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## 1 SENATE BILL NO. 161

2 Senate Amendments in [ ] - February 5, 2026

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

5 Patron Prior to Engrossment—Senator Perry

6 Referred to Committee on Commerce and Labor

## 7 Be it enacted by the General Assembly of Virginia:

8 1. That the Code of Virginia is amended by adding a section numbered 38.2-3407.15:9 as follows:

9 § 38.2-3407.15:9. Limit on cost-sharing payments for prescription drugs under certain plans.

10 A. As used in this section:

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

12 "Cost-sharing payment" means the total amount a covered person is required to pay at the point of sale in  
13 order to receive a prescription drug that is covered under the covered person's health plan.14 "Covered person" means a policyholder, subscriber, participant, or other individual covered by a health  
15 plan.16 "Health plan" means any health benefit plan, as defined in § 38.2-3438, that provides coverage for  
17 prescription drugs.18 B. Notwithstanding any other provision of law, each carrier that offers a health plan in either the  
19 individual or small group market shall ensure that at least 50 percent of all health plans offered by the  
20 carrier, or at least one health plan if the carrier offers fewer than two health plans, in each rating area and  
21 in each of the bronze, silver, gold, and platinum levels of coverage, as defined in 45 C.F.R. § 156.140, in the  
22 individual and small group market conform with the following:23 1. A plan that offers a silver, gold, or platinum level of coverage, as defined in 45 C.F.R. § 156.140, shall  
24 limit a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does  
25 not exceed \$100 per 30-day supply of the prescription drug; and26 2. A plan that offers a bronze level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's  
27 cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed \$150  
28 per 30-day supply of the prescription drug.29 The limits described in subdivisions 1 and 2 shall apply at any point in the benefit design, including  
30 before and after any applicable deductible is reached.31 C. Any health plan offered to meet the requirements of subsection B shall be (i) clearly and appropriately  
32 named to aid the consumer or plan sponsor in the plan selection process and (ii) marketed in the same  
33 manner as other plans offered by the carrier.34 D. If the application of the provisions of this section would result in a health plan's ineligibility to qualify  
35 as a Health Savings Account-qualified High Deductible Health Plan under 26 U.S.C. § 223, then the  
36 requirements of this section shall not apply with respect to the deductible of such health plan until after the  
37 enrollee has satisfied the minimum deductible under 26 U.S.C. § 223.38 2. That the provisions of this act shall apply to any individual or group accident and sickness insurance  
39 policy, any individual or group accident and sickness subscription contract, and any health care plan  
40 for health care services delivered, issued for delivery, or renewed in the Commonwealth on and after  
41 January 1, [ 2027 2028 ].

ENGROSSED

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