

# State Corporation Commission

## 2022 Fiscal Impact Statement

**1. Bill Number:** HB 431

**House of Origin**    ☐ Introduced    ☐ Substitute    ☐ Engrossed  
**Second House**    ☐ In Committee    ☐ Substitute    ☒ Enrolled

**2. Patron:** Murphy

**3. Committee:** Passed both houses

**4. Title:** Qualified health plans; state-mandated health benefits.

**5. Summary:** Provides health benefits in the essential health benefits package. The plan may provide any state-mandated health benefit that is not provided in the essential health benefits package. The plan is not required to provide benefits that duplicate the minimum benefits of qualified dental plans, as set forth in subsection F, if (i) the Exchange has determined that at least one qualified dental plan is available to supplement the plan's coverage and (ii) the health carrier makes prominent disclosure at the time it offers the plan, in a form approved by the Bureau, that such plan does not provide the full range of pediatric dental benefits included in the essential health benefits package and that qualified dental plans providing those benefits and other dental benefits not covered by such plan are offered through the Exchange.

**6. Budget Amendment Necessary:** No

**7. Fiscal Impact Estimates:** Final. See Item 8.

**8. Fiscal Implications:** No fiscal impact on the State Corporation

**9. Specific Agency or Political Subdivisions Affected:** State Corporation Commission Bureau of Insurance and Health Benefit Exchange

**10. Technical Amendment Necessary:** No

**11. Other Comments:** Under § 38.2-6506 A 1 of the Code of Virginia, if benefits exceed or are in addition to the Essential Health Benefits (EHBs) of the Affordable Care Act (ACA), QHPs sold in the exchange are exempt from the extension of the mandate. Section 1252 of the ACA requires that ACA requirements must be applied uniformly to all health plans in each insurance market to which the standards apply.

The State Corporation Commission (SCC) has identified one benefit, § 38.2-3418.18, coverage for formula and enteral nutrition products as medicine, that is considered in addition to the essential health benefits.

This bill does not require QHPs to provide state-mandated benefits that are in addition to EHB. This bill provides different requirements for individual and small group health insurance coverage depending on whether the coverage is provided by a QHP. This

differential may raise concerns for the Centers for Medicare and Medicaid Services, the federal agency which enforces the provisions of the ACA.

Senate Bill 449 is identical to House Bill 431.

**Date:** 3/15/22/V. Tompkins