

H.728

An act relating to the miscellaneous changes affecting the duties of the  
Department of Vermont Health Access

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

Sec. 1. EXCHANGE PLAN PREMIUM PROCESSING; PURPOSE

The purpose of Sec. 2 of this act, which amends 33 V.S.A. § 1805, is to transfer the Exchange plan premium processing functions from the Vermont Health Benefit Exchange to the insurance carriers as contemplated by 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. C.102(a)(3).

Sec. 2. 33 V.S.A. § 1805 is amended to read:

§ 1805. DUTIES AND RESPONSIBILITIES

The Vermont Health Benefit Exchange shall have the following duties and responsibilities consistent with the Affordable Care Act:

\* \* \*

~~(C) collecting premium payments made for qualified health benefit plans from employers and individuals on a pretax basis, including collecting premium payments from multiple employers of one individual for a single plan covering that individual; and~~

~~(D)~~(C) creating a simplified and uniform system for the administration of health benefits.

\* \* \*

(6) Determining enrollee ~~premiums and~~ subsidies as required by the Secretary of the U.S. Department of the Treasury or of the U.S. Department of Health and Human Services and informing consumers of eligibility for ~~premiums and~~ subsidies, including by providing an electronic calculator to determine the actual cost of coverage after application of any premium tax credit under Section 36B of the Internal Revenue Code of 1986 and any cost-sharing reduction under Section 1402 of the Affordable Care Act.

Sec. 3. 33 V.S.A. § 2001 is amended to read:

§ 2001. LEGISLATIVE OVERSIGHT

(a) ~~In connection with the Pharmacy Best Practices and Cost Control Program, the Commissioner of Vermont Health Access shall report for review by the House Committees on Appropriations, on Health Care, and on Human Services and the Senate Committees on Appropriations and on Health and Welfare prior to any modifications:~~

~~(1) the compilation that constitutes the preferred drug list or list of drugs subject to prior authorization or any other utilization review procedures;~~

~~(2) any utilization review procedures, including any prior authorization procedures; and~~

~~(3) the procedures by which drugs will be identified as preferred on the preferred drug list, and the procedures by which drugs will be selected for prior authorization or any other utilization review procedure.~~

~~(b) The Committees shall closely monitor implementation of the preferred drug list and utilization review procedures to ensure that the consumer protection standards enacted pursuant to section 1999 of this title are not diminished as a result of implementing the preferred drug list and the utilization review procedures, including any unnecessary delay in access to appropriate medications. The Committees shall ensure that all affected interests, including consumers, health care providers, pharmacists, and others with pharmaceutical expertise have an opportunity to comment on the preferred drug list and procedures reviewed under this subsection.~~

~~(e) The Notwithstanding the provisions of 2 V.S.A. § 20(d), the Commissioner of Vermont Health Access shall report annually on or before October 30 to the House Committees on Appropriations, on Health Care, and on Human Services and the Senate Committees on Appropriations and on Health and Welfare concerning the Pharmacy Best Practices and Cost Control Program and the operation of Vermont's pharmaceutical assistance programs for the most recent State fiscal year. Topics covered in the report shall include;~~

- ~~(1) issues related to drug cost and utilization;~~
- ~~(2) the effect of national trends on the pharmacy program;~~
- ~~(3) comparisons to other states;~~

~~(4) the Department's administration of Vermont's pharmaceutical assistance programs;~~

(5) the Department's use of prior authorization requirements for prescription drugs; and

(6) decisions made by the Department's Drug Utilization Review Board in relation to both drug utilization review efforts and the placement of drugs on the Department's preferred drug list.

~~(d)~~ ~~[Repealed.]~~

~~(e)(b)(1)~~ ~~[Repealed.]~~

~~(2)~~ The Commissioner shall not enter into a contract with a pharmacy benefit manager unless the pharmacy benefit manager has agreed to disclose to the Commissioner the terms and the financial impact on Vermont and on Vermont beneficiaries of:

\* \* \*

~~(3)~~(2) The Commissioner shall not enter into a contract with a pharmacy benefit manager who has entered into an agreement or engaged in a practice described in subdivision ~~(2)~~(1) of this subsection, unless the Commissioner determines that the agreement or practice furthers the financial interests of Vermont and does not adversely affect the medical interests of Vermont beneficiaries.

Sec. 4. 33 V.S.A. § 2081 is amended to read:

§ 2081. ~~RULES AND LEGISLATIVE OVERSIGHT~~ RULEMAKING

~~(a)~~ The Agency of Human Services shall adopt rules necessary to implement and administer the provisions of this subchapter, including standards and schedules establishing coverage and exclusion of pharmaceuticals and maximum quantities of pharmaceuticals to be dispensed, and to comply with the requirements of the Medicare Modernization Act. ~~The Agency of Human Services shall submit the proposed rule to the Health Care Oversight Committee. The Health Care Oversight Committee shall review and advise on the Agency rules and policies developed under this subsection and shall submit for consideration any recommendations to the joint Legislative Committee on Administrative Rules.~~

~~(b) DVHA shall report on the status of the pharmaceutical assistance programs established by this subchapter to the Health Care Oversight Committee.~~

Sec. 5. EFFECTIVE DATES

(a) Secs. 1 (Exchange plan premium processing; purpose) and 2 (33 V.S.A. § 1805) shall take effect on October 1, 2020.

(b) The remaining sections shall take effect on passage.