26102349D

HOUSE BILL NO. 1276

Offered January 14, 2026

A BILL to amend and reenact § 32.1-137.05 of the Code of Virginia, relating to health care providers; required estimate for nonemergency health care services.

Patrons—Watts and Thornton

Referred to Committee on Labor and Commerce

Be it enacted by the General Assembly of Virginia:

1. That § 32.1-137.05 of the Code of Virginia is amended and reenacted as follows:

§ 32.1-137.05. Information regarding standard charges; good faith estimate of patient payment amount for nonemergency health care services.

A. *As used in this section:*

"Health benefit plan" has the same meaning as provided in § 38.2-3438.

"Health carrier" has the same meaning as provided in § 38.2-3438.

"Nonemergency health care services" means any service for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease except for any emergency service, as defined in § 38.2-3438.

"Patient" includes the patient's legally authorized representative.

"Provider" means a hospital, physician, or any type of provider licensed, certified, or authorized by statute to provide a covered service under the health benefit plan.

B. Every hospital shall make available to the public on its website a machine-readable file containing a list of all standard charges for all items and services provided by the hospital in accordance with 45 C.F.R. § 180.50, as amended. As used in this subsection, "hospital," "items and services," "machine-readable," and "standard charge" have the same meaning as set forth in 45 C.F.R. § 180.20.

~~B.~~ *C.* Every ~~hospital~~ *provider* shall, upon request of a patient scheduled to receive ~~an elective procedure, test, or~~ *any nonemergency health care* service to be performed by the ~~hospital~~ *provider*, ~~or upon request of such patient's legally authorized representative,~~ *provided such request is* made no less than three days in advance of the date on which such ~~elective procedure, test, or~~ *nonemergency health care* service is scheduled to be performed, furnish the patient with ~~an~~ *a written good faith* estimate of the payment amount for which the ~~participant~~ *patient* will be responsible for such ~~elective procedure, test, or~~ *nonemergency health care* service, *including any fees or other charges for an item or service the patient may receive in connection with the nonemergency health care service. Such good faith estimate shall:*

1. Be based on:

a. Information supplied by the covered person regarding his health benefit plan~~.~~;

b. Information reasonably available to the provider at the time the estimate is prepared, including eligibility and benefits date accessible through the enrollee's health carrier; and

c. The provider's standard charges and any contracted rates known at the time;

2. Include:

a. A description of the scheduled nonemergency health care service;

b. The provider's standard charge for the service and any related item or service;

c. Any contracted rates with the patient's health carrier that is known at the time the estimate is prepared;

d. A statement that the estimate is not binding and the actual amount billed may differ depending on changes in the scope of services or the health carrier's processing of the claim; and

e. If reasonably ascertainable through the patient's health carrier, a statement whether the covered person's deductible has been met, and if not, a good faith estimate of how unmet deductible status may affect the patient's cost; and

3. Not constitute a warranty or guarantee of the actual amount the patient will owe.

A provider shall be deemed in compliance with this subsection if it makes a reasonable effort to obtain eligibility and benefits information provided by the patient or the health carrier, relies in good faith on such information, and uses reasonable care in preparing the estimate based on such information. A provider shall not be in violation of this subsection when the patient or health carrier fails to provide accurate or complete information regarding the patient's health benefit plan or the health carrier later makes a determination or adjudicates a claim contrary to the information provided.

Nothing in this subsection shall be construed to require a provider to determine with certainty whether it or any affiliated provider is in-network for a particular health benefit plan.

D. Every ~~hospital~~ *provider* shall provide written information about the patient's ability to request an estimate of the payment amount pursuant to this ~~section~~ *subsection C*. Such written information shall be

INTRODUCED

7/29/26 11:44

posted conspicuously in public areas of the ~~hospital~~ *provider's facility or office*, including admissions or registration areas, and included on any website maintained by the ~~hospital~~ *provider*.