**Proposed Amendment to S.216 for Stakeholder Process to Address Unaffordable Cost Sharing in Vermont Health Connect Silver and Bronze Plans Through Adjustment of the Limit to Out-of-Pocket Prescription Drug Coverage**

- This legislation is in response to Vermont Health Connect stakeholder group that develops standard qualified health plans
- Feedback from group was that bronze and silver plans have unaffordable co-pays, deductibles, and co-insurance
- Adjusting the limit on out-of-pocket prescription drug coverage is a lever to make co-pays, deductibles, and co-insurance more affordable
- This proposed language would provide a stakeholder process and public process overseen by the Green Mountain Care Board to develop silver and bronze plans with lower co-pays, deductibles, and co-insurance, but a higher the limit on out-of-pocket prescription drug coverage
- There will be at least one silver and possibly one bronze plan that will retain the limit on out-of-pocket prescription drug coverage for those Vermonters who need it

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

The Department of Vermont Health Access, in consultation with interested stakeholders, including health insurers offering qualified health benefit plans and the Office of the Health Care Advocate, shall evaluate alternatives to the limit on out-of-pocket prescription drug coverage established in 8 V.S.A. § 4089i for silver and bronze qualified health benefit plans, while still promoting the goals in 33 V.S.A. § 1806(b), but shall maintain at least one silver plan and one standard bronze plan at or below the limit on out-of-pocket prescription drug coverage established in 8 V.S.A. § 4089i, unless DVHA determines that the bronze plan at or below the limit on out-of-pocket prescription drug coverage is not feasible or detrimental to the consumer.

(a) For the nonstandard silver or bronze plans, and prior to the date qualified health plan forms must be filed with the Department of Financial Regulation, a health insurer offering qualified health benefit plans may seek approval from the Green Mountain Care Board for one or more modifications of the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i.

Devon Green, Special Counsel for Health Care Reform, Agency of Administration

In considering the health plan's request, the Green Mountain Care Board shall offer any interested party an opportunity to comment on the recommendation to modify the out-of-pocket prescription drug limit. In considering the health plan's request, the Green Mountain Care Board 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 silver or bronze plan considered and shall make that determination prior to the form filing deadline.

(b) For the development of the standard plan designs, the Department of Vermont Health Access shall establish a multi-stakeholder qualified health plan workgroup that shall meet and discuss plan design options at least six times prior to the date plans are filed for approval. Such multi-stakeholder group shall include representatives of the health insurers offering qualified health benefit plans, the Office of the Health Care Advocate, members of the Medicaid and Exchange Advisory Board, consumers, and any other interested members of the public. For standard silver or bronze plans, the Department of Vermont Health Access shall consult the qualified health plan workgroup and following the process in 33 V.S.A. § 1806 and may recommend one or more modifications to the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i. Notwithstanding 8 V.S.A. § 4089i, the Green Mountain Care Board may approve modifications to the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i and the Department of Vermont Health Access may certify one or more silver or bronze qualified health benefit plans with a modification to the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i.