

**Section by Section Summary of H.107 - An act relating to health insurance, Medicaid, and the Vermont Health Benefit Exchange (*as introduced*)**

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**Sec. 1 (pp. 1-2) - Out-of-state employers**

- Allows out-of-state large employer with more than 25 eligible employees who live and work in Vermont to buy insurance for its Vermont employees in the large group market

**Sec. 2 (p. 3) - Mental health care services review**

- Modifies definition of “review agent” to require active licensure
- Eliminates compensation for independent panel of mental health care providers

**Sec. 3 (p. 4) - Prescription drug benefits for high deductible health plans**

- Allows high-deductible health plans to provide first-dollar coverage for prescription drugs needed to maintain health or control a chronic disease

**Sec. 4 (pp. 4-5) - Insurance coverage for newborns**

- Extends minimum length of time that insurance must cover a newly born child without notice or additional premium from 31 to 60 days after the date of birth

**Secs. 5 - 27 (pp. 5-19) - Deleting references to Catamount, VHAP, and VermontRx**

- Sec. 5 - strikes Catamount exception from section on coordinating insurance and Medicaid
- Sec. 6 - deletes references to Catamount and VHAP for small group grandfathered plans and replaces reference to Catamount Assistance with the Health Insurance Premium Payment program established pursuant to federal law
- Sec. 7 - deletes references to VHAP for early childhood developmental disorders
- Sec. 8 - deletes references to VHAP and VScript in retail pharmacy parity statute
- Sec. 9 - deletes reference to VHAP in Health Care Ombudsman statute
- Sec. 10 - deletes reference to VHAP in coverage of midwifery and home births
- Sec. 11 - deletes reference to Catamount in statute on children’s health coverage
- Sec. 12 - deletes reference to VHAP in required coverage of off-label use of prescription drugs for cancer treatment; *need to delete VScript reference, too*
- Sec. 13 - deletes reference to VHAP for coverage of tobacco cessation
- Sec. 14 - deletes reference to VHAP for coverage of telemedicine
- Sec. 15 - eliminates VHAP as part of damages for post-conviction finding of innocence
- Sec. 16 - deletes reference to VHAP for immunization pilot program
- Sec. 17 - deletes references to VHAP and VermontRx in pharmacy audit chapter
- Sec. 18 - deletes reference to VHAP in chapter on marijuana for symptom relief
- Sec. 19 - deletes reference to VHAP in Green Mountain Care Board chapter
- Sec. 20 - deletes reference to Catamount in subchapter on payment for health care services
- Sec. 21 - deletes references to VHAP/VermontRx in laws on pharmacy benefit managers
- Sec. 22 - deletes references to VermontRx in navigators’ duties
- Sec. 23 - deletes subsection on VHAP monthly premium
- Sec. 24 - deletes reference to VHAP in Medicaid chronic care management

- Sec. 25 - deletes references to VHAP/VermontRx in Medicaid Pharmacy Best Practices and Cost Control Program
- Sec. 26 - deletes references to VHAP/VermontRx in Medicaid Pharmacy Best Practices and Cost Control Program
- Sec. 27 - deletes references to VHAP/VermontRx for prescription drug manufacturer fee

**Secs. 28 - 30 (pp. 20-22) - Vermont Health Benefit Exchange**

- Sec. 28 - modifies Exchange definition of “qualified employer” to use ACA language of employing an average of not more than 50 employees (for 2014 and 2015) or 100 employees (for 2016) on working days during the previous year
- Sec. 29 - deletes references to VermontRx and the federal free choice voucher program in the list of duties of the Exchange
- Sec. 30 - modifies merged market definition of “small employer” to use ACA language of employing an average of not more than 50 employees (for 2014 and 2015) or 100 employees (for 2016) on working days during the previous year

**Secs. 31 and 32 (pp. 23-24) - Modified adjusted gross income (MAGI)**

- Sec. 31 - Changes income calculation for Healthy Vermonters pharmacy discount plans from VHAP rules to MAGI
- Sec. 32 - Changes income calculation for VPharm from VHAP rules to MAGI

**Secs. 33 and 34 (pp. 24-25) - Health Information Technology**

- Sec. 33 - eliminates requirement that DVHA’s Director of Health Care Reform and Director of Blueprint for Health adopt rules for hospitals to prove Blueprint participation
- Sec. 34 - eliminates requirement that the GMCB require hospitals to submit documentation certifying Blueprint participation; instead requires Board to require hospitals to show connectivity to Health Information Exchange Network as part of hospital budget review

**Sec. 35 (pp. 25-26) - DVHA’s role in Medicaid and SCHIP payment reform**

- Requires DVHA to facilitate and supervise providers and insurers planning and implementing Medicaid and SCHIP payment reform to avoid antitrust violations

**Sec. 36 (pp. 26-30) - VermontRx enrollment caps**

- Deletes provisions capping VermontRx enrollment and deletes references to VHAP

**Secs. 37 and 38 (pp. 30-31) - Technical corrections**

- Sec. 37 - corrects cross-reference to Green Mountain Care Board duties
- Sec. 38 - corrects reference for repeal of DVHA’s payment reform pilot projects

**Sec. 39 (p. 31) - Repeals**

- Repeals Catamount Health and Catamount Health Assistance Program on January 1, 2014
- Repeals the health information technology certification process for hospitals on passage
- Repeals VermontRx on January 1, 2014

**Sec. 40 (p. 32) - Effective Dates**