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SENATE BILL NO. 735

Offered January 19, 2024

A *BILL to amend the Code of Virginia by adding a section numbered 38.2-3407.10:01, relating to health insurance; denial of referral by direct primary care provider prohibited.*

Patron—Sturtevant

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 38.2-3407.10:01 as follows:

§ 38.2-3407.10:01. Denial of referral by a direct primary care provider prohibited.

A. As used in this section:

"Carrier" has the same meaning as provided in § 38.2-3407.10.

"Cost-sharing requirement" has the same meaning as provided in § 38.2-3438.

"Direct primary care provider" means a health care provider that has entered into an agreement with a patient, the patient's legal representative, or the patient's employer for ongoing primary care services in exchange for the payment of a monthly periodic fee.

"Enrollee" has the same meaning as provided in § 38.2-3407.10.

"Health benefit plan" has the same meaning as provided in § 38.2-3438.

"Participating provider" means a provider that has contracted with a carrier or a carrier's contractor or subcontractor to provide health care services to enrollees.

B. No health carrier shall (i) deny payment for any health care service covered under an enrollee's health benefit plan based solely on the basis that such enrollee's referral was made by a direct primary care provider or (ii) impose a cost-sharing requirement greater than the applicable cost-sharing requirement that would apply to the same health care service if the service was referred by a participating provider.

C. A carrier may require a direct primary care provider to provide information demonstrating that such provider has entered into a direct primary care agreement with the enrollee, which may include a written attestation or copy of such agreement and may request any additional information to meet the requirements of this section.

INTRODUCED

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