

1 H.204

2 Introduced by Representative Houghton of Essex

3 Referred to Committee on

4 Date:

5 Subject: Health; Department of Vermont Health Access; Medicaid

6 Statement of purpose of bill as introduced: This bill proposes to eliminate the
7 duty of navigators for the Vermont Health Benefit Exchange to help employers
8 establish plans that allow employees to pay for health insurance premiums
9 with pretax dollars. It would clarify the circumstances under which Medicaid
10 applications and records are considered confidential. It would also require the
11 Green Mountain Care Board, rather than the Department of Vermont Health
12 Access, to submit a report with health insurers by November 15, 2021
13 regarding the impact of co-payment limits on utilization of chiropractic and
14 physical therapy services.

15 An act relating to miscellaneous provisions affecting navigators, Medicaid
16 records, and the Department of Vermont Health Access

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

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

19 § 1807. NAVIGATORS

20 * * *

1 (b) Navigators shall have the following duties:

2 * * *

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

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

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 [Repealed.]~~

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

16 § 1902a. CONFIDENTIALITY OF MEDICAID APPLICATIONS AND
17 RECORDS; DISCLOSURE TO AUTHORIZED
18 REPRESENTATIVE

19 * * *

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

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

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

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

12 (d) As used in this section:

13 (1) "Authorized representative" means any person designated by a
14 Medicaid applicant or recipient to review confidential information about the
15 Medicaid applicant or recipient pertaining to the eligibility determination and
16 the appeals process.

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

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

2 * * *

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

12 Sec. 4. EFFECTIVE DATE

13 This act shall take effect on passage.