VIRGINIA ACTS OF ASSEMBLY — CHAPTER

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

[S 161]

Approved

Be it enacted by the General Assembly of Virginia:

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

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

A. As used in this section:

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

"Cost-sharing payment" means the total amount a covered person is required to pay at the point of sale in order to receive a prescription drug that is covered under the covered person's health plan.

"Covered person" means a policyholder, subscriber, participant, or other individual covered by a health plan.

"Health plan" means any health benefit plan, as defined in § 38.2-3438, that provides coverage for prescription drugs.

B. Notwithstanding any other provision of law, each carrier that offers a health plan in either the individual or small group market shall ensure that at least one health plan in each metal level of coverage offered by the carrier, as defined in 45 C.F.R. § 156.140, in each rating area in the individual and small group market conform with the following:

1. A plan that offers a platinum level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed $150 per 30-day supply of the prescription drug;

2. A plan that offers a gold level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed $200 per 30-day supply of the prescription drug;

3. A plan that offers a silver level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed $250 per 30-day supply of the prescription drug; and

4. A plan that offers a bronze level of coverage, as defined in 45 C.F.R. § 156.140, shall limit a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed $300 per 30-day supply of the prescription drug.

The limits described in subdivisions 1 through 4 shall apply at any point in the benefit design, including before and after any applicable deductible is reached.

C. Any health plan offered to meet the requirements of subsection B shall be (i) clearly and appropriately named to aid the consumer or plan sponsor in the plan selection process and (ii) marketed in the same manner as other plans offered by the health insurance carrier.

D. No health plan offered pursuant to subsection B shall count against any limit on plan options established by the Commission or the Virginia Health Benefits Exchange.

E. If the application of the provisions of this section would result in a health plan's ineligibility to qualify as a Health Savings Account-qualified High Deductible Health Plan under 26 U.S.C. § 223, then the requirements of this section shall not apply with respect to the deductible of such health plan until after the enrollee has satisfied the minimum deductible under 26 U.S.C. § 223.

2. That the provisions of this act shall apply to any individual or group accident and sickness insurance policy, any individual or group accident and sickness subscription contract, and any health care plan for health care services delivered, issued for delivery, or renewed in the Commonwealth on and after January 1, 2028.