

HEALTH INSURANCE REFORM COMMISSION

EXECUTIVE SUMMARY OF 2024 INTERIM ACTIVITY AND WORK

June 2025

Chapter 53 (§ 30-339 et seq.) of Title 30 of the Code of Virginia charges the Health Insurance Reform Commission (the Commission) with:

- Monitoring the work of appropriate federal and state agencies in implementing the provisions of the federal Patient Protection and Affordable Care Act (the ACA), including amendments thereto and regulations promulgated thereunder;
- Assessing the implications of the ACA's implementation on residents of the Commonwealth, businesses operating within the Commonwealth, and the general fund of the Commonwealth;
- Considering the development of a comprehensive strategy for implementing health reform in Virginia;
- Recommending health benefits required to be included within the scope of the essential health benefits (EHBs) provided under health insurance products offered in the Commonwealth, including any benefits that are not required to be provided by the terms of the Act;
- Assessing proposed mandated benefits and providers and recommending whether, on the basis of such assessments, mandated benefits and providers be provided under health care plans offered through a health benefit exchange, outside a health benefit exchange, neither, or both;
- Conducting other studies of mandated benefits and provider issues as requested by the General Assembly; and
- Developing such recommendations as may be appropriate for legislative and administrative consideration in order to increase access to health insurance coverage, ensure that the costs to business and individual purchasers of health insurance coverage are reasonable, and encourage a robust market for health insurance products in the Commonwealth.

The Commission is chaired by Delegate Richard C. "Rip" Sullivan, Jr. (the Chair). Senator R. Creigh Deeds serves as the HIRC's vice-chair. The other members of the Commission are Senator Lamont Bagby, Senator Bill DeSteph, Senator Jeremy S. McPike, Senator Scott A. Surovell, Delegate C. E. Cliff Hayes, Jr., Delegate Dan I. Helmer, Delegate Michelle Lopes Maldonado, and Delegate Joseph P. McNamara. Commissioner of Insurance Scott A. White and Secretary of Health and Human Resources Janet Kelly serve as ex officio nonvoting members.

The Commission met three times during the 2024 interim: on August 12, 2024; October 1, 2024; and December 9, 2024. This executive summary of the interim activity and work of the Commission is submitted pursuant to § 30-345 of the Code of Virginia.

Health Insurance Reform Commission

August 12, 2024, at 10:00 a.m.

General Assembly Building, Senate Room 305A

<http://dls.virginia.gov/commissions/hir.htm>

The Health Insurance Reform Commission (the Commission) met in Richmond with Senator R. Creigh Deeds, who was elected vice-chair during the meeting, presiding.¹ The meeting began with the election of officers followed by the adoption of an electronic meeting policy, presentations, and discussion. Materials presented at the meeting are accessible through the [*Commission's meetings webpage*](#).

Election of Officers

The Commission voted unanimously to elect Delegate Richard C. "Rip" Sullivan, Jr., as chair and Senator Deeds as vice-chair.

Adoption of Electronic Meeting Policy

The Commission discussed the desired terms of an electronic meeting policy, evaluated a draft electronic meeting policy prepared by the Division of Legislative Services, and voted to adopt the draft policy by a vote of seven to one.

Presentation: Overview of the Commission

Sarah Kinzer, Staff Attorney, Division of Legislative Services

Ms. Kinzer reviewed the powers and duties of the Commission pursuant to § 30-342 of the Code of Virginia, various state and federal statutes relating to mandated benefits, the Commission's process for assessing proposed mandated benefits, and legislation referred to the Commission during the 2024 Session.

Presentation: Update on Essential Health Benefits Benchmark Plan Review Process

Rebekah E. Allen, Chief Policy Advisor, Bureau of Insurance

Ms. Allen reviewed the Essential Health Benefits (EHB) benchmark plan requirement under the federal Patient Protection and Affordable Care Act (ACA). She described the parameters for mandating benefits in addition to Virginia's EHB benchmark plan and explained the requirement that the Bureau of Insurance (BOI) select a new EHB benchmark plan for the Commonwealth in 2025. She reported on the progress of the EHB benchmark plan review stakeholder workgroup facilitated by the BOI and described the upcoming timeline of required events for the development of a new EHB benchmark plan application for plan year 2028.

¹ **Members Present:** Senator R. Creigh Deeds (vice-chair), Senator Lamont Bagby, Senator Bill DeSteph, Senator Scott A. Surovell, Delegate C.E. Cliff Hayes, Jr., Delegate Dan I. Helmer, Delegate Michelle Lopes Maldonado, Delegate Joseph P. McNamara

Members Absent: Delegate Richard C. "Rip" Sullivan, Jr. (chair), Senator Jeremy S. McPike, Janet Kelly, Scott A. White



Presentation: Step Two Analyses Previously Requested by the Commission

Bradley Marsh, Insurance Policy Advisor, Bureau of Insurance

Dillon Wild, Senior Legislative Analyst, Joint Legislative Audit and Review Commission

Kimberly Sarte, Associate Director, Joint Legislative Audit and Review Commission

Mr. Marsh presented step two analyses on HB 240 (Adams, 2022) and HB 477 (Austin, 2022). HB 240 would require carriers to cover at least one prescription insulin drug in each therapy category at an amount that does not exceed \$30 per 30-day supply with certain exemptions; existing law states that the current maximum amount per 30-day supply cannot exceed \$50. HB 477 would prohibit cost-sharing on the currently mandated prostate cancer screening benefit of one prostate-specific antigen test in a 12-month period to persons age 50 and older and persons age 40 and older who are at a high risk of prostate cancer.

Mr. Wild presented a step two analysis by the Joint Legislative Audit and Review Commission (JLARC) on HB 1918 (Batten, 2023) and SB 1157 (Marsden, 2023), both of which would require coverage of certain audio-only telehealth services when no other means of service are available. Mr. Marsh also presented a step two analysis on HB 1918 and SB 1157 on behalf of the BOI. Finally, Ms. Sarte presented a step two analysis by JLARC on HB 2206 (Kilgore, 2023), which would require that a health carrier consider certain conditions as sufficient standards of clinical evidence to justify coverage of proton radiation therapy. Mr. Marsh also presented a step two analysis on HB 2206 on behalf of the BOI.

For each bill discussed, Mr. Marsh presented a summary of the proposed mandate, the current coverage in Virginia, the expected additional cost to the state under the ACA, and the expected impact on (i) utilization of services and providers, (ii) premium costs and administrative costs of insurers, and (iii) the total cost of health care in the Commonwealth generally. For HB 1918, HB 2206, and SB 1157, Mr. Wild and Ms. Sarte respectively described the background and potential impact of each proposed mandate, evaluated the medical efficacy and use of each treatment discussed, and reported the current financial impact on individuals without such coverage.

The Commission asked for further information and demographic data about the groups standing to benefit from the proposed mandates and whether such mandates would alleviate costs to certain communities under financial hardship. The Commission decided to delay making a decision on the proposed mandates until further information is available at a later meeting.

Presentation: Legislation Referred to the Commission during the 2024 Session

Garth Shipman, Insurance Policy Advisor, Bureau of Insurance

Mr. Shipman presented a step one assessment for HB 946 (Lopez, 2024) and the identical SB 376 (Boysko, 2024), which would require carriers offering health plans in the individual or small group market to ensure that 50 percent of such plans conform to specified cost-sharing limits for prescription drugs. He explained that such a mandate is not already contained in Virginia's EHB benchmark plan and that the BOI determined that such a mandate would not constitute a new essential health benefit and would not trigger a defrayal cost if enacted, as cost-sharing mandates are excluded from EHB benchmark plans.

Mr. Shipman also discussed HB 230 (Simonds, 2024), HB 513 (Hope, 2024), and HB 760 (Delaney, 2024), for each of which the House Committee on Labor and Commerce requested the Commission and the BOI to provide an expedited step two assessment. HB 230 would set cost-sharing limits for diagnostic and supplemental breast exams. HB 513 would require coverage for



pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS). HB 760 would set cost-sharing limits on insulin and diabetes equipment and supplies.

The Commission voted unanimously to recommend the five bills discussed for a step two assessment by the BOI and JLARC.

For more information, see the [*Commission's website*](#) or contact the Division of Legislative Services' staff:

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Health Insurance Reform Commission

October 1, 2024, at 2:00 p.m.

General Assembly Building, House Room C

<http://dls.virginia.gov/commissions/hir.htm>

The Health Insurance Reform Commission (the Commission) met in Richmond with Delegate Richard C. "Rip" Sullivan, Jr., chair, presiding.² The meeting began with presentations followed by a discussion of Commission action and legislative recommendations. Materials presented at the meeting are accessible through the [Commission's meetings webpage](#).

Presentation: Commission Timeline through 2025

Sarah Kinzer, Staff Attorney, Division of Legislative Services

Ms. Kinzer reviewed the relevant requirements of the Commission pursuant to the Code of Virginia and outlined the Commission's schedule for upcoming meetings and events. The Commission will meet next in December 2024 and will hold two meetings before June 30, 2025, including public hearings regarding potential benefit changes to the Essential Health Benefits (EHB) benchmark plan. If the Commission decides to apply for a new EHB benchmark plan, the Commission will hold two additional public hearings before December 31, 2025.

Presentation: Update on Essential Health Benefits Benchmark Plan Review Process and Step Assessments

Rebekah E. Allen, Chief Policy Advisor, Bureau of Insurance

Ms. Allen reviewed the Essential Health Benefits (EHB) benchmark plan requirement under the federal Patient Protection and Affordable Care Act (ACA). She described the parameters for mandating benefits in addition to Virginia's EHB benchmark plan and explained the requirement that the Bureau of Insurance (BOI) select a new EHB benchmark plan for the Commonwealth in 2025. She reported on the progress of the EHB benchmark plan review stakeholder workgroup facilitated by the BOI and described the upcoming timeline of required events for the development of a new EHB benchmark plan application for plan year 2028.

Additionally, Ms. Allen presented an update on the process for requesting data from insurance carriers to inform step one and two assessments of proposed mandates before the Commission. She delivered a timeline for upcoming data calls related to pending assessments and explained that in 2025 and after, the BOI will release step one data calls on April 1, with carrier responses due 60 days after such data calls are sent. Step two data calls will be released beginning 30 days after the Commission meeting at which such assessments are requested.

² **Members Present:** Delegate Richard C. "Rip" Sullivan, Jr. (chair), Senator Lamont Bagby, Senator Bill DeSteph, Senator Jeremy S. McPike, Senator Scott A. Surovell, Delegate C.E. Cliff Hayes, Jr., Delegate Dan I. Helmer, Delegate Michelle Lopes Maldonado, Delegate Joseph P. McNamara, Scott A. White

Members Absent: Senator R. Creigh Deeds (vice-chair), Janet Kelly



Presentation: Summary of Prior Step Two Assessments Previously Requested by the Commission

Bradley Marsh, Insurance Policy Advisor, Bureau of Insurance

Dillon Wild, Senior Legislative Analyst, Joint Legislative Audit and Review Commission

Kimberly Sarte, Associate Director, Joint Legislative Audit and Review Commission

Mr. Marsh summarized the step two assessment previously presented for HB 477 (Austin, 2022), which would prohibit cost-sharing on the currently mandated prostate cancer screening benefit of one prostate-specific antigen test in a 12-month period to persons age 50 and older and persons age 40 and older who are at a high risk of prostate cancer. The Commission voted unanimously to recommend HB 477 in its current form.

Mr. Marsh proceeded to summarize the step two assessments previously presented for HB 1918 (Batten, 2023) and SB 1157 (Marsden, 2023), both of which would require coverage of certain audio-only telehealth services when no other means of service are available. Mr. Wild also summarized a step two assessment by the Joint Legislative Audit and Review Commission (JLARC) previously presented for HB 1918 and SB 1157. The Commission voted unanimously to recommend the mandates proposed in HB 1918 and SB 1157 for evaluation as part of the current EHB benchmark plan review.

Next, Mr. Marsh summarized the step two assessment previously presented for HB 2206 (Kilgore, 2023), which would require that a health carrier consider certain conditions as sufficient standards of clinical evidence to justify coverage of proton radiation therapy. Ms. Sarte reviewed a step two assessment by JLARC previously presented for HB 2206. The Commission took no further action on HB 2206.

For more information, see the [Commission's website](#) or contact the Division of Legislative Services' staff:

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Health Insurance Reform Commission

December 9, 2024, at 2:00 p.m.

General Assembly Building, House Room B

<http://dls.virginia.gov/commissions/hir.htm>

The Health Insurance Reform Commission (the Commission) met in Richmond with Delegate Richard C. "Rip" Sullivan, Jr., chair, presiding.³ The meeting began with presentations followed by a discussion of Commission action and legislative recommendations. Materials presented at the meeting are accessible through the [Commission's meetings webpage](#).

Presentation: Impact of Expiration of Federal Enhanced Premium Tax Credits

Keven Patchett, Director, Health Benefit Exchange

Rebekah E. Allen, Chief Policy Advisor, Bureau of Insurance

Doug Gray, Executive Director, Virginia Association of Health Plans

James Williams, Commissioner, Department of Social Services

Mr. Patchett reviewed the federal income tax credits created under the 2010 Affordable Care Act and the enhanced federal income tax credits created under the 2021 American Rescue Plan Act that lower monthly health insurance premiums for consumers purchasing qualified health plans. Mr. Patchett projected the expiration of the enhanced tax credits, set for December 2025, to cause an average 22 percent increase to out-of-pocket premium costs in the Commonwealth.

Ms. Allen described the potential impact of the expiration of such enhanced credits on the Commonwealth Health Reinsurance Program (CHRP) and explained the role of CHRP in maintaining a healthy individual insurance market. Mr. Gray expressed the Virginia Association of Health Plans' concern with the expiration of such credits. Mr. Williams expressed the executive branch's plan to monitor federal decisions regarding the expiration of such credits and desire to collaborate with the General Assembly in response if necessary.

Presentation: Step Two Assessments

Kimberly Sarte, Associate Director, Joint Legislative Audit & Review Commission

Bradley Marsh and Garth Shipman, Insurance Policy Advisors, Bureau of Insurance

Ms. Sarte delivered a step two assessment of HB 513 (Hope, 2024), which would mandate coverage for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS). The assessment focused on the evidence of the covered treatment's efficacy, the usage and availability of such treatment, and the cost of such treatment for individuals without insurance.

³ **Members Present:** Delegate Richard C. "Rip" Sullivan, Jr. (chair), Senator R. Creigh Deeds (vice-chair), Senator Lamont Bagby, Senator Bill DeSteph, Senator Jeremy S. McPike, Senator Scott A. Surovell, Delegate C.E. Cliff Hayes, Jr., Delegate Dan I. Helmer, Delegate Michelle Lopes Maldonado, Delegate Joseph P. McNamara, Scott A. White

Members Absent: Janet Kelly



Mr. Shipman presented the Bureau of Insurance's step two assessment of HB 513 and Mr. Marsh presented a step two assessment of HB 230 (Simonds, 2024) , which would prohibit carriers from imposing cost sharing for diagnostic and supplemental breast examinations. Each presentation focused on the coverage contemplated in the relevant bill, the existing prevalence of such coverage in the Commonwealth, the bill's expected impact on utilization, premiums, and other costs, and the expected additional cost to the state if the mandate exceeds the scope of essential health benefits.

After taking public testimony regarding HB 513 and HB 230, the Commission voted unanimously to recommend (i) HB 513 with an amendment to ensure that the bill's provisions apply to qualified health plans and (ii) HB 230 in its current form.

Presentation: Re-Procurement of the State Employees Health Plan

Janet Lawson, Director, Department of Human Resource Management

Ms. Lawson explained the purpose and scope of ongoing efforts to solicit new contracts for four components of the state employees' health plan, including three self-insured health plans and a pharmacy benefits manager. The goal of such re-procurement is to provide plan participants with comprehensive health care coverage at affordable costs to the participants and the Commonwealth. Ms. Lawson described the timeline of such re-procurement, including that the Department of Human Resource Management anticipates issuing a notice of intent to award such contracts by the end of January 2025.

Presentation: Update on Essential Health Benefits Benchmark Plan Review Process and Step Assessments

Rebekah E. Allen, Chief Policy Advisor, Bureau of Insurance

Ms. Allen reviewed the Essential Health Benefits (EHB) benchmark plan requirement under the federal Affordable Care Act and described the upcoming timeline for the development of a new EHB benchmark plan application for plan year 2028. The Bureau of Insurance (BOI) has the ability to absorb the cost of up to five comprehensive analyses for additional benefits included in such application but would require additional funding for any additional such analyses.

Ms. Allen then delivered a timeline for upcoming data calls related to pending step assessments and explained that in 2025 and after, the BOI will release step one data calls on April 1, with carrier responses due 60 days after such data calls are sent. Step two data calls will be released beginning 30 days after the Commission meeting at which such assessments are requested.



For more information, see the [*Commission's website*](#) or contact the Division of Legislative Services' staff:

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