2026 General Assembly Session - Legislation Tracked by DHRM

Bill Number	Bill Summary
HB 1	**Minimum wage. Increases the minimum wage incrementally to $15.00 per hour by January 1, 2028.** The bill codifies the adjusted state hourly minimum wage of $12.77 per hour that is effective January 1, 2026, and increases the minimum wage to $13.75 per hour effective January 1, 2027, and to $15.00 per hour effective January 1, 2028. Effective January 1, 2029, and annually thereafter, the bill requires the minimum wage to be adjusted to reflect increases in the consumer price index.
HB 5	**Employment; paid sick leave; civil penalties.** Expands provisions of the Code that currently require one hour of paid sick leave for every 30 hours worked for home health workers to cover all employees of private employers and state and local governments. The bill requires that employees who are employed and compensated on a fee-for-service basis accrue paid sick leave in accordance with regulations adopted by the Commissioner of Labor and Industry. The bill provides that employees transferred to a separate division or location remain entitled to previously accrued paid sick leave and that employees retain their accrued sick leave under any successor employer. The bill allows employers to provide a more generous paid sick leave policy than prescribed by its provisions and specifies that employees, in addition to using paid sick leave for their physical or mental illness or to care for a family member, may use paid sick leave to seek or obtain certain services or to relocate or secure an existing home due to domestic abuse, sexual assault, or stalking. The bill provides that certain health care workers who work no more than 30 hours per month may waive the right to accrue and use paid sick leave. The bill also provides that employers are not required to provide paid sick leave to certain health care workers who are employed on a pro re nata, or as-needed, basis, regardless of the number of hours worked. The bill requires the Commissioner to promulgate regulations regarding employee notification and employer recordkeeping requirements. The bill authorizes the Commissioner, in the case of a knowing violation, to subject an employer to a civil penalty not to exceed $150 for the first violation, $300 for the second violation, and $500 for each successive violation. The Commissioner may institute proceedings on behalf of an employee to enforce compliance with the provisions of this bill. Additionally, the bill authorizes an aggrieved employee to bring a civil action against the employer in which he may recover double the amount of any unpaid sick leave and the amount of any actual damages suffered as the result of the employer's violation. The bill has a delayed effective date of July 1, 2027.
HB 54	**Department of Human Resource Management; State Government Internship Coordinator.** Requires the Department of Human Resource Management to establish the position of and employ a State Government Internship Coordinator to attract high quality interns to the service of the Commonwealth with the goal of developing such interns in a manner that supports their ability to compete for positions in agencies of the Commonwealth upon conclusion of their internships and completion of their educational programs. The bill also requires the Department to establish and administer a system to provide professional development opportunities for state agency interns, intern supervisors, and human resources staff.
HB 60	**Life insurance; health insurance; unfair discrimination; pre-exposure prophylaxis for prevention of human immunodeficiency virus (HIV).** Prohibits any person from refusing to insure, refusing to continue to insure, or limiting the amount or extent of life insurance or accident and sickness insurance coverage available to an individual or charge an individual a different rate for the same coverage based solely on the status of such individual as having received pre-exposure prophylaxis for the prevention of human immunodeficiency virus.
HB 64	**Health insurance; coverage for speech therapy as a treatment for stuttering.** Requires health insurance carriers whose health care plans include coverage for habilitative services and rehabilitative services, as such terms are defined in the bill, to provide coverage for habilitative speech therapy and rehabilitative speech therapy, as such terms are defined in the bill, as a treatment for stuttering. The bill provides that such coverage is not (i) subject to any maximum annual benefit limit, including any limits on the number of visits an insured may make to a speech-language pathologist; (ii) limited based on the type of disease, injury, disorder, or other medical condition that resulted in the stuttering; or (iii) subject to utilization review or utilization management requirements, including prior authorization or a determination that the habilitative or rehabilitative speech therapy services are

	medically necessary. The bill applies to health care plans delivered, issued for delivery, or renewed on and after January 1, 2027.
HB 90	**Health insurance; large group policies; coverage for scalp treatment during cancer chemotherapy treatment.** Requires health insurance carriers offering policies in the large group market to provide coverage for scalp cooling systems for the preservation of hair during cancer chemotherapy treatment. Provisions of the bill apply to health insurance policies, contracts, and plans delivered, issued for delivery, or renewed in the large group market in the Commonwealth on and after January 1, 2027.
HB 130	**Workers' compensation; presumption for certain cancers; sheriffs and deputy sheriffs.** Expands the workers' compensation presumption of compensability for certain cancers causing the death or disability of certain employees who have completed five years of service in their position to include sheriffs or deputy sheriffs.
HB 184	**Health carrier contracts; site-neutral payment policy for applicable services; annual report; civil penalty.** Requires any provider that enters into a provider contract with a health carrier to accept as payment in full for all applicable services, as defined in the bill, rates that shall not exceed 150 percent of the amount paid as the Medicare non-hospital rate, as defined in the bill, for the same services. The bill also prohibits such providers from charging, billing, or accepting payment for applicable services that exceeds the lesser of (i) 150 percent of the Medicare non-hospital rate or (ii) the negotiated rate agreed upon with the carrier. The bill requires the State Corporation Commission, in consultation with the Department of Health, to annually submit a report to the Governor and General assembly on information regarding payment for applicable services and to publish such report online. Under the bill, each carrier is also required to submit an annual report to the Commission. The bill includes civil penalty provisions of (a) $1,000 per claim improperly billed or (b) $100,000 per contract occurrence. Under the bill, "applicable services" means outpatient or ambulatory services that can be provided safely and appropriately across ambulatory care settings.
HB 216	**Health insurance; State Plan for Medical Assistance; coverage for prosthetic and custom orthotic devices and components; reports**. Amends provisions related to health insurance coverage for prosthetic devices and components to include custom orthotic devices and components. Under the bill, such coverage does not include repair and replacement due to theft or loss and may include more than one prosthetic or custom orthotic device when medically necessary, as determined by an enrollee's provider. The bill prohibits an insurer from denying coverage for a prosthetic or custom orthotic device for an individual with limb loss, limb absence, or limb impairment that would otherwise be covered for a nondisabled individual seeking medical or surgical intervention. The bill requires health plans that provide such coverage to include language describing an enrollee's rights related to coverage for prosthetic and custom orthotic devices and provide a written explanation of any claim denials. The bill also directs the DMAS to seek the necessary permissions from the CMS to provide payment of medical assistance for prosthetic and custom orthotic devices, subject to the same requirements as insurers. Such payment is conditional on the Department obtaining all necessary approvals and federal financial participation. The bill sunsets on July 1, 2027, if such approval and federal financial participation is not obtained. The bill directs the health insurance carriers, the DMAS, and any managed care plan administering Medicaid benefits in the Commonwealth to submit reports to the Health Insurance Reform Commission regarding implementation of the provisions of the bill during plan years 2027 and 2028.
HB 220	**Health insurance; tobacco surcharge.** Eliminates the authority of a health carrier to vary its premium rates based on tobacco use. Under current law, a health carrier may charge premium rates up to 1.5 times higher for a tobacco user than for a nonuser. The provisions of the bill apply to health benefit plans providing individual or small group health insurance coverage entered into, amended, extended, or renewed on or after January 1, 2027.
HB 227	**Line of Duty Act; transitional coverage.** Requires the Department of Human Resource Management to acquire and provide temporary transitional health insurance coverage to disabled persons, eligible spouses, and eligible dependents during the period of transition into the LODA (Line of Duty Act) Health Benefits Plans. Current law authorizes but does not require the Department to acquire and provide such temporary transitional health insurance coverage to disabled persons, eligible spouses, and eligible dependents during such period.

HB 310	**Artificial Intelligence Workforce Impact Act; established, report.** Establishes reporting requirements for each state agency in the Commonwealth relating to the impact of artificial intelligence on the workforce. The bill requires each agency to submit quarterly reports to the DHRM detailing workforce impacts as a result of the use of one or more artificial intelligence systems during the preceding quarter. If an agency reports 10 or more workforce impacts as a result of the use of one or more artificial intelligence systems within a fiscal year, the bill requires such agency to submit an AI Workforce Transition Plan to the Dept within 120 days of such quarterly report in which the threshold was reached. The bill provides that a state employee whose job is eliminated, materially changed, or restructured due to the use of one or more AI systems shall be eligible for (i) retraining or upskilling programs coordinated through the Dept and the VCCS; (ii) priority consideration for vacancies for which such employee is qualified within any state agency; (iii) career transition services offered through the VEC; and (iv) any additional support measures offered by the Department. The bill requires the Department to review the information received by agencies under the bill and submit annual reports to the Governor, the SOA, the JLARC, and the Chairs of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations by November 1 of each year.
HB 328	**Health insurance; essential health benefits benchmark plan.** Requires the Bureau of Insurance to select a new essential health benefits benchmark plan for the 2029 plan year that includes, in addition to the essential health benefits package included in the existing benchmark plan, coverage for (i) doula care services; (ii) the treatment of iatrogenic infertility; (iii) fertility treatment and diagnosis, including a maximum of three cycles per lifetime of assisted reproductive technology; (iv) hearing aids for individuals of all ages; (v) pasteurized donor human breast milk; (vi) the prophylaxis, diagnosis, and treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome; and (vii) the treatment of polycystic ovary syndrome. This bill is a recommendation of the Health Insurance Reform Commission.
HB 358	**Medicare supplement policies; regulations establishing minimum standards; work group; report.** Amends provisions related to the State Corporation Commission's issuance of regulations to establish minimum standards regarding Medicare supplement policies to include minimum standards for risk adjustment mechanisms and the disclosure of methodology used in coverage decisions. The bill directs the Bureau of Insurance to convene a work group to review and make recommendations related to minimum standards regarding Medicare supplement policies, implementation of risk adjustment mechanisms, ways to eliminate waste and abuse from overpayments, methodologies used in coverage decisions, ways to improve care under such policies, and the effectiveness and utilization of existing consumer protections related to Medicare supplement policies and to submit a report of its findings and recommendations by December 1, 2026.
HB 406	**Workers' compensation; disability of law-enforcement officer; spousal wage replacement; report.** Requires the employer of a law-enforcement officer who sustains a line of duty injury, as defined in the bill, to pay or cause to be paid to the spouse of such law-enforcement officer 66 percent of such spouse's average weekly wage during the previous three years, up to 80 percent of the average weekly wage of the Commonwealth, provided that certain requirements are met. The bill directs the Workers' Compensation Commission to establish an application review process for claims for spousal wage replacement pursuant to the bill's provisions by January 1, 2027. Certain provisions of the bill have a delayed effective date of January 1, 2027**.**
HB 424	**Health insurance; prohibited restrictions on in-network referrals.** Prohibits a health insurance carrier from prohibiting an in-network provider, as defined in the bill, from referring any patient or specimen to any in-network clinical laboratory or in-network pathology service provider under the terms of such insurance unless such referral would constitute a violation of certain laws.
HB 426	**Workers' compensation; employer's offset in event of recovery. Amends provisions related to an employer's offset for recovery in certain actions brought under the Virginia Workers' Compensation Act.** The bill requires that lifetime medical award benefits and ongoing indemnity award benefits shall remain in full force and effect if the claimant is under such an award at the time that recovery is effected, subject to the employer offset provisions. Under the bill, an employer's credit shall be applied as a continuing, pro rata reduction to benefits otherwise payable under an existing award until the employer's required credit is exhausted. The bill also removes language limiting an employee's entitlement to compensation and expenses for medical, surgical and hospital attention and funeral expenses.

HB 481	**Prior authorization; requiring physician review for denial.** Prohibits a health insurance carrier from denying or making an adverse determination of a prior authorization request for prescription drugs or health care services unless such denial has been reviewed and approved by a licensed physician.
HB 490	**Health insurance; coverage for early refills prescription eye drops**. Prohibits a health carrier from denying coverage to a covered person of an early refill of prescription eye drops if (i) the prescription eye drops are a covered benefit, (ii) the amount of time that has elapsed from the previous dispensing of such prescription would result in at least 75 percent of such prescription eye drops being used if taken consistently with the prescriber's directions, and (iii) the prescriber has indicated that additional quantities are medically necessary and the refill requested does not exceed such additional quantity. The provisions of the bill are applicable to contracts, policies, or plans delivered, issued for delivery, or renewed in the Commonwealth on and after January 1, 2027.
HB 494	**Virginia Personnel Act; hiring preference in state government; certain former federal employees.** Establishes a hiring preference in state government for any person who has been terminated from a position of employment with the federal government on or after April 1, 2025, due to a reduction in the federal budget, initiatives put in place by the federal Department of Government Efficiency, or any other effort deemed unrelated to a violation in the workplace, workplace performance, or a dereliction of duty, provided that such person meets all of the knowledge, skill, and ability requirements for the available position. The bill defines the term "preference" as requiring that a person who has been terminated from a position of employment with the federal government be hired over a person who has not been terminated from a position of employment with the federal government when the two individuals are substantially equal in qualifications for an eligible position. The bill sunsets on January 21, 2029.
HB 516	**Health insurance; coverage for non-opioid prescription drugs.** Prohibits a health insurance carrier from imposing any cost-sharing, prior authorization, step therapy, or other limitation on coverage of a covered non-opioid drug approved by the U.S. Food and Drug Administration for the treatment or management of pain that is more restrictive or less favorable to the enrollee relative to a covered opioid drug approved by the U.S. Food and Drug Administration for the treatment or management of pain.
HB 554	**State officers and employees; state agencies to establish alternative work schedules; reporting requirement.** Requires each state agency to implement a procedure to (i) keep a record of any denial of telecommuting and alternative work eligibility citing a justification based on diminished employee performance or service delivery; (ii) allow employees denied telecommuting and alternative work eligibility to appeal such denial; (iii) prohibit retaliatory conduct against any employee who requests eligibility to participate in telecommuting and alternative work schedules; (iv) restore telecommuting and alternative work agreements to positions with such agreements held prior to July 5, 2022, unless restoring such agreement causes diminished employee performance or service delivery; and (v) make available to the public the telecommuting and alternative work policy of such agency documenting any revisions to such policy since August 16, 2002. The bill requires each state agency to annually report on such procedures and data on participation in telecommuting and alternative work at such agency. Finally, the bill permits state agencies with geographically distinct operations to develop a regional telecommuting and alternative work policy established by the regional head of such state agency.
HB 572	**Uninsured Employer's Fund; administrative expenses.** Provides that the costs of administering the Uninsured Employer's Fund, which is administered by the Virginia Workers' Compensation Commission, are paid out of such fund.
HB 618	**Health insurance; reporting requirements.** Amends various reporting requirements related to health insurance, including by requiring the State Corporation Commission to maintain and publicly post an inventory of mandated benefits and providers, requiring health carriers to report annually on provider terminations and reinstatements, and consolidating reports related to balance billing and arbitration. The bill repeals reporting requirements related to the Comparable Health Care Service Incentive Program and Virginia Health Savings Account Plan.
HB 625	**Health insurance; limit on cost-sharing payments for prescription drugs under certain plans.** Requires each carrier that offers a health plan in either the individual or small group market to ensure that at least 50 percent of all health plans offered by the carrier, or at least one health plan if the carrier offers fewer than two health plans, in each rating area and in each of the bronze, silver, gold, and platinum levels of coverage in the individual and small group market conform with the following: (i) a plan that offers a silver, gold, or platinum level of coverage limits a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed

	$100 per 30-day supply of the prescription drug and (ii) a plan that offers a bronze level of coverage limits a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed $150 per 30-day supply of the prescription drug. The bill provides that such limits apply at any point in the benefit design, including before and after any applicable deductible is reached. The bill requires that any plans offered to meet its requirements are (a) clearly and appropriately named to aid the consumer or plan sponsor in the plan selection process and (b) marketed in the same manner as other plans offered by the health insurance carrier. The provisions of the bill apply with respect to health plans entered into, amended, extended, or renewed on or after January 1, 2027.
HB 659	**State retiree health benefits program; reenrollment in program.** Allows a state retiree who elects to participate in the state retiree health plan but later discontinues participation one opportunity to return to participation in the plan, provided that such return to participation occurs within five years after the date of such employee's retirement. Under current law, a state retiree who elects to participate in the state retiree health plan but later discontinues participation is barred from participating in the plan.
HB 676	**Health insurance; carrier business practices; electronic attachments.** Provides that, in the following contexts, information may be submitted by a provider to a health insurance carrier through electronic attachment, as defined in the bill: (i) information related to services rendered as required by the carrier in its provider contract; (ii) information related to any defect or impropriety that prevents the carrier from deeming a health insurance claim a clean claim, as defined in existing law; and (iii) information required to establish medical necessity, benefit coverage, or prior authorization of services, or to conduct reconsideration activities. The bill also requires carriers to provide an alternative electronic payment method if the carrier uses a payment method that imposes a transaction or processing fee on the provider.
HB 701	**Health insurance; notice of adverse determinations and right to request external review.** Requires health carriers to send in writing to a covered person the notice of an adverse determination or final adverse determination and the covered person's right to request an external review, as required by current law, within five business days after the adverse determination or final adverse determination has been made. The bill also requires such notice to include certain information related to the person who made the adverse determination or final adverse determination.
HB 736	**Health insurance; carrier contracts; required provisions regarding prior authorization for prescription drugs.** Amends existing required provisions for health carrier contracts related to prior authorizations for prescription drugs. Current law requires that if prior authorization is approved for prescription drugs and such prescription drugs have been scheduled, provided, or delivered to the patient consistent with the authorization, health carriers may not revoke, limit, condition, modify, or restrict that authorization except in certain circumstances. The bill requires this limitation on carriers to apply for a minimum of six months for initial authorizations and a minimum of 12 months for continued authorizations. The bill adds circumstances under which a prior authorization may be revoked, limited, conditioned, modified, or restricted by a carrier, including (i) a final action by the U.S. Food and Drug Administration, other regulatory agencies, or the manufacturer communicating a patient efficacy issue that would affect the authorization and (ii) when additional safety monitoring is recommended by the U.S. Food and Drug Administration, other regulatory agencies, or the manufacturer.
HB 763	**Health insurance; reimbursement rates.** Requires health insurance carriers to reimburse in-network providers for covered mental health services and outpatient treatment at rates negotiated between the health carrier and the in-network provider, provided that such rates are no less than 100 percent of the applicable reimbursement rate under Medicare for the same provider and service.
HB 795	**Health insurance; coverage for prescription and nonprescription opioid antagonists.** Requires each health insurer, corporation providing health care subscription plans, and health maintenance organization whose policy, contract, or plan includes coverage for prescription drugs to include coverage for (i) naloxone or at least one other opioid antagonist used for overdose reversal dispensed pursuant to an oral, written, or standing order of a prescriber on the lowest cost tier of the insurer's, corporation's, or health maintenance organization's prescription drug formulary and (ii) nonprescription naloxone or at least one other nonprescription opioid antagonist used for overdose reversal that is available over the counter. The bill provides that such coverage shall be exempt from any prior authorization or step therapy requirement on coverage of benefits. This bill is a recommendation of the Joint Commission on Health Care.

HB 813	**Health insurance; application of cost-sharing prohibitions.** Provides that provisions of state law that prohibit a health insurance carrier from imposing a cost-sharing requirement on an enrollee for receiving a health care service (i) apply only when such enrollee receives such health care service from a participating provider under the health benefit plan and (ii) do not apply if the application of such prohibition would disqualify a high-deductible health benefit plan from eligibility for a health savings account under federal law.
HB 858	**Legal holidays; Indigenous Peoples' Day.** Replaces Columbus Day, the second Monday in October, with Indigenous Peoples' Day as a state holiday.
HB 865	**Workers' compensation; presumption of compensability for certain cancers.** Expands the workers' compensation presumption of compensability for certain cancers causing the death or disability of certain employees who have completed five years of service in their position to include lung cancer and non-Hodgkin's lymphoma for any individual diagnosed with such a condition on or after July 1, 2026.
HB 1025	**Access to investigational drugs, biological products, and devices; patient with severely debilitating condition.** Allows a patient who has a severely debilitating condition, defined in the bill as a disease or condition that causes major irreversible morbidity, to access investigational drugs, biological products, and devices when certain criteria are met. Under current law, only a patient who has a terminal condition may access such drugs, products, and devices.
HB 1114	**Military leaves of absence for employees of the Commonwealth or political subdivisions; law-enforcement officers.** Provides that any person who is employed by the Commonwealth or a political subdivision of the Commonwealth as a law-enforcement officer shall receive paid leaves of absence for up to 388 hours for which a leave of absence is required, during which such person is engaged in federally funded military duty, to include training duty, or is called forth by the Governor for military duty.
HB 1172	**Pharmacy freedom of choice; specialty pharmacy benefits.** Provides that in no event shall any person receiving a covered specialty pharmacy benefit from a nonpreferred or nonparticipating provider, regardless of whether it has submitted a reimbursement agreement, be responsible for amounts that may be charged by the nonpreferred or nonparticipating provider in excess of the copayment and the insurer's reimbursement applicable to all of its preferred or participating pharmacy providers.
HB 1182	**Health insurance; coverage for contraceptive drugs and devices.** Requires health insurance carriers to provide coverage, under any health insurance contract, policy, or plan that includes coverage for prescription drugs on an outpatient basis, for contraceptive drugs and contraceptive devices, as defined in the bill, including those available over-the-counter. The bill prohibits a health insurance carrier from imposing upon any person receiving contraceptive benefits pursuant to the provisions of the bill any copayment, coinsurance payment, or fee, except in certain circumstances.
HB 1206	**Study; Department of Human Resource Management; required annual trainings; state employees; public elementary and secondary school teachers; report.** Directs the DHRM (the Department), in collaboration with the Department of Education and the Board of Education, to review the number of annual trainings required of employees of the Commonwealth and public elementary and secondary school teachers and determine if certain trainings could be reduced in frequency. The bill directs the Department to report its findings and recommendations to the General Assembly no later than January 1, 2027.
HB 1207	**Paid family and medical leave insurance program; notice requirements; civil action.** Requires the Virginia Employment Commission to establish and administer a paid family and medical leave insurance program with benefits beginning January 1, 2029. Under the program, benefits are paid to covered individuals, as defined in the bill, for family and medical leave. Funding for the program is provided through premiums assessed to employers and employees beginning July 1, 2028. The bill provides that the amount of a benefit is 80 percent of the employee's average weekly wage, not to exceed 100 percent of the statewide average weekly wage, which amount is required to be adjusted annually to reflect changes in the statewide average weekly wage. The bill caps the duration of paid leave at 12 weeks in any application year and provides self-employed individuals the option of participating in the program.
HB 1214	**Health insurance; cost-sharing payments for insulin and diabetes equipment and supplies; limit.** Decreases the cap on the cost-sharing payment that a covered person is required to pay for a covered prescription insulin drug from $50 to $35 for a 30-day supply of the prescription insulin drug and provides such cap is an aggregate cap that applies in situations where the covered person is prescribed more than one insulin drug. The bill also establishes such an aggregate cap of $35 for a 30-day supply of diabetes equipment and supplies.

HB 1263	**Collective bargaining by public employees; individual home care providers; Virginia Home Care Authority established; Public Employee Relations Board established; exclusive bargaining representatives.** Repeals the existing prohibition on collective bargaining by public employees. The bill creates the Public Employee Relations Board, which shall determine appropriate bargaining units and provide for certification and decertification elections for exclusive bargaining representatives of state employees and local government employees. The bill requires public employers and employee organizations that are exclusive bargaining representatives to meet at reasonable times to negotiate in good faith with respect to wages, hours, and other terms and conditions of employment. The bill establishes the Virginia Home Care Authority within the Department of Medical Assistance Services to ensure the effectiveness and quality of the services of home care programs in the Commonwealth and tasks the Authority with serving as the public employer of individual providers, as defined in the bill, for purposes of collective bargaining pursuant to the bill's provisions. The bill repeals a provision that declares that in any procedure providing for the designation, selection, or authorization of a labor organization to represent employees the right of an individual employee to vote by secret ballot is a fundamental right that shall be guaranteed from infringement.
HB 1313	**Workers' Compensation; exacerbation of certain disorders incurred by law-enforcement officers and firefighters.** Provides that for the purposes of Workers' Compensation for post-traumatic stress disorder, anxiety disorder, or depressive disorder incurred by a law-enforcement officer or firefighter, the exacerbation of any such preexisting disorder incurred by a law-enforcement officer or firefighter is also compensable. The bill also amends requirements related to such compensability, which include undergoing a qualifying event.
HB 1338	**Health insurance; coverage for the treatment of acquired brain injury required.** Requires health insurance carriers to provide coverage for the treatment of acquired brain injury that includes coverage for treatment using cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy, neuropsychological testing, neurofeedback therapy, functional rehabilitation therapy, community reintegration services, post-acute residential treatment services, inpatient services, outpatient and day treatment services, and home and community-based treatment.
HB 1389	**Health insurance; coverage for standard fertility preservation procedures.** Requires health insurance carriers to provide coverage for standard fertility preservation procedures. The bill provides that "standard fertility preservation procedures" means procedures to preserve fertility that are consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine or the American Society of Clinical Oncology for a person who has cancer, sickle cell disease, or other medical condition or is expected to undergo medication therapy, surgery, radiation, chemotherapy, or other medical treatment that is recognized by medical professionals to cause a risk of impairment to fertility.
HB 1400	**Health insurance; coverage for maternal mental health screenings.** Requires health insurance carriers to provide coverage for maternal mental health screenings. The bill requires such coverage to include at least one maternal mental health screening to be conducted during pregnancy, at least one additional screening to be conducted during the first six weeks of the postpartum period, and additional medically necessary postpartum screenings. Additionally, the bill provides that coverage for a prescription drug for the treatment of a maternal mental health condition is not subject to prior authorization requirements or step therapy protocols.
HB 1468	**Health insurance; coverage for doula care services.** Requires health insurers, corporations providing health care subscription contracts, and health maintenance organizations whose policy, contract, or plan includes coverage for obstetrical services to provide coverage for doula care services provided by a state-certified doula. The bill requires such coverage to include coverage for at least eight visits during the antepartum or postpartum period and support during labor and delivery. The bill provides that health insurance carriers are (i) not required to pay for duplicate services actually rendered by both a state-certified doula and another health care provider and (ii) prohibited from requiring supervision, signature, or referral by any other health care provider as a condition of reimbursement for doula care services, except when those requirements are also applicable to other categories of health care providers.
HB 1514	**Employment decisions; automated decision systems; civil penalty.** Provides that the Director of the Department of Human Resource Management shall require any state agency that uses an automated decision system as a substantial factor in any employment decision, as those terms are defined in the bill, to (i) ensure that such system and the use of such system complies with federal and state law, (ii) make certain disclosures, (iii) provide an opt-out mechanism, (iv) annually test such system, (v) ensure data security, and (vi) train agency staff on such system. The bill requires the Department and local government employers to establish and publicize a process for applicants for

	employment and employees to file concerns and complaints regarding the use of automated decision systems in such employment decisions and a process for the investigation and resolution of any such concerns and complaints. The bill also provides that no final employment decision shall be made by an employer without the involvement of a human decision maker, and no employer shall solely use any recommendation or prediction from an automated decision system to make a final employment decision. The bill subjects violating employers to civil penalties.
SB 1	**Minimum wage. Increases the minimum wage incrementally to $15.00 per hour by January 1, 2028.** The bill codifies the adjusted state hourly minimum wage of $12.77 per hour that is effective January 1, 2026, and increases the minimum wage to $13.75 per hour effective January 1, 2027, and to $15.00 per hour effective January 1, 2028. Effective January 1, 2029, and annually thereafter, the bill requires the minimum wage to be adjusted to reflect increases in the consumer price index.
SB 2	**Paid family and medical leave insurance program; notice requirements; civil action.** Requires the Virginia Employment Commission to establish and administer a paid family and medical leave insurance program with benefits beginning January 1, 2029. Under the program, benefits are paid to covered individuals, as defined in the bill, for family and medical leave. Funding for the program is provided through premiums assessed to employers and employees beginning January 1, 2028. The bill provides that the amount of a benefit is 80 percent of the employee's average weekly wage, not to exceed 120 percent of the state weekly wage, which amount is required to be adjusted annually to reflect changes in the statewide average weekly wage. The bill caps the duration of paid leave at 12 weeks in any application year and provides self-employed individuals the option of participating in the program.
SB 65	**Virginia Personnel Act; certain Department of Elections officers and employees not exempt.** Excludes the Department of Elections from the provision of the Virginia Personnel Act that exempts employees of executive branch agencies who have accepted serving in the capacity of chief deputy, or equivalent, and of a confidential assistant for policy or administration.
SB 161	**Health insurance; limit on cost-sharing payments for prescription drugs under certain plans.** Requires each carrier that offers a health plan in either the individual or small group market to ensure that at least 50 percent of all health plans offered by the carrier, or at least one health plan if the carrier offers fewer than two health plans, in each rating area and in each of the bronze, silver, gold, and platinum levels of coverage in the individual and small group market conform with the following: (i) a plan that offers a silver, gold, or platinum level of coverage limits a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed $100 per 30-day supply of the prescription drug and (ii) a plan that offers a bronze level of coverage limits a person's cost-sharing payment for prescription drugs covered under the plan to an amount that does not exceed $150 per 30-day supply of the prescription drug. The bill provides that such limits apply at any point in the benefit design, including before and after any applicable deductible is reached. The bill requires that any plans offered to meet its requirements are (a) clearly and appropriately named to aid the consumer or plan sponsor in the plan selection process and (b) marketed in the same manner as other plans offered by the carrier.
SB 172	**Health insurance claims; electronic attachments accepted.** Requires carriers to accept medical record documentation and other claim-related information that is transmitted electronically when in connection with a health care claim, remittance advice, prior authorization, referral, eligibility or benefit inquiry, or claim status transaction.
SB 199	**Employment; paid sick leave; civil penalties.** Expands provisions of the Code that currently require one hour of paid sick leave for every 30 hours worked for home health workers to cover all employees of certain private employers and state and local governments. The bill requires that employees who are employed and compensated on a fee-for-service basis accrue paid sick leave in accordance with regulations adopted by the Commissioner of Labor and Industry. The bill provides that employees transferred to a separate division or location remain entitled to previously accrued paid sick leave and that employees retain their accrued paid sick leave under any successor employer. The bill allows employers to provide a more generous paid sick leave policy than prescribed by its provisions and specifies that employees, in addition to using paid sick leave for their physical or mental illness or to care for a family member, may use paid sick leave to seek or obtain certain services or to relocate or secure an existing home due to domestic abuse, sexual assault, or stalking. The bill provides that certain health care workers who work no more than 30 hours per month may waive the right to accrue and use paid sick leave. The bill also provides that employers are not required to provide paid sick leave to certain health care workers who are employed on a pro re nata,

	or as-needed, basis, regardless of the number of hours worked. The bill requires the Commissioner to promulgate regulations regarding employee notification and employer recordkeeping requirements. The bill authorizes the Commissioner, in the case of a knowing violation, to subject an employer to a civil penalty not to exceed $150 for the first violation, $300 for the second violation, and $500 for each successive violation. The Commissioner may institute proceedings on behalf of an employee to enforce compliance with the provisions of this bill. Additionally, the bill authorizes an aggrieved employee to bring a civil action against the employer in which he may recover double the amount of any unpaid sick leave and the amount of any actual damages suffered as the result of the employer's violation. Certain provisions of the bill have a delayed effective date of July 1, 2027.
SB 257	**Health insurance; coverage for prescription and nonprescription opioid antagonists.** Requires each health insurer, corporation providing health care subscription plans, and health maintenance organization whose policy, contract, or plan includes coverage for prescription drugs to include coverage for (i) naloxone or at least one other opioid antagonist used for overdose reversal dispensed pursuant to an oral, written, or standing order of a prescriber on the lowest cost tier of the insurer's, corporation's, or health maintenance organization's prescription drug formulary and (ii) nonprescription naloxone or at least one other nonprescription opioid antagonist used for overdose reversal that is available over the counter. The bill provides that such coverage shall be exempt from any prior authorization or step therapy requirement on coverage of benefits. This bill is a recommendation of the Joint Commission on Health Care.
SB 286	**Department of Human Resource Management; State Government Internship Coordinator.** Requires the Department of Human Resource Management to appoint a State Government Internship Coordinator to attract high-quality interns to the service of the Commonwealth with the goal of developing such interns to serve the Commonwealth as employees. The bill directs the State Government Internship Coordinator to consult with the State Council of Higher Education for Virginia to support such interns in competing for positions in agencies of the Commonwealth upon conclusion of their internships and completion of their educational programs.
SB 361	**Health insurance; coverage for contraceptive drugs and devices.** Requires health insurance carriers to provide coverage, under any health insurance contract, policy, or plan that includes coverage for prescription drugs on an outpatient basis, for contraceptive drugs and contraceptive devices, as defined in the bill, including those available over-the-counter. The bill prohibits a health insurance carrier from imposing upon any person receiving contraceptive benefits pursuant to the provisions of the bill any copayment, coinsurance payment, or fee, except in certain circumstances.
SB 362	**Donor human milk banks; health insurance; coverage for donor human milk; penalties.** Prohibits any person from establishing or operating a donor human milk bank, as defined in the bill, without first obtaining a license from the State Health Commissioner and makes it a Class 6 felony for any person to establish or operate a donor human milk bank in the Commonwealth without obtaining such license. The bill also establishes requirements, policies, and procedures for the operation and administration of licensed human donor milk banks, including procedures relating to disciplinary actions, application fees, and inspections and interviews related to such donor human milk banks. The bill directs (i) the State Board of Health to establish a regulatory and statutory scheme for the licensure and regulation of donor human milk banks operating or doing business in the Commonwealth and (ii) the Commissioner to implement and enforce numerous regulations relating to the issuance, renewal, denial, suspension, and revocation of such licenses. The bill requires (a) health insurers, corporations providing health care coverage subscription contracts, and health maintenance organizations to provide coverage for expenses and (b) the state plan for medical assistance services to include a provision for payment of medical assistance services incurred in the provision of pasteurized donor human milk for any infant that is younger than the age of six months and who satisfies certain criteria enumerated in the bill. The bill has a delayed effective date of July 1, 2027, or whenever the State Board of Health has promulgated regulations for the licensure of donor human milk banks, whichever is later.
SB 372	**Employment; paid sick leave; civil penalties.** Expands provisions of the Code that currently require one hour of paid sick leave for every 30 hours worked for home health workers to cover all employees of private employers and state and local governments. The bill requires that employees who are employed and compensated on a fee-for-service basis accrue paid sick leave in accordance with regulations adopted by the Commissioner of Labor and Industry. The bill provides that employees transferred to a separate division or location remain entitled to previously accrued paid sick leave and that employees retain their accrued sick leave under any successor employer. The bill allows

	employers to provide a more generous paid sick leave policy than prescribed by its provisions and specifies that employees, in addition to using paid sick leave for their physical or mental illness or to care for a family member, may use paid sick leave to seek or obtain certain services or to relocate or secure an existing home due to domestic abuse, sexual assault, or stalking. The bill provides that certain health care workers who work no more than 30 hours per month may waive the right to accrue and use paid sick leave. The bill also provides that employers are not required to provide paid sick leave to certain health care workers who are employed on a pro re nata, or as-needed, basis, regardless of the number of hours worked. The bill requires the Commissioner to promulgate regulations regarding employee notification and employer recordkeeping requirements. The bill authorizes the Commissioner, in the case of a knowing violation, to subject an employer to a civil penalty not to exceed $150 for the first violation, $300 for the second violation, and $500 for each successive violation. The Commissioner may institute proceedings on behalf of an employee to enforce compliance with the provisions of this bill. Additionally, the bill authorizes an aggrieved employee to bring a civil action against the employer in which he may recover double the amount of any unpaid sick leave and the amount of any actual damages suffered as the result of the employer's violation. The bill has a delayed effective date of July 1, 2027.
SB 378	**Collective bargaining by public employees; individual home care providers; Virginia Home Care Authority established; Public Employee Relations Board established; exclusive bargaining representatives.** Repeals the existing prohibition on collective bargaining by public employees. The bill creates the Public Employee Relations Board, which shall determine appropriate bargaining units and provide for certification and decertification elections for exclusive bargaining representatives of state employees and local government employees. The bill requires public employers and employee organizations that are exclusive bargaining representatives to meet at reasonable times to negotiate in good faith with respect to wages, hours, and other terms and conditions of employment. The bill establishes the Virginia Home Care Authority within the Department of Medical Assistance Services to ensure the effectiveness and quality of the services of home care programs in the Commonwealth and tasks the Authority with serving as the public employer of individual providers, as defined in the bill, for purposes of collective bargaining pursuant to the bill's provisions. The bill repeals a provision that declares that in any procedure providing for the designation, selection, or authorization of a labor organization to represent employees the right of an individual employee to vote by secret ballot is a fundamental right that shall be guaranteed from infringement.
SB 410	**Pharmacy benefits managers; various requirements; report.** Prohibits a pharmacy benefits manager from (i) reimbursing a pharmacy in an amount less than the national average drug acquisition cost for the prescription drug or pharmacy service at the time the drug is administered or dispensed, plus a professional dispensing fee; (ii) basing pharmacy reimbursement for prescription drugs on patient outcomes, scores, or metrics; (iii) imposing a point-of-sale or retroactive fee on a pharmacy, pharmacist, or covered individual; (iv) receiving deductibles or copayments; (v) redirecting any prescription drug claims submitted by a pharmacy to any third-party discount card program, cash discount program, or any other non-insurance adjudication platform; (vi) using policy agreements incorporation into a pharmacy agreement, to materially change, alter, or modify the pharmacy agreement, reimbursement rates, payment terms, or other financial obligations; (vii) prohibiting a pharmacy from providing an individual certain information; (viii) charging a pharmacy a fee related to participation in a pharmacy network; (ix) requiring multiple specialty pharmacy accreditations as a prerequisite for participation in a pharmacy network that dispenses specialty drugs; or (x) deriving any revenue from a pharmacist, pharmacy, or covered individual in connection with performing pharmacy benefits management services. The bill requires a pharmacy benefits manager to calculate a covered individual's out-of-pocket cost for a covered prescription drug based on the net price of the prescription drug after taking into account all retained rebates associated with the prescription drug. The bill adds certain information to be included in a report that pharmacy benefit managers are currently required to submit and requires such report to be filed quarterly rather than annually. The bill also requires the Commissioner of Insurance to annually prepare and submit a report to the Governor and the General Assembly based on the information submitted by pharmacy benefits managers. Additionally, the bill prohibits a carrier or its pharmacy benefits manager from imposing any payment or condition relating to the purchase of pharmaceutical benefits from any pharmacy that is more costly or more restrictive than that which would be imposed upon such person if the same pharmaceutical services were purchased from a mail order pharmacy provider.

SB 413	**Health insurance; ensuring fairness in cost-sharing; pharmacy benefits managers; compensation and duties: civil penalty.** Amends provisions related to rebates provided by carriers and health benefit plans to health plan enrollees by defining "defined cost-sharing," "pharmacy benefits management services," and "price protection rebates." The bill requires that an enrollee's defined cost-sharing for each prescription drug be calculated at the point of sale based on a price that is reduced by an amount equal to at least 80 percent of all rebates received or expected to be received in connection with the dispensing or administration of the prescription drug. The bill prohibits a pharmacy benefits manager from deriving income from pharmacy benefits management services provided to a carrier or health benefit plan except for income derived from a pharmacy benefits management fee. The bill requires the amount of any pharmacy benefits management fees to be set forth in the agreement between the pharmacy benefits manager and the carrier or health benefit plan and that such fee not be based on the acquisition cost or any other price metric of a drug; the amount of savings, rebates, or other fees charged, realized, or collected by or generated based on the activity of the pharmacy benefits manager; or the amount of premiums, deductibles, or other cost-sharing or fees charged, realized, or collected by the pharmacy benefits manager from enrollees or other persons on behalf of an enrollee. The bill requires a pharmacy benefits manager to annually certify to the State Corporation Commission that it has met certain requirements. The Commission is directed to impose a civil penalty not to exceed $1,000 per claim for a violation of these provisions. The bill establishes a pharmacy benefits manager duty, which includes the duties of care, good faith, and fair dealing, owed to any enrollee, provider, or health benefit plan that receives pharmacy benefits management services from the pharmacy benefits manager or that furnishes, covers, receives, or is administered a unit of a prescription drug for which the pharmacy benefits manager has provided pharmacy benefits management services. The bill requires the Commission to define by regulation the scope of such duty and provides for a private cause of action for any person aggrieved by the breach of such duty.
SB 460	**State employee health insurance plan; coverage for prosthetic devices.** Provides that the plan established by the Department of Human Resource Management for the provision of health insurance coverage for state employees shall include coverage for medically necessary prosthetic devices and their repair, fitting, replacement, and components.
SB 520	**Uninsured Employer's Fund; administrative expenses.** Provides that the costs of administering the Uninsured Employer's Fund, which is administered by the Virginia Workers' Compensation Commission, are paid out of such fund**.**
SB 586	**Health carriers; use of artificial intelligence; disclosures; right to expedited external review; civil penalties.** Requires health carriers to disclose how artificial intelligence is used to manage claims coverage and to submit all information enabling decisions made by artificial intelligence to the State Corporation Commission upon request. The bill prohibits health carriers from relying exclusively on artificial intelligence to make any adverse determination and requires health carriers to provide an expedited external review process for appealing any such determination. The bill provides a private right of action for any covered person to enforce the provisions of the bill. Finally, the bill authorizes civil and administrative penalties for violations including civil penalties of up to $50,000, revocation or suspension of a health carrier's license, and compensation to an affected covered person and health care providers.
SB 593	**Health insurance; balance billing protection; emergency medical services vehicle transportation.** Prohibits an out-of-network health insurance provider from balance billing any enrollee for transportation provided by an emergency medical services vehicle, defined in the bill as any vehicle, vessel, or aircraft that holds a valid permit issued by the Office of Emergency Medical Services and that is equipped, maintained, or operated to provide emergency medical care or transportation of patients who are sick, injured, wounded, or otherwise incapacitated or helpless.
SB 626	**Health insurance; reporting requirements.** Amends various reporting requirements related to health insurance, including by requiring the State Corporation Commission to maintain and publicly post an inventory of mandated benefits and providers, requiring health carriers to report annually on provider terminations and reinstatements, and consolidating reports related to balance billing and arbitration. The bill repeals reporting requirements related to the Comparable Health Care Service Incentive Program and Virginia Health Savings Account Plan.

SB 642	**Health insurance; pharmacies; freedom of choice; delivery of prescription drugs.** Prohibits an insurer, health maintenance organization, corporation providing preferred provider subscription contracts, or pharmacy benefits manager from imposing upon any person receiving pharmaceutical benefits any policy or practice requiring or incentivizing certain provisions relating to the delivery of prescription drugs.
SB 669	**Pharmacy benefits managers; requirements; scope; report.** Requires a pharmacy benefits manager to use the pass-through pricing model and prohibits a pharmacy benefits manager from deriving income from pharmacy benefits management services provided to a carrier except for income derived from a pharmacy benefits management fee. The bill prohibits a pharmacy benefits manager from (i) reversing and or resubmitting the claim of a pharmacist or pharmacy without meeting certain requirements, (ii) reducing any payment to a pharmacist or pharmacy to an effective rate of reimbursement, or (iii) retroactively denying or reducing a claim or aggregate of claims except under certain circumstances. The bill applies all of the requirements for pharmacy benefits managers to the state employee health plan and certain reporting requirements to the state pharmacy benefits manager. The bill requires the State Corporation Commission (the Commission) to annually prepare a report based on certain information that examines the overall impact of prescription drug costs on health care premiums in the Commonwealth. Additionally, the bill requires the Commission to examine the practice of carriers or pharmacy benefits managers requiring or inducing covered individuals to utilize pharmacy services at an affiliated pharmacy. The Commission is required to report its findings and recommendations to the General Assembly by December 1, 2026.
SB 741	**Line of Duty Act; transitional coverage.** Requires the Department of Human Resource Management to acquire and provide temporary transitional health insurance coverage to disabled persons, eligible spouses, and eligible dependents during the period of transition into the LODA (Line of Duty Act) Health Benefits Plans. Current law authorizes but does not require the Department to acquire and provide such temporary transitional health insurance coverage to disabled persons, eligible spouses, and eligible dependents during such period.
SB 750	**Workforce Transition Act of 1995; eligibility for transitional severance benefit; officers and employees of the Fort Monroe Authority.** Provides that employees of the Fort Monroe Authority are eligible for transitional severance benefits conferred by the Workforce Transition Act of 1995 if (i) reemployment with the Commonwealth is not possible because there is no available position for which the employee is qualified or the position offered to the employee requires relocation or a reduction in salary and (ii) involuntary separation was due to causes other than job performance or misconduct.
SB 771	**Workers' compensation; burial expenses; annual adjustment.** Increases the amount required to be paid by an employer under workers compensation provisions for burial expenses from $10,000 to $15,000. The bill directs the Commissioner of the Virginia Workers' Compensation Commission to adjust the amount of burial expenses and reasonable transportation expenses required to be paid by an employer by a percentage equivalent to the percentage increase of the Average Consumer Price Index published by the U.S. Department of Labor beginning January 1, 2028, and annually thereafter.
SB 790	**Health insurance; mandated benefits; treatment of menopause and perimenopause.** Requires each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services to provide coverage for medically necessary treatment and care for menopause and perimenopause, as described in the bill.