

AIDS Services Organizations
American Cancer Society
Proposed Amendment
4/20/16

Sec. X. ADJUSTMENT OF OUT-OF-POCKET PRESCRIPTION DRUG COVERAGE FOR QUALIFIED HEALTH BENEFIT PLANS; ADVISORY GROUP

(a) The Department of Vermont Health Access shall appoint an Advisory group to evaluate alternatives to the limit on out-of-pocket prescription drug coverage established for calendar year 2018 bronze qualified health benefit plans, while still maintaining at least one standard bronze plan at or below the limit on out-of-pocket prescription drug coverage established in 8 V.S.A. § 4089i.

(b) The Advisory group shall be comprised of at least the following:

- (i) The Commissioner, or designee, of the Department of Vermont Health Access
- (ii) A representative of each of the three private health insurers with the greatest number of covered lives in this State which offer qualified health benefit plans;
- (iii) A representative of the Office of the Health Care Advocate;
- (iv) A member of the Medicaid and Exchange Advisory Board
- (v) A representative of the Vermont AIDS Services Organizations and a consumer, appointed by this organization;
- (vi) A representative of the American Cancer Society and a consumer, appointed by this organization;
- (vii) A Vermont Health Connect Navigator
- (viii) A specialty care health care provider

(c) The Advisory group shall meet at least 6 times prior to November 1, 2016.

(d) If the Advisory group recommends to the Department of Vermont Health Access changes to the limit on out-of-pocket prescription drug coverage established in 8 V.S.A. § 4089i, the Department shall evaluate alternatives to the bronze qualified health benefit plans, while still promoting the goals in 33 VSA § 1806(b), but shall maintain at least one standard bronze plan at or below the limit on out-of-pocket prescription drug coverage established in 8 VSA § 4089i as long as it is in compliance with federal standards. The Department shall determine the maximum deviation from the out-of-pocket prescription drug limit that the Department of Financial Regulation may approve in the form filing process for the nonstandard bronze plan considered and shall make the maximum deviation equal to the smallest deviation required to achieve compliance with federal standards and shall make that determination prior to the form filing deadline. Any recommended modification shall be presented to the Green Mountain Care Board and approved by the legislature.

(e) The Green Mountain Care Board (or DVHA?) shall provide a report to the Legislature no later than January 15, 2017 as to the recommendations of the Advisory group and seek legislative approval for any proposed changes to the statutory maximum out-of-pocket prescription drug coverage benefits.