

**INDEPENDENT INSURANCE AGENTS OF VIRGINIA
NAIFA – VIRGINIA
Overview of the
2025 Legislative Session of the Virginia General Assembly
Proposed Legislation
Filed as of February 7th, 2025**

Bill Number	Subject	Description	Note/Committee
<p>HB 1555</p>	<p>Health</p>	<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>Subcommittee recommends reporting with substitute and referring to Appropriations (5-Y 3-N)</p> <p>Failed to report from Health and Human Services with substitute (9-Y 12-N)</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> <p>FAILED</p>

		adopt emergency regulations to implement the provisions of the bill and has an expiration date of July 1, 2030.	
HB 1557	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>Assigned Finance sub: Subcommittee #1</p> <p>Sub. Recommends Laying on the table 5Y 3N</p> <p>Left in Finance</p> <p>Key Takeaway: Insurance companies 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>

		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.	
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>Passed Full Committee 17Y 5 N & referred to Appropriations</p> <p>Assigned Approps sub: Health & Human Resources</p> <p>Subcommittee recommends reporting (7-Y 0-N)</p> <p>Reported from Appropriations (20-Y 2-N)</p> <p>Read third time and passed House (84-Y 11-N)</p>

		unless the Commission identifies a compelling reason to exclude such coverage.	<p>Referred to Senate Committee on Education and Health</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>
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> <p>Passed the Full House & Engrossed</p> <p>Referred to Committee on Commerce and Labor in Senate</p>
HB 1633	Health	Health insurance; coverage for speech therapy as a treatment for stuttering.	Assigned Labor & Commerce Subcommittee #1

		<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 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.</p>	<p>Subcommittee recommends laying on the table (7-Y 0-N)</p> <p>Left in Labor and Commerce</p>
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</p>	<p>Assigned to subcommittee Health Professions</p> <p>Reported from full committee 21Y 0N</p> <p>Read first time</p> <p>Read twice and engrossed</p> <p>Read third time and passed House (97-Y 0-N)</p>

		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.	Referred to Committee on Education and Health in Senate
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> <p>Read twice and engrossed by the full House</p> <p>Read third time and passed House (58-Y 39-N)</p> <p>Constitutional reading dispensed (on 1st reading)</p> <p>Referred to Committee on Commerce and Labor in Senate</p>
HB 1641	Health	<p>State plan for medical assistance services and health insurance; pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome.</p> <p>Patrons All Patrons More info Introduced by: Patrick A. Hope (Chief Patron)</p>	<p>Assigned Labor & Commerce Committee</p> <p>Reported 20 - 0 and sent to the House Appropriations Committee</p>

	<p>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 enrollee previously received treatment or because the enrollee was diagnosed with or received treatment for his condition under a different diagnostic name, including autoimmune encephalopathy; (ii) limiting coverage of immunomodulating therapies for the treatment of PANDAS or PANS in a manner that is inconsistent with the treatment guidelines developed by a consortium convened for the purposes of</p>	<p>Sent to Appropriations Committee</p> <p>Assigned Approps sub: Health & Human Resources</p> <p>Subcommittee recommends reporting (6-Y 0-N)</p> <p>Reported from Appropriations (22-Y 0-N)</p> <p>Read third time and passed House (97-Y 0-N)</p> <p>Passed House (99-Y 0-N)</p> <p>Key takeaway: Insurance companies 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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		researching, identifying, and publishing best practice standards for diagnosis and treatment of PANDAS or PANS that are accessible for medical professionals and are based on evidence of positive patient outcomes; (iii) requiring a trial of therapies that treat only neuropsychiatric symptoms before authorizing coverage of immunomodulating therapies for the treatment of PANDAS or PANS; or (iv) denying coverage for out-of-state treatment if the service is not available within the Commonwealth. This bill is a recommendation of the Health Insurance Reform Commission.	
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>The subcommittee recommends laying on the table (7-Y 0-N)</p> <p>Left in Labor and Commerce</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</p>	<p>Assigned Finance Subcommittee #2</p> <p>Subcommittee recommends reporting (8-Y 0-N)</p>

		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.	Reported from Finance (22-Y 0-N) Read second time and engrossed Read third time and passed House (97-Y 0-N) Referred to Committee on Commerce and Labor in Senate
HB 1749	WC	Workers' compensation; duty to furnish medical attention; timeframe for decision. Patron Introduced by: N. Baxter Ennis (Chief Patron) 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.	Assigned Labor & Commerce Subcommittee #2 Subcommittee recommends laying on the table (5-Y 3-N) Left in Labor and Commerce
HB 1765	Health	Health insurance; coverage for non-opioid prescription drugs. Patron Introduced by: Marty Martinez (Chief Patron) 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	Assigned Labor & Commerce Subcommittee #1 Sub Committee recommends laying on the table (7-Y 0-N) Left in Labor and Commerce

		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> <p>Read twice and engrossed by the full House</p> <p>Read third time and passed House (96-Y 0-N)</p> <p>Passed House (97-Y 0-N 0-A)</p> <p>Referred to Committee on Commerce and Labor in Senate</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</p>	<p>Assigned Labor & Commerce Subcommittee #1</p> <p>Subcommittee recommends reporting with substitute and referred to Appropriations (7-Y 0-N)</p>

		<p>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>	<p>Reported from Labor and Commerce with substitute and referred to Appropriations (22-Y 0-N)</p> <p>Assigned Approps sub: Health & Human Resources</p> <p>Reported from Appropriations (22-Y 0-N)</p> <p>Engrossed by House - committee substitute</p> <p>Read third time and passed House (97-Y 0-N)</p> <p>Passed House (99-Y 0-N)</p> <p>Referred to Senate Committee on Commerce and Labor</p>
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> <p>Reported out by full Finance Committee (22-Y 0-N)</p> <p>Read second time and engrossed</p>

			<p>Read third time and passed House (97-Y 0-N)</p> <p>Referred to Committee on Finance and Appropriations in Senate</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> <p>Subcommittee recommends laying on the table (4-Y 3-N)</p> <p>Left in Labor and Commerce</p>
HB1923	Health	<p>Health insurance; reimbursement for services rendered by certain practitioners, etc.</p> <p>All Patrons Introduced by: Jeion A. Ward (Chief Patron)</p> <p>Summary As Introduced Health insurance; reimbursement for services rendered by certain practitioners other than physicians. Requires health insurers and health service plan providers whose policies or contracts cover services that may be legally performed by a licensed certified midwife or licensed professional midwife to provide equal coverage for such services. The bill requires the reimbursement for a service provided by certain licensed practitioners listed in current law to be in the same</p>	<p>Assigned Labor & Commission Subcommittee #1</p> <p>Subcommittee recommends reporting with substitute and referred to Appropriations (5-Y 2-N)</p> <p>Reported from Labor and Commerce with substitute and referred to Appropriations (22-Y 0-N)</p> <p>Assigned Approps sub: Health & Human Resources</p>

		amount as the reimbursement paid under the policy to a licensed physician performing such service in the area served.	<p>Subcommittee recommends reporting (6-Y 0-N)</p> <p>Reported from Appropriations (22-Y 0-N)</p> <p>Engrossed by House - committee substitute</p> <p>Read third time and passed House (97-Y 0-N)</p> <p>Passed House (99-Y 0-N)</p> <p>Referred to Senate Committee on Commerce and Labor</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 that forms in the tissues of the pharynx, larynx, adenoid, tonsil, esophagus, trachea, nasopharynx, oropharynx, or hypopharynx.</p>	<p>House Labor & Commerce sub – committee #2</p> <p>Subcommittee recommends reporting and referred to Appropriations (8-Y 0-N)</p> <p>Reported from Labor and Commerce and referred to Appropriations (21-Y 0-N)</p> <p>Assigned Approps sub: Compensation and Retirement</p> <p>Subcommittee recommends reporting (7-Y 0-N)</p>

			<p>Subcommittee recommends reporting with amendment(s) (7-Y 0-N)</p> <p>Reported from Appropriations with amendment(s) (21-Y 0-N)</p> <p>Engrossed by House as amended</p> <p>Read third time and passed House (97-Y 0-N)</p> <p>Passed House (99-Y 0-N)</p> <p>Referred to Senate Committee on Commerce and Labor</p>
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</p>	<p>Assigned Agriculture, Chesapeake and Natural Resources</p> <p>Subcommittee recommends reporting with amendment(s) and referring to Appropriations (10-Y 0-N)</p> <p>Reported from Agriculture, Chesapeake and Natural Resources with amendment(s) and referred to Appropriations (22-Y 0-N)</p>

		<p>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 Approps sub: Commerce Agriculture & Natural Resources</p> <p>Reported from Appropriations (19-Y 3-N)</p> <p>Engrossed by House as amended</p> <p>Read third time and passed House (87-Y 11-N)</p> <p>Key takeaway: Insurance companies 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>
HB 2060	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: 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-</p>	<p>Assigned to House Labor & Commerce sub – committee #2</p> <p>Subcommittee recommends reporting and referred to Appropriations (8-Y 0-N)</p> <p>Reported from Labor and Commerce and referred to Appropriations (20-Y 1-N)</p>

		<p>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 Approps sub: Compensation and Retirement</p> <p>Subcommittee recommends reporting with amendment(s) (7-Y 0-N)</p> <p>Reported from Appropriations with amendment(s) (21-Y 0-N)</p> <p>Engrossed by House as amended</p> <p>Read third time and passed House (99-Y 0-N)</p> <p>Referred to Committee on Commerce and Labor</p>
<p>HB 2069</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>Sub #1 reported the bill (6-Y 1-N)</p> <p>Reported from Labor and Commerce with substitute and referred to Appropriations (19-Y 3-N)</p> <p>Left in Appropriations</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 2095	Fraudulent Insurance Acts	<p>Fraudulent insurance acts; penalty.</p> <p>Patrons Introduced by: Scott A. Wyatt (Chief Patron)</p> <p>Summary As Introduced Fraudulent insurance acts; penalty. Creates a Class 4 felony for fraudulent insurance acts, enumerated in the bill.</p>	<p>Referred to Committee for Courts of Justice</p> <p>FAILED – Left in Committee</p>
HB2097	Health	<p>Health insurance; coverage requirements for prostate cancer screenings.</p> <p>All Patrons Introduced by: Terry L. Austin (Chief Patron)</p> <p>Summary As Introduced Health insurance; coverage requirements for prostate cancer screenings. Updates existing mandated coverage requirements for prostate cancer screenings to reflect updated tests and guidelines from the American Cancer Society, while also removing certain references to American Cancer Society Guidelines. Updated coverage requirements apply to health care coverage companies, the health care coverage plan for state employees, and the state plan for medical assistance services. This bill is a recommendation of the Health Insurance Reform Commission.</p>	<p>Assigned Labor & Commission sub: Subcommittee #1</p> <p>Subcommittee recommends reporting with substitute (7-Y 0-N)</p> <p>Reported from Labor and Commerce with substitute (22-Y 0-N)</p> <p>Engrossed by House - committee substitute</p> <p>Read third time and passed House (97-Y 0-N)</p>

			Referred to Senate Committee on Commerce and Labor
HB2133	Health	<p>Health insurance; coverage for breast examinations for high-risk individuals.</p> <p>All Patrons Introduced by: Karen Keys-Gamarra (Chief Patron)</p> <p>Summary As Introduced Health insurance; coverage for breast examinations for high-risk individuals. Requires health insurance carriers to cover diagnostic breast examinations and supplemental breast examinations, as those terms are defined in the bill, based on sound medical practices for any high-risk individual, as defined in the bill, without cost sharing 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 a health care provider's choice of diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound</p>	<p>Assigned Labor & Commission sub: Subcommittee #1</p> <p>Subcommittee recommends incorporating into HB1828-Simonds (Voice Vote)</p> <p>Left in Labor and Commerce</p>
HB 2205	P&C	<p>Vehicle owners; proof of financial responsibility in the future.</p> <p>Patron Introduced by: Terry G. Kilgore (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>Assigned Trans sub: Department of Motor Vehicles</p> <p>Subcommittee recommends reporting (8-Y 0-N)</p> <p>Reported from Transportation (22-Y 0-N)</p>

			<p>Read third time and passed House (97-Y 0-N)</p> <p>Passed House (99-Y 0-N)</p> <p>Referred to Senate Committee on Transportation</p> <p>Same as SB959</p>
HB2208	Health	<p>Health insurance; coverage for at-home blood pressure monitors, report.</p> <p>All Patrons Introduced by: Delores L. McQuinn (Chief Patron)</p> <p>Summary As Introduced Health insurance; coverage for at-home blood pressure monitors. Requires health insurers, health maintenance organizations, and corporations providing health care coverage subscription contracts to provide coverage for at-home blood pressure monitors to individuals who (i) have a diagnosis of hypertension, (ii) are at risk of developing hypertension, or (iii) have been recommended for at-home blood pressure monitoring by a licensed health care provider. The coverage provided under the bill shall not be subject to any copayment or fees for an at-home blood pressure monitor. The bill directs the Bureau of Insurance, in consultation with the Department of Health, to establish guidelines for implementing the coverage required by the bill, to monitor compliance of such requirements by health care providers, and to submit a report of its findings and recommendations to the Governor and General Assembly by December 1, 2026</p>	<p>Assigned Labor & Commission sub: Subcommittee #1</p> <p>Subcommittee recommends reporting with substitute and referring to Appropriations (4-Y 3-N)</p> <p>Reported from Labor and Commerce with substitute and referred to Appropriations (12-Y 10-N)</p> <p>Left in Appropriations</p>
HB2256	Auto	Motor vehicle accident; increases damage threshold.	Assigned Trans sub: Highway Safety and Policy

		<p>All Patrons Introduced by: Michelle Lopes Maldonado (Chief Patron)</p> <p>Summary As Introduced Report of motor vehicle accident; damage threshold. Increases from \$1,500 to \$3,000 the property damage threshold at which law enforcement is required to forward a written report of a motor vehicle accident to the Department of Motor Vehicles.</p>	<p>Subcommittee recommends reporting with amendment(s) (6-Y 0-N)</p> <p>Reported from Transportation with amendment(s) (22-Y 0-N)</p> <p>Engrossed by House as amended</p> <p>Read third time and passed House (97-Y 0-N)</p> <p>Reconsideration of passage agreed to by House</p> <p>Passed House (99-Y 0-N)</p> <p>Referred to Senate Committee for Courts of Justice</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</p>	<p>Referred to Committee on Labor and Commerce</p> <p>FAILED – Left in committee</p>

		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.	
HB 2320	WC	<p>Workers' compensation; presumption of compensability for lymphoma or myeloma.</p> <p>Patron 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>	<p>Referred to Committee on Labor and Commerce</p> <p>Assigned to Labor & Commission Subcommittee #1</p> <p>Subcommittee recommends striking from the docket (7-Y 0-N)</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</p>	<p>Referred to Committee on Labor and Commerce</p> <p>Assigned to Labor & Commission Subcommittee #1</p> <p>Subcommittee recommends laying on the table (7-Y 0-N)</p>

		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.	
HB 2348	Flood	<p>Virginia Residential Property Disclosure Act; flood-related disclosures.</p> <p>All Patrons Introduced by: Phil M. Hernandez (Chief Patron) Summary As Introduced Virginia Residential Property Disclosure Act; flood-related disclosures. Requires the owner of residential real property located in the Commonwealth who has actual knowledge that the dwelling unit is located within certain flood hazard areas or floodplains to disclose such fact to the purchaser. The bill also removes from the disclosure statement provided by the Real Estate Board that is furnished to the purchaser of residential real property that the owner makes no representation with respect to whether the property is located in one or more special flood hazard areas.</p>	<p>Assigned General Laws subcommittee Housing/Consumer Protection</p> <p>Subcommittee recommends laying on the table (7-Y 1-N)</p> <p>Left in General Laws</p>
HB 2349	Flood	<p>Release of developer performance guarantees.</p> <p>Patrons Introduced by: David Owen (Chief Patron)</p> <p>Summary As Introduced 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</p>	<p>Referred to Committee on Counties, Cities and Towns</p> <p>Assigned to CCT subcommittee #3</p> <p>Subcommittee recommends laying on the table (5-Y 3-N)</p>

		erosion and sediment control measures, stormwater management facilities, and fill and borrow areas.	Left in Counties, Cities and Towns
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 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 Labor and Commerce</p> <p>Assigned to Labor & Commission Subcommittee #1</p> <p>Subcommittee recommends reporting with amendment(s) and referring to Appropriations (5-Y 1-N)</p> <p>Reported from Labor and Commerce with amendment(s) and referred to Appropriations (15-Y 7-N)</p> <p>Assigned Approps sub: Health & Human Resources</p> <p>Reported from Appropriations (18-Y 3-N)</p> <p>Engrossed by House as amended</p> <p>Read third time and passed House (70-Y 27-N)</p> <p>Referred to Senate Committee on Commerce and Labor</p>

<p>HB 2372</p>	<p>Health</p>	<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 Joint Commission on Health Care; duty to study proposed health insurance mandates. Shifts the duty to assess, analyze, and evaluate 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.</p>	<p>Referred to Committee on Rules</p> <p>Reported from Rules and referred to Appropriations (14-Y 0-N)</p> <p>Assigned Approps sub: Health & Human Resources Reported from Appropriations (22-Y 0-N)</p> <p>Moved from Uncontested Calendar to Regular Calendar</p> <p>Read third time and passed House (85-Y 11-N)</p> <p>Referred to Senate Committee on Rules</p>
<p>HB2385</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 of</p>	<p>Referred to Committee for Courts of Justice</p> <p>Stricken from docket at court of justice House committee (22-Y 0-N)</p>

		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.	
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>	<p>Referred to Committee on Labor and Commerce</p> <p>Assigned to Labor & Commission Subcommittee #1</p> <p>Subcommittee recommends reporting (7-Y 0-N)</p> <p>Reported from Labor and Commerce (22-Y 0-N)</p> <p>Read third time and passed House (97-Y 0-N)</p> <p>Passed House (99-Y 0-N)</p> <p>Referred to Committee on Commerce and Labor</p>
HB 2458	Division of Motor Vehicles	<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</p>	<p>Committee Referral Pending</p> <p>Referred to Transportation Committee</p> <p>Assigned Trans sub: Department of Motor Vehicles</p> <p>Read first time</p>

		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.	Engrossed by House - committee substitute Read third time and passed House (97-Y 0-N) Passed House (99-Y 0-N)
HB 2475	Safety	Use of safety belt systems. Patron Introduced by: Karen Keys-Gamarra (Chief Patron) 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.	Committee Referral Pending Referred to Transportation Committee Assigned Trans sub: Highway Safety and Policy Subcommittee recommends reporting (4-Y 1-N) Reported from Transportation (12-Y 10-N) Read third time and passed House (65-Y 33-N)
HB 2481	WC	Workers' compensation; injuries caused by repetitive and sustained physical stressors. Patron Introduced by: Paul E. Krizek (Chief Patron) Summary As Introduced	Committee Referral Pending Referred to Labor & Commerce Subcommittee #1 Assigned Labor & Commerce sub: Subcommittee #1

		<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>	<p>Subcommittee recommends reporting and referring to Appropriations (5-Y 2-N)</p> <p>Reported from Labor and Commerce and referred to Appropriations (13-Y 9-N)</p> <p>Left in Appropriations</p>
HB 2492	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 or 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>	<p>Committee Referral Pending</p> <p>Referred to Courts of Justice committee</p> <p>Stricken from docket at court of justice House-Senate committee</p>
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>Assigned L & C sub: Subcommittee #1</p>

		<p>Summary As Introduced</p> <p>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>	<p>Subcommittee recommends reporting (7-Y 0-N)</p> <p>Reported from Labor and Commerce (22-Y 0-N)</p> <p>Read third time and passed House (97-Y 0-N)</p> <p>Passed House (99-Y 0-N)</p> <p>Referred to Senate Committee on Commerce and Labor</p>
HB2611	Health	<p>Health insurance; coverage for cancer follow-up testing, report.</p> <p>All Patrons Introduced by: Holly M. Seibold (Chief Patron)</p> <p>Summary As Introduced</p> <p>Health insurance; coverage for cancer follow-up testing; report. Requires health insurers and other carriers to provide coverage for cancer follow-up testing, as defined in the bill, and prohibits the imposition of deductibles, coinsurance, or any other cost-sharing requirements specifically on cancer follow-up testing. The bill directs the Bureau of Insurance to annually report to the General Assembly on (i) the number of individuals benefiting from the removal of copayments for cancer follow-up testing, (ii) the financial impact on health insurance premiums as a result of the provisions of the bill, and (iii) recommendations for further policy adjustments.</p>	<p>Assigned Labor & Commission sub: Subcommittee #1</p> <p>Subcommittee recommends laying on the table (7-Y 0-N)</p> <p>Left in Labor and Commerce</p>
HJ 434	Coastal Storm Management	<p>Coastal storm risk management studies; non-federal sponsor contributions by localities.</p>	<p>Referred to Committee on Rules</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>	<p>Reported from Rules with amendment(s) (13-Y 0-N)</p> <p>Moved from Uncontested Calendar to Regular Calendar</p> <p>Agreed to by House (69-Y 27-N)</p> <p>Referred to Senate Committee on Rules</p>
HJ 437	Flood	<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>Referred to Committee on Rules</p> <p>Reported from Rules (11-Y 4-N)</p> <p>Agreed to by House (72-Y 24-N)</p> <p>Referred to Senate Committee on Rules</p>
Senate Proposals			
SB 774	Health	<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</p>	<p>Referred to Committee on Rules</p> <p>Reported 15-Y 0-N by full committee; Read twice & engrossed by the full House</p> <p>Rules suspended</p>

		<p>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>Constitutional reading dispensed (on 1st reading) (40-Y 0-N)</p> <p>Read third time and passed Senate (40-Y 0-N)</p> <p>Placed on Calendar</p> <p>Referred to House Committee on Labor and Commerce</p> <p>Assigned L & C sub: Subcommittee #1</p> <p>Insurance companies 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>
SB 780	Health	<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</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>Reported by full committee (10-Y 0-N)</p>

		<p>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>Rules suspended</p> <p>Constitutional reading dispensed (on 1st reading) (40-Y 0-N)</p> <p>Engrossed by Senate as amended</p> <p>Read third time and passed Senate (21-Y 17-N)</p> <p>Placed on Calendar</p> <p>Referred to House Committee on Labor and Commerce</p>
SB 788	WC	<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,</p>	<p>Referred to Committee on Commerce and Labor</p> <p>Passed By Indefinitely by full committee (9-Y 6-N)</p>

		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.	
SB 803	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>	<p>Referred to Committee on Commerce and Labor Incorporated into SB788</p> <p>SB788 FAILED</p>
SB 809	Fire Programs Fund	<p>Fire Programs Fund; aid to localities, requirement for emergency incidents reporting.</p> <p>Patron Introduced by: Christie New Craig (Chief Patron)</p>	<p>Fire Program Fund</p> <p>Referred to Committee on General Laws and Technology</p>

		<p>Summary As Introduced</p> <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.</p>	<p>Stricken at request of Patron in General Laws and Technology (13-Y 0-N)</p>
<p>SB 860</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: Bryce E. Reeves (Chief Patron)</p> <p>Summary As Introduced</p> <p>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>	<p>Referred to Committee on Commerce and Labor</p> <p>Incorporated into SB1301</p>

SB 892	Med Mal	<p>Medical malpractice; certification of expert witness, written opinion.</p> <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>Referred to Committee for Courts of Justice</p> <p>Reported from Courts of Justice with substitute (15-Y 0-N)</p> <p>Constitutional reading dispensed (on 1st reading) (40-Y 0-N)</p> <p>Engrossed by Senate - committee substitute</p> <p>Read third time and passed Senate (40-Y 0-N)</p> <p>Referred to House Committee for Courts of Justice</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> <p>Reported from Courts of Justice and rereferred to Finance and Appropriations (8-Y 6-N 1-A)</p> <p>Passed by indefinitely in Finance and Appropriations (9-Y 6-N)</p>
SB920	WC	Workers' compensation; throat cancer.	Referred to Committee on Commerce and Labor

		<p>Patron Introduced by: Saddam Azlan Salim (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 that forms in the tissues of the pharynx, larynx, adenoid, tonsil, esophagus, trachea, nasopharynx, oropharynx, or hypopharynx.</p>	<p>Reported out 15 to 0 and sent to the Senate Finance Committee</p> <p>Rules suspended</p> <p>Constitutional reading dispensed (on 1st reading) (38-Y 0-N)</p> <p>Engrossed by Senate as amended</p> <p>Rules suspended</p> <p>Constitutional reading dispensed (on 3rd reading) (39-Y 1-N)</p> <p>Passed Senate (40-Y 0-N)</p> <p>Referred to House Committee on Labor and Commerce</p>
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</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>

		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.	Passed the full Senate (40-Y 0-N) Referred to House Committee on Labor and Commerce
SB 959	Safety	Department of Motor Vehicles; proof of financial responsibility in the future. Patron Introduced by: Glen H. Sturtevant, Jr. (Chief Patron) 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.	Referred to Committee on Transportation Reported from Transportation (13-Y 0-N) Read twice and engrossed by the Senate Read third time and passed Senate (40-Y 0-N) Referred to House Committee on Transportation Reported from Transportation (20-Y 0-N) Same as HB2205
SB 1012	Auto	Motor vehicle collisions; collection of certain mobile telephone data; collision reports. Patron Introduced by: Scott A. Surovell (Chief Patron) Summary As Introduced	Referred to Committee for Courts of Justice Failed to report twice from Courts of Justice with substitute (7-Y 7-N)

		<p>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>Insurance companies 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>
SB 1078	Health	<p>Health insurance; cost-sharing, pharmacy benefits managers, compensation and duties, civil penalty.</p> <p>Patron Introduced by: Mark J. Peake (Chief Patron) Summary As Introduced Health insurance; cost-sharing; pharmacy benefits managers; compensation and duties: civil penalty. Amends provisions related to rebates provided by carriers and health benefit plans to health plan enrollees by defining "defined cost-sharing," "pharmacy benefits management services," and "price protection rebates." The bill requires that an enrollee's defined cost-sharing for each prescription drug be calculated at the point of sale based on a price that is reduced</p>	<p>Referred to Committee on Commerce and Labor</p> <p>Failed to report (defeated) in Commerce and Labor (5-Y 10-N)</p>

		<p>by an amount equal to at least 80 percent of all rebates received or expected to be received in connection with the dispensing or administration of the prescription drug.</p> <p>The bill prohibits a pharmacy benefits manager from deriving income from pharmacy benefits management services provided to a carrier or health benefit plan except for income derived from a pharmacy benefits management fee. The bill requires the amount of any pharmacy benefits management fees to be set forth in the agreement between the pharmacy benefits manager and the carrier or health benefit plan and that such fee not be based on the acquisition cost or any other price metric of a drug; the amount of savings, rebates, or other fees charged, realized, or collected by or generated based on the activity of the pharmacy benefits manager; or the amount of premiums, deductibles, or other cost-sharing or fees charged, realized, or collected by the pharmacy benefits manager from enrollees or other persons on behalf of an enrollee. The bill requires a pharmacy benefits manager to annually certify to the State Corporation Commission that it has met certain requirements. The Commission is directed to impose a civil penalty not to exceed \$1,000 per claim for a violation of these provisions.</p> <p>The bill establishes a pharmacy benefits manager duty, which includes the duties of care, good faith, and fair dealing, owed to any enrollee, provider, or health benefit plan that receives pharmacy benefits management services from the pharmacy benefits manager or that furnishes, covers, receives, or is administered a unit of a prescription drug for which the pharmacy benefits manager has provided pharmacy benefits management services. The bill requires the Commission to define by regulation the scope of such duty and provides for a private cause of action for any person aggrieved by the breach of such duty.</p>	
SB 1112	WC	<p>Workers' compensation; injuries caused by repetitive and sustained physical stressors.</p> <p>Patron</p>	Referred to Committee on Commerce and Labor

		<p>Introduced by: Angelia Williams Graves (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>Reported from full Commission & Labor committee (9-Y 6-N)</p> <p>Referred to Appropriations</p> <p>Left in Finance and Appropriations</p>
SB 1132	Labor & Employment	<p>Prospective employees; prohibiting employer seeking wage or salary history.</p> <p>All Patrons Introduced by: Jennifer B. Boysko (Chief Patron)</p> <p>Summary As Introduced Prohibiting employer seeking wage or salary history of prospective employees; wage or salary range transparency; cause of action. Prohibits a prospective employer from (i) seeking the wage or salary history of a prospective employee; (ii) relying on the wage or salary history of a prospective employee in determining the wages or salary the prospective employee is to be paid upon hire; (iii) relying on the wage or salary history of a prospective employee in considering the prospective employee for employment; (iv) refusing to interview, hire, employ, or promote a prospective employee or otherwise retaliating against a prospective employee for not providing wage or salary history; and (v) failing or refusing to disclose in each public and internal posting for each job, promotion, transfer, or other</p>	<p>Referred to Committee on Commerce and Labor</p> <p>Reported from Commerce and Labor (9-Y 6-N)</p> <p>Constitutional reading dispensed (on 1st reading) (40-Y 0-N)</p> <p>Read second time and engrossed</p> <p>Read third time and passed Senate (21-Y 18-N)</p> <p>Referred to House Committee on Labor and Commerce</p>

		employment opportunity the wage, salary, or wage or salary range. The bill establishes a cause of action for an aggrieved prospective employee or employee and provides that an employer that violates such prohibitions is liable to the aggrieved prospective employee or employee for statutory damages between \$1,000 and \$10,000 or actual damages, whichever is greater, reasonable attorney fees and costs, and any other legal and equitable relief as may be appropriate.	
SB 1152	Nursing Homes	<p>Nursing homes and certified nursing facilities; professional liability insurance. Patron Introduced by: Mark D. Obenshain (Chief Patron)</p> <p>Summary As Introduced Nursing homes and certified nursing facilities; professional liability insurance. Specifies that the required minimum amount of professional liability coverage for nursing homes and certified nursing facilities is the amount per occurrence. The bill also requires such coverage to be noneroding, i.e., the coverage limits are not reduced by legal costs.</p>	<p>Referred to Committee on Education and Health Assigned Education sub: Health Professions</p> <p>Reported from Education and Health with substitute (14-Y 0-N 1-A)</p> <p>Constitutional reading dispensed (on 1st reading) (39-Y 0-N)</p> <p>Rules suspended</p> <p>Engrossed by Senate - committee substitute</p> <p>Read third time and passed Senate (40-Y 0-N)</p>
SB 1154	P&C	<p>Fire insurance; assignment of claims prohibited. Patron Introduced by: Mark D. Obenshain (Chief Patron)</p>	<p>Referred to Committee on Commerce and Labor</p>

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

		<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>	<p>Reported from full Commission & Labor committee (15-Y 0-N)</p> <p>Constitutional reading dispensed (on 1st reading) (40-Y 0-N)</p> <p>Read second time and engrossed</p> <p>Read third time and passed Senate (38-Y 0-N)</p> <p>Placed on Calendar</p> <p>Referred to House Committee on Labor and Commerce</p>
SB 1159	P&C	<p>Motor vehicle insurance; underinsured motorist coverage; required notice.</p> <p>Patron Introduced by: Mark D. Obenshain (Chief Patron)</p> <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>	<p>Referred to Committee on Commerce and Labor</p> <p>Reported from full Commission & Labor committee (15-Y 0-N)</p> <p>Constitutional reading dispensed (on 1st reading) (40-Y 0-N)</p> <p>Engrossed by Senate as amended</p>

			<p>Read third time and passed Senate (38-Y 0-N)</p> <p>Placed on Calendar</p> <p>Referred to House Committee on Labor and Commerce</p> <p>Assigned L & C sub: Subcommittee #1</p>
SB 1164	Health	<p>Office of Medicaid Financial Oversight established.</p> <p>Patron Introduced by: Ryan T. McDougle (Chief Patron)</p> <p>Summary As Introduced 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> <p>Reported from Finance and Appropriations (15-Y 0-N)</p> <p>Rules suspended</p> <p>Constitutional reading dispensed (on 1st reading) (38-Y 0-N)</p> <p>Rules suspended</p> <p>Constitutional reading dispensed (on 3rd reading) 39-Y 1-N)</p> <p>Passed Senate (40-Y 0-N)</p>

			Referred to House Committee on Health and Human Services Assigned sub: Social Services
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 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 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>	Referred to Committee on Commerce and Labor Passed By Indefinitely by full committee (15-Y 0-N)
SB 1186	Health	<p>Health insurance; coverage for donor human milk, penalty.</p> <p>Patron</p>	Assigned Education sub: Health

		<p>Introduced by: Jennifer D. Carroll Foy (Chief Patron)</p> <p>Summary As Introduced Donor human milk banks; health insurance; coverage for donor human milk; penalty. Prohibits any person from establishing or operating a donor human milk bank, as defined in the bill, without first obtaining a license from the State Health Commissioner and makes it a Class 6 felony for any person to establish or operate a donor human milk bank in the Commonwealth without obtaining such license. The bill directs the State Board of Health to establish a regulatory and statutory scheme for the licensure and regulation of donor human milk banks operating or doing business in the Commonwealth. The bill also directs the Commissioner to implement and enforce numerous regulations relating to the issuance, renewal, denial, suspension, and revocation of such licenses. The bill specifies procedures relating to disciplinary actions, application fees, and inspections and interviews related to such donor human milk banks.</p> <p>The bill requires health insurers, corporations providing health care coverage subscription contracts, and health maintenance organizations to provide coverage for expenses incurred in the provision of pasteurized donor human milk. The bill specifies that the requirement applies if the covered person is an infant younger than 12 months corrected age, as defined in the bill, (i) who lacks access to his mother's breast milk, (ii) for whom a licensed health care provider has issued an order for the provision of such milk, and (iii) who meets one of the medical criteria enumerated in the bill. The bill applies to policies, contracts, and plans delivered, issued for delivery, or renewed on or after January 1, 2027. The bill also requires the state plan for medical assistance services to include a provision for payment of medical assistance services incurred in the provision of pasteurized donor human milk.</p>	<p>Reported from Education and Health with substitute and rereferred to Finance and Appropriations (15-Y 0-N)</p> <p>Reported from Finance and Appropriations with substitute (15-Y 0-N)</p> <p>Constitutional reading dispensed (on 1st reading) (39-Y 0-N 1-A)</p> <p>Education and Health Substitute rejected</p> <p>Rules suspended</p> <p>Constitutional reading dispensed (on 3rd reading) (40-Y 0-N)</p> <p>Passed Senate (40-Y 0-N)</p> <p>Referred to House Committee on Labor and Commerce</p>
SB 1215	Health	Health insurance; required provisions regarding prior authorization for health care services.	Referred to Committee on Commerce and Labor

		<p>Patron Introduced by: Stella G. Pekarsky (Chief Patron)</p> <p>Summary As Introduced Health insurance; carrier contracts; required provisions regarding prior authorization for health care services; work group; report. Requires certain health insurance contracts under which an insurance carrier has the right or obligation to require prior authorization for a health care service, as defined in the bill, to include provisions governing the prior authorization process. Such required provisions include (i) time limits for a carrier to respond to prior authorization requests, (ii) prohibitions against a carrier requiring prior authorization for certain health care services, and (iii) requiring a carrier to provide reasons for denial of a request. The bill requires a carrier to make publicly available on its website a list of health care services and codes for which prior authorization is required. The foregoing provisions have a delayed effective date of January 1, 2027. The bill requires the State Corporation Commission's Bureau of Insurance to establish a work group to develop and deliver a report related to the bill's provisions by November 1, 2025.</p>	<p>Reported from Commerce and Labor with substitute (15-Y 0-N)</p> <p>Constitutional reading dispensed (on 1st reading) (40-Y 0-N)</p> <p>Read second time</p> <p>Read third time and passed Senate (38-Y 0-N)</p> <p>Placed on Calendar</p> <p>Referred to House Committee on Labor and Commerce</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</p>	<p>Referred to Committee on Commerce and Labor</p> <p>Reported from Commerce and Labor with substitute (15-Y 0-N)</p> <p>Constitutional reading dispensed (on 1st reading) (38-Y 0-N)</p>

		<p>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>	<p>Engrossed by Senate - committee substitute</p> <p>Constitutional reading dispensed (on 3rd reading)</p> <p>Passed Senate</p> <p>FTC Letter provided to committee</p> <p>Placed on Calendar</p> <p>Referred to House Committee on Labor and Commerce</p> <p>Assigned L & C sub: Subcommittee #2</p>
SB 1238	Health	<p>Health insurance; cost sharing for breast examinations.</p> <p>Patron 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</p>	<p>Referred to Committee on Commerce and Labor</p> <p>Incorporated by Commerce and Labor (SB1436-Perry) (15-Y 0-N)</p>

		using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound. This bill is a recommendation of the Health Insurance Reform Commission.	
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>	<p>Referred to Committee on Commerce and Labor Reported out 15-Y 0-N by the full committee and referred to Finance & Appropriations</p> <p>Reported from Finance and Appropriations (14-Y 0-N 1-A)</p> <p>Rules suspended</p> <p>Constitutional reading dispensed (on 1st reading) (38-Y 0-N)</p> <p>Read third time and passed Senate (40-Y 0-N)</p> <p>Referred to House Committee on Labor and Commerce</p>
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> <p>Summary As Introduced</p>	<p>Referred to Committee on Commerce and Labor</p> <p>Passed by indefinitely in Commerce and Labor with letter (15-Y 0-N)</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 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>	<p>Referred to Committee on Commerce and Labor</p> <p>Reported by the full committee (11-Y 3-N 1-A) Reported from Finance and Appropriations with substitute (10-Y 5-N)</p> <p>Constitutional reading dispensed (on 1st reading) (38-Y 0-N)</p> <p>Referred to Appropriations</p> <p>Read second time</p> <p>Committee substitute rejected (massive substitute)</p>

			<p>Committee substitute agreed and Engrossed by Senate - committee substitute</p> <p>Rules suspended</p> <p>Constitutional reading dispensed (on 1st reading) (38-Y 0-N)</p> <p>Read third time and passed Senate (26-Y 14-N)</p> <p>Referred to House Committee on Labor and Commerce</p>
SB 1314	Health	<p>Health insurance; coverage requirements for prostate cancer screenings.</p> <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>	<p>Referred to Committee on Commerce and Labor</p> <p>Reported out by the full committee (14-Y 0-N)</p> <p>Constitutional reading dispensed (on 1st reading) (40-Y 0-N)</p> <p>Engrossed by Senate as amended</p> <p>Read third time and passed Senate (38-Y 0-N)</p> <p>Placed on Calendar</p>

			Referred to House Committee on Labor and Commerce
SB 1436	Health	<p>Health insurance; cost sharing for breast examinations.</p> <p>Patron Introduced by: Russet Perry (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>	<p>Referred to Committee on Commerce and Labor</p> <p>Reported from Commerce and Labor with substitute (15-Y 0-N)</p> <p>Constitutional reading dispensed (on 1st reading) (38-Y 0-N) Rules suspended</p> <p>Constitutional reading dispensed (on 3rd reading) (39-Y 1-N)</p> <p>Passed Senate (40-Y 0-N)</p> <p>Placed on Calendar</p> <p>Referred to House Committee on Labor and Commerce</p>
SB 1447	Health	<p>Health insurance; coverage for at-home blood pressure monitors, report.</p> <p>Patron Introduced by: Stella G. Pekarsky (Chief Patron)</p> <p>Summary As Introduced</p>	<p>Referred to Committee on Commerce and Labor</p> <p>Passed by indefinitely in Commerce and Labor with letter (15-Y 0-N)</p>

	<p>Health insurance; coverage for at-home blood pressure monitors. Requires health insurers, health maintenance organizations, and corporations providing health care coverage subscription contracts to provide coverage for at-home blood pressure monitors to individuals who (i) have a diagnosis of hypertension, (ii) are at risk of developing hypertension, or (iii) have been recommended for at-home blood pressure monitoring by a licensed health care provider. The coverage provided under the bill shall not be subject to any copayment or fees for an at-home blood pressure monitor. The bill directs the Bureau of Insurance, in consultation with the Department of Health, to establish guidelines for implementing the coverage required by the bill, to monitor compliance of such requirements by health care providers, and to submit a report of its findings and recommendations to the Governor and General Assembly by December 1, 2026</p>	
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