

**INDEPENDENT INSURANCE AGENTS OF VIRGINIA
NAIFA – VIRGINIA
Overview of the
2025 Legislative Session of the Virginia General Assembly
Proposed Legislation
Filed as of January 17th, 2025**

Bill Number	Subject	Description	Note/Committee
HB 1555	Health	<p>Health Care Regulatory Sandbox Program; established, report, sunset date</p> <p>Patron Introduced by: Wren M. Williams (Chief Patron)</p> <p>Summary As Introduced Health Care Regulatory Sandbox Program established. Requires the Department of Health to establish the Health Care Regulatory Sandbox Program to enable a person to obtain limited access to the market in the Commonwealth to temporarily test an innovative health care product or service on a limited basis without otherwise being licensed or authorized to act under the laws of the Commonwealth. Under the Program, an applicant requests the waiver of certain laws, regulations, or other requirements for a 24-month testing period, with an option to request an additional six-month testing period. The bill provides application requirements, consumer protections, procedures for exiting the Program or requesting an extension, and recordkeeping and reporting requirements. The bill requires the Department to provide an annual report to the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health that provides information regarding each Program participant and recommendations regarding the effectiveness of the Program. The bill directs the Board of Health to</p>	<p>Bill was assigned to Health subcommittee</p> <p>Key takeaway: The Health Care Regulatory Sandbox Program allows the testing of health care products or services in the Commonwealth for a 24-month period without full regulatory compliance.</p>

NOTE: If a committee is not listed for a particular bill, the referral to committee is pending.

		adopt emergency regulations to implement the provisions of the bill and has an expiration date of July 1, 2030.	
<u>HB 1557</u>	FYI – Short Term Rental Property	<p>Short-term rentals; Department of Taxation to establish a registry, civil penalty. Patron Introduced by: R. Lee Ware (Chief Patron)</p> <p>Summary As Introduced Short-term rentals; registration; civil penalty. Directs the Department of Taxation to establish a registry of short-term rental properties and require accommodations providers and intermediaries to register. Under the bill, an accommodations provider shall provide to the Department its name and the address of each property it offers for short-term rental. The bill states that the Department shall issue each such accommodations provider a unique numerical identifier for each such property.</p> <p>An accommodations intermediary shall provide the Department its name and the contact information for the individual responsible for liaising with state and local officials regarding noncompliant short-term rental listings. The bill states that as a condition of listing a short-term rental on its platform, an accommodations intermediary shall require each accommodations provider to provide such provider's name and the unique numerical identifier and specific address for each short term-rental offered. Under the bill, such information, as well as information regarding receipts and taxes paid, shall be provided to the Department by the accommodations intermediary on a quarterly basis. However, an accommodations intermediary shall not be required to provide such information to the Department if the intermediary provides monthly reports of property addresses and gross receipts for all accommodations facilitated by the accommodations intermediary to each locality in which an accommodation is located. Such monthly reports are a compliance requirement imposed by law for the payment of transient occupancy taxes.</p>	<p>Referred to Committee on Finance</p> <p>Key Takeaway: Insurance agencies may be impacted by the new bill requiring short-term rental accommodations providers and intermediaries to register with the Department of Taxation, provide specific property details, and comply with reporting requirements, with penalties for noncompliance that could affect insurance policies related to these properties.</p>

		<p>The bill states that the Department shall provide the commissioner of the revenue for each locality with access to the registry and information contained therein. The commissioner of the revenue shall notify an accommodations intermediary of any short-term rental on its platform that is not lawfully authorized to be offered on its platform, and the accommodations intermediary shall remove any such listing from its platform. Under the bill, any accommodations intermediary who does not remove such a listing from its platform shall be subject to a civil penalty of \$1,000, to be paid into the Virginia Housing Trust Fund. Finally, the bill has a delayed effective date of July 1, 2026.</p>	
HB 1609	Health	<p>Health insurance; coverage option for fertility services, essential health benefits benchmark plan. Status: Committee Referral Pending</p> <p>Patron Introduced by: Dan I. Helmer (Chief Patron)</p> <p>Summary As Introduced Health insurance; coverage option for fertility services; essential health benefits benchmark plan. Requires health insurance policies, subscription contracts, and health care plans to offer and make available coverage for the diagnosis and treatment of infertility and for standard fertility preservation procedures, as such terms are defined in the bill. The bill specifies that such coverage include coverage for in vitro fertilization, provided that the procedures are performed at medical facilities or clinics that conform to guidelines published by the American College of Obstetricians and Gynecologists or the American Society for Reproductive Medicine for in vitro fertilization procedures. Such provisions of the bill are subject to a reenactment clause. The bill also requires the Health Insurance Reform Commission to consider such coverage in its 2025 review of the essential health benefits benchmark plan. The bill directs the Commission to include such coverage in its recommendation to the General Assembly for a new essential health benefits benchmark plan</p>	<p>Assigned Labor & Commerce Subcommittee #1</p> <p>Voted 7 – 0 to recommend to the full committee to send to the Health Insurance Reform Commission</p> <p>Insurance agencies will need to ensure that health insurance policies and plans offer coverage for infertility diagnosis and treatment, including in vitro fertilization, as part of the essential health benefits benchmark plan, pending review and potential inclusion by the Health Insurance Reform Commission in 2025.</p>

		unless the Commission identifies a compelling reason to exclude such coverage.	
HB 1628	P&C	<p>Fire insurance; assignment of claims prohibited.</p> <p>Patron Introduced by: Karen Keys-Gamarra (Chief Patron)</p> <p>Summary As Introduced Fire insurance; assignment of claims prohibited. Prohibits a fire insurance policy or a fire insurance policy in combination with other coverages from assigning or otherwise transferring, in whole or in part, to any other person the duties, rights, or benefits of the insured under the policy arising from a claim or covered loss without written consent of the insurer. Any such contract provision is void and unenforceable under the bill.</p>	<p>Assigned Labor & Commerce Subcommittee #1</p> <p>Reported from Labor and Commerce (22-Y 0-N)</p> <p>Introduced on behalf of the Mutual Assurance Company and VAMIC</p>
HB 1633	Health	<p>Health insurance; coverage for speech therapy as a treatment for stuttering.</p> <p>Patron Introduced by: Joshua G. Cole (Chief Patron, By Request)</p> <p>Summary As Introduced Health insurance; coverage for speech therapy as a treatment for stuttering. Requires health insurance carriers whose health care plans include coverage for habilitative services and rehabilitative services, as such terms are defined in the bill, to provide coverage for habilitative speech therapy and rehabilitative speech therapy, as such terms are defined in the bill, as a treatment for stuttering. The bill provides that such coverage is not (i) subject to any maximum annual benefit limit, including any limits on the number of visits an insured may make to a speech-language pathologist; (ii) limited based on the type of disease, injury, disorder, or other medical condition that resulted in the stuttering; or (iii) subject to utilization review or utilization management requirements, including prior authorization or</p>	<p>Assigned Labor & Commerce Subcommittee #1</p> <p>Subcommittee recommends laying on the table (7-Y 0-N)</p> <p>Key takeaway: Insurance agencies will need to provide coverage for habilitative and rehabilitative speech therapy as treatment for stuttering, without limits on the number of visits or utilization management requirements, for health care plans issued or renewed after January 1, 2026.</p>

		a determination that the habilitative or rehabilitative speech therapy services are medically necessary. The bill applies to health care plans delivered, issued for delivery, or renewed on and after January 1, 2026.	
HB1636	P&C	<p>Civil immunity; health care professionals, professional prog related to career fatigue & wellness.</p> <p>Patron Introduced by: Patrick A. Hope (Chief Patron)</p> <p>Summary As Introduced Civil immunity; health care professionals; professional programs related to career fatigue and wellness. Expands civil immunity for persons who participate in professional programs related to career fatigue and wellness for health care professionals to include those who participate in programs for (i) any health care professionals licensed, registered, or certified by the Department of Health Professions or (ii) students enrolled in programs that are prerequisites to licensure, registration, or certification by the Department of Health Professions. Under current law, civil immunity extends only to persons participating in programs for (a) professionals licensed, registered, or certified by the Boards of Dentistry, Medicine, Nursing, or Pharmacy or (b) students enrolled in a school of dentistry, dental hygiene, medicine, osteopathic medicine, nursing, or pharmacy.</p>	<p>Assigned to subcommittee Health Professions</p> <p>Subcommittee recommends reporting (8-Y 0-N)</p>
HB 1639	Health	<p>Health insurance; tobacco surcharge, removes sunset.</p> <p>Patron Introduced by: Patrick A. Hope (Chief Patron)</p> <p>Summary As Introduced Health insurance; tobacco surcharge; sunset. Removes the January 1, 2026, sunset on provisions of current law that eliminate the authority of a health carrier to vary its premium rates based on tobacco use.</p>	<p>Assigned Labor & Commerce Subcommittee #1</p> <p>Reported from Labor and Commerce with substitute (22-Y 0-N)</p>
HB 1641	Health	State plan for medical assistance services and health insurance; pediatric autoimmune neuropsychiatric disorders associated with	Assigned Labor & Commerce Committee

	<p>streptococcal infections and pediatric acute-onset neuropsychiatric syndrome.</p> <p>Patrons All Patrons More info Introduced by: Patrick A. Hope (Chief Patron) Summary As Introduced</p> <p>State plan for medical assistance services and health insurance; pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome. Directs the Board of Medical Assistance Services to amend the state plan for medical assistance services to include a provision for payment of medical assistance for the prophylaxis, diagnosis, and treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS) that includes payment for treatment using antimicrobials, medication, and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy.</p> <p>The bill also requires 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 to provide coverage for the prophylaxis, diagnosis, and treatment of PANDAS and PANS. The bill requires such coverage to include coverage for treatment using antibiotics, medication, and behavioral therapies to manage neuropsychiatric symptoms, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy.</p> <p>The bill prohibits an insurer, corporation, or organization from (i) denying or delaying the coverage of PANDAS or PANS because the</p>	<p>Reported 20 - 0 and sent to the House Appropriations Committee</p> <p>Key takeaway: Insurance agencies will be required to provide coverage for the diagnosis, prophylaxis, and treatment of PANDAS and PANS, including antibiotics, medication, behavioral therapies, and immunomodulating treatments, and must ensure that coverage is not denied or delayed based on previous treatments or diagnoses, with specific guidelines for therapy coverage starting in 2026.</p>
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HB 1670	Health	<p>Health insurance; cost-sharing for epinephrine injectors.</p> <p>Patron Introduced by: Michael J. Jones (Chief Patron)</p> <p>Summary As Introduced Health insurance; cost-sharing for epinephrine injectors. Prohibits health insurance companies and other carriers from setting an amount exceeding \$60 for a two-pack of covered epinephrine injectors that a covered person is required to pay at the point of sale. The bill also prohibits a provider contract between a carrier or its pharmacy benefits manager and a pharmacy from containing a provision (i) authorizing the carrier's pharmacy benefits manager or the pharmacy to charge, (ii) requiring the pharmacy to collect, or (iii) requiring a covered person to make a cost-sharing payment for a covered two-pack of epinephrine injectors in an amount that exceeds such limitation.</p>	<p>Assigned Labor & Commerce Subcommittee #2</p> <p>Laid on the table by a vote of 5 – 2</p>

HB 1682	P&C	<p>Surplus lines broker, person not subject to annual taxes, etc.</p> <p>Patron Introduced by: Laura Jane Cohen (Chief Patron)</p> <p>Summary As Introduced Surplus lines broker taxes. Provides that any surplus lines broker or any person required to be licensed as one shall not be subject to the annual taxes, license taxes, or penalties under current law for any policy of insurance procured during the preceding calendar year on behalf of a commuter rail system jointly operated by the Northern Virginia Transportation Commission and the Potomac and Rappahannock Transportation District.</p>	<p>Assigned Finance Subcommittee #2</p> <p>Subcommittee recommends reporting (8-Y 0-N)</p>
HB 1749	WC	<p>Workers' compensation; duty to furnish medical attention; timeframe for decision.</p> <p>Patron Introduced by: N. Baxter Ennis (Chief Patron)</p> <p>Summary As Introduced Workers' compensation; duty to furnish medical attention; timeframe for decision. Requires an employer, as defined in existing law, to issue a decision regarding the provision of medical attention to an employee within 45 calendar days after such employee's request for care pursuant to existing law, with certain exceptions described in the bill.</p>	<p>Assigned Labor & Commerce Subcommittee #2</p> <p>Subcommittee recommends laying on the table (5-Y 3-N)</p>
HB 1765	Health	<p>Health insurance; coverage for non-opioid prescription drugs.</p> <p>Patron Introduced by: Marty Martinez (Chief Patron)</p> <p>Summary As Introduced Health insurance; coverage for non-opioid prescription drugs. Prohibits a health insurance carrier from imposing any cost-sharing, prior authorization, step therapy, or other limitation on coverage of a</p>	<p>Assigned Labor & Commerce Subcommittee #1</p>

		covered non-opioid drug approved by the U.S. Food and Drug Administration for the treatment or management of pain that is more restrictive or less favorable to the enrollee relative to a covered opioid drug approved by the U.S. Food and Drug Administration for the treatment or management of pain.	
HB 1778	All Lines	<p>Insurance agents; appointments and terminations.</p> <p>Patron Introduced by: Richard C. "Rip" Sullivan, Jr. (Chief Patron)</p> <p>Summary As Introduced Insurance agents; appointments and terminations. Amends the process for the appointment of insurance agents and agencies by insurers as administered by the Bureau of Insurance of the State Corporation Commission. The bill also revises certain requirements of an insurer or authorized representative that terminates an appointment of an agent that is found to have engaged in conduct prohibited by existing law.</p>	<p>Assigned Labor & Commerce Subcommittee #1</p> <p>Reported from Labor and Commerce (22-Y 0-N)</p> <p>Introduced on behalf of the Bureau of Insurance</p>
HB 1828	Health	<p>Health insurance; cost sharing for breast examinations.</p> <p>Patron Introduced by: Shelly A. Simonds (Chief Patron)</p> <p>Summary As Introduced Health insurance; cost sharing for breast examinations. Prohibits health insurance carriers from imposing cost sharing for diagnostic breast examinations and supplemental breast examinations, as those terms are defined in the bill, under certain insurance policies, subscription contracts, and health care plans delivered, issued for delivery, or renewed in the Commonwealth on and after January 1, 2026. The bill provides that such examinations include examinations using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound. This bill is a recommendation of the Health Insurance Reform Commission.</p>	Assigned Labor & Commerce Subcommittee #1

HB 1841	Health	<p>Motor vehicle sales and use tax; abandoned vehicles not sold at auction.</p> <p>Patron Introduced by: Scott A. Wyatt (Chief Patron)</p> <p>Summary As Introduced Motor vehicle sales and use tax; abandoned vehicles not sold at auction. Clarifies the basis by which the motor vehicle sales and use tax is calculated in cases where a person is applying for a title to an abandoned motor vehicle that is in their possession and did not sell at auction.</p>	<p>Assigned Finance Subcommittee #2</p> <p>Subcommittee recommends reporting (8-Y 0-N)</p>
HB 1851	WC	<p>Workers' compensation; presumption for certain cancers; sheriffs and deputy sheriffs.</p> <p>Patron Introduced by: Jonathan "Jed" Arnold (Chief Patron)</p> <p>Summary As Introduced Workers' compensation; presumption for certain cancers; sheriffs and deputy sheriffs. Expands the workers' compensation presumption of compensability for certain cancers causing the death or disability of certain employees who have completed five years of service in their position to include sheriffs or deputy sheriffs.</p>	<p>Assigned Labor & Commerce Subcommittee #2</p> <p>Patron asked the committee to “strike” the bill.</p>
HB 1933	WC	<p>Workers' compensation; throat cancer.</p> <p>Patrons Introduced by: Destiny LeVere Bolling (Chief Patron)</p> <p>Summary As Introduced Workers' compensation; throat cancer. Provides that for the purposes of the workers' compensation presumption as to death or disability from certain types of cancer, throat cancer includes cancer</p>	<p>House Labor & Commerce sub – committee #2</p> <p>Reported 7 – 0 with the recommendation that it be sent to HIRC</p>

		that forms in the tissues of the pharynx, larynx, adenoid, tonsil, esophagus, trachea, nasopharynx, oropharynx, or hypopharynx.	
HB 2000	P&C	<p>Dam Safety, Flood Prevention and Protection Assistance; Dam Safety Act; powers and duties of the Department of Conservation and Recreation; rights and requirements of dam owners; civil penalty.</p> <p>Patron Introduced by: Amy J. Laufer (Chief Patron)</p> <p>Summary As Introduced Dam Safety, Flood Prevention and Protection Assistance; Dam Safety Act; powers and duties of the Department of Conservation and Recreation; rights and requirements of dam owners; civil penalty. Amends various provisions of the Dam Safety Act to streamline the Department of Conservation and Recreation's enforcement powers for impounding structures under the Act and clarifies the Department's powers and duties during an active dam failure. The bill also makes changes to a dam owner's responsibilities under the Act, including adding additional requirements to obtain a general permit for a low hazard impounding structure, making a dam owner responsible for ensuring that his impounding structure that presents an imminent danger has a safety inspection performed as provided in the bill, and allowing a dam owner to identify the dam break inundation zone of his impounding structure by providing the limits of the dam break inundation zone in lieu of filing a map. The bill also changes certain criteria for applicants to receive funds from the Dam Safety, Flood Prevention and Protection Assistance Fund, including the project match requirements for grants or loans. Finally, the bill repeals the provisions providing civil penalties for violating the provisions of the Act.</p>	<p>Assigned Agriculture, Chesapeake and Natural Resources</p> <p>Key takeaway: Insurance agencies may be impacted by changes to the Dam Safety Act, which streamline enforcement and impose new responsibilities on dam owners for safety inspections and flood zone identification, potentially affecting liability coverage and claims related to dam safety and flood prevention projects.</p>

<p>HB 2060</p>	<p>WC</p>	<p>Workers' compensation benefits; post-traumatic stress disorder, anxiety disorder, or depressive disorder incurred by law-enforcement officers and firefighters.</p> <p>Patron Introduced by: Paul E. Krizek (Chief Patron)</p> <p>Summary As Introduced Workers' compensation benefits; post-traumatic stress disorder, anxiety disorder, or depressive disorder incurred by law-enforcement officers and firefighters. Increases from 52 weeks to 104 weeks the maximum duration after the date of diagnosis that workers' compensation benefits are payable for anxiety disorder or depressive disorder incurred by law-enforcement officers and firefighters acting in the line of duty. The bill also increases from 52 weeks to 500 weeks the maximum duration after the date of diagnosis that workers' compensation benefits are payable for post-traumatic stress disorder incurred by law-enforcement officers and firefighters acting in the line of duty.</p>	<p>Assigned to House Labor & Commerce sub – committee #2</p> <p>Reported 7 – 0 with the recommendation that it be sent to HIRC</p>
<p><u>HB 2069</u></p>	<p>Fire Program Fund</p>	<p>Insurance; additional purposes for Fire Programs Fund Aid to Localities Grant Program established.</p> <p>Patrons Introduced by: Thomas A. Garrett, Jr. (Chief Patron)</p> <p>Summary As Introduced Insurance; Fire Programs Fund; purposes; Aid to Localities Grant Program. Increases the assessment on certain insurance companies from one percent to 1.5 percent. The bill provides that the portion of the Fire Programs Fund allocated to localities may be used for the additional purposes of (i) constructing, improving, or expanding fire station facilities; (ii) providing mental health resources for fire personnel; or (iii) hiring additional fire personnel and funding</p>	<p>Assigned Labor & Commerce Subcommittee #1</p>

		<p>recruitment and retention programs. The bill also prohibits such funds from being used, except as provided, for the purposes of investments, operating expenses, debt repayment, taxes, or fees.</p> <p>The bill also establishes the Aid to Localities Grant Program, to be funded by 0.25 percent of the assessments on insurance companies, for the purposes of providing assistance to local fire departments that are at risk of closing or facing major violations due to the lack of funds needed to be in compliance with relevant laws and regulations.</p>	
HB 2274	Health	<p>Health benefit programs; discrimination; cause of action.</p> <p>Patron Introduced by: N. Baxter Ennis (Chief Patron)</p> <p>Summary As Introduced Health benefit programs; discrimination; cause of action. Adds licensed outpatient facilities to the types of preferred providers that an insurer is required to establish terms and conditions for and is prohibited from discriminating against with regard to the insurer's health benefit program. The bill removes provisions stating that certain price differences are not considered discrimination. The bill provides for a cause of action for any health care provider that suffers loss as a result of an insurer's violation of provisions related to the health benefit program or an insurer's breach of any provider contract provision. Under the bill, if the court finds that the violation or breach resulted from an insurer's gross negligence or willful conduct, the court may increase damages to an amount not exceeding three times the actual damages sustained, and in addition to any damages awarded, the health care provider may be awarded equitable and injunctive relief and reasonable attorney fees and court costs.</p>	Referred to Committee on Labor and Commerce
HB 2320	WC	<p>Workers' compensation; presumption of compensability for lymphoma or myeloma.</p> <p>Patron</p>	Referred to Committee on Labor and Commerce

		<p>Introduced by: Will Davis (Chief Patron)</p> <p>Summary As Introduced Workers' compensation; presumption of compensability for lymphoma or myeloma. Expands the workers' compensation presumption of compensability for certain cancers causing the death or disability of certain employees who have completed five years of service in their position to include lymphoma and myeloma. The presumption for these cancers does not apply for any individual diagnosed with such a condition before July 1, 2025.</p>	
HB 2329	Health	<p>Health insurance; prescription drug formularies.</p> <p>Patron Introduced by: Mark D. Sickles (Chief Patron)</p> <p>Summary As Introduced Health insurance; prescription drug formularies. Requires health insurance carriers to provide coverage for a generic drug or a biosimilar when the carrier provides coverage for the brand drug or product and the generic drug or biosimilar has a lower wholesale acquisition cost than the brand drug or product with more favorable cost-sharing, including actual out-of-pocket costs, relative to the brand drug or product. Additionally, the bill requires carriers to publish an up-to-date, accurate, and complete list of all covered drugs on its formulary, including any tiering structure that it has adopted and any restrictions on the manner in which a drug can be obtained, in a manner that is easily accessible to plan enrollees, prospective enrollees, and the general public.</p>	Referred to Committee on Labor and Commerce
HB 2349	Flood	<p>Release of developer performance guarantees.</p> <p>Patrons Introduced by: David Owen (Chief Patron)</p>	Referred to Committee on Counties, Cities and Towns

		<p>Summary As Introduced</p> <p>Release of developer performance guarantees. Clarifies that existing provisions related to the periodic partial and final release of developer performance guarantees also applies to performance guarantees for erosion and sediment control measures, stormwater management facilities, and fill and borrow areas.</p>	
HB 2371	Health	<p>Health insurance; coverage for contraceptive drugs and devices.</p> <p>Patron Introduced by: Candi Mundon King (Chief Patron)</p> <p>Summary As Introduced</p> <p>Health insurance; coverage for contraceptive drugs and devices. Requires health insurance carriers to provide coverage, under any health insurance contract, policy, or plan that includes coverage for prescription drugs on an outpatient basis, for contraceptive drugs and contraceptive devices, as defined in the bill, including those available over-the-counter. The bill prohibits a health insurance carrier from imposing upon any person receiving contraceptive benefits pursuant to the provisions of the bill any copayment, coinsurance payment, or fee, except in certain circumstances.</p>	Referred to Committee on Labor and Commerce
HB 2372	Health	<p>Joint Commission on Health Care; duty to study proposed health insurance mandates.</p> <p>Patron Introduced by: Mark D. Sickles (Chief Patron)</p> <p>Summary As Introduced</p> <p>Joint Commission on Health Care; duty to study proposed health insurance mandates. Shifts the duty to assess, analyze, and evaluate</p>	Referred to Committee on Rules

		the social and economic costs and benefits of any proposed mandated health insurance benefit or mandated provider that is currently assigned to the Joint Legislative Audit and Review Commission to the Joint Commission on Health Care.	
HB2385	P&C	<p>Motor vehicle accidents; actions brought by uninsured motorists; limited damages.</p> <p>Patron Introduced by: Eric R. Zehr (Chief Patron)</p> <p>Summary As Introduced Motor vehicle accidents; actions brought by uninsured motorists; limited damages. Places limits on the amount of recoverable damages in a motor vehicle accident resulting in personal injury or property damage when the person injured or whose property was damaged is an uninsured motorist. The bill provides that the limits do not apply if (i) the tortfeasor was driving under the influence of drugs or alcohol, (ii) the tortfeasor failed to stop and report the injury of damage after such accident, or (iii) the injury or damage was a result of an intentional act taken by the tortfeasor to injure the person or damage such person's property.</p>	Referred to Committee for Courts of Justice
HB 2392	Health	<p>Health insurance; pharmacy benefits managers; definition of covered entity.</p> <p>Patron Introduced by: Mark D. Sickles (Chief Patron)</p> <p>Summary As Introduced Health insurance; pharmacy benefits managers; definition of covered entity. Removes hospitals, as defined in existing law, from the exemption to the definition of covered entity for the purposes of existing law relating to pharmacy benefits managers.</p>	Referred to Committee on Labor and Commerce

<p>HB 2458</p>	<p>P&C</p>	<p>Vehicles used for agricultural purposes.</p> <p>Patron Introduced by: Israel D. O'Quinn (Chief Patron)</p> <p>Summary As Introduced Vehicles used for agricultural purposes. Provides that trailers and semitrailers used for certain agricultural purposes may be operated without tail lights or brake lights on the highways of the Commonwealth between sunrise and sunset, provided that such trailer or semitrailer has affixed to the rear end either (i) two or more reflectors of a type approved by the Superintendent of State Police or (ii) at least 100 square inches of solid reflectorized material. The bill also clarifies that the prohibition on operating a vehicle without registering it or displaying the issued license plates also applies to the failure to display a permanent farm use placard assigned to such vehicle. Existing law authorizes a court to dismiss a summons for such a violation if proof of compliance is provided to the court on or before the court date.</p>	<p>Committee Referral Pending</p>
<p>HB 2475</p>	<p>Safety</p>	<p>Use of safety belt systems.</p> <p>Patron Introduced by: Karen Keys-Gamarra (Chief Patron)</p> <p>Summary As Introduced Use of safety belt systems. Requires all adult passengers in a motor vehicle equipped with a safety belt system to wear such safety belt system when the motor vehicle is in motion on a public highway. Current law requires adult passengers to wear such safety belts when occupying the front seat.</p>	<p>Committee Referral Pending</p>

<p>HB 2481</p>	<p>WC</p>	<p>Workers' compensation; injuries caused by repetitive and sustained physical stressors.</p> <p>Patron Introduced by: Paul E. Krizek (Chief Patron)</p> <p>Summary As Introduced Workers' compensation; injuries caused by repetitive and sustained physical stressors. Provides that, for the purposes of the Virginia Workers' Compensation Act, "occupational disease" includes injuries or diseases from conditions resulting from repetitive and sustained physical stressors, including repetitive and sustained motions, exertions, posture stresses, contact stresses, vibrations, or noises. The bill provides that such injuries or diseases are covered under the Act and that such coverage does not require that such repetitive or sustained physical stress occurred over a particular time period, provided that the time period over which such physical stress occurred can be reasonably identified.</p>	<p>Committee Referral Pending</p>
<p>HB 2492</p>	<p>P&C</p>	<p>Motor vehicle accidents; actions brought by uninsured motorists; limited damages.</p> <p>Patron Introduced by: Eric R. Zehr (Chief Patron)</p> <p>Summary As Introduced Motor vehicle accidents; actions brought by uninsured motorists; limited damages. Places limits on the amount of recoverable damages in a motor vehicle accident resulting in personal injury or property damage when the person injured or whose property was damaged is an uninsured motorist. The bill provides that the limits do not apply if (i) the tortfeasor was driving under the influence of drugs or alcohol, (ii) the tortfeasor failed to stop and report the injury or damage after such accident, or (iii) the injury or damage was a result</p>	<p>Committee Referral Pending</p>

		of an intentional act taken by the tortfeasor to injure the person or damage such person's property.	
HB 2525	Health	<p>Health insurance; electronic prior authorization; work group; report.</p> <p>Patron Introduced by: Hyland F. "Buddy" Fowler, Jr. (Chief Patron)</p> <p>Summary As Introduced Health insurance; electronic prior authorization; work group; report. Requires that the online process a carrier is required by existing law to establish and maintain beginning July 1, 2025, link directly to real-time patient out-of-pocket costs for the prescription drug. The bill also modifies the requirements and reporting timeline of the work group on electronic prior authorization established by the State Corporation Commission's Bureau of Insurance pursuant to existing law.</p>	Committee Referral Pending
HJ 434	Coastal Storm Management	<p>Coastal storm risk management studies; non-federal sponsor contributions by localities.</p> <p>Patron Introduced by: Michael B. Feggans (Chief Patron)</p> <p>Summary As Introduced Study; JLARC; non-federal sponsor contributions by localities to conduct coastal storm risk management studies; report. Directs the Joint Legislative Audit and Review Commission (JLARC) to study the methodology for determining the monetary contributions by localities or other non-federal sponsors to the total cost of coastal storm risk management studies. The study also directs JLARC to determine whether a separate fund should be established to support and manage cost-share requests from non-federal sponsors for such studies.</p>	Referred to Committee on Rules

<p>HJ 437</p>	<p>Flood</p>	<p>Study; reestablishes the Joint Subcommittee on Recurrent Flooding; report.</p> <p>Patron Introduced by: Kelly K. Convors-Fowler (Chief Patron)</p> <p>Summary As Introduced Study; reestablishes the Joint Subcommittee on Recurrent Flooding; report. Reestablishes the Joint Subcommittee on Recurrent Flooding, which sunset in 2023, to continue its work through the 2026 interim.</p>	<p>Committee Referral Pending</p>
<p>SB 774</p>	<p>Health</p>	<p>Essential health benefits benchmark plan review; members of stakeholder work group.</p> <p>Patron Introduced by: Scott A. Surovell (Chief Patron)</p> <p>Summary As Introduced Essential health benefits benchmark plan review; stakeholder work group. Requires that the stakeholder work group convened by the Bureau of Insurance of the State Corporation Commission for the essential health benefits benchmark plan review consist of members who possess demonstrated and acknowledged expertise in health benefit plan design, actuarial science, population health, patient advocacy, or advocating for or assisting enrollees in individual or small group health coverage. The bill requires the work group to consider factors including (i) coverage denial rates of benefits that are not covered under the current benchmark plan; (ii) the utilization of mandated benefits; (iii) the projected impact of a proposed mandate on the prevalence of medical need, the urgency of such medical need, and any disproportionate disease burden borne by different subpopulations; (iv) the projected cost of each proposed mandate; and (v) other data as determined by the work group. This bill is a recommendation of the Health Insurance Reform Commission.</p>	<p>Referred to Committee on Rules</p> <p>Insurance agencies may need to consider the outcomes of the stakeholder work group's review of the essential health benefits benchmark plan, which will assess factors such as coverage denial rates, benefit utilization, medical need impact, and the cost of proposed mandates.</p>

<p>SB 780</p>	<p>Health</p>	<p>Health insurance; coverage for contraceptive drugs and devices.</p> <p>Patron Introduced by: Jennifer D. Carroll Foy (Chief Patron)</p> <p>Summary As Introduced Health insurance; coverage for contraceptive drugs and devices. Requires health insurance carriers to provide coverage, under any health insurance contract, policy, or plan that includes coverage for prescription drugs on an outpatient basis, for contraceptive drugs and contraceptive devices, as defined in the bill, including those available over-the-counter. The bill prohibits a health insurance carrier from imposing upon any person receiving contraceptive benefits pursuant to the provisions of the bill any copayment, coinsurance payment, or fee, except in certain circumstances.</p>	<p>Referred to Committee on Commerce and Labor</p> <p>Reported out 9 to 6 and sent to the Senate Finance Committee</p>
<p>SB 788</p>	<p>WC</p>	<p>Workers' compensation; injuries caused by repetitive and sustained physical stressors.</p> <p>Patron Introduced by: Christopher T. Head (Chief Patron)</p> <p>Summary As Introduced Workers' compensation; injuries caused by repetitive and sustained physical stressors. Provides that, for the purposes of the Virginia Workers' Compensation Act, "occupational disease" includes injuries or diseases from conditions resulting from repetitive and sustained physical stressors, including repetitive and sustained motions, exertions, posture stresses, contact stresses, vibrations, or noises. The bill provides that such injuries or diseases are covered under the Act and that such coverage does not require that such repetitive or sustained physical stress occurred over a particular time period, provided that (i) the time period over which such physical stress occurred can be reasonably identified and documented and (ii)</p>	<p>Referred to Committee on Commerce and Labor</p>

		exposure to such repetitive and sustained physical stressors in the course of employment is the primary cause, as defined in the bill, of the injury or disease.	
<u>SB 803</u>	WC	<p>Workers' compensation; injuries caused by repetitive and sustained physical stressors.</p> <p>Patron Introduced by: Ryan T. McDougle (Chief Patron)</p> <p>Summary As Introduced Workers' compensation; injuries caused by repetitive and sustained physical stressors. Provides that, for the purposes of the Virginia Workers' Compensation Act, "occupational disease" includes injuries or diseases from conditions resulting from repetitive and sustained physical stressors, including repetitive and sustained motions, exertions, posture stresses, contact stresses, vibrations, or noises. The bill provides that such injuries or diseases are covered under the Act and that such coverage does not require that such repetitive or sustained physical stress occurred over a particular time period, provided that (i) the time period over which such physical stress occurred can be reasonably identified and documented and (ii) exposure to such repetitive and sustained physical stressors in the course of employment is the primary cause, as defined in the bill, of the injury or disease. The bill's provisions apply only to injuries or diseases arising on or after July 1, 2026.</p>	Referred to Committee on Commerce and Labor
<u>SB 809</u>	P&C	<p>Fire Programs Fund; aid to localities, requirement for emergency incidents reporting.</p> <p>Patron Introduced by: Christie New Craig (Chief Patron)</p> <p>Summary As Introduced</p>	<p>Referred to Committee on General Laws and Technology</p> <p>Stricken at request of Patron in General Laws and Technology (13-Y 0-N)</p>

		Fire Programs Fund; aid to localities; requirement for emergency incidents reporting. Requires that, in order to remain eligible for funding from the Fire Programs Fund, a locality must report all emergency incidents through the National Fire Response Information System while sharing such emergency incident data with the Department of Fire Programs. The bill has a delayed effective date of July 1, 2026.	
SB 860	WC	<p>Workers' compensation benefits; post-traumatic stress disorder, anxiety disorder, or depressive disorder incurred by law-enforcement officers and firefighters.</p> <p>Patron Introduced by: Bryce E. Reeves (Chief Patron)</p> <p>Summary As Introduced Workers' compensation benefits; post-traumatic stress disorder, anxiety disorder, or depressive disorder incurred by law-enforcement officers and firefighters. Increases from 52 weeks to 500 weeks the maximum duration after the date of diagnosis that workers' compensation benefits are payable for post-traumatic stress disorder, anxiety disorder, or depressive disorder incurred by law-enforcement officers and firefighters acting in the line of duty. The bill also removes the prohibition on medical treatment, temporary total incapacity benefits, or temporary partial incapacity benefits from being awarded beyond four years from the date of the qualifying event that was the primary cause of the post-traumatic stress disorder, anxiety disorder, or depressive disorder. Additionally, the bill expands the definition of law-enforcement officer to include any civilian employed by a county, city, or town police department or by a sheriff's office as a crime scene investigator for the purposes of worker's compensation claims related to post-traumatic stress disorder, anxiety disorder, or depressive disorder.</p>	Referred to Committee on Commerce and Labor
SB 892	Med Mal	Medical malpractice; certification of expert witness, written opinion.	Referred to Committee for Courts of Justice

		<p>Patrons Introduced by: Glen H. Sturtevant, Jr. (Chief Patron)</p> <p>Summary As Introduced Medical malpractice; certification of expert witness; written opinion. Provides that at the time of service of process of every motion for judgment, counter claim, third party claim, or warrant in debt in a medical malpractice action or every motion for judgment, counter claim, or third party claim in an action for wrongful death against a health care provider, the plaintiff shall be deemed to have obtained a written opinion signed by an expert witness stating that the defendant in the action deviated from the applicable standard of care and the deviation was a proximate cause of the injuries claimed. The bill also provides that a plaintiff may have separate certifications for standard of care and causation.</p>	<p>Reported from Courts of Justice with substitute (15-Y 0-N)</p>
SB 904	Med Mal	<p>Medical malpractice; limitation on recovery; certain actions.</p> <p>Patron Introduced by: William M. Stanley, Jr. (Chief Patron)</p> <p>Summary As Introduced Medical malpractice; limitation on recovery; certain actions. Eliminates the cap on the recovery in actions against health care providers for medical malpractice where the act or acts of malpractice occurred on or after July 1, 2025, and occurred against a patient age 10 or younger.</p>	<p>Referred to Committee for Courts of Justice</p>
SB920	WC	<p>Workers' compensation; throat cancer.</p> <p>Patron Introduced by: Saddam Azlan Salim (Chief Patron)</p> <p>Summary As Introduced</p>	<p>Referred to Committee on Commerce and Labor</p> <p>Reported out 15 to 0 and sent to the Senate Finance Committee</p>

		Workers' compensation; throat cancer. Provides that for the purposes of the workers' compensation presumption as to death or disability from certain types of cancer, throat cancer includes cancer that forms in the tissues of the pharynx, larynx, adenoid, tonsil, esophagus, trachea, nasopharynx, oropharynx, or hypopharynx.	
SB 925	Health	<p>Health insurance; carrier business practices; method of payment for claims.</p> <p>Patron Introduced by: Christopher T. Head (Chief Patron)</p> <p>Summary As Introduced Health insurance; carrier business practices; method of payment for claims. Requires a health insurance carrier, or entity completing a transaction of behalf of the carrier, prior to paying a claim using a credit card or electronic funds transfer payment method that imposes a transaction or processing fee or similar charge on the provider, to notify the provider that such a fee or similar charge will apply and to offer the provider an alternative payment method that does not impose such a fee or similar charge. If the provider elects to accept the alternative payment method, the bill specifies that the carrier is required to pay the claim using such alternative payment method.</p>	<p>Referred to Committee on Commerce and Labor</p> <p>Constitutional reading dispensed (on 1st reading) (38-Y 0-N)</p> <p>Engrossed by Senate - committee substitute</p>
SB 959	Safety	<p>Department of Motor Vehicles; proof of financial responsibility in the future.</p> <p>Patron Introduced by: Glen H. Sturtevant, Jr. (Chief Patron)</p> <p>Summary As Introduced Department of Motor Vehicles; proof of financial responsibility in the future. Clarifies when a vehicle owner is required to furnish proof of financial responsibility or proof of financial responsibility in the future. The bill specifies the forms required when providing proof of financial responsibility in the future.</p>	<p>Referred to Committee on Transportation</p> <p>Reported from Transportation (13-Y 0-N)</p>

<p>SB 1012</p>	<p>P&C</p>	<p>Motor vehicle collisions; collection of certain mobile telephone data; collision reports.</p> <p>Patron Introduced by: Scott A. Surovell (Chief Patron)</p> <p>Summary As Introduced Motor vehicle collisions; collection of certain mobile telephone data; collision reports. Requires that a law-enforcement officer include on any collision report the mobile telephone number, mobile telephone provider, and International Mobile Equipment Identity (IMEI) number for any driver involved in a motor vehicle collision. The bill allows an attorney who has certified that he represents a person injured in a motor vehicle collision to request in writing that the mobile telephone provider of the alleged tortfeasor preserve for a period of four years from the date of such collision certain information related to the mobile telephone of such alleged tortfeasor. The bill also allows such attorney to request in writing that the alleged tortfeasor preserve certain mobile telephone information for a period of three years from the date of such collision for the purpose of anticipated litigation. The bill also creates a rebuttable presumption of spoliation of evidence where an alleged tortfeasor fails to preserve mobile telephone records or provide the required information for a collision report. Finally, the bill requires, upon request from such attorney, the alleged tortfeasor's auto insurance company utilizing a telematics application to advise such attorney of the existence of such telematics application data and to preserve and provide such data upon such attorney's request.</p>	<p>Referred to Committee for Courts of Justice</p> <p>Insurance agencies may need to adjust their practices for handling motor vehicle collision claims, as the bill requires collision reports to include mobile phone data, allows attorneys to request the preservation of mobile phone and telematics data, and creates a presumption of evidence spoliation if such data is not preserved.</p>
<p>SB 1112</p>	<p>WC</p>	<p>Workers' compensation; injuries caused by repetitive and sustained physical stressors.</p> <p>Patron Introduced by: Angelia Williams Graves (Chief Patron)</p>	<p>Referred to Committee on Commerce and Labor</p>

		<p>Summary As Introduced</p> <p>Workers' compensation; injuries caused by repetitive and sustained physical stressors. Provides that, for the purposes of the Virginia Workers' Compensation Act, "occupational disease" includes injuries or diseases from conditions resulting from repetitive and sustained physical stressors, including repetitive and sustained motions, exertions, posture stresses, contact stresses, vibrations, or noises. The bill provides that such injuries or diseases are covered under the Act and that such coverage does not require that such repetitive or sustained physical stress occurred over a particular time period, provided that the time period over which such physical stress occurred can be reasonably identified.</p>	
SB 1154	P&C	<p>Fire insurance; assignment of claims prohibited.</p> <p>Patron Introduced by: Mark D. Obenshain (Chief Patron)</p> <p>Summary As Introduced</p> <p>Fire insurance; assignment of claims prohibited. Prohibits a fire insurance policy or a fire insurance policy in combination with other coverages from assigning or otherwise transferring, in whole or in part, to any other person the duties, rights, or benefits of the insured under the policy arising from a claim or covered loss without written consent of the insurer. Any such contract provision is void and unenforceable under the bill.</p>	Referred to Committee on Commerce and Labor
SB 1159	P&C	<p>Motor vehicle insurance; underinsured motorist coverage; required notice.</p> <p>Patron Introduced by: Mark D. Obenshain (Chief Patron)</p>	Referred to Committee on Commerce and Labor

		<p>Summary As Introduced</p> <p>Motor vehicle insurance; underinsured motorist coverage; required notice. Revises the language of the notice required to be enclosed with all motor vehicle insurance policies issued, delivered, or renewed after July 1, 2025, in the Commonwealth. The bill requires such notice to provide that the insured may choose to change the way the insured's underinsured motorist coverage is calculated.</p>	
SB 1164	P&C	<p>Office of Medicaid Financial Oversight established.</p> <p>Patron Introduced by: Ryan T. McDougle (Chief Patron)</p> <p>Summary As Introduced</p> <p>Office of Medicaid Financial Oversight established. Establishes the Office of Medicaid Financial Oversight as an independent agency to provide financial oversight and fiscal accountability for the Commonwealth's Medicaid and children's health insurance programs.</p>	<p>Referred to Committee on General Laws and Technology</p> <p>Rereferred from General Laws and Technology to Finance and Appropriations (15-Y 0-N)</p>
SB 1168	Health	<p>Practice of acupuncture; definition; health insurance; coverage for acupuncture treatments.</p> <p>Patron Introduced by: Saddam Azlan Salim (Chief Patron)</p> <p>Summary As Introduced</p> <p>Practice of acupuncture; definition; health insurance; coverage for acupuncture treatments. Amends the definition of the "practice of acupuncture" as it relates to the practice of medicine and other healing arts to specify that it means the stimulation of selected points on the body to prevent or modify the perception of pain or to normalize physiological functions for the treatment of certain ailments or conditions of the body and includes acupuncture needle insertion, dry</p>	<p>Referred to Committee on Commerce and Labor</p>

		<p>needling, electroacupuncture, cupping, gua sha, and moxibustion. Under current law, the "practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion. The bill requires health insurers, corporations providing health care coverage subscription contracts, and health maintenance organizations to provide coverage for acupuncture treatments. The bill applies to policies, contracts, and plans delivered, issued for delivery, or renewed on or after January 1, 2027.</p>	
SB 1218	Labor & Employment (non compete)	<p>Labor and employment; covenants not to compete prohibited; exceptions; civil penalty.</p> <p>Patron Introduced by: Richard H. Stuart (Chief Patron)</p> <p>Summary As Introduced Labor and employment; covenants not to compete prohibited; exceptions; civil penalty. Prohibits an employer from entering into, enforcing, or threatening to enforce a covenant not to compete with any employee except under certain circumstances. The bill permits employers to enter into and enforce a reasonable covenant not to compete with an employee who is not a low-wage employee, as defined in existing law, and to whom such employer has provided specialized training or education. The bill provides that any employer that violates its provisions is subject to a civil penalty in existing law of \$10,000 for each violation.</p>	Referred to Committee on Commerce and Labor
SB 1238	Health	<p>Health insurance; cost sharing for breast examinations.</p> <p>Patron</p>	Referred to Committee on Commerce and Labor

		<p>Introduced by: Tara A. Durant (Chief Patron)</p> <p>Summary As Introduced Health insurance; cost sharing for breast examinations. Prohibits health insurance carriers from imposing cost sharing for diagnostic breast examinations and supplemental breast examinations, as those terms are defined in the bill, under certain insurance policies, subscription contracts, and health care plans delivered, issued for delivery, or renewed in the Commonwealth on and after January 1, 2026. The bill provides that such examinations include examinations using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound. This bill is a recommendation of the Health Insurance Reform Commission.</p>	
SB1269	Surplus Lines	<p>Surplus lines broker taxes; certain insurance policies.</p> <p>Patron Introduced by: Stella G. Pekarsky (Chief Patron)</p> <p>Summary As Introduced Surplus lines broker taxes; certain insurance policies. Provides that any surplus lines broker or any person required to be licensed as one shall not be subject to the annual taxes, license taxes, or penalties under current law for any policy of insurance procured during the preceding calendar year on behalf of a commuter rail system jointly operated by the Northern Virginia Transportation Commission and the Potomac and Rappahannock Transportation Commission beginning in calendar year 2025.</p>	Referred to Committee on Commerce and Labor
SB 1290	Health	<p>Health insurance; reimbursement for services rendered by certain practitioners other than physicians.</p> <p>Patron Introduced by: R. Creigh Deeds (Chief Patron)</p>	Referred to Committee on Commerce and Labor

		<p>Summary As Introduced</p> <p>Health insurance; reimbursement for services rendered by certain practitioners other than physicians. Requires health insurers and health service plan providers whose accident and sickness insurance policies or subscription contracts cover services that may be legally performed by a physician assistant to provide equal coverage for such services when rendered by a licensed athletic trainer when such services are performed in an office setting. Additionally, the bill requires the reimbursement or payment for a service provided by certain licensed practitioners listed in the bill to be in the same amount as the reimbursement or payment paid under such policy or subscription contract to a licensed physician performing such service in the area served.</p>	
SB 1299	WC	<p>Workers compensation; injury or death caused by employers gross negligence or willful misconduct; cause of action.</p> <p>Patron Introduced by: Jeremy S. McPike (Chief Patron)</p> <p>Summary As Introduced</p> <p>Workers' compensation; injury or death caused by employer's gross negligence or willful misconduct; cause of action. Creates an exception to the provision in existing law that the rights and remedies granted to an employee under the Virginia Workers' Compensation Act exclude all other rights or remedies of such employee on account of such injury, loss of service, or death. The bill provides that if it is alleged that the injury or death of an employee is caused by an employer's gross negligence or willful misconduct, the employee may either claim compensation under the Act or maintain an action at law for damages against the employer.</p>	Referred to Committee on Commerce and Labor
SB 1314	Health	Health insurance; coverage requirements for prostate cancer screenings.	Referred to Committee on Commerce and Labor

		<p>Patron Introduced by: Jeremy S. McPike (Chief Patron)</p> <p>Summary As Introduced Health insurance; coverage requirements for prostate cancer screenings. Updates the current mandated requirement for health care coverage companies (including health insurers and HMOs), the health care coverage plan for state employees, and the state plan for Medicaid that provides coverage for one PSA test in a 12-month period to persons age 50 and over and to persons age 40 and over who are at high risk for prostate cancer according to American Cancer Society Guidelines such that the new coverage requirement is for prostate cancer screening that includes the current test and the current guidelines. This bill is a recommendation of the Health Insurance Reform Commission.</p>	
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