

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact § 38.2-4319 of the Code of Virginia and to amend the Code of Virginia by*
 3 *adding a section numbered 38.2-3418.23, relating to health insurance; mandated benefits; treatment of*
 4 *menopause and perimenopause.*

5 [S 790]

6 Approved

7 **Be it enacted by the General Assembly of Virginia:**8 **1. That § 38.2-4319 of the Code of Virginia is amended and reenacted and that the Code of Virginia is**
 9 **amended by adding a section numbered 38.2-3418.23 as follows:**10 **§ 38.2-3418.23. Coverage for treatment of menopause and perimenopause.**11 *A. As used in this section:*12 *"Menopause" means the permanent cessation of menstruation due to loss of ovarian follicular function*
 13 *during which the body produces less estrogen and progesterone.*14 *"Perimenopause" means the transitional period between full reproductive functioning and menopause*
 15 *during which menstruation may become irregular.*16 *B. 1. Notwithstanding the provisions of § 38.2-3419 or subdivision A 1 of § 38.2-6506, each insurer*
 17 *proposing to issue individual or group accident and sickness insurance policies providing hospital, medical*
 18 *and surgical, or major medical coverage on an expense-incurred basis; each corporation providing*
 19 *individual or group accident and sickness subscription contracts; and each health maintenance organization*
 20 *providing a health care plan for health care services shall provide coverage for medically necessary*
 21 *treatment and care for menopause and perimenopause. Such coverage shall include treatment of symptoms,*
 22 *including irregular menstrual periods, hot flashes, vaginal or bladder problems, loss of bone, increases in*
 23 *low-density lipoprotein cholesterol levels, and sleep disruptions.*24 *2. No provision of this subsection shall apply to short-term travel, accident-only, or limited or specified*
 25 *disease policies or contracts, nor to policies or contracts designed for issuance to persons eligible for*
 26 *coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage*
 27 *under federal governmental plans.*28 *C. The requirements of this section shall apply to any insurance policy, contract, or plan delivered, issued*
 29 *for delivery, reissued, or extended in the Commonwealth on and after January 1, 2027, or at any time*
 30 *thereafter when any term of such policy, contract, or plan is changed or any premium adjustment is made.*31 **§ 38.2-4319. Statutory construction and relationship to other laws.**32 *A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this chapter,*
 33 *§§ 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,*
 34 *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,*
 35 *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*
 36 *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.),*
 37 *§ 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*
 38 *(§ 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*
 39 *(§ 38.2-1412 et seq.), and 4 (§ 38.2-1446 et seq.) of Chapter 14, Chapter 15 (§ 38.2-1500 et seq.), Chapter 17*
 40 *(§ 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,*
 41 *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,*
 42 *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, 38.2-3418.22,*
 43 *38.2-3418.23, 38.2-3419.1, and 38.2-3430.1 through 38.2-3454, Articles 8 (§ 38.2-3461 et seq.) and 9*
 44 *(§ 38.2-3465 et seq.) of Chapter 34, § 38.2-3500, subdivision 13 of § 38.2-3503, subdivision 8 of*
 45 *§ 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,*
 46 *38.2-3540.2, 38.2-3541.2, 38.2-3542, and 38.2-3543.2, Article 5 (§ 38.2-3551 et seq.) of Chapter 35, Chapter*
 47 *35.1 (§ 38.2-3556 et seq.), § 38.2-3610, Chapter 52 (§ 38.2-5200 et seq.), Chapter 55 (§ 38.2-5500 et seq.),*
 48 *Chapter 58 (§ 38.2-5800 et seq.), Chapter 65 (§ 38.2-6500 et seq.), and Chapter 66 (§ 38.2-6600 et seq.) shall*
 49 *be applicable to any health maintenance organization granted a license under this chapter. This chapter shall*
 50 *not apply to an insurer or health services plan licensed and regulated in conformance with the insurance laws*
 51 *or Chapter 42 (§ 38.2-4200 et seq.) except with respect to the activities of its health maintenance*
 52 *organization.*53 *B. For plans administered by the Department of Medical Assistance Services that provide benefits*
 54 *pursuant to Title XIX or Title XXI of the Social Security Act, as amended, no provisions of this title except*
 55 *this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-136, 38.2-200,*
 56 *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,*

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57 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,
58 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
59 (§ 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
60 (§ 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
61 (§ 38.2-1400 et seq.), 2 (§ 38.2-1412 et seq.), and 4 (§ 38.2-1446 et seq.) of Chapter 14, §§ 38.2-3401,
62 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
63 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,
64 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,
65 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
66 § 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,
67 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
68 (§ 38.2-5500 et seq.), Chapter 58 (§ 38.2-5800 et seq.), Chapter 65 (§ 38.2-6500 et seq.), and Chapter 66
69 (§ 38.2-6600 et seq.) shall be applicable to any health maintenance organization granted a license under this
70 chapter. This chapter shall not apply to an insurer or health services plan licensed and regulated in
71 conformance with the insurance laws or Chapter 42 (§ 38.2-4200 et seq.) except with respect to the activities
72 of its health maintenance organization.

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

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

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

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

85 **2. That to the extent the health benefit or any portion thereof described in § 38.2-3418.23 of the Code of**
86 **Virginia, as created by this act, is included in the Commonwealth's current essential health benefits**
87 **benchmark plan, as defined in § 30-343.1 of the Code of Virginia, the mandate to provide coverage of**
88 **such health benefit or portion of the health benefit shall not apply to the individual and small group**
89 **markets.**