

26101225D

1 **HOUSE BILL NO. 625**

2 Offered January 14, 2026

3 Prefiled January 13, 2026

4 *A BILL to amend the Code of Virginia by adding a section numbered 38.2-3407.15:9, relating to health*  
5 *insurance; limit on cost-sharing payments for prescription drugs under certain plans.*

6 Patron—Henson

7 Committee Referral Pending

8 **Be it enacted by the General Assembly of Virginia:**9 **1. That the Code of Virginia is amended by adding a section numbered 38.2-3407.15:9 as follows:**10 **§ 38.2-3407.15:9. Limit on cost-sharing payments for prescription drugs under certain plans.**11 **A. As used in this section:**

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

13 "Cost-sharing payment" means the total amount a covered person is required to pay at the point of sale in  
14 order to receive a prescription drug that is covered under the covered person's health plan.15 "Covered person" means a policyholder, subscriber, participant, or other individual covered by a health  
16 plan.17 "Health plan" means any health benefit plan, as defined in § 38.2-3438, that provides coverage for  
18 prescription drugs.19 **B. Notwithstanding any other provision of law, each carrier that offers a health plan in either the**  
20 **individual or small group market shall ensure that at least 50 percent of all health plans offered by the**  
21 **carrier, or at least one health plan if the carrier offers fewer than two health plans, in each rating area and**  
22 **in each of the bronze, silver, gold, and platinum levels of coverage, as defined in 45 C.F.R. § 156.140, in the**  
23 **individual and small group market conform with the following:**24 **1. A plan that offers a silver, gold, or platinum level of coverage, as defined in 45 C.F.R. § 156.140, shall**  
25 **limit a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does**  
26 **not exceed \$100 per 30-day supply of the prescription drug; and**27 **2. A plan that offers a bronze level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's**  
28 **cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed \$150**  
29 **per 30-day supply of the prescription drug.**30 **The limits described in subdivisions 1 and 2 shall apply at any point in the benefit design, including**  
31 **before and after any applicable deductible is reached.**32 **C. Any health plan offered to meet the requirements of subsection B shall be (i) clearly and appropriately**  
33 **named to aid the consumer or plan sponsor in the plan selection process and (ii) marketed in the same**  
34 **manner as other plans offered by the health insurance carrier.**35 **D. If the application of the provisions of this section would result in a health plan's ineligibility to qualify**  
36 **as a Health Savings Account-qualified High Deductible Health Plan under 26 U.S.C. § 223, then the**  
37 **requirements of this section shall not apply with respect to the deductible of such health plan until after the**  
38 **enrollee has satisfied the minimum deductible under 26 U.S.C. § 223.**39 **2. That the provisions of this act shall apply with respect to health plans entered into, amended,**  
40 **extended, or renewed on or after January 1, 2027.**

INTRODUCED

HB625