2026 VAFP Legislative Report

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Introduction

During the 2026 session of the Virginia General Assembly, the VAFP Legislative Committee, Co-Chaired by Drs. Jesus Lizarzaburu and Mark Watts, Mary Lindsay White, Executive Vice President, David May, Legislative Consultant, and all family physician Committee members, continued to diligently advocate on behalf of family medicine in Virginia. The Committee met weekly throughout the legislative session and, during the interim, continues to meet on an as-needed basis and communicate through its list serv.

The Committee continues to serve an important role in promoting VAFP's mission and in representing all VAFP members in the legislative arena to ensure that all issues related to primary care, especially those impacting the daily practice of family medicine, are monitored and addressed.

Because of such efforts, and despite significant challenges that arose during the 2026 session, the Committee had a very successful year. As highlighted below, VAFP secured several significant victories in coordination with our colleagues in the House of Medicine.

Medical Malpractice

Like last year's bill, SB 99 (Stanley) proposed to eliminate the recovery cap on medical malpractice actions brought against health care providers by patients 10 years of age or younger. The bill again advanced from the Senate Courts Committee but, with the help of VAFP and other stakeholders, was ultimately defeated in the Senate Finance Committee.

SB 536 (Obenshain), as introduced, provided that the total amount recoverable in a medical malpractice action shall not include any amount of interest accrued prior to the verdict of a jury or the entry of a final judgment by the court. However, the House laid a substitute over the introduced version and passed a version that would have increased the medical malpractice cap to $6 million. Fortunately, the Senate did not agree to the House position. Ultimately, the General Assembly removed all substantive statutory changes from the bill and, instead, directed that certain data be reported during the 2026 interim.

Specifically, the final version of SB 536 requires medical malpractice insurers to disclose information regarding (i) premiums; (ii) claims activity; (iii) claim payments and litigation costs; and (iv) insurer financial condition. The bill also requires all medical care facilities and health care providers that maintain self-insurance, captive insurance, risk retention arrangements, or other retained financial risk for medical malpractice liability to disclose information regarding (a) the numbers of physicians and health care providers covered; (b) claims activity; (c) malpractice expenditures; and (d) the total malpractice liability expenditures for the reporting year. The bill further requires such insurers, facilities, and providers to provide a list of any medical malpractice actions in which the jury verdict exceeded the medical malpractice cap. Such information will be submitted to the Bureau of Insurance on or before September 1, 2026, for the 2025 calendar year and on or before March 31 of each year thereafter. Thereafter, the Bureau will report deidentified aggregate summaries of such information.

Such report will ultimately be used to further evaluate the Commonwealth's medical malpractice damages cap and framework. With an expectation that legislation will again be introduced during the 2027 session to raise or modify the medical malpractice cap, VAFP has already started working collaboratively with other stakeholders in the House of Medicine to prepare for this effort and will continue to strongly advocate against any changes that would have a negative impact on family medicine.

Prior Authorization

During the 2026 session, VAFP successfully sponsored legislation to help prevent unfounded denials of prior authorization requests. Specifically, HB 481 (Hope), which passed the General Assembly and was signed into law by Governor Spanberger, prohibits health insurance carriers from making an adverse determination of a prior authorization request (i) for prescription drugs unless such denial has been reviewed and approved by a licensed physician or, if a licensed physician is not available, by a licensed pharmacist or (ii) for health care services unless such adverse determination has been reviewed and approved by (a) a licensed physician; (b) in the case of mental health services, a licensed mental health provider if a licensed physician is unavailable; or (c) in the case of dental services, a licensed dentist if a licensed physician is unavailable.

VAFP, in consultation with the House of Medicine, also helped successfully support the passage of HB 736 (Maldonado), HB 676 (Maldonado), and SB 172 (Pekarsky).

HB 736 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 the duration of the authorization, which the bill requires to be 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 FDA, other regulatory agencies, or the manufacturer communicating a patient efficacy issue that would affect the authorization and (ii) when additional safety and efficacy monitoring is clinically appropriate or recommended by the FDA, other regulatory agencies, or the manufacturer.

HB 676 and SB 172 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 has a delayed effective date of January 1, 2027. This bill is identical to SB 172.

Other prior authorization bills that failed include HB 1526 (Fowler), SB 476 (DeSteph), and SB 500 (DeSteph).

Cost Estimates

HB 1276 (Watts), which was defeated, would have required health care providers to provide a good faith estimate of the payment amount for which the patient will be responsible for nonemergency health care services, including any fees or other charges. The bill would have required the good faith estimate to include (i) a description of the health care service, (ii) the provider's standard charge for the service and any related item or service, (iii) the provider's standard charges and any contracted rates known at the time of the estimate, and (iv) a statement that the estimate is not binding and the actual amount billed may differ.

Continuing Medical Education

Numerous bills were introduced during the 2026 session that would have created new CME requirements.

HB 1147 (Hayes) and SB 22 (Locke), which ultimately passed, direct the Boards of Medicine and Nursing to require certain licensees to complete education on bias reduction in health care as part of their continuing education and

continuing competency requirements for licensure. The bills also authorize the Board of Nursing to require certain continuing learning activities or courses in a specific subject area. Under current law, the Board of Medicine already has such authority.

HB 156 (Krizek) and SB 194 (Williams Graves) as introduced, would have required the Boards of Medicine and Nursing to establish CME requirements on the electronic death registration system and require physician attestations on the requirement to timely sign death certificates. However, with VAFP's assistance, such bills were amended to instead require the Boards of Medicine and Nursing to amend their licensure and renewal applications to require physicians and certain other providers to indicate whether they expect their scope of practice to include signing death certificates and, if so, to indicate that they have completed the online tutorial for the Electronic Death Registration System on the Department of Health website.

HB 1223 (Delaney), which ultimately failed, would have required counselors, licensed substance abuse treatment practitioners, marriage and family therapists, behavioral health technicians, qualified mental health professionals, occupational therapists, psychologists, and social workers to complete mandatory suicide prevention training once every six years and would have required other health professionals to complete such training once.

Health Insurance – Downcoding

HB 484 (Shin) and SB 164 (McPike), as passed, prohibit an insurance carrier, intermediary, administrator, or representative of a carrier from downcoding a claim unless the decision to downcode is made by a person or electronic system that reflects correct coding standards and considers all relevant patient data from the billing provider in making the determination. The bills require a carrier, intermediary, administrator, or representative that downcodes a claim to provide certain notice to the provider and that all downcoding dispute decisions be reviewed and adjudicated by a natural person.

Scope of Practice – Physician Assistants; APRNs

Last year (2025 session), after an agreement was reached between MSV and the physician assistants, the General Assembly ultimately passed HB 2489 (Henson). This bill directed the Department of Health Professions (DHP) to conduct a study on potential expansion of the scope of practice for physician assistants.

Following that study, HB 746 (Henson) was introduced during the 2026 session with the goal of placing PAs on more equal footing with NPs regarding autonomous practice. VAFP worked with the patron to make many changes and improvements to this bill. As passed, the legislation authorizes a PA with at least three years of full-time clinical experience to practice without a practice agreement upon receipt of an attestation from a patient care team physician who provided collaboration and consultation to such PA verifying the length and nature of the PA's practice. The bill also establishes a scope of practice for PAs who practice without a practice agreement.

HB 622 (Glass), which was ultimately defeated, would have permitted advanced practice registered nurses who practiced autonomously for at least three years as part of either military service or employment with the Department of Veterans Affairs to practice without a practice agreement.

Noncompete Agreements

HB 627 (Herring) and SB 128 (VanValkenburg) add health care professionals as a category of employee with or upon whom no employer shall enter into, enforce, or threaten to enforce a covenant not to compete. The bill defines "health care professional" as any person licensed, registered, or certified by the Board of Medicine, Nursing, Counseling, Optometry, Psychology, or Social Work. The bill provides that any employer that violates the prohibition against

covenants not to compete with a health care professional is subject to the civil penalty in current law of $10,000 for each violation.

Budget Items

At the time this bulletin was created, the General Assembly has not yet been able to come to an agreement on the state budget. Much of the push and shove centers around the data center tax exemption.

Looking Ahead

During the 2027 session, VAFP will continue its advocacy in the General Assembly to support the priorities of family medicine. The Legislative Committee is presently focused on the medical malpractice cap, continued defense on scope of practice issues, alleviation of administrative burdens, support for family medicine residency and loan repayment programs, and reimbursement.

Amid high turnover in the General Assembly, potentially severe budget constraints, and continued competing opinions and priorities among health professionals and other stakeholders, advocacy by VAFP and its members continues to be of incredible importance. Please consider supporting FamDocPAC to assist us in promoting and advocating for family medicine in the Commonwealth.

Advocacy Day

VAFP successfully utilized the 2026 session to spread awareness of the issues associated with, and the priorities of, family medicine. With a high percentage of new members in the General Assembly, the need for education is higher than usual. In recognition of this, VAFP has spent significant time and resources to spread awareness regarding the ins and outs of primary care.

As part of these efforts, VAFP sponsored another successful Advocacy Day on Thursday, February 5, 2026. The day began with breakfast and an issue brief from David May, VAFP Legislative Consultant, after which the group headed to the General Assembly Building. Aided by a great turnout, we were able to engage in many face-to-face meetings with legislators and explain our positions on legislation and budget items before the legislature. These efforts not only helped us to develop new relationships and strength existing ties with Delegates and Senators, but also to ensure that all legislators understand and appreciate the importance of primary care in the Commonwealth.

Like in years past, VAFP's presence at the General Assembly was recognized, welcomed, and appreciated by the legislators. The legislators made their opinion clear that it is important for family docs to have a seat at the table as legislators weigh new statutory provisions governing the Commonwealth's health care system.

We would like to extend a special thank you to all members that volunteered their time to support our advocacy efforts this year! If you are interested in participating in our 2027 Advocacy Day (February 4, 2027), please reach out to ML White (mlwhite@vafp.org) and/or sign up to be a VAFP Key Contact.

Family Physician of the Day Program

During the 2026 session, VAFP members again volunteered their time to staff the health clinic in the General Assembly Building daily from 9am–3pm. This continues to serve as a great way for our members to meet legislators and ensure that family medicine remains at the forefront in the minds of our lawmakers. If you are interested volunteering at the clinic during the 2027 Session, please reach out to ML White (mlwhite@vafp.org).

VAFP Key Contact Program

With so many new legislators in the Virginia General Assembly, it is now more important than ever to participate as a Key Contact for your senator or delegate. If you know your legislator or would like to get to know them, please use the QR code below to sign up to be a VAFP Key Contact.