

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred Senate Bill No. 262
3 entitled “An act relating to miscellaneous changes to the Medicaid program
4 and the Department of Vermont Health Access” respectfully reports that it has
5 considered the same and recommends that the House propose to the Senate that
6 bill be amended by striking out all after the enacting clause and inserting in
7 lieu thereof the following:

8 ■ indicates changes from Senate passed; ■ indicates changes from Draft 1.5

9 * * * Medicaid for Working Persons with Disabilities * * *

10 Sec. 1. 33 V.S.A. § 1902 is amended to read:

11 § 1902. QUALIFICATION FOR MEDICAL ASSISTANCE

12 (a) In determining whether a person is medically indigent, the Secretary of
13 Human Services shall prescribe and use an income standard and requirements
14 for eligibility ~~which~~ that will permit the receipt of federal matching funds
15 under Title XIX of the Social Security Act.

16 (b) Workers with disabilities whose income is less than 250 percent of the
17 federal poverty level shall be eligible for Medicaid. The income also must not
18 exceed the Medicaid protected income level for one or the Supplemental
19 Security Income (SSI) payment level for two, whichever is higher, after
20 disregarding ~~all~~ the earnings of the working individual with disabilities, ~~any~~;
21 Social Security disability insurance benefits, ~~and~~ including Social Security

1 retirement benefits converted automatically from Social Security Disability
2 Insurance (SSDI), if applicable; any veteran's disability benefits; and, if the
3 working individual with disabilities is married, all income of the spouse.

4 Earnings of the working individual with disabilities shall be documented by
5 evidence of Federal Insurance Contributions Act tax payments, Self-
6 Employment Contributions Act tax payments, or a written business plan
7 approved and supported by a third-party investor or funding source. The
8 resource limit for this program shall be \$10,000.00 for an individual and
9 \$15,000.00 for a couple at the time of enrollment in the program. Assets
10 attributable to earnings made after enrollment in the program shall be
11 disregarded.

12 * * * Eligibility for Health Vermonters and VPharm * * *

13 Sec. 2. 2013 Acts and Resolves No. 79, Sec. 53(d), as amended by 2014 Acts
14 and Resolves No. 179, Sec. E.307, 2015 Acts and Resolves No. 58, Sec. E.307,
15 2016 Acts and Resolves No. 172, Sec. E.307.3, and 2017 Acts and Resolves
16 No. 85, Sec. E.307, is further amended to read:

17 (d) Secs. 31 (Healthy Vermonters) and 32 (VPharm) shall take effect on
18 January 1, 2014, except that the Agency of Human Services may continue to
19 calculate household income under the rules of the Vermont Health Access Plan
20 after that date if the system for calculating modified adjusted gross income for
21 the Healthy Vermonters and VPharm programs is not operational by that date,

1 but not later than ~~December 31, 2018~~ the implementation of Vermont's
2 Integrated Eligibility system.

3 * * * Increasing Income Threshold for Dr. Dynasaur Premiums * * *

4 Sec. 2a. 33 V.S.A. § 1901(c) is amended to read:

5 (c) The Secretary may charge a monthly premium, in amounts set by the
6 General Assembly, per family for pregnant women and children eligible for
7 medical assistance under Sections 1902(a)(10)(A)(i)(III), (IV), (VI), and (VII)
8 of Title XIX of the Social Security Act, whose family income exceeds ~~185~~ 195
9 percent of the federal poverty level, as permitted under section 1902(r)(2) of
10 that act. Fees collected under this subsection shall be credited to the State
11 Health Care Resources Fund established in section 1901d of this title and shall
12 be available to the Agency to offset the costs of providing Medicaid services.
13 Any co-payments, coinsurance, or other cost sharing to be charged shall also
14 be authorized and set by the General Assembly.

15 * * * Provider Taxes * * *

16 Sec. 3. 33 V.S.A. § 1958 is amended to read:

17 § 1958. APPEALS

18 (a) Any health care provider may submit a written request to the
19 Department for reconsideration of the determination of the assessment within
20 20 days of notice of the determination. The request shall be accompanied by
21 written materials setting forth the basis for reconsideration. If requested, the

1 Department shall hold a hearing within ~~20~~ 90 days from the date on which the
2 reconsideration request was received. The Department shall mail written
3 notice of the date, time, and place of the hearing to the health care provider at
4 least ~~40~~ 30 days before the date of the hearing. On the basis of the evidence
5 submitted to the Department or presented at the hearing, the Department shall
6 reconsider and may adjust the assessment. Within 20 days ~~of~~ following the
7 hearing, the Department shall provide notice in writing to the health care
8 provider of the final determination of the amount it is required to pay based on
9 any adjustments made by it. Proceedings under this section are not subject to
10 the requirements of 3 V.S.A. chapter 25.

11 * * *

12 Sec. 4. 33 V.S.A. § 1959(a)(3) is amended to read:

13 (3) Ambulance agencies shall remit the assessment amount to the
14 Department annually on or before ~~March 31, beginning with March 31, 2017~~
15 June 1.

16 * * * Medicaid; Asset Verification * * *

17 Sec. 5. 33 V.S.A. § 403 is added to read:

18 § 403. **BANKS FINANCIAL SERVICES PROVIDERS AND AGENCIES**
19 TO FURNISH INFORMATION

20 (a) **An officer of a financial institution, as described in 8 V.S.A.**
21 **§ 11101(32); a credit union; or an independent trust company in this State**

1 **A bank, as defined in 8 V.S.A. § 11101; a credit union as defined in 8**
2 **V.S.A. § 30101; a broker-dealer or investment advisor, as those terms are**
3 **defined in 9 V.S.A. § 5102; a mutual fund, as defined in 8 V.S.A. § 3461;**
4 **or other financial services provider,** when requested by the Commissioner of
5 Vermont Health Access, shall furnish to the Commissioner **or to an agent of**
6 **the Department of Vermont Health Access** information in the possession of
7 the **bank, or company financial services provider** with reference to any
8 person or his or her spouse who is applying for or is receiving assistance or
9 benefits from the Department of Vermont Health Access. **The Department of**
10 **Vermont Health Access shall issue instructions to the financial services**
11 **provider detailing the nature of the request and the information necessary**
12 **to satisfy the request.**

13 (b) Any governmental official or agency in the State, when requested by
14 the Commissioner of Vermont Health Access, shall furnish to him or her
15 information in the official's or agency's possession with reference to aid given
16 or money paid or to be paid to any person or person's spouse who is applying
17 for or is receiving assistance or benefits from the Department of Vermont
18 Health Access.

19 (c) The Commissioner of Taxes, when requested by the Commissioner of
20 Vermont Health Access, and unless otherwise prohibited by federal law, shall
21 compare the information furnished by an applicant or recipient of assistance

1 with the State income tax returns filed by such person and shall report his or
2 her findings to the Commissioner of Vermont Health Access. Each application
3 for assistance shall contain a form of consent, executed by the applicant,
4 granting permission to the Commissioner of Taxes to disclose such
5 information to the Commissioner of Vermont Health Access.

6 (d) On the first day of each month, **the register of probate in** each unit of
7 the Superior Court shall provide to the Commissioner of Vermont Health
8 Access a list of all estates, including testate, intestate, and small estates,
9 opened during the previous calendar month within the jurisdiction of that
10 Probate Division. The list shall contain the following information for each
11 estate:

12 (1) the decedent's full name;

13 (2) the decedent's date of birth;

14 (3) the decedent's date of death;

15 (4) **the last four digits of the decedent's Social Security number;**

16 (5) the docket number;

17 (6) the date on which the estate was opened; and

18 (7) the full name and contact information for the executor or
19 administrator or his or her legal representative.

20 Sec. 6. 33 V.S.A. § 404 is added to read:

21 **§ 404. MEDICAID APPLICATIONS; ASSET VERIFICATION**

1 **Option #1 (Vermont Legal Aid (VLA) request) for subsec. (a):**

2 **(a)(1) The Department of Vermont Health Access shall provide notice**
3 **to applicants to and beneficiaries of the Medicaid Long-Term Care and**
4 **Medicaid for the Aged, Blind, and Disabled programs, written in plain**
5 **and accessible language, explaining the Department’s electronic asset**
6 **verification program, including:**

7 **(A) that by signing the authorization for release of financial**
8 **information as part of the application for assistance or benefits from the**
9 **Department of Vermont Health Access, the applicant or beneficiary is**
10 **giving the Department permission to conduct electronic asset**
11 **verification; and**

12 **(B) a description of the scope of the asset verification and the**
13 **duration of the release of financial information.**

14 **(2) Applicants to and beneficiaries of the Medicaid Long-Term Care**
15 **and Medicaid for the Aged, Blind, and Disabled programs shall be**
16 **permitted to obtain a copy of any information gathered during the**
17 **electronic asset verification process.**

18 **Option #2 (DVHA proposal) for subsec. (a):**

19 **(a) The Department of Vermont Health Access shall collaborate with**
20 **the Office of the Health Care Advocate to ensure that applicants to and**
21 **beneficiaries of the Medicaid Long-Term Care and Medicaid for the**

1 **Aged, Blind, and Disabled programs receive notice written in plain and**
2 **accessible language explaining the electronic asset verification system.**

3 **(b) The Department of Vermont Health Access shall modify its**
4 **application forms for the Medicaid Long-Term Care and Medicaid for the**
5 **Aged, Blind, and Disabled programs as needed to enable applicants to**
6 **authorize financial institutions to disclose to the Department and its**
7 **agents information about the applicant's assets in order to verify the**
8 **applicant's eligibility for the applicable program.**

9 **Each application for assistance under the Medicaid Long-Term Care or**
10 **Medicaid for the Aged, Blind, and Disabled program shall contain a form**
11 **of consent, executed by the applicant or beneficiary, granting permission**
12 **to financial institutions to disclose information about the applicant's or**
13 **beneficiary's assets to the Department of Vermont Health Access and its**
14 **agents in order to verify the applicant's or beneficiary's eligibility for the**
15 **applicable program.**

16 **(c) In the event that the financial information of a person other than**
17 **the applicant or beneficiary is necessary in order to determine the**
18 **applicant's or beneficiary's eligibility for the Medicaid Long-Term Care**
19 **or Medicaid for the Aged, Blind, and Disabled program, the Department**
20 **of Vermont Health Access shall provide written notice regarding the asset**
21 **verification process to that person and shall obtain the person's written**

1 authorization consent for financial institutions to disclose financial
2 information to the Department and its agents prior to requesting his or
3 her the person's financial information from a financial institution. The
4 Department may determine an applicant or beneficiary to be ineligible for
5 Medicaid if the other person refuses to provide, or revokes, his or her
6 consent.

7 Sec. 7. RULEMAKING

8 The Vermont Supreme Court may promulgate rules under 12 V.S.A. § 1 to
9 implement the provisions of Sec. 5, 33 V.S.A. § 403, of this act.

10 **Sec. 8. 8 V.S.A. § 10204 is amended to read:**

11 § 10204. EXCEPTIONS

12 This subchapter does not prohibit any of the activities listed in this section.
13 This section shall not be construed to require any financial institution to make
14 any disclosure not otherwise required by law. This section shall not be
15 construed to require or encourage any financial institution to alter any
16 procedures or practices not inconsistent with this subchapter. This section
17 shall not be construed to expand or create any authority in any person or entity
18 other than a financial institution.

19 * * *

1 **(26) Disclosure of information sought by the Department of**
2 **Vermont Health Access or its agents pursuant to the Department's**
3 **authority and obligations under 33 V.S.A. § 403.**

4 * * * Maximum Out-of-Pocket Prescription Drug Limit for Bronze Plans * * *

5 Sec. 9. 2016 Acts and Resolves No. 165, Sec. 6(f), as amended by 2017 Acts
6 and Resolves No. 25, Sec. 3, is further amended to read:

7 (f)(4) The Director of Health Care Reform in the Agency of
8 Administration, in consultation with the Department of Vermont Health
9 Access and the Office of Legislative Council, shall determine whether the
10 Secretary of the U.S. Department of Health and Human Services has the
11 authority under the Patient Protection and Affordable Care Act, Pub. L. No.
12 111-148, as amended by the federal Health Care and Education Reconciliation
13 Act of 2010, Pub. L. No. 111-152 (ACA), to waive annual limitations on out-
14 of-pocket expenses or actuarial value requirements for bronze-level plans, or
15 both. On or before October 1, 2016, the Director shall present information to
16 the Health Reform Oversight Committee regarding the authority of the
17 Secretary of the U.S. Department of Health and Human Services to waive out-
18 of-pocket limits and actuarial value requirements, the estimated costs of
19 applying for a waiver, and alternatives to a waiver for preserving the out-of-
20 pocket prescription drug limit established in 8 V.S.A. § 4089i.

1 ~~(2) If the Director of Health Care Reform determines that the Secretary~~
2 ~~has the necessary authority, then on or before March 1, 2019, the~~
3 ~~Commissioner of Vermont Health Access, with the Director’s assistance, shall~~
4 ~~apply for a waiver of the cost-sharing or actuarial value limitations, or both, in~~
5 ~~order to preserve the availability of bronze-level qualified health benefit plans~~
6 ~~that meet Vermont’s out-of-pocket prescription drug limit established in~~
7 ~~8 V.S.A. § 4089i.~~

8 **Sec. 10. 33 V.S.A. § 1814 is added to read:**

9 **§ 1814. MAXIMUM OUT-OF-POCKET LIMIT FOR PRESCRIPTION**

10 **DRUGS IN BRONZE PLANS**

11 **(a)(1) Notwithstanding any provision of 8 V.S.A. § 4089i to the**
12 **contrary, the Green Mountain Care Board may approve modifications to**
13 **the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i**
14 **for one or more bronze-level plans.**

15 **(2) The Department of Vermont Health Access shall certify at least**
16 **two standard bronze-level plans that include the out-of-pocket**
17 **prescription drug limit established in 8 V.S.A. § 4089i, as long as the plans**
18 **comply with federal requirements. Notwithstanding any provision of**
19 **8 V.S.A. § 4089i to the contrary, the Department may certify one or more**
20 **bronze-level qualified health benefit plans with modifications to the out-**
21 **of-pocket prescription drug limit established in 8 V.S.A. § 4089i.**

1 **(b)(1) For each individual enrolled in a bronze-level qualified health**
2 **benefit plan for the previous two plan years who had out-of-pocket**
3 **prescription drug expenditures that met the out-of-pocket prescription**
4 **drug limit established in 8 V.S.A. § 4089i for the most recent plan year for**
5 **which information is available, the health insurer shall, absent an**
6 **alternative plan selection or plan cancellation by the individual,**
7 **automatically reenroll the individual in a bronze-level qualified health**
8 **plan for the forthcoming plan year with an out-of-pocket prescription**
9 **drug limit at or below the limit established in 8 V.S.A. § 4089i.**

10 **(2) Prior to reenrolling an individual in a plan pursuant to subdivision**
11 **(1) of this subsection, the health insurer shall notify the individual of the**
12 **insurer’s intent to reenroll the individual automatically in a bronze-level**
13 **qualified health plan for the forthcoming plan year with an out-of-pocket**
14 **prescription drug limit at or below the limit established in 8 V.S.A. § 4089i**
15 **unless the individual contacts the insurer to select a different plan and of**
16 **the availability of bronze-level plans with higher out-of-pocket**
17 **prescription drug limits. The health insurer shall collaborate with the**
18 **Department of Vermont Health Access and the Office of the Health Care**
19 **Advocate as to the notification’s form and content.**

20 ***** Notices to Exchange Applicants and Enrollees *****

21 **Sec. 11. 33 V.S.A. § 1803(e) is added to read:**

1 **(e) The Vermont Health Benefit Exchange shall ensure that all**
2 **materials mailed to applicants for and enrollees in qualified health benefit**
3 **plans are sent in an envelope bearing a return address and that the outside**
4 **of any envelope containing a grace period notice clearly indicates that the**
5 **materials enclosed relate to the status of the enrollee’s health insurance**
6 **coverage.**

7 * * * Human Services Board; Fair Hearings * * *

8 Sec. 12. 3 V.S.A. § 3091 is amended to read:

9 § 3091. HEARINGS

10 * * *

11 (e)(1) The Board shall give written notice of its decision to the person
12 applying for fair hearing and to the Agency.

13 (2) Unless a continuance is requested or consented to by an aggrieved
14 person, decisions and orders concerning Temporary Assistance to Needy
15 Families (TANF) under 33 V.S.A. chapter 11, TANF-Emergency Assistance
16 (TANF-EA) under Title IV of the Social Security Act, and medical assistance
17 (Medicaid) under 33 V.S.A. chapter 19 shall be issued by the Board within
18 75 days ~~of~~ after the request for hearing.

19 (3) Notwithstanding any provision of subsection (c) or (d) or
20 subdivision (1) of this subsection (e) to the contrary, in the case of an
21 expedited Medicaid fair hearing, the Board shall delegate both its fact-finding

1 and final decision-making authority to a hearing officer, and the hearing
2 officer’s written findings and order shall constitute the Board’s decision and
3 order in accordance with timelines set forth in federal law.

4 * * *

5 (h)(1) Notwithstanding subsections (d) and (f) of this section, the Secretary
6 shall review all Board decisions and orders concerning TANF, TANF-EA,
7 Office of Child Support Cases, Medicaid, and the Vermont Health Benefit
8 Exchange. The Secretary shall:

9 (A) adopt a Board decision or order, except that the Secretary may
10 reverse or modify a Board decision or order if:

11 (i) the Board’s findings of fact lack any support in the record; or

12 **Option #1 (VLA request):**

13 (ii) the decision or order ~~implicates the validity or applicability~~
14 ~~of violates~~ any Agency policy or rule; and

15 **Option #2 (DVHA proposal):**

16 (ii) the decision or order ~~implicates the validity or applicability~~
17 ~~of any Agency misinterprets or misapplies~~ policy or rule; and

18 (B) issue a written decision setting forth the legal, factual, or policy
19 basis for reversing or modifying a Board decision or order.

20 * * *

1 (i) In the case of an appeal of a Medicaid covered service decision made by
2 the Department of Vermont Health Access or any entity with which the
3 Department of Vermont Health Access enters into an agreement to perform
4 service authorizations that may result in an adverse benefit determination, the
5 right to a fair hearing granted by subsection (a) of this section shall be
6 available to an aggrieved beneficiary only after that individual has exhausted,
7 or is deemed to have exhausted, the Department of Vermont Health Access's
8 internal appeals process and has received a notice that the adverse benefit
9 determination was upheld.

10 Sec. 13. APPEAL OF MEDICAID COVERED SERVICE DECISIONS;

11 FAIR HEARING; RULEMAKING

12 The Department of Vermont Health Access Agency of Human Services
13 shall adopt rules pursuant to 3 V.S.A. chapter 25 establishing a process by
14 which the Department Agency shall ensure that a Medicaid beneficiary who
15 files a request for a fair hearing with the Human Services Board prior to
16 exhausting the Department's Department of Vermont Health Access's
17 internal appeals process receives appropriate assistance with filing the
18 consideration by the Department as though the beneficiary had properly
19 filed an internal appeal and, if the internal appeal results in an adverse
20 determination, that the Department shall provide to the beneficiary

1 appropriate assistance with filing a timely request for a fair hearing with the
2 Human Services Board if the beneficiary wishes to do so.

3 * * * Exchange Open Enrollment Extension * * *

4 **Sec. 14. 2019 EXCHANGE OPEN ENROLLMENT; EXTENSION**

5 The Commissioner of Vermont Health Access shall request approval
6 from the Centers for Medicare and Medicaid Services to extend the open
7 enrollment period through January 31, 2019 for qualified health benefit
8 plans to be offered through the Vermont Health Benefit Exchange for the
9 2019 plan year.

10 * * * Repeal * * *

11 Sec. 15. REPEAL

12 33 V.S.A. § 2010 (actual price disclosure and certification of prescription
13 drugs) is repealed.

14 * * * Effective Dates * * *

15 Sec. 16. EFFECTIVE DATES

16 This act shall take effect on passage, except:

17 (1) Notwithstanding 1 V.S.A. § 214, Secs. 4 (ambulance agency
18 provider tax) and 5(a)–(c) (Medicaid; asset verification) shall take effect on
19 passage and apply retroactively to January 1, 2018; and

20 (2) Sec. 5(d) (monthly list of new probate estates) shall take effect on
21 October 1, 2018.

1

2

3 (Committee vote: _____)

4

5

Representative _____

6

FOR THE COMMITTEE