

TO THE HONORABLE SENATE

The Committee on Health and Welfare to which was referred Senate Bill No. S. 19, entitled "An act relating to preserving the out-of-pocket limit for prescription drugs in bronze-level Exchange plans"

respectfully reports that it has considered the same and recommends that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 18 V.S.A. § 9375(b) is amended to read:

(b) The Board shall have the following duties:

* * *

(9) ~~Prior to the adoption of rules, review~~ Review and approve, with recommendations from the Commissioner of Vermont Health Access, the benefit package or packages for qualified health benefit plans and reflective silver plans pursuant to 33 V.S.A. chapter 18, subchapter 1 ~~no later than January 1, 2013~~. The Board shall report to the House Committee on Health Care and the Senate Committee on Health and Welfare within 15 days following its approval of ~~the initial benefit package and any subsequent substantive changes to the benefit package packages~~.

Sec. 2. 33 V.S.A. § 1802 is amended to read:

§ 1802. DEFINITIONS

As used in this subchapter:

* * *

(10) "Reflective silver plan" means a health benefit plan that meets the requirements set forth in section 1813 of this title.

Sec. 3. 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 or a reflective silver plan offered in accordance with section 1813 of this title that is 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, Medicare Advantage plans, and other similar benefits excluded under the Affordable Care Act.

* * *

Sec. 4. 33 V.S.A. § 1812(b) is amended to read:

(b)(1) An individual or family with income at or below 300 percent of the federal poverty level shall be eligible for cost-sharing assistance, including a reduction in the out-of-pocket maximums established under Section 1402 of the Affordable Care Act.

* * *

(3) Cost-sharing assistance shall be available for ~~the same~~ silver-level qualified health benefit plans for which federal cost-sharing assistance is available purchased through the Vermont Health Benefit Exchange and shall be administered using the same methods as set forth in Section 1402 of the Affordable Care Act to the extent practicable.

Sec. 5. 33 V.S.A. § 1813 is added to read:

§ 1813. REFLECTIVE SILVER PLANS

ALMOST IDENTICAL SILVER PLANS

(a)(1) In the event that federal cost-sharing reduction payments to insurers are suspended or discontinued, registered carriers may offer to individuals and employees of small employers silver-level nonqualified health benefit plans that do not include funding to offset the loss of the federal cost-sharing reduction payments. These plans shall be similar to, but contain at least one variation from, silver-level qualified health benefit plans offered through the Vermont Health Benefit Exchange that include funding to offset the loss of the federal cost-sharing reduction payments.

(2) In its review and approval of premium rates pursuant to 8 V.S.A. § 4062, the Green Mountain Care Board shall ensure that:

(A) the rates for the silver-level qualified health benefit plans offered through the Vermont Health Benefit Exchange include funding to offset the loss of the federal cost-sharing reduction payments; and

(B) the rates for the reflective silver plans described in subdivision (1) of this subsection (a) do not include funding to offset the loss of the federal cost-sharing reduction payments.

(b) A reflective silver plan shall comply with the requirements of section

1806 of this title except that the plan shall not be offered through the Vermont Health Benefit Exchange.

Sec. 6. EFFECTIVE DATE

This act shall take effect on passage.

And that after passage the title of the bill be amended to read:

An act relating to allowing silver-level nonqualified health benefit plans to be offered outside the Vermont Health Benefit Exchange.

(Committee vote: 5-0-0)



Senator Cummings
FOR THE COMMITTEE