Additions ~~Deletions~~

Sec. 2. PRINCIPLES FOR HEALTH CARE FINANCING

The General Assembly adopts the following principles to guide the

financing of health care in Vermont:

(1) All Vermont residents have the right to high-quality health care.

(2) Vermont residents shall finance Green Mountain Care through taxes

that are levied equitably, taking into account an individual's ability to pay**.** ~~and~~

~~the value of the health benefits provided.~~

(3) **Special provision shall be made in developing the financing plan for those**

Vermonters for whom Green Mountain Care will ~~shall~~ **be the secondary payer** as provided

in 33 V.S.A. §1827**(e) and (f).** ~~for Vermont residents who continue to receive health care~~

~~through other plans as contemplated provided by an employer, by another state, by a foreign~~

~~government, or as a retirement benefit.~~

(4) Vermont's system for financing health care shall raise revenue

sufficient to provide **funding for the for the benefits package proposed pursuant to 33 V.S.A.**

§1825. ~~medically necessary health care services to all enrolled~~

~~Vermont residents, including maternity and newborn care, pediatric care,~~

~~vision and dental care for children, surgery and hospital care, emergency care,~~

~~outpatient care, treatment for mental health conditions, and prescription drugs.~~

Sec. 6. TREATMENT OF **GROUPS FOR WHOM GREEN MOUNTAIN CARE IS A SECONDARY PAYOR** ~~FEDERAL EMPLOYEES~~

<u>The Health Care Reform Financing Plan submitted to the General Assembly</u>

<u>by the Secretary of Administration and the Director of Health Care Reform on</u>

<u>January 24, 2013 assumed</u> **that certain Vermonters, including federal employees and Medicare beneficiaries, will have Green Mountain Care as secondary coverage.** ~~federal employees, including military, will not~~

~~be integrated into Green Mountain Care for their primary coverage.~~

Sec. 7. **<u>INTEGRATION REPORT</u>**

<u>On or before January 15, 2015, the Secretary of Administration or designee shall report</u>

<u>to the House Committees on Health Care and on Ways and Means and the Senate Committees</u>

<u>on Health and Welfare and on Finance regarding the options available to the State of Vermont</u>

<u>with respect to the potential integration and coordination of groups for which Green Mountain</u>

<u>Care will be the secondary payer pursuant to 33 V.S.A §1827(e) and (f), including federal</u>

<u>employees, TRICARE enrollees, military, and Medicare beneficiaries, with Green Mountain</u>

<u>Care. The report shall include assessments of possible financing and coverage options, which</u>

<u>may include tax credits for premiums paid for their primary coverage. For Vermont's</u>

<u>Medicare population, the report shall also consider the potential continuation of Medicare</u>

<u>supplemental insurance and Medicare Advantage plans.</u>

~~33 V.S.A. § 1824(f) is added to read:~~

~~(f)(1) Federal employees who participate in the Federal Employees Health~~

~~Benefits Program (FEHBP) or TRICARE shall be deemed, by virtue of their~~

~~participation in those plans, to be covered by Green Mountain Care. The~~

~~Green Mountain Care benefit package for federal employees shall be the~~

~~benefit package of their respective FEHBP or TRICARE plan. The premiums~~

~~paid by federal employees for the FEHBP or TRICARE shall be deemed to be~~

their share of contributions to the financing for Green Mountain Care.

(2) As used in this subsection, "federal employee" means a person employed by the U.S. government who is eligible for the FEHBP, a person retired from employment with the U.S. government who is eligible for the FEHBP, or an active or retired member of the U.S. Armed Forces who is eligible for a TRICARE plan.

Sec. 7a. SUPPLEMENTAL PLANS FOR TRICARE PARTICIPANTS

In the event that the Agency of Human Services identifies significant gaps between the coverage available to federal employees participating in TRICARE and the coverage available in Green Mountain Care, the Agency shall propose to the General Assembly a supplemental benefit plan for TRICARE participants and a mechanism for TRICARE participants to pay for the cost of the plan.

Also delete Sec. 16 and Sec. 22 (which in substance is a revision of Sec. 7)