

Written Testimony from Mary Kate Mohlman, MS, PhD
Director of Health Care Reform
For the Senate Committee on Health and Welfare
March 31, 2017

Chairwoman and members of the Committee, I would like to express my support for including language from S. 19 – An act relating to preserving the out-of-pocket limit for prescription drugs in bronze-level Exchange plans in H. 507 - An act relating to Next Generation Medicaid ACO pilot project reporting. As brief background, previous federal requirements for the actuarial values of Bronze Plans had come into conflict with Vermont’s prescription maximum out of pocket (MOOP). Given this conflict, the Vermont Legislature required the Commissioner of Vermont Health Access and the Director of Health Care Reform to pursue in March of 2017 a 1332 waiver to that would allow Vermont to address this conflict. However, since last year, the federal rules have changed to increase the flexibility around the actuarial value for Bronze plans. This change has allowed Vermont’s prescription MOOP to remain in compliance. Therefore, we would support the inclusion of language that would change the date on which the Commissioner of Vermont Health Access and the Director of Health Care Reform should pursue a 1332 waiver of the cost-sharing or actuarial value limitations from March 1, 2017 to March 1, 2019. Below is the language we would support:

An act relating to preserving the out-of-pocket limit for prescription drugs in bronze-level Exchange plans

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 2016 Acts and Resolves No. 165, Sec. 6(f)(2) is amended to read:

(2) If the Director of Health Care Reform determines that the Secretary has the necessary authority, then on or before March 1, ~~2017~~ 2019, the Commissioner of Vermont Health Access, with the Director’s assistance, shall apply for a waiver of the cost-sharing or actuarial value limitations, or both, in order to preserve the availability of bronze-level qualified health benefit plans that meet Vermont’s out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i.