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HOUSE BILL NO. 1209

Offered January 14, 2026

Prefiled January 14, 2026

A BILL to amend and reenact § 32.1-137.05 of the Code of Virginia, relating to hospitals; itemized statements; non-emergent procedures, tests, or services.

 Patron—Oates

Committee Referral Pending

Be it enacted by the General Assembly of Virginia:**1. That § 32.1-137.05 of the Code of Virginia is amended and reenacted as follows:**

§ 32.1-137.05. Information regarding standard charges; advance estimate of patient payment amount for elective procedure, test, or service; itemized statement required for non-emergent procedure.

A. Every hospital shall make available to the public on its website a machine-readable file containing a list of all standard charges for all items and services provided by the hospital in accordance with 45 C.F.R. § 180.50, as amended. As used in this subsection, "hospital," "items and services," "machine-readable," and "standard charge" have the same meaning as set forth in 45 C.F.R. § 180.20.

B. Every hospital shall, upon request of a patient scheduled to receive an elective procedure, test, or service to be performed by the hospital, or upon request of such patient's legally authorized representative, made no less than three days in advance of the date on which such elective procedure, test, or service is scheduled to be performed, furnish the patient with an estimate of the payment amount for which the participant will be responsible for such elective procedure, test, or service. Every hospital shall provide written information about the patient's ability to request an estimate of the payment amount pursuant to this section. Such written information shall be posted conspicuously in public areas of the hospital, including admissions or registration areas, and included on any website maintained by the hospital.

C. Every hospital shall provide each patient who receives a non-emergent procedure, test, or service with an itemized statement of the charges for the services rendered, regardless of whether a bill for the services rendered has been or will be submitted to any third-party payor, including the Department of Medical Assistance Services. The hospital shall provide such itemized statement within 30 days of the date of service or discharge, whichever is later, and may deliver such statement electronically upon patient request. Such itemized statement shall include, at a minimum:

1. The date of each service;
2. A detailed description of each service, procedure, test, supply, or medication provided;
3. The charge amount for each item or service;
4. Applicable Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes;
5. Any adjustments, discounts, or payments already applied;
6. The remaining balance due, if applicable;
7. Information on how to dispute charges, including contact information for the hospital's billing office and information on the Department's complaint process; and
8. A notice of the patient's rights under the federal No Surprises Act (42 U.S.C. § 300gg-111 et seq.) and Virginia law regarding balance billing protections.

INTRODUCED

HB1209