

## 2026 SESSION

## HOUSE SUBSTITUTE

26106322D

1 **HOUSE BILL NO. 184**

**AMENDMENT IN THE NATURE OF A SUBSTITUTE**  
(Proposed by the House Committee on Labor and Commerce  
on January 29, 2026)

(Patron Prior to Substitute—Delegate Helmer)

*A BILL to direct the State Corporation Commission's Bureau of Insurance to evaluate the All-Payer Claims Database; report.*

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

9       1. § 1. The State Corporation Commission's Bureau of Insurance (the Bureau) shall conduct an evaluation  
10      of the All-Payer Claims Database created under § 32.1-276.7:1 of the Code of Virginia and the data  
11      submitted thereto in facilitating data-driven, evidence-based improvements in access, quality, and cost of  
12      health care in the Commonwealth. In conducting its evaluation, the Bureau shall (i) evaluate the ability of  
13      the All-Payer Claims Database to provide data necessary to support regulatory reporting and compliance  
14      requirements under existing law and to support mandated benefit assessments requiring analysis of  
15      utilization and cost for services identified by International Classification of Diseases and Current  
16      Procedural Terminology codes, stratified by sites of service, provider type, and payer type; (ii) assess and  
17      propose additional appropriate uses of data from the All-Payer Claims Database, including monitoring  
18      health care cost trends and price variation across service categories, evaluating the impact of mandated  
19      benefits on premiums and utilization, supporting public health initiatives and transparency reporting, and  
20      informing policy decisions on network adequacy, access to care, and cost containment strategies, including  
21      site-neutral payment policies; (iii) evaluate and recommend legislative and regulatory changes that are  
22      necessary to authorize expanded uses of data from the All-Payer Claims Database beyond current statutory  
23      purposes; and (iv) review data elements and structure from the All-Payer Claims Database to identify gaps  
24      in data availability, timeliness, and completeness to determine whether supplemental data collection or  
25      health insurance carrier reporting is necessary, and to recommend enhancements to data collection and  
26      reporting processes for the All-Payer Claims Database. In conducting its evaluation, the Bureau shall  
27      consult with the Virginia Department of Health, Virginia Health Information, and interested health  
28      insurance carriers, health care providers, researchers, and individuals covered by health insurance  
29      policies, contracts, and plans. The Bureau shall submit a report of its findings and recommendations, which  
30      shall include (a) findings on capabilities and limitations of the All-Payer Claims Database; (b)  
31      recommendations for improving utility of the All-Payer Claims Database for regulatory compliance,  
32      mandated benefit assessments, and additional appropriate uses; (c) an analysis of whether legislative and  
33      regulatory changes are necessary; and (d) a proposed timeline for implementing recommended changes.  
34      The Bureau shall submit its report of findings and recommendations to the Governor and the General  
35      Assembly no later than December 1, 2026.

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