

Section by Section Summary of H.107 (including H.116)
An act relating to health insurance, Medicaid, and the Vermont Health Benefit Exchange
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Sec. 1 - 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 - 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 - Prescription drug benefits for high deductible health plans

- Allows high-deductible health plans to provide first-dollar coverage for prescription drugs to the extent permitted under federal law

Sec. 4 - 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

Sec. 5 - Pending claims during three-month grace period

- Allows health insurers to pend a claim for services during the three-month grace period required by federal law for insurers that receive advance payments of premium tax credits
- Deletes reference to Catamount in subchapter on payment for health care services

Secs. 6 - 27 - Deleting references to Catamount, VHAP, and VermontRx

- Sec. 6 - strikes Catamount exception from section on coordinating insurance and Medicaid
- Sec. 7 - 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. 8 - deletes references to VHAP for early childhood developmental disorders
- Sec. 9 - deletes references to VHAP and VScript in retail pharmacy parity statute
- Sec. 10 - deletes reference to VHAP in Health Care Ombudsman statute
- Sec. 11 - deletes reference to VHAP in coverage of midwifery and home births
- Sec. 12 - deletes reference to Catamount in statute on children’s health coverage
- Sec. 13 - deletes references to VHAP and VScript in required coverage of off-label use of prescription drugs for cancer treatment
- Sec. 14 - deletes reference to VHAP for coverage of tobacco cessation
- Sec. 15 - deletes reference to VHAP for coverage of telemedicine
- Sec. 16 - eliminates VHAP as part of damages for post-conviction finding of innocence and replaces it with state-funded Medicaid-equivalent health coverage
- Sec. 17 - deletes reference to VHAP for immunization pilot program
- Sec. 18 - deletes references to VHAP and VermontRx in pharmacy audit chapter

- Sec. 19 - deletes reference to VHAP in chapter on marijuana for symptom relief
- Sec. 20 - deletes reference to VHAP in Green Mountain Care Board chapter
- 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 - 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; also uses federal calculation of number of employees in 2016
- 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; also uses federal calculation of number of employees in 2016

Secs. 31 and 32 - 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. 33-34a - 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 directs Board to require hospitals to show connectivity to Health Information Exchange Network, as defined by VITL, as part of hospital budget review process
- Sec. 34a - directs VITL to develop criteria defining connectivity to the Health Information Exchange Network and to report it to the GMCB annually by March 1

Sec. 35 - Green Mountain Care Board (GMCB) Regulatory and Supervision Fund

- Creates the Green Mountain Care Board Regulatory and Supervision Fund to receive GMCB's fees, assessments, fines, and administrative penalties

Sec. 36 - Division of Health Care Administration

- Deletes references to a Division of Health Care Administration in the Department of Financial Regulation (DFR)

Sec. 37 - Health Resource Allocation Plan (HRAP)

- Transfers responsibility for the HRAP from DFR to GMCB
- Replaces HRAP Advisory Committee with GMCB's General Advisory Committee

Sec. 38 - Hospital community reports

- Transfers authority over hospital community reports from DFR to Department of Health
- Removes requirement for hospitals to hold an annual public hearing on the report

Sec. 39 - Temporary suspension of hospital community reports

- Allows DFR to suspend publication of hospital community reports in 2013 while authority is transitioning from DFR to Department of Health

Sec. 40 - VHCURES

- Transfers authority over unified health care database (VHCURES) from DFR to GMCB
- Removes outdated reference to working group that advised DFR Commissioner on initial development and implementation of consumer health care price and quality information system (part of VHCURES)

Sec. 41 - Addressing the cost-shift

- Shifts timing of GMCB annual report from fiscal year to calendar year
- Requires GMCB to include in its annual report recommendations for ensuring that monies appropriated to address the cost shift will have the intended result

Sec. 42 - Medicaid cost-shift reporting

- Amends provision requiring annual reporting of information needed to evaluate and track progress in reducing the cost-shift by transferring responsibility from Commissioner of DFR and Secretary of Human Services to Chair of GMCB and Commissioner of DVHA, and by eliminating outdated provisions

Secs. 43 and 44 - Workforce planning data

- Directs Board of Medical Practice to collect data necessary for health care workforce strategic planning activities
- Directs health care professional boards to collaborate with Director of Health Care Reform to collect data necessary for health care workforce strategic planning activities and requires the data elements to be developed in consultation with the boards and with interested stakeholders

Sec. 45 - Jurisdiction of DFR

- Eliminates references to certificates of need, hospital budget review, VHCURES, and health care funding and cost containment from statute about DFR's jurisdiction

Sec. 46 - 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. 47 - VermontRx enrollment caps

- Deletes provisions capping VermontRx enrollment and deletes references to VHAP

Secs. 48 and 49 - Technical corrections

- Sec. 48 - corrects cross-reference to Green Mountain Care Board duties
- Sec. 49 - corrects reference for repeal of DVHA's payment reform pilot projects

Sec. 50 - Transfer of positions

- Transfers three positions from DFR to GMCB for VHCURES
- Transfers one position from DFR to the Agency of Administration
- Transfers one position from DFR to Department of Health for hospital community reports

Sec. 51 - Emergency rulemaking

- Allows AHS to adopt emergency rules to conform to emerging ACA regulations and guidance

Sec. 52 - 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
- Repeals statute creating Division of Health Care Administration in DFR on July 1, 2013

Sec. 53 - Effective Dates