



Health Insurance Reform Commission

August 12, 2024, at 10:00 a.m.

General Assembly Building, Senate Room 305A

<http://dls.virginia.gov/commissions/hir.htm>

The Health Insurance Reform Commission (the Commission) met in Richmond with Senator R. Creigh Deeds, who was elected vice-chair during the meeting, presiding.¹ The meeting began with the election of officers followed by the adoption of an electronic meeting policy, presentations, and discussion. Materials presented at the meeting are accessible through the [Commission's meetings webpage](#).

Election of Officers

The Commission voted unanimously to elect Delegate Richard C. "Rip" Sullivan, Jr., as chair and Senator Deeds as vice-chair.

Adoption of Electronic Meeting Policy

The Commission discussed the desired terms of an electronic meeting policy, evaluated a draft electronic meeting policy prepared by the Division of Legislative Services, and voted to adopt the draft policy by a vote of seven to one.

Presentation: Overview of the Commission

Sarah Kinzer, Staff Attorney, Division of Legislative Services

Ms. Kinzer reviewed the powers and duties of the Commission pursuant to § 30-342 of the Code of Virginia, various state and federal statutes relating to mandated benefits, the Commission's process for assessing proposed mandated benefits, and legislation referred to the Commission during the 2024 Session.

Presentation: Update on Essential Health Benefits Benchmark Plan Review Process

Rebekah E. Allen, Chief Policy Advisor, Bureau of Insurance

Ms. Allen reviewed the Essential Health Benefits (EHB) benchmark plan requirement under the federal Patient Protection and Affordable Care Act (ACA). She described the parameters for mandating benefits in addition to Virginia's EHB benchmark plan and explained the requirement that the Bureau of Insurance (BOI) select a new EHB benchmark plan for the Commonwealth in 2025. She reported on the progress of the EHB benchmark plan review stakeholder workgroup facilitated by the BOI and described the upcoming timeline of required events for the development of a new EHB benchmark plan application for plan year 2028.

¹ **Members Present:** Senator R. Creigh Deeds (vice-chair), Senator Lamont Bagby, Senator Bill DeSteph, Senator Scott A. Surovell, Delegate C.E. Cliff Hayes, Jr., Delegate Dan I. Helmer, Delegate Michelle Lopes Maldonado, Delegate Joseph P. McNamara

Members Absent: Delegate Richard C. "Rip" Sullivan, Jr. (chair), Senator Jeremy S. McPike, Janet Kelly, Scott A. White

Presentation: Step Two Analyses Previously Requested by the Commission

Bradley Marsh, Insurance Policy Advisor, Bureau of Insurance

Dillon Wild, Senior Legislative Analyst, Joint Legislative Audit and Review Commission

Kimberly Sarte, Associate Director, Joint Legislative Audit and Review Commission

Mr. Marsh presented step two analyses on HB 240 (Adams, 2022) and HB 477 (Austin, 2022). HB 240 would require carriers to cover at least one prescription insulin drug in each therapy category at an amount that does not exceed \$30 per 30-day supply with certain exemptions; existing law states that the current maximum amount per 30-day supply cannot exceed \$50. HB 477 would prohibit cost-sharing on the currently mandated prostate cancer screening benefit of one prostate-specific antigen test in a 12-month period to persons age 50 and older and persons age 40 and older who are at a high risk of prostate cancer.

Mr. Wild presented a step two analysis by the Joint Legislative Audit and Review Commission (JLARC) on HB 1918 (Batten, 2023) and SB 1157 (Marsden, 2023), both of which would require coverage of certain audio-only telehealth services when no other means of service are available. Mr. Marsh also presented a step two analysis on HB 1918 and SB 1157 on behalf of the BOI. Finally, Ms. Sarte presented a step two analysis by JLARC on HB 2206 (Kilgore, 2023), which would require that a health carrier consider certain conditions as sufficient standards of clinical evidence to justify coverage of proton radiation therapy. Mr. Marsh also presented a step two analysis on HB 2206 on behalf of the BOI.

For each bill discussed, Mr. Marsh presented a summary of the proposed mandate, the current coverage in Virginia, the expected additional cost to the state under the ACA, and the expected impact on (i) utilization of services and providers, (ii) premium costs and administrative costs of insurers, and (iii) the total cost of health care in the Commonwealth generally. For HB 1918, HB 2206, and SB 1157, Mr. Wild and Ms. Sarte respectively described the background and potential impact of each proposed mandate, evaluated the medical efficacy and use of each treatment discussed, and reported the current financial impact on individuals without such coverage.

The Commission asked for further information and demographic data about the groups standing to benefit from the proposed mandates and whether such mandates would alleviate costs to certain communities under financial hardship. The Commission decided to delay making a decision on the proposed mandates until further information is available at a later meeting.

Presentation: Legislation Referred to the Commission during the 2024 Session

Garth Shipman, Insurance Policy Advisor, Bureau of Insurance

Mr. Shipman presented a step one assessment for HB 946 (Lopez, 2024) and the identical SB 376 (Boysko, 2024), which would require carriers offering health plans in the individual or small group market to ensure that 50 percent of such plans conform to specified cost-sharing limits for prescription drugs. He explained that such a mandate is not already contained in Virginia's EHB benchmark plan and that the BOI determined that such a mandate would not constitute a new essential health benefit and would not trigger a defrayal cost if enacted, as cost-sharing mandates are excluded from EHB benchmark plans.

Mr. Shipman also discussed HB 230 (Simonds, 2024), HB 513 (Hope, 2024), and HB 760 (Delaney, 2024), for each of which the House Committee on Labor and Commerce requested the Commission and the BOI to provide an expedited step two assessment. HB 230 would set cost-sharing limits for diagnostic and supplemental breast exams. HB 513 would require coverage for



pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS). HB 760 would set cost-sharing limits on insulin and diabetes equipment and supplies.

The Commission voted unanimously to recommend the five bills discussed for a step two assessment by the BOI and JLARC.

For more information, see the [Commission's website](#) or contact the Division of Legislative Services' staff:

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