

1 TO THE HONORABLE SENATE:

2 The Committee on Finance to which was referred Senate Bill No. 252
3 entitled “An act relating to financing for Green Mountain Care” respectfully
4 reports that it has considered the same and recommends that the bill be
5 amended by striking out all after the enacting clause and inserting in lieu
6 thereof the following:

7 * * * Vermont Health Benefit Exchange * * *

8 Sec. 1. 33 V.S.A. § 1803 is amended to read:

9 § 1803. VERMONT HEALTH BENEFIT EXCHANGE

10 * * *

11 (b)(1)(A) The Vermont Health Benefit Exchange shall provide qualified
12 individuals and qualified employers with qualified health benefit plans,
13 including the multistate plans required by the Affordable Care Act, with
14 effective dates beginning on or before January 1, 2014. The Vermont Health
15 Benefit Exchange may contract with qualified entities or enter into
16 intergovernmental agreements to facilitate the functions provided by the
17 Vermont Health Benefit Exchange.

18 * * *

19 (4) The Vermont Health Benefit Exchange shall permit qualified
20 employers to purchase qualified health benefit plans through the Exchange or
21 directly from a health insurer.

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Sec. 2. 33 V.S.A. § 1811(b) is amended to read:

(b)(1) No person may provide a health benefit plan to an individual ~~or~~
~~small employer~~ unless the plan is offered through the Vermont Health Benefit
Exchange ~~and complies with the provisions of this subchapter.~~

(2) A small employer or an employee of a small employer may purchase
a health benefit plan through the Vermont Health Benefit Exchange or directly
from a registered carrier.

(3) No person may provide a health benefit plan to an individual or
small employer unless the plan complies with the provisions of this subchapter.

Sec. 3. PURCHASE OF SMALL GROUP PLANS DIRECTLY FROM
CARRIERS

Notwithstanding any provision of law to the contrary, the Department of
Vermont Health Access shall permit employers purchasing qualified health
benefit plans on the Vermont Health Benefit Exchange to purchase the plans
through the Exchange or directly from health insurance carriers.

1 requirements on an individual's ability to access care. The Board shall consider
2 waiving any cost-sharing requirement for evidence-based primary and
3 preventive care; for palliative care; and for chronic care for individuals
4 participating in chronic care management and, where circumstances warrant,
5 for individuals with chronic conditions who are not participating in a chronic
6 care management program.

7 (4)(A) The Green Mountain Care Board established in 18 V.S.A. chapter
8 220 shall consider whether to include dental, vision, and hearing benefits in the
9 Green Mountain Care benefit package.

10 (B) The Green Mountain Care Board shall consider whether to
11 include long-term care benefits in the Green Mountain Care benefit package.

12 (5) Green Mountain Care shall not limit coverage of preexisting
13 conditions.

14 (6) The Green Mountain Care board shall approve the benefit package
15 and present it to the General Assembly as part of its recommendations for the
16 Green Mountain Care budget.

17 (b)(1)(A) For individuals eligible for Medicaid or CHIP, the benefit
18 package shall include the benefits required by federal law, as well as any
19 additional benefits provided as part of the Green Mountain Care benefit
20 package.

1 (B) Upon implementation of Green Mountain Care, the benefit
2 package for individuals eligible for Medicaid or CHIP shall also include any
3 optional Medicaid benefits pursuant to 42 U.S.C. § 1396d or services covered
4 under the State plan for CHIP as provided in 42 U.S.C. § 1397cc for which
5 these individuals are eligible on January 1, 2014. Beginning with the second
6 year of Green Mountain Care and going forward, the Green Mountain Care
7 Board may, consistent with federal law, modify these optional benefits, as long
8 as at all times the benefit package for these individuals contains at least the
9 benefits described in subdivision (A) of this subdivision (b)(1).

10 (2) For children eligible for benefits paid for with Medicaid funds, the
11 benefit package shall include early and periodic screening, diagnosis, and
12 treatment services as defined under federal law.

13 **(3) For individuals eligible for Medicare, the benefit package shall**
14 **include the benefits provided to these individuals under federal law, as**
15 **well as any additional benefits provided as part of the Green Mountain**
16 **Care benefit package. [*Keep this language in?*]**

17 **Sec. 6. [Deleted.]**

1 Sec. 7. CONTRACT FOR ADMINISTRATION OF CERTAIN ELEMENTS
2 OF GREEN MOUNTAIN CARE

3 (a) On or before January 1, 2016, the Agency of Human Services shall
4 award one or more contracts to public or private entities for administration of
5 certain elements of Green Mountain Care pursuant to 33 V.S.A. § 1827(a).

6 (b) On or before January 15, 2015, the Agency of Human Services shall
7 inform the General Assembly of the elements of Green Mountain Care, such as
8 claims administration and provider relations, for which the Agency plans to
9 solicit bids for administration pursuant to 33 V.S.A. § 1827(a).

10 * * * Blueprint for Health * * *

11 Sec. 8. 18 V.S.A. § 702(d) is amended to read:

12 (d) The Blueprint for Health shall include the following initiatives:

13 * * *

14 (4) The adoption and maintenance of clinical quality and performance
15 measures for each of the chronic conditions included in Medicaid's care
16 management program established in 33 V.S.A. § 1903a. ~~These conditions~~
17 ~~include,~~ including asthma, chronic obstructive pulmonary disease, congestive
18 heart failure, diabetes, and coronary artery disease, as well as mental
19 conditions and obesity.

20 * * *

1 Sec. 9. BLUEPRINT EXPANSION

2 (a)(1) The Agency of Human Services shall increase the amount of the
3 transformation payments to health care providers for participation in the
4 Blueprint for Health by an average of \$2.50 per patient per month.

5 (2) The Agency of Human Services shall increase the amount of the
6 capacity payments that support community health teams in the Blueprint for
7 Health from \$1.50 to \$3.00 per patient per month.

8 (3) The Agency of Human Services shall increase the amount of the
9 outcome-based payments to health care providers for providing high-quality,
10 coordinated care by an average of \$5.00 per patient per month.

11 (b) On or before July 1, 2015, the Blueprint for Health shall expand its
12 chronic care management efforts to include mental conditions and obesity.

13 * * * Employer Assessment * * *

14 Sec. 10. 21 V.S.A. § 2001 is amended to read:

15 § 2001. PURPOSE

16 For the purpose of more equitably distributing the costs of health care to
17 uninsured residents of this state an employers' health care fund contribution is
18 established to provide a fair and reasonable method for sharing health care
19 costs with employers who do not offer their employees health care coverage
20 and employers whose offer of unaffordable insurance results in their
21 employees enrolling in Medicaid.

1 Sec. 11. 21 V.S.A. § 2002 is amended to read:

2 § 2002. DEFINITIONS

3 As used in this chapter:

4 * * *

5 (5) “Uncovered employee” means:

6 (A) an employee of an employer who does not offer to pay any part
7 of the cost of health care coverage for its employees;

8 (B) an employee who is not eligible for health care coverage offered
9 by an employer to any other employees; or

10 (C) an employee who is offered and is eligible for coverage by the
11 employer but elects not to accept the coverage and either:

12 (i) has no other health care coverage under either Medicare or a
13 private or ~~public~~ health plan; or

14 (ii) has purchased health insurance coverage as an individual
15 through the Vermont Health Benefit Exchange.

16 * * *

17 Sec. 12. EMPLOYER NOTIFICATIONS; DEPARTMENT OF LABOR

18 The Department of Labor shall create one form on which employers may
19 report all required information to the Department, including information
20 regarding the employer health care fund contribution, unemployment
21 insurance, and workers’ compensation.

1 * * * Reducing the Number of Uninsured Vermonters * * *

2 Sec. 14. STRATEGY TO PROVIDE COVERAGE FOR EVERY NON-
3 MEDICAID-ELIGIBLE UNINSURED VERMONTNER IN 2015

4 *[Need language]*

5 * * * Appropriation * * *

6 Sec. 15. APPROPRIATION

7 The sum of \$ _____ is appropriated to the Agency of Human Services from
8 the General Fund in fiscal year 2015 for the purposes of increasing Blueprint
9 provider rates as described in Sec. 9(a) of this act.

10 * * * Effective Dates * * *

11 Sec. 16. EFFECTIVE DATES

12 This act shall take effect on July 1, 2014, except that Sec. 8 (18 V.S.A.
13 § 702(d)) shall take effect on July 1, 2015.

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18 (Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE