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SENATE BILL NO. 376

Offered January 10, 2024

Prefiled January 9, 2024

A BILL to amend the Code of Virginia by adding a section numbered 38.2-3407.15:8*, relating to health insurance; limit on cost-sharing payments for prescription drugs under certain plans.*

Patron—Boysko

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 38.2-3407.15:8 as follows:

§ 38.2-3407.15:8. Limit on cost-sharing payments for prescription drugs under certain plans.

A. As used in this section:

"Carrier" has the same meaning as provided in subsection A of § 38.2-3407.15.

"Cost-sharing payment" means the total amount a covered person is required to pay at the point of sale in order to receive a prescription drug that is covered under the covered person's health plan.

"Covered person" means a policyholder, subscriber, participant, or other individual covered by a health plan.

"Health plan" means any health benefit plan, as defined in § 38.2-3438, that provides coverage for prescription drugs.

B. Notwithstanding any other provision of law, each carrier that offers a health plan in either the individual or small group market shall ensure that at least 50 percent of all health plans offered by the carrier, or at least one health plan if the carrier offers fewer than two health plans, in each rating area and in each of the bronze, silver, gold, and platinum levels of coverage, as defined in 45 C.F.R. § 156.140, in the individual and small group market conform with the following:

1. A plan that offers a silver, gold, or platinum level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed $100 per 30-day supply of the prescription drug; and

2. A plan that offers a bronze level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed $150 per 30-day supply of the prescription drug.

The limits described in subdivisions 1 and 2 shall apply at any point in the benefit design, including before and after any applicable deductible is reached.

C. Any health plan offered to meet the requirements of subsection B shall be (i) clearly and appropriately named to aid the consumer or plan sponsor in the plan selection process and (ii) marketed in the same manner as other plans offered by the health insurance carrier.

D. If the application of the provisions of this section would result in a health plan's ineligibility to qualify as a Health Savings Account-qualified High Deductible Health Plan under 26 U.S.C. § 223, then the requirements of this section shall not apply with respect to the deductible of such health plan until after the enrollee has satisfied the minimum deductible under 26 U.S.C. § 223.

E. This section shall apply with respect to health plans entered into, amended, extended, or renewed on or after January 1, 2025.