

## 1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact §§ 38.2-3407.20 and 38.2-3418.7 of the Code of Virginia, relating to health*  
 3 *insurance; application of cost-sharing prohibitions.*

4 [H 813]

5 Approved

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

7 **1. That §§ 38.2-3407.20 and 38.2-3418.7 of the Code of Virginia are amended and reenacted as follows:**  
 8 **§ 38.2-3407.20. Cost-sharing requirements; application of prohibition; calculation of enrollee's**  
 9 **contribution.**

10 A. As used in this section:

11 "Carrier" shall have the meaning set forth in § 38.2-3407.10; however, "carrier" also includes any person  
 12 required to be licensed under this title that offers or operates a managed care health insurance plan subject to  
 13 Chapter 58 (§ 38.2-5800 et seq.) or that provides or arranges for the provision of health care services, health  
 14 plans, networks, or provider panels that are subject to regulation as the business of insurance under this title.

15 "~~Cost sharing~~" "*Cost-sharing requirement*" means ~~any~~ *an enrollee's* coinsurance, copayment, or  
 16 deductible.

17 "Enrollee" means any person entitled to health care services from a carrier.

18 "Health care services" means items or services furnished to any individual for the purpose of preventing,  
 19 alleviating, curing, or healing human illness, injury, or physical disability.

20 "Health plan" means any individual or group health care plan, subscription contract, evidence of coverage,  
 21 certificate, health services plan, medical or hospital services plan, accident and sickness insurance policy or  
 22 certificate, managed care health insurance plan, or other similar certificate, policy, contract, or arrangement,  
 23 and any endorsement or rider thereto, to cover all or a portion of the cost of persons receiving covered health  
 24 care services, that is subject to state regulation and that is required to be offered, arranged, or issued in the  
 25 Commonwealth by a carrier licensed under this title. "Health plan" does not mean (i) coverages issued  
 26 pursuant to Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. (Medicare), Title XIX of the  
 27 Social Security Act, 42 U.S.C. § 1396 et seq. (Medicaid) or Title XXI of the Social Security Act, 42 U.S.C. §  
 28 1397aa et seq. (CHIP), 5 U.S.C. § 8901 et seq. (federal employees), or 10 U.S.C. § 1071 et seq. (TRICARE);  
 29 or (ii) accident only, credit or disability insurance, long-term care insurance, TRICARE supplement,  
 30 Medicare supplement, or workers' compensation coverages.

31 B. *Any provision of this chapter that prohibits a carrier from imposing a cost-sharing requirement on an*  
 32 *enrollee for receiving a health care service shall apply only when such enrollee receives such health care*  
 33 *service from a participating provider under the health plan.*

34 C. To the extent permitted by federal law and regulation and except as provided in subsection ~~C~~ D, when  
 35 calculating an enrollee's overall contribution to any out-of-pocket maximum or any cost-sharing requirement  
 36 under a health plan, a carrier shall include any amounts paid by the enrollee or paid on behalf of the enrollee  
 37 by another person.

38 ~~€~~ D. If the application of *any provision described in subsection B* or the provisions of subsection ~~B~~ C  
 39 would ~~result in disqualify a high deductible health plan's ineligibility to qualify as a Health Savings Account-~~  
 40 ~~qualified High Deductible Health Plan under plan from eligibility for a health savings account pursuant to 26~~  
 41 ~~U.S.C. § 223, then the prohibition on a cost-sharing requirement or the requirements of subsection B C shall~~  
 42 ~~not apply with respect to the deductible of such health plan until after the enrollee has satisfied the minimum~~  
 43 ~~deductible under 26 U.S.C § 223. However, with respect to items or services that are preventive care pursuant~~  
 44 ~~to 26 U.S.C. § 223 (c)(2)(C), any prohibition on a cost-sharing requirement and the provisions of subsection~~  
 45 ~~B C shall apply regardless of whether the minimum deductible under 26 U.S.C. § 223 has been satisfied.~~

46 D. ~~This section shall apply with respect to health plans that are entered into, amended, extended, or~~  
 47 ~~renewed on or after January 1, 2020.~~

48 ~~E-~~ Pursuant to the authority granted by § 38.2-223, the Commission may promulgate such rules and  
 49 regulations as it may deem necessary to implement this section.

50 **§ 38.2-3418.7. Coverage for prostate cancer screening.**

51 A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or group  
 52 accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage  
 53 on an expense-incurred basis; each corporation providing individual or group accident and sickness  
 54 subscription contracts; and each health maintenance organization providing a health care plan for health care  
 55 services shall provide coverage to (i) persons age 50 and over and (ii) persons age 40 and over who are at  
 56 high risk for prostate cancer, according to the most recent published guidelines of the American Cancer

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57 Society, for prostate cancer screening under any such policy, contract, or plan delivered, issued for delivery,  
58 or renewed in the Commonwealth on and after July 1, 1998.

59 B. For the purpose of this section, "prostate cancer screening" includes one prostate-specific antigen test  
60 in a 12-month period and digital rectal examinations.

61 C. No insurer, corporation, or health maintenance organization shall impose on any person receiving  
62 benefits pursuant to this section any deductible, coinsurance, copayment, or other cost-sharing requirement,  
63 except to the extent that coverage without cost-sharing would disqualify a high-deductible health benefit plan  
64 from eligibility for a health savings account pursuant to 26 U.S.C. § 223 as defined in § 38.2-3407.20.

65 D. The provisions of this section shall not apply to (i) short-term travel, accident only, limited or specified  
66 disease policies other than cancer policies, (ii) short-term nonrenewable policies of not more than six months'  
67 duration, or (iii) policies or contracts designed for issuance to persons eligible for coverage under Title XVIII  
68 of the Social Security Act, known as Medicare, or any other similar coverage under state or federal  
69 governmental plans.