assistance Services, Health, and Social Services regarding the performance of duties related to the conduct of the Exchange. The Exchange will be funded by assessment fees on all health carriers offering plans in the Exchange. The measure provides that mandated health benefits applicable to plans offered outside the Exchange will also apply to plans offered through the Exchange.



Should you have questions or if you are in need of more information, our Government Affairs Section will be happy to assist. Please contact Reggie Jones at (804) 420-6468 or rjones@williamsmullen.com or Nicole Pugar at (804) 420-6437 or npugar@williamsmullen.com

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