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S.152

Representative Browning of Arlington moves that the House Proposal of Amendment be further amended by adding Secs. 12a–12c to read as follows:

* * * Participation in the Exchange to be Voluntary * * *

Sec. 12a. 33 V.S.A. § 1811 is amended to read:

§ 1811. HEALTH BENEFIT PLANS FOR INDIVIDUALS AND SMALL EMPLOYERS

(a) As used in this section:

(1) “Health benefit plan” means a health insurance policy, a nonprofit hospital or medical service corporation service contract, or a health maintenance organization health benefit plan ~~offered through the Vermont health benefit exchange and~~ issued to an individual or to an employee of a small employer. The term does not include coverage only for accident or disability income insurance, liability insurance, coverage issued as a supplement to liability insurance, workers’ compensation or similar insurance, automobile medical payment insurance, credit-only insurance, coverage for on-site medical clinics, or other similar insurance coverage in which benefits for health services are secondary or incidental to other insurance benefits as provided under the Affordable Care Act. The term also does not include stand-alone dental or vision benefits; long-term care insurance; specific disease or other limited benefit coverage, Medicare supplemental health benefits,

1 Medicare Advantage plans, and other similar benefits excluded under the
2 Affordable Care Act.

3 * * *

4 (b) ~~No person may provide a health benefit plan to an individual or small~~
5 ~~employer unless the plan is offered through the Vermont health benefit~~
6 ~~exchange and complies with the provisions of this subchapter. [Deleted.]~~

7 * * *

8 Sec. 12b. 2011 Acts and Resolves No. 48, Sec. 2 is amended to read:

9 Sec. 2. STRATEGIC PLAN; UNIVERSAL AND UNIFIED HEALTH
10 SYSTEM

11 (a) Vermont must begin to plan now for health care reform, including
12 simplified administration processes, payment reform, and delivery reform, in
13 order to have a publicly financed program of universal and unified health care
14 operational after the occurrence of specific events, including the receipt of a
15 waiver from the federal Exchange requirement from the U.S. Department of
16 Health and Human Services. A waiver will be available in 2017 under the
17 provisions of existing law in the Patient Protection and Affordable Care Act
18 (Public Law 111-148) (“Affordable Care Act”), as amended by the federal
19 Health Care and Education Reconciliation Act of 2010 (Public Law 111-152),
20 and may be available in 2014 under the provisions of two bills, H.R. 844 and
21 S.248, introduced in the 112th Congress. In order to begin the planning

1 efforts, the ~~director of health care reform in the agency of administration~~
2 Director of Health Care Reform in the Agency of Administration shall
3 establish a strategic plan, which shall include time lines and allocations of the
4 responsibilities associated with health care system reform, to further the
5 containment of health care costs, to further Vermont's existing health care
6 system reform efforts as described in 3 V.S.A. § 2222a and to further the
7 following:

8 * * *

9 (2)(A) As provided in Sec. 4 of this act, no later than
10 ~~November~~ October 1, 2013, the Vermont ~~health benefit exchange~~ Health
11 Benefit Exchange established in 33 V.S.A. chapter 18, subchapter 1 shall begin
12 enrolling individuals and ~~small~~ employers with 50 or fewer employees for
13 coverage beginning January 1, 2014. Beginning January 1, 2014, the
14 Commissioner of Financial Regulation may require qualified health benefit
15 plans to be sold to individuals and small groups through the Vermont Health
16 Benefit Exchange, provided that the Commissioner shall also allow qualified
17 and nonqualified plans that comply with the required provision of the
18 Affordable Care Act to be sold to individuals and small groups outside the
19 Exchange. The intent of the ~~general assembly~~ General Assembly is to
20 establish the Vermont ~~health benefit exchange~~ Health Benefit Exchange in a
21 manner such that it may become the foundation for Green Mountain Care.

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(3) ~~As provided in Sec. 4 of this act, no~~ No later than October 1, 2015,
the Vermont Health Benefit Exchange established in 33 V.S.A. chapter 18,
subchapter 1 shall make plans available to employers with 100 or fewer
employees for coverage beginning January 1, 2016. No later than November
October 1, 2016, the Vermont health benefit exchange established in 33 V.S.A.
chapter 18, subchapter 1 Health Benefit Exchange shall begin enrolling make
plans available to large employers for coverage beginning January 1, 2017.

* * *

Sec. 12c. 2012 Acts and Resolves No. 171, Sec. 41a is amended to read:

Sec. 41a. TRANSITIONAL PROVISIONS; IMPLEMENTATION

* * *

(c) ~~Notwithstanding Sec. 41(i) of this act, repealing 8 V.S.A. §§ 4080a and~~
~~4080b, the department of financial regulation and the Green Mountain Care~~
~~board may continue to approve rates and forms for nongroup and small group~~
~~health insurance plans under the statutes and rules in effect prior to the date of~~
~~repeal if the Vermont health benefit exchange is not operational by January 1,~~
~~2014 and the department of Vermont health access or a health insurer is unable~~
~~to facilitate enrollment in health benefit plans through another mechanism,~~
~~including paper enrollment. In the alternative, the department of financial~~

1 ~~regulation may allow individuals and small employers to extend coverage~~
2 ~~under an existing health insurance plan. The department of financial~~
3 ~~regulation and the Green Mountain Care board shall maintain their authority~~
4 ~~pursuant to this subsection until the exchange is able to enroll all qualified~~
5 ~~individuals and small employers who apply for coverage through the exchange.~~

6 [Deleted.]

7 * * *

8 (e) Notwithstanding the provisions of 8 V.S.A. §§ 4080a(d)(1) and
9 4080b(d)(1), a health insurer shall not be required to guarantee acceptance of
10 any individual, employee, or dependent on or after January 1, 2014 for a small
11 group plan offered pursuant to 8 V.S.A. § 4080a or a nongroup plan offered
12 pursuant to 8 V.S.A. § 4080b ~~except as required by the department of financial~~
13 ~~regulation or the Green Mountain Care board, or both, pursuant to subsection~~
14 ~~(e) of this section.~~

15 * * *