

No. 15. An act relating to miscellaneous provisions affecting navigators, Medicaid records, and the Department of Vermont Health Access.

(H.204)

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

Sec. 1. 33 V.S.A. § 1807 is amended to read:

§ 1807. NAVIGATORS

* * *

(b) Navigators shall have the following duties:

* * *

(5) provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Vermont Health Benefit Exchange; and

(6) distribute information to health care professionals, community organizations, and others to facilitate the enrollment of individuals who are eligible for Medicaid, Dr. Dynasaur, VPharm, other public health benefit programs, or the Vermont Health Benefit Exchange in order to ensure that all eligible individuals are enrolled; ~~and~~

~~(7) provide information about and facilitate employers' establishment of cafeteria or premium only plans under Section 125 of the Internal Revenue Code that allow employees to pay for health insurance premiums with pretax dollars. [Repealed.]~~

Sec. 2. 33 V.S.A. § 1902a is amended to read:

§ 1902a. CONFIDENTIALITY OF MEDICAID APPLICATIONS AND
RECORDS; DISCLOSURE TO AUTHORIZED
REPRESENTATIVE

* * *

(b) Applications and records considered confidential are those that disclose one or more of the following:

- (1) the name and address of the applicant or recipient;
- (2) medical services provided;
- (3) the applicant's or recipient's social and economic circumstances;
- (4) the Agency's evaluation of personal information;
- (5) medical data, including diagnosis and past history of disease or

disability; ~~and~~ or

(6) any information received for the purpose of verifying income eligibility and determining the amount of medical assistance payments.

(c) A person found to have violated this section may be assessed an administrative penalty of not more than \$1,000.00 for a first violation and not more than \$2,000.00 for any subsequent violation.

(d) As used in this section:

(1) "Authorized representative" means any person designated by a Medicaid applicant or recipient to review confidential information about the

Medicaid applicant or recipient pertaining to the eligibility determination and the appeals process.

(2) “Purposes directly related to plan administration” ~~means~~ include establishing eligibility, determining the amount of medical assistance, providing services to recipients, conducting or assisting with an investigation or prosecution, and civil or criminal proceedings, or audits, related to the administration of the State Medicaid program.

Sec. 3. 2018 (Sp. Sess.) Acts and Resolves No. 7, Sec. 4 is amended to read:

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(c) On or before November 15, 2021, the ~~Department of Vermont Health Access~~ Green Mountain Care Board and the health insurance carriers offering qualified health benefit plans on the Vermont Health Benefit Exchange shall submit a report to the House Committee on Health Care, and the Senate Committees on Health and Welfare and on Finance, ~~and the Green Mountain Care Board~~ regarding the impact of the chiropractic and physical therapy co-payment limits for qualified health benefit plans and reflective silver plans on utilization of chiropractic and physical therapy services. The information shall be reported separately for each provider type.

Sec. 4. EFFECTIVE DATE

This act shall take effect on passage.

Date Governor signed bill: May 6, 2019