HOUSE BILL NO. 1462
AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the House Committee on Labor and Commerce
on _____)
(Patron Prior to Substitute—Delegate Maldonado)

A BILL to amend the Code of Virginia by adding sections numbered 32.1-325.002 and 38.2-3408.1, relating to supervised billing under Medicaid and health insurance plans.

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding sections numbered 32.1-325.002 and 38.2-3408.1 as follows:

§ 32.1-325.002. Medicaid payments for supervised billing.

A. For the purposes of this section:

"Qualified licensed provider" means a health care provider who is licensed, enrolled in the Commonwealth's Medicaid program through the Department, and acting within his scope of practice. A qualified licensed provider shall be licensed as a:

1. Physician of medicine or osteopathy who is certified in psychiatry by the American Board of Medical Specialties;

2. Advanced practice registered nurse who is certified as a psychiatric mental health nurse practitioner;

3. Psychologist;

4. Marriage and family therapist;

5. Professional counselor;

6. Clinical social worker;

7. Behavior analyst; or

8. Licensed substance abuse treatment practitioner.

"Qualified non-licensed provider" means a provider who is actively working toward licensure pursuant to the requirements of the health regulatory board of his profession or is otherwise permitted to provide services pursuant to a licensure exception if such provision constitutes a part of his course of study and is adequately supervised, including services provided as part of an internship, apprenticeship, practicum, residency, or supervised clinical training program.

"Supervised billing" means billing by a qualified licensed provider for covered mental health and substance abuse services within his scope of practice provided by a qualified non-licensed provider when such qualified non-licensed provider is under the direct supervision of the qualified licensed provider.

B. The Department shall, conditional on the receipt of all necessary approvals and the securing of federal financial participation pursuant to subsection D, permit a qualified licensed provider to bill for covered mental health and substance abuse services provided by a qualified non-licensed provider as supervised billing.

C. A qualified licensed provider engaging in supervised billing pursuant to subsection B shall adhere to the supervision requirements provided by his scope of practice and the relevant health regulatory board.

D. The Department shall submit any state plan amendments or waiver applications as may be necessary to implement the provisions of this section and to secure federal financial participation for state Medicaid expenditures under the federal Medicaid program. Supervised billing pursuant to this section shall be contingent on securing all necessary federal approvals and federal financial participation as may be necessary to implement the provisions of this section.

§ 38.2-3408.1. Supervised billing.

A. As used in this section:

"Carrier" has the same meaning as provided in § 38.2-3407.15.

"Health plan" has the same meaning as provided in § 38.2-3407.15.

"Mental health services" has the same meaning as provided in § 38.2-3412.1.

"Qualified licensed provider" means a health care provider who is licensed and acting within his scope of practice. A qualified licensed provider shall be licensed as a:

1. Physician of medicine or osteopathy who is certified in psychiatry by the American Board of Medical Specialties;

2. Advanced practice registered nurse who is certified as a psychiatric mental health nurse practitioner;

3. Psychologist;

4. Marriage and family therapist;

5. Professional counselor;

6. Clinical social worker;

7. Behavior analyst; or

8. Licensed substance abuse treatment practitioner.

"Qualified non-licensed provider" means a provider who is actively working toward licensure pursuant to the requirements of the health regulatory board of his profession and is otherwise permitted to provide services pursuant to a licensure exception if such provision constitutes a part of his course of study and is adequately supervised.

"Substance abuse services" has the same meaning as provided in in § 38.2-3412.1.

B. Each carrier providing a health plan shall provide coverage for mental health services or substance abuse services provided by a qualified non-licensed provider under the supervision of a qualified licensed provider when such services would be covered if provided by a qualified licensed provider. A carrier shall accept and reimburse claims submitted for covered mental health services or substance abuse services performed by a qualified non-licensed provider when such claims are submitted by the supervising qualified licensed provider, who is the supervisor of record with the requisite board, as the rendering provider, using such provider's national provider identifier. A modifier shall be used to specify the qualified non-licensed provider degree level.

C. This section shall not apply to policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under federal governmental plans.

2. That if the Department of Medical Assistance Services does not receive the necessary approval or federal financial participation from the Centers for Medicare and Medicaid Services to implement the provisions of § 32.1-325.002 of the Code of Virginia, as created by this act, then the provisions of § 32.1-325.002 of the Code of Virginia, as created by this act, shall expire on July 1, 2027.

3. That the provisions of this act shall apply to any health plan as defined in § 38.2-3407.15 of the Code of Virginia delivered, issued for delivery, or renewed in the Commonwealth on and after January 1, 2027.