

1 H.__ (DR13-997)

2 Representative _____ moves that the DR13-997 be amended by adding
3 a new Sec. 12 to read:

4 Sec. 12. COST-SHARING SUBSIDIES; FEDERAL MEDICAID MATCH

5 (a) It is the intent of the General Assembly to ensure that low- and middle-
6 income individuals purchasing health insurance through the Vermont Health
7 Benefit Exchange (Exchange) have financial protection from large out-of-
8 pocket costs. The State of Vermont should enhance cost-sharing subsidies
9 available in the Exchange if federal financial participation is available by
10 funding the subsidies as a managed care entity investment through the Global
11 Commitment to Health Section 1115 Medicaid waiver. If the Centers for
12 Medicaid and Medicare Services (CMS) approves the State's request to
13 consolidate the Global Commitment to Health Section 1115 Medicaid waiver
14 and the Choices for Care Sections 1115 Medicaid waiver, it is the intent of the
15 General Assembly to include the enhanced cost-sharing subsidies as such an
16 investment.

17 (b)(1) In the event that the Global Commitment to Health Section 1115
18 Medicaid waiver and the Choices for Care Sections 1115 Medicaid waiver are
19 consolidated by CMS prior to November 1, 2013 and the State has sufficient
20 financial capacity for new managed care entity investments, the Commissioner

1 of Vermont Health Access shall propose to the Joint Fiscal Committee to
2 modify the cost-sharing subsidy established in 33 V.S.A. § 1812(b) as follows:

3 (A) Cost-sharing assistance established in 18 V.S.A. § 1812(b)(2)(C)
4 for households with income above 200 percent of the federal poverty level
5 (FPL) and at or below 250 percent FPL shall be increased from 82 percent to
6 83 percent actuarial value.

7 (B) Cost-sharing assistance established in 18 V.S.A. § 1812(b)(2)(D)
8 for households with income above 250 percent FPL and at or below 300
9 percent FPL shall be increased from 73 percent to 77 percent actuarial value.

10 (C) Cost-sharing assistance shall be established for households with
11 income above 300 percent FPL and at or below 350 percent FPL at 73 percent
12 actuarial value.

13 (2) The Joint Fiscal Committee shall review the proposal at its next
14 scheduled meeting after notice from the Commissioner of Vermont Health
15 Access of approval from CMS and the Commissioner's assessment of the
16 State's financial capacity for new investments. The Committee shall review
17 the relevant information to determine whether the CMS approval to
18 consolidate the waivers did create sufficient financial capacity to include the
19 subsidy as an investment. If the Committee so determines, it shall approve
20 implementation of the proposal in subsection (b) of this Section.

1 (c) In the event that the Global Commitment to Health Section 1115
2 Medicaid waiver and the Choices for Care Sections 1115 Medicaid waiver are
3 consolidated by CMS after November 1, 2013 and the State has sufficient
4 financial capacity for new managed care entity investments, the Commissioner
5 of Vermont Health Access shall propose to modify the cost-sharing subsidy
6 established in 33 V.S.A. § 1812(b) in its budget adjustment request as follows:

7 (A) Cost-sharing assistance established in 18 V.S.A. § 1812(b)(2)(C)
8 for households with income above 200 percent of the federal poverty level
9 (FPL) and at or below 250 percent FPL shall be increased from 82 percent to
10 83 percent actuarial value.

11 (B) Cost-sharing assistance established in 18 V.S.A. § 1812(b)(2)(D)
12 for households with income above 250 percent FPL and at or below 300
13 percent FPL shall be increased from 73 percent to 77 percent actuarial value.

14 (C) Cost-sharing assistance shall be established for households with
15 income above 300 percent FPL and at or below 350 percent FPL at 73 percent
16 actuarial value.

17 and by renumbering the remaining sections and cross-references¹² to be
18 numerically correct