

Virginia Health Care Legislative Update 2025

The 2025 Virginia General Assembly considered many health care-related bills during the course of the most recent session, and here are some of the more notable ones. All have effective dates of July 1, 2025, unless otherwise noted.

Prior Authorization Process Transparency

Effective Jan. 1, 2027, certain health insurance contracts under which an insurance carrier has the right or obligation to require prior authorization for a health care service, as defined in the bill, are required to include provisions governing the prior authorization process. Such required provisions include (i) time limits for a carrier to respond to prior authorization requests, (ii) a prohibition on revoking, limiting, making conditional, modifying, or restricting a previously approved prior authorization except under certain circumstances, and (iii) a requirement that a carrier shall provide the reasons for denial of a request. A carrier is required to make publicly available on its website a list of health care services and codes for which prior authorization is required. In addition, the State Corporation Commission's Bureau of Insurance must establish a work group to develop and deliver a report related to these provisions by Nov. 1, 2025. *(HB 2099/SB 1215)*

Medical Record Fees

Health care providers must provide one free copy of a patient's medical records per calendar year if requested by a patient or his attorney for the purposes of supporting a claim or appeal under certain provisions of the Social Security Act or any federal or state financial needs-based benefit program. Additional medical record requests in the same calendar year are subject to a reasonable fee. *(HB 1629)*

Rapid Whole Genome Sequencing

The Department of Medical Assistance Services is to add a provision to the state plan for medical assistance services allowing payment of medical assistance for rapid whole genome sequencing for children three years of age or younger who are receiving inpatient hospital services in an intensive care unit. *(HB 1900/SB 1461)*

Pharmacy Benefits Manager for Medicaid Recipients

By July 1, 2026, the Department of Medical Assistance Services (DMAS) is required to select and contract with a third-party administrator to serve as the state pharmacy benefits manager to administer all pharmacy benefits for Medicaid recipients, including recipients enrolled in a managed care organization. In addition, DMAS is directed to engage an independent consultant to evaluate the implementation of a contract with a third-party pharmacy benefits manager. *(HB 2610/SB 875)*

Midwife Service Reimbursement

This requires that health insurers and health service plan providers whose policies or contracts cover services that may be legally performed by a licensed certified midwife or licensed midwife to provide equal coverage for such services. The reimbursement for a service provided by these practitioners should be in the same amount as the reimbursement paid under the policy to a certified nurse midwife performing such service in the area served, subject to certain conditions. *(HB 1923)*

Breast Exam Cost Sharing Prohibited

Health insurance carriers are prohibited from imposing cost sharing for diagnostic breast and supplemental breast examinations, under certain insurance policies, subscription contracts, and health care plans delivered, issued for delivery, or renewed in the Commonwealth on and after Jan. 1, 2026. Such examinations include exams using diagnostic mammography, breast magnetic resonance imaging or breast ultrasound. *(HB 1828/SB 1436)*

Mental Health and Substance Abuse Disorders Coverage

This requires health insurance coverage, as defined in the bill, to provide coverage for mental health and substance use disorder benefits for children, adolescents, and adults and requires such coverage to apply



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the provided definitions of “generally accepted standards of mental health or substance use disorder care” and “medically necessary” for any determination of medical necessity, prior authorization, or utilization review under such coverage. *(HB 2738)*

Claim Transaction or Processing Fee Notification

A health insurance carrier is required to notify the provider in a provider contract if the carrier, or entity completing a transaction on behalf of the carrier, uses a payment method that imposes a transaction or processing fee or similar charge on the provider and to offer the provider an alternative payment method that does not impose such a fee or similar charge. If the provider elects to accept the alternative payment method and has provided all required information to the carrier to enroll in such alternative method, the carrier is required to pay the claim using such alternative payment method. *(HB 2085/SB 925)*

Nursing Home Sanctions

This establishes procedures for the implementation of sanctions by the State Health Commissioner on any nursing home that is licensed pursuant to the laws regulating medical care facilities and services. Furthermore, it specifies the forms of sanctions that the Commissioner may impose, the nursing home’s continued responsibility for persons under its care, the use of funds remunerated in accordance with such sanctions, the process for the imposition of such sanctions, and the Commissioner’s ability to revoke such nursing home’s license. Sanctions shall not be imposed on a nursing home that is sanctioned by the Centers for Medicare and Medicaid Services. *(HB 2253/SB 1383)*

Hospital Workplace Violence Incident Reporting System

Hospitals in the Commonwealth must establish a workplace violence incident reporting system to document, track, and analyze any incident of workplace violence reported. Each hospital is required to (i) report the data collected via the reporting system to the chief medical officer and the chief nursing officer of such hospital on, at minimum, a quarterly basis and (ii) send a report to the Department of Health on an annual basis that includes, at a minimum, the number of incidents of workplace violence voluntarily reported by an employee. The Secretary of Health and Human Resources, in collaboration with the Department of Criminal Justice Services, is to convene a stakeholder work group for the purpose of making recommendations on the workplace violence system and policies adopted pursuant to the bill. *(HB 2269/SB 1260)*

Expedited Certificate of Public Need Application and Review-Medical Deserts

The State Health Services Plan Task Force is instructed to develop recommendations for establishing an expedited application and review process for projects requiring a certificate of public need in medical deserts. *(HB 2119/SB 1203)*

Electronic Monitoring Devices in Nursing Facility Resident Rooms

Residents of nursing facilities may have “electronic monitoring devices” placed in their rooms, which are defined as a surveillance device with a fixed position video camera or audio recording device, or combination thereof, that is installed in a resident’s room and broadcasts or records activities or sounds occurring within the confines of the room. Requirements are included to ensure residents or their legal representatives and residents’ roommates or their legal representatives consent to the placement and utilization of electronic monitoring devices in their rooms. The Virginia Board of Health is to promulgate regulations consistent with the bill, and it will become effective when such regulations become effective. *(SB 821)*

Expedited Review for Certificate of Public Need Applications-Bed Allocation

The State Board of Health’s procedures for expedited review of applications for certificates of public need is expanded for certain projects to include the relocation or conversion of beds from, or the addition of beds to, an already existing medical facility, as well as the establishment of a new psychiatric medical care facility by an existing medical care facility. *(SB 1064)*

Obstetrical Emergency Response Standardized Protocols

Hospitals with an emergency department or labor and delivery, freestanding emergency departments, and birthing centers must implement standardized protocols for identifying and responding to obstetric emergencies, including obstetric hemorrhage, preeclampsia and eclampsia. These shall be based on protocols established by the Virginia Neonatal Perinatal Collaborative (VNPC) for inpatient and outpatient providers regarding the treatment of obstetric emergencies, the recognition of urgent maternal warning signs, and the transfer of pregnant and postpartum patients. Furthermore, the VNPC will collect data and submit an annual report to the Secretary of Health and Human Resources and the General Assembly with data relating to the implementation of standardized protocols and maternal health outcomes. *(HB 2753/SB 1279)*

Updated Prostate Cancer Screening Coverage Requirements

Mandated coverage requirements for prostate cancer screenings are updated to reflect updated tests and guidelines from the American Cancer Society while also removing certain references to American Cancer Society Guidelines. Updated coverage requirements apply to health care coverage companies, the health care coverage plan for state employees, and the state plan for medical assistance services. The provisions apply only to contracts, policies, or plans delivered, issued for delivery, or renewed in the Commonwealth on or after Jan. 1, 2026. *(HB 2097/SB 1314)*

Psychiatric Emergency Department Definition and Involuntary Temporary Detention Orders

The definition of “psychiatric emergency department” is amended as it relates to involuntary temporary detention orders to remove the requirement that a psychiatric emergency department be located adjacent to a facility licensed by the Department of Behavioral Health and Developmental Services. It add requirements that a psychiatric emergency department (i) be licensed by either the Department of Behavioral Health and Developmental Services or the Department of Health and (ii) provide that at least one physician who is primarily responsible for the emergency department be on duty and physically present at all times that the hospital is operating as an emergency service. It applies to hospitals with a psychiatric emergency department located in the City of Hampton for the purpose of employing certain trained individuals to perform evaluations to determine whether a person meets the criteria for temporary detention for behavioral health treatment and has an expiration date of July 1, 2026. (HB 1895/SB 1094)

Community-based Outpatient Stabilization Program Referrals

Prior to a patient’s release from an emergency custody order or a temporary detention order, health care professionals and evaluators are required to consider whether a referral to a community-based outpatient stabilization program for voluntary treatment is appropriate. (SB 819)

Practitioner Prescription Monitoring and Pharmacy Tech Training Program Updates

Any prescriber of controlled substances approved for use in opioid addiction therapy to, prior to or as a part of execution of a treatment agreement with a patient, is required to request information from the Director of the Department of Health Professions to determine what, if any, other covered substances such patient is currently being prescribed. Under current law, only prescribers who hold a special identification number from the Drug Enforcement Administration authorizing the prescribing of controlled substances are required to request such information prior to or as a part of execution of a treatment agreement with a patient. In addition, training programs recognized by the Pharmacy Technician Certification Board or the National Healthcareer Association are added to the list of approved pharmacy technician training programs. (HB 2307)

Civil Immunity and Professional Programs Related to Career Fatigue and Wellness

Civil immunity is expanded for persons who participate in professional programs related to career fatigue and wellness for health care professionals to include those who participate in programs for (i) any health care professionals licensed, registered, or certified by the Department of Health Professions (DHP) or (ii) students enrolled in programs that are prerequisites to licensure, registration, or certification by the DHP. Under current law, civil immunity extends only to persons participating in programs for (a) professionals licensed, registered, or certified by the Boards of Dentistry, Medicine, Nursing, or Pharmacy or (b) students enrolled in a school of dentistry, dental hygiene, medicine, osteopathic medicine, nursing, or pharmacy. (HB 1636)

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