

## Insurance: Insurance Issues Failed

Composite [view](#) with notes

Bills	Committee	Last action	Date
<a href="#">HB 1726</a> - <a href="#">Rust</a> - Group life insurance; allows coverage to be extended to insure any class of persons.	<a href="#">(H) Committee on Commerce and Labor</a>	(H) Left in Commerce and Labor	02/10/09
<b>notes:</b> Allows coverage under a group life insurance policy to be extended to insure any class of persons as may mutually be agreed upon by the insurer and the group policyholder.			
<a href="#">HB 1829</a> - <a href="#">Fralin</a> - Health insurance, individual; requires SCC establish, by regulation, etc., for underwriting thereof.	<a href="#">(H) Committee on Commerce and Labor</a>	(H) Stricken from docket by Commerce and Labor	01/27/09
<b>notes:</b> Requires the State Corporation Commission to establish, by regulation, classes, and tiers with each class, for the underwriting of health insurance coverage in the individual market. Classes and tiers shall recognize the risk associated with an individual's health condition or diagnosis, while differentiating among individuals diagnosed with or treated for a specific illness, disease, or condition based upon factors including the individual's current health condition and diagnosis; the current severity of the illness, disease, or condition; the prognosis for increased severity during the term of the coverage; projections of medical treatments and services expected to be required during the term of the coverage; and the extent to which the symptoms or pathologies associated with the illness, disease, or condition are adequately controlled through such measures as medication, diet, and exercise. Health insurers are required to underwrite such individual health insurance coverage, and to rate insured individuals, in a manner that ensures that the individual is placed in the appropriate class or tier. Insurers are required to provide an internal review procedure, and individuals aggrieved by the insurer's decision may appeal to the Commission, which may modify, affirm, or reverse the decision.			
<a href="#">HB 1977</a> - <a href="#">Ware, R.L.</a> - Health insurance; mandated coverage for prosthetic devices and components.	<a href="#">(H) Committee on Commerce and Labor</a>	(H) Left in Commerce and Labor	02/10/09
<b>notes:</b> Requires health insurers, health care subscription plans, and health maintenance organizations to provide coverage for the cost of prosthetic devices and components. The measure also requires that the health insurance plan for state employees include coverage for the cost of prosthetic devices and components.			
<a href="#">HB 2337</a> - <a href="#">Amundson</a> - Health insurance; mandated coverage for amino acid based elemental formulas.	<a href="#">(H) Committee on Commerce and Labor</a>	(H) Tabled in Commerce and Labor	02/05/09
<b>notes:</b> Requires health insurers, health care subscription plans, and health maintenance organizations to provide coverage for the provision of amino acid based elemental formulas for the diagnosis and treatment of Immunoglobulin E and non Immunoglobulin E mediated allergies to multiple food proteins for enrollees under age 10, severe food protein induced enterocolitis syndrome, eosinophilic disorders as evidenced by the results of a biopsy, and impaired absorption of nutrients caused by disorders affecting the absorptive surface,			

functional length, and motility of the gastrointestinal tract.

[HB 2354](#) - [Landes](#) - Suspension of mandates; requires Governor to temporarily suspend on locality facing fiscal stress.

[\(H\) Committee on Appropriations](#)

[\(S\) Committee on Finance](#)

(S) Failed to report (defeated) in Finance (2-Y 11-N)

02/19/09

**notes:** Requires the Governor to temporarily suspend mandates on a locality upon a finding that it faces fiscal stress and the suspension of the mandate or portion thereof would help alleviate the fiscal hardship. Currently, suspension of the mandate is discretionary with the Governor. The bill provides that its provisions will expire on July 1, 2010.

[HB 2522](#) - [Nichols](#) - Health insurance plan for state employees; coverage for employees of small employers.

[\(H\) Committee on General Laws](#)

(H) Stricken from docket by General Laws

02/05/09

**notes:** Permits employers with 50 or fewer employees to apply for coverage under the health insurance plan for state employees. The premiums and an administrative costs are payable by the participating employer or its eligible employees.

[SB 921](#) - [Reynolds](#) - Health insurance; eliminates all mandated benefits from inclusion in individual policies.

[\(S\) Committee on Commerce and Labor](#)

(S) Left in Commerce and Labor

02/10/09

**notes:** Eliminates all mandated benefits from inclusion in individual health insurance policies.

[SB 964](#) - [Blevins](#) - Health insurance; requires health insurer, etc., to calculate amount based on actual charge.

[\(S\) Committee on Commerce and Labor](#)

(S) Passed by indefinitely in Commerce and Labor (11-Y 0-N)

01/26/09

**notes:** Requires a health insurer, health services plan, or health maintenance organization, when calculating the coinsurance obligation or other percentage of the cost of covered services provided to its insured, subscriber, or enrollee, to calculate the amount based on an amount not to exceed the provider's actual charge for the service when (i) the health insurer, health services plan, or health maintenance organization has agreed to pay the provider a fixed rate or charge for the covered service without regard to the provider's actual charge for the service and (ii) the provider's actual charge for the service is less than the fixed rate or charge for the covered service that the insurer, health services plan, or health maintenance organization has agreed to pay to the provider. In addition, persons covered under a managed care health insurance plan shall not be liable to the provider for any amount, other than any required copayment, in excess of the specified percentage of the cost of the covered service that is calculated based upon an amount not to exceed the provider's actual charge for the service provided to the covered person. Currently, a health insurer, health services plan, or health maintenance organization is required to calculate such amount based upon an amount that does not exceed the amount paid or payable to the provider.

[SB 976](#) - [Stuart](#) - Basic health benefit plans; requires health insurer, etc., to offer to eligible individuals.

[\(S\) Committee on Commerce and Labor](#)

(S) Passed by indefinitely in Commerce and Labor (11-Y 0-N)

01/26/09

**notes:** Requires every health insurer, health maintenance organization, and corporation providing accident and sickness subscription contracts, as a condition of transacting business in Virginia, to offer to eligible

individuals a basic health benefit plan. Eligible individuals are residents of the Commonwealth that have a family income that does not exceed 150 percent of the federal poverty level, have not been insured within the preceding six months, and are not eligible for coverage under certain government-sponsored health plans. Coverage under a basic health insurance policy provides benefits of at least 75 percent of necessary, reasonable, and customary charges for medical care, including hospitalization, surgery, physician services, emergency services, diagnostic tests, with a minimum annual deductible of \$5,000 for the eligible individual and \$10,000 for the eligible individual and dependent coverage, with maximum annual amount out-of-pocket limits for co-payments, co-insurance, deductibles, and other cost-sharing arrangement of \$10,000 for the eligible individual and \$20,000 for the eligible individual and dependents, and with maximum lifetime benefits of at least \$1 million. Such a policy will not provide benefits for routine physician visits, prescription drugs, or dental treatment, or for any mandated benefit.

<p><a href="#">SB 1260</a> - <a href="#">Vogel</a> - Health insurance; mandated coverage for autism spectrum disorder.</p>	<p><a href="#">(S) Committee on Finance</a></p>	<p>(S) Left in Finance</p>	<p>02/11/09</p>
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notes: Requires health insurers, health care subscription plans, and health maintenance organizations to provide coverage for the diagnosis and treatment of autism spectrum disorder in individuals under age 21. Coverage is subject to an annual maximum benefit of \$36,000.

<p><a href="#">SB 1274</a> - <a href="#">Vogel</a> - Health insurance; business practices.</p>	<p><a href="#">(S) Committee on Commerce and Labor</a></p>	<p>(S) Left in Commerce and Labor</p>	<p>02/10/09</p>
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notes: Prohibits the issuance, delivery, sale, or negotiation of an accident and sickness insurance policy, subscription contract for a health services plan, or health care plan, which provides for premiums to be paid on a monthly or other period basis, to require that the policyholder pay premiums in advance for future periods, as a condition to reinstatement of the policy, contract, or plan. Issuers of such policies, contracts, or plans shall not refuse to permit a policyholder to reinstate a policy, contract, or plan on the basis of the policyholder's claims experience or history of premium payments. The measure also requires that individual and group health policies, contracts, and plans include a grace period of not less than 90 days for the payment of any premium, except for the first premium.