

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 An Act to amend the Code of Virginia by adding a section numbered 8.01-581.15:1, relating to medical  
3 malpractice information disclosures; report.

4 [S 536]  
5 Approved

6 **Be it enacted by the General Assembly of Virginia:**  
7 **1. That the Code of Virginia is amended by adding a section numbered 8.01-581.15:1 as follows:**

8 **§ 8.01-581.15:1. Medical malpractice information disclosures.**  
9 A. Every insurer issuing medical malpractice liability insurance policies covering health care providers in  
10 the Commonwealth shall disclose, for the preceding calendar year, information regarding (i) premiums,  
11 including total premiums written in the Commonwealth, the number of insured providers, the identity of the  
12 named insureds under such policies, the average and median premium per insured provider, investment or  
13 interest income attributable to such line of coverage, if maintained separately in the ordinary course of  
14 business, and any dividends, premium refunds, premium credits, surplus distributions, or other return of  
15 premiums paid or credited to policyholders or members, including the average amount of such payments per  
16 insured provider, and such premium information shall be categorized by medical specialty and type of  
17 insured entity, including independent physician practices, hospital-employed physicians, academic medical  
18 centers, and such other categories as reasonably reflect underwriting classifications used by insurers; (ii)  
19 claims activity, specifically the number of claims reported, lawsuits filed, claims settled, claims dismissed,  
20 claims tried to verdict, defense verdicts returned, and the average plaintiff verdict amount; (iii) claim  
21 payments and litigation costs, specifically the total indemnity paid, total defense and litigation expenses  
22 incurred, the average defense cost per closed claim, and the medical malpractice loss ratio, defined for the  
23 purposes of this section as the ratio of total indemnity payments and defense and litigation payments,  
24 reserves, and actuarially determined but not reported claims to earned premium for such coverage; and (iv)  
25 insurer financial condition, including the total surplus held by insurers writing medical malpractice liability  
26 insurance in the Commonwealth.

27 B. Every medical care facility, as defined in § 32.1-3, or other health care provider that maintains self-  
28 insurance, captive insurance, risk retention arrangements, or other retained financial risk for medical  
29 malpractice liability shall disclose information regarding (i) the number of physicians and health care  
30 providers covered under the malpractice liability program; (ii) claims activity, including claims made,  
31 lawsuits filed, claims settled, claims tried to verdict, defense verdicts returned, and the average plaintiff  
32 verdict amount; and (iii) malpractice expenditures, including total indemnity paid, total defense and  
33 litigation expenses, administrative costs of the malpractice liability program, reserves for pending claims,  
34 and premiums paid for excess insurance or reinsurance coverage. For purposes of this subsection, a health  
35 care provider shall not be required to make any report of information already included in a report submitted  
36 pursuant to this subsection by a person or entity providing self-insurance, captive insurance, risk retention  
37 arrangements, or other retained financial risk for the medical malpractice liability of the health care  
38 provider.

39 C. Each entity required to disclose information pursuant to subsections A and B shall provide a list of  
40 verdicts during the reporting year in medical malpractice actions in the Commonwealth in which the jury  
41 verdict exceeded the limitation on recovery established pursuant to § 8.01-581.15. Such list shall include (i)  
42 the verdict amount, (ii) the amount recoverable after the application of the limitation on recovery established  
43 pursuant to § 8.01-581.15, and (iii) the year in which the cause of action began to accrue. No personally  
44 identifiable information of any individual involved in such an action shall be disclosed in such a list.

45 D. The disclosures and information required to be provided pursuant to the provisions of this section shall  
46 be submitted to the State Corporation Commission's Bureau of Insurance (the Bureau) in a uniform format  
47 prescribed by the Bureau. Where possible, the Bureau shall develop the uniform format consistent with the  
48 reporting requirements set forth in § 38.2-2228.2. The initial disclosure shall be submitted on or before  
49 October 1, 2026, for the 2025 calendar year, and subsequent disclosures and information shall be submitted  
50 on or before March 31 of each year thereafter for the preceding calendar year. The Bureau shall include in  
51 its report aggregate summaries of such information and, to the extent practicable, shall present such data in  
52 a manner that allows comparison among health care providers by size, region, or type of facility. The Bureau  
53 shall utilize anonymized or de-identified formats to facilitate comparison, provided that no individual health  
54 care provider is identified and that, to the extent practicable, no information is presented that reasonably  
55 could be expected to reveal the identity of any individual health care provider, in any public report.

56 E. The disclosures and information required to be provided pursuant to this section shall be provided in

57 aggregate form that does not allow identification of any individual physician, hospital, insurer, patient, or  
58 specific claim and shall be reported in the form maintained in the ordinary course of business by such entity  
59 and certified as accurate and complete by an officer of the reporting entity.

60 F. The disclosures and information submitted may contain information that the entities required to  
61 disclose consider confidential proprietary information. Such confidential proprietary information shall be  
62 excluded from, and the State Corporation Commission shall not be subject to, subpoena or public inspection  
63 with respect to such information if the entity required to disclose (i) invokes such exclusion, in writing, upon  
64 submission of the data or other materials for which protection from disclosure is sought; (ii) identified the  
65 data or other material for which protection is sought; and (iii) states the reason why protection is necessary.

66 G. The Bureau shall compile and analyze the information submitted pursuant to this section and shall  
67 prepare a report summarizing such information in aggregate form. The report shall not identify any  
68 individual physician, hospital, insurer, patient, or specific claim. The Bureau shall submit the report to the  
69 Chairs of the House Committee for Courts of Justice and the Senate Committee for Courts of Justice and to  
70 the ranking members of the minority party serving on such committees and shall make the report publicly  
71 available on the General Assembly's website as soon as practicable after receipt of the required disclosures.  
72 The report shall also include disclaimer language stating that the report shall be used to inform evaluation of  
73 the medical malpractice damages cap framework and other related policy considerations.

74 H. The provisions of this section shall expire upon the effective date of any act of the General Assembly  
75 establishing a new limitation on recovery for medical malpractice actions pursuant to § 8.01-581.15.