1	H.29
2	Representative Lippert of Hinesburg moves that the House concur in the
3	Senate Proposal of Amendment with further amendment by striking out all
4	after the enacting clause and inserting in lieu thereof the following:
5	Sec. 1. 8 V.S.A. § 4080e is amended to read:
6	§ 4080e. MEDICARE SUPPLEMENTAL HEALTH INSURANCE
7	POLICIES; COMMUNITY RATING; DISABILITY
8	(a) A health insurance company, hospital or medical service corporation, or
9	health maintenance organization shall use a community rating method
10	acceptable to the Commissioner for determining premiums for Medicare
11	supplemental insurance policies.
12	(b)(1) The Commissioner shall adopt rules for standards and procedure for
13	permitting health insurance companies, hospital or medical service
14	organizations, or health maintenance organizations that issue Medicare
15	supplemental insurance policies to use one or more risk classifications in their
16	community rating method. The premium charged shall not deviate from the
17	community rate and the rules shall not permit medical underwriting and
18	screening, except that a health insurance company, hospital or medical service
19	corporation, or health maintenance organization may set different community
20	rates for persons eligible for Medicare by reason of age and persons eligible for
21	Medicare by reason of disability.

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1	(2)(A) A health insurance company, hospital or medical service
2	corporation, or health maintenance organization that issues Medicare
3	supplemental insurance policies may offer expense discounts to encourage
4	timely, full payment of premiums. Expense discounts may include premium
5	reductions for advance payment of a full year's premiums, for paperless
6	billing, for electronic funds transfer, and for other activities directly related to
7	premium payment. The availability of one or more expense discounts shall not
8	be considered a deviation from community rating.
9	(B) A health insurance company, hospital or medical service
10	corporation, or health maintenance organization that issues Medicare
11	supplemental insurance policies shall not offer reduced premiums or other
12	discounts related to a person's age, gender, marital status, or other
13	demographic criteria.
14	Sec. 2. GREEN MOUNTAIN CARE BOARD; FISCAL YEAR 2018 BILL
15	BACK ALLOCATION
16	(a) Notwithstanding any provision of 18 V.S.A. § 9374(h) to the contrary
17	and except as otherwise provided in subsection (b) of this section, for fiscal
18	year 2018 only, expenses incurred by the Green Mountain Care Board to
19	obtain information, analyze expenditures, review hospital budgets, and for any
20	other contracts authorized by the Board shall be borne as follows:
21	(1) 40 percent by the State from State monies;

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1	(2) 15 percent by the hospitals; and
2	(3) 45 percent by nonprofit hospital and medical service corporations
3	licensed under 8 V.S.A. chapter 123 or 125, health insurance companies
4	licensed under 8 V.S.A. chapter 101, and health maintenance organizations
5	licensed under 8 V.S.A. chapter 139.
6	(b) The Board may determine the scope of the incurred expenses to be
7	allocated pursuant to the formula set forth in subsection (a) of this section if, in
8	the Board's discretion, the expenses to be allocated are in the best interests of
9	the morelated antitice and of the State
,	the regulated entities and of the State.
10	(c) Expenses under subdivision (a)(3) of this section shall be billed to
10	(c) Expenses under subdivision (a)(3) of this section shall be billed to
10 11	(c) Expenses under subdivision (a)(3) of this section shall be billed to persons licensed under Title 8 based on premiums paid for health care
10 11 12	(c) Expenses under subdivision (a)(3) of this section shall be billed to persons licensed under Title 8 based on premiums paid for health care coverage, which for the purposes of this section shall include major medical,
10 11 12 13	(c) Expenses under subdivision (a)(3) of this section shall be billed to persons licensed under Title 8 based on premiums paid for health care coverage, which for the purposes of this section shall include major medical, comprehensive medical, hospital or surgical coverage, and comprehensive

17 <u>This act shall take effect on July 1, 2017.</u>