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**HOUSE BILL NO. 1338**

Offered January 19, 2026

*A BILL to amend and reenact § 38.2-4319 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 38.2-3418.23, relating to health insurance; coverage for the treatment of acquired brain injury required.*

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 Patron—Bulova, G.
 

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Committee Referral Pending

**Be it enacted by the General Assembly of Virginia:**

**1. That § 38.2-4319 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 38.2-3418.23 as follows:**

**§ 38.2-3418.23. Coverage for treatment of acquired brain injury.****A. As used in this section:**

*"Acquired brain injury" means any injury to the brain that occurs after birth that may be caused by infectious diseases, metabolic disorders, endocrine disorders, diminished oxygen, brain tumors, toxins, a disease that affects the blood supply to the brain, stroke, or a traumatic brain injury.*

*"Cognitive communication therapy" means a treatment for problems with communication that have an underlying cause in one or more cognitive deficits rather than a primary language or speech deficit.*

*"Cognitive rehabilitation therapy" means a process of re-learning cognitive skills essential for daily living through the coordinated, specialized, integrated therapeutic treatments that are provided in dynamic settings designed for efficient and effective re-learning following damage to brain cells or brain chemistry due to brain injury.*

*"Community reintegration services" means services that provide incremental guided real-world therapeutic training to develop skills essential for an individual to participate in daily life; reenter employment; go to school and engage in other productive activity; safely live independently; and participate in their community while avoiding re-hospitalization and long-term support needs.*

*"Functional rehabilitation therapy" means a structured approach that emphasizes learning by doing and focuses re-learning a specific task in a prescribed format, with maximum opportunity for repeated correct practice.*

*"Neurocognitive therapy" means the treatment of disorders in which the primary clinical deficit is in cognitive function that has not been present since birth and is a decline from a previously attained level of function.*

*"Neurofeedback therapy" means a direct training of brain function to enhance self-regulatory capacity or an individual's ability to exert control over behavior, thoughts, and feelings.*

*"Neuropsychological testing" means a set of medical and therapeutic assessments and treatments focused on amelioration of cognitive, emotional, psychosocial, and behavioral deficits caused by brain injury.*

*"Post-acute residential treatment" includes integrated medical and therapeutic services, treatment, education, and skills training provided in a home and community setting that are designed to create the maximum opportunity for correct practice of skill in the context of use to develop new neural pathways to enable the individual to avoid re-hospitalization and long-term care.*

**B. Notwithstanding the provisions of § 38.2-3419 or subdivision A 1 of § 38.2-6506, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for the treatment of acquired brain injury. Such coverage shall include coverage for treatment using cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy, neuropsychological testing, neurofeedback therapy, functional rehabilitation therapy, community reintegration services, post-acute residential treatment services, inpatient services, outpatient and day treatment services, and home and community-based treatment.**

**C. The coverage provided under this section shall not be more restrictive than or separate from coverage provided for any other illness, condition, or disorder for purposes of determining deductibles, benefit year or lifetime durational limits, benefit year or lifetime dollar limits, lifetime episodes or treatment limits, copayment and coinsurance factors, and benefit year maximums for deductibles and copayments and coinsurance factors.**

**D. This section shall not apply to short-term travel, accident-only, or limited or specified disease policies or contracts, nor to policies or contracts designed for issuance to persons eligible for coverage under Title**

INTRODUCED

HB1338

59 *XVIII of the Social Security Act, known as Medicare, or any other similar coverage under federal*  
60 *governmental plans.*

61 **§ 38.2-4319. Statutory construction and relationship to other laws.**

62 A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this chapter,  
63 §§ 38.2-100, 38.2-136, 38.2-200, 38.2-203, 38.2-209 through 38.2-213, 38.2-216, 38.2-218 through 38.2-225,  
64 38.2-229, 38.2-232, 38.2-305, 38.2-316, 38.2-316.1, 38.2-316.2, 38.2-322, 38.2-325, 38.2-326, 38.2-400,  
65 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 38.2-629, Chapter 9 (§ 38.2-900 et  
66 seq.), §§ 38.2-1016.1 through 38.2-1023, 38.2-1057, and 38.2-1306.1, Article 2 (§ 38.2-1306.2 et seq.),  
67 § 38.2-1315.1, and Articles 3.1 (§ 38.2-1316.1 et seq.), 4 (§ 38.2-1317 et seq.), 5 (§ 38.2-1322 et seq.), 5.1  
68 (§ 38.2-1334.3 et seq.), and 5.2 (§ 38.2-1334.11 et seq.) of Chapter 13, Articles 1 (§ 38.2-1400 et seq.), 2  
69 (§ 38.2-1412 et seq.), and 4 (§ 38.2-1446 et seq.) of Chapter 14, Chapter 15 (§ 38.2-1500 et seq.), Chapter 17  
70 (§ 38.2-1700 et seq.), §§ 38.2-1800 through 38.2-1836, 38.2-3401, 38.2-3405, 38.2-3405.1, 38.2-3406.1,  
71 38.2-3407.2 through 38.2-3407.6:1, 38.2-3407.9 through 38.2-3407.20, 38.2-3411, 38.2-3411.2, 38.2-3411.3,  
72 38.2-3411.4, 38.2-3412.1, 38.2-3414.1, 38.2-3418.1 through 38.2-3418.19, 38.2-3418.21, 38.2-3418.23,  
73 38.2-3419.1, and 38.2-3430.1 through 38.2-3454, Articles 8 (§ 38.2-3461 et seq.) and 9 (§ 38.2-3465 et seq.)  
74 of Chapter 34, § 38.2-3500, subdivision 13 of § 38.2-3503, subdivision 8 of § 38.2-3504, §§ 38.2-3514.1,  
75 38.2-3514.2, 38.2-3522.1 through 38.2-3523.4, 38.2-3525, 38.2-3540.1, 38.2-3540.2, 38.2-3541.2, 38.2-3542,  
76 and 38.2-3543.2, Article 5 (§ 38.2-3551 et seq.) of Chapter 35, Chapter 35.1 (§ 38.2-3556 et seq.),  
77 § 38.2-3610, Chapter 52 (§ 38.2-5200 et seq.), Chapter 55 (§ 38.2-5500 et seq.), Chapter 58 (§ 38.2-5800 et  
78 seq.), Chapter 65 (§ 38.2-6500 et seq.), and Chapter 66 (§ 38.2-6600 et seq.) shall be applicable to any health  
79 maintenance organization granted a license under this chapter. This chapter shall not apply to an insurer or  
80 health services plan licensed and regulated in conformance with the insurance laws or Chapter 42  
81 (§ 38.2-4200 et seq.) except with respect to the activities of its health maintenance organization.

82 B. For plans administered by the Department of Medical Assistance Services that provide benefits  
83 pursuant to Title XIX or Title XXI of the Social Security Act, as amended, no provisions of this title except  
84 this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-136, 38.2-200,  
85 38.2-203, 38.2-209 through 38.2-213, 38.2-216, 38.2-218 through 38.2-225, 38.2-229, 38.2-232, 38.2-322,  
86 38.2-325, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, and 38.2-600 through 38.2-629,  
87 Chapter 9 (§ 38.2-900 et seq.), §§ 38.2-1016.1 through 38.2-1023, 38.2-1057, and 38.2-1306.1, Article 2  
88 (§ 38.2-1306.2 et seq.), § 38.2-1315.1, Articles 3.1 (§ 38.2-1316.1 et seq.), 4 (§ 38.2-1317 et seq.), 5  
89 (§ 38.2-1322 et seq.), 5.1 (§ 38.2-1334.3 et seq.), and 5.2 (§ 38.2-1334.11 et seq.) of Chapter 13, Articles 1  
90 (§ 38.2-1400 et seq.), 2 (§ 38.2-1412 et seq.), and 4 (§ 38.2-1446 et seq.) of Chapter 14, §§ 38.2-3401,  
91 38.2-3405, 38.2-3407.2 through 38.2-3407.5, 38.2-3407.6, 38.2-3407.6:1, 38.2-3407.9, 38.2-3407.9:01, and  
92 38.2-3407.9:02, subsection E of § 38.2-3407.10, §§ 38.2-3407.10:1, 38.2-3407.11, 38.2-3407.11:3,  
93 38.2-3407.13, 38.2-3407.13:1, 38.2-3407.14, 38.2-3411.2, 38.2-3418.1, 38.2-3418.2, 38.2-3418.16,  
94 38.2-3419.1, 38.2-3430.1 through 38.2-3437, and 38.2-3500, subdivision 13 of § 38.2-3503, subdivision 8 of  
95 § 38.2-3504, §§ 38.2-3514.1, 38.2-3514.2, 38.2-3522.1 through 38.2-3523.4, 38.2-3525, 38.2-3540.1,  
96 38.2-3540.2, 38.2-3541.2, 38.2-3542, and 38.2-3543.2, Chapter 52 (§ 38.2-5200 et seq.), Chapter 55  
97 (§ 38.2-5500 et seq.), Chapter 58 (§ 38.2-5800 et seq.), Chapter 65 (§ 38.2-6500 et seq.), and Chapter 66  
98 (§ 38.2-6600 et seq.) shall be applicable to any health maintenance organization granted a license under this  
99 chapter. This chapter shall not apply to an insurer or health services plan licensed and regulated in  
100 conformance with the insurance laws or Chapter 42 (§ 38.2-4200 et seq.) except with respect to the activities  
101 of its health maintenance organization.

102 C. Solicitation of enrollees by a licensed health maintenance organization or by its representatives shall  
103 not be construed to violate any provisions of law relating to solicitation or advertising by health professionals.

104 D. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful practice  
105 of medicine. All health care providers associated with a health maintenance organization shall be subject to  
106 all provisions of law.

107 E. Notwithstanding the definition of an eligible employee as set forth in § 38.2-3431, a health  
108 maintenance organization providing health care plans pursuant to § 38.2-3431 shall not be required to offer  
109 coverage to or accept applications from an employee who does not reside within the health maintenance  
110 organization's service area.

111 F. For purposes of applying this section, "insurer" when used in a section cited in subsections A and B  
112 shall be construed to mean and include "health maintenance organizations" unless the section cited clearly  
113 applies to health maintenance organizations without such construction.

114 **2. That the provisions of this act shall apply to any insurance policy, subscription contract, or health**  
115 **plan delivered, issued for delivery, reissued, or extended in the Commonwealth on and after January 1,**  
116 **2027, or at any time thereafter when any term of the policy, contract, or plan is changed or any**  
117 **premium adjustment is made.**