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H.786

Introduced by Representative Copeland Hanzas of Bradford

Referred to Committee on

Date:

Subject: Health; health insurance; cost-sharing; primary care

Statement of purpose of bill as introduced: This bill proposes to eliminate  
cost-sharing requirements in health insurance plans for primary care services.

An act relating to eliminating cost-sharing requirements for primary care

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

Sec. 1. 8 V.S.A. § 4080(b)(4) is amended to read:

(4)(A) No cost sharing for preventive and primary care services. A  
group insurance policy shall not impose any co-payment, coinsurance, or  
deductible requirements for:

\* \* \*

(iii) with respect to infants, children, and adolescents, evidence-  
informed preventive care and screenings as set forth in comprehensive  
guidelines supported by the federal Health Resources and Services  
Administration; ~~and~~

(iv) with respect to women, to the extent not included in  
subdivision (i) of this subdivision (4)(A), evidence-informed preventive care

1 and screenings set forth in binding comprehensive health plan coverage  
2 guidelines supported by the federal Health Resources and Services  
3 Administration; and

4 (v) all primary care services.

5 (B) Subdivision (A) of this subdivision (4) shall apply to a high-  
6 deductible health plan only to the extent that it would not disqualify the plan  
7 from eligibility for a health savings account pursuant to 26 U.S.C. § 223.  
8 Sec. 2. 33 V.S.A. § 1811(d)(5) is amended to read:

9 (5)(A) No cost sharing for preventive and primary care services. A  
10 health benefit plan shall not impose any co-payment, coinsurance, or  
11 deductible requirements for:

12 \* \* \*

13 (iii) with respect to infants, children, and adolescents, evidence-  
14 informed preventive care and screenings as set forth in comprehensive  
15 guidelines supported by the federal Health Resources and Services  
16 Administration; ~~and~~

17 (iv) with respect to women, to the extent not included in  
18 subdivision (i) of this subdivision (5)(A), evidence-informed preventive care  
19 and screenings set forth in binding comprehensive health plan coverage  
20 guidelines supported by the federal Health Resources and Services  
21 Administration; and

1                   (v) all primary care services.

2                   (B) Subdivision (A) of this subdivision (5) shall apply to a high-  
3 deductible health plan only to the extent that it would not disqualify the plan  
4 from eligibility for a health savings account pursuant to 26 U.S.C. § 223.

5                   Sec. 3. EFFECTIVE DATE

6                   This act shall take effect on January 1, 2021 and shall apply to all health  
7 insurance plans issued on or after January 1, 2021 on such date as a health  
8 insurer issues, offers, or renews the health insurance plan, but in no event later  
9 than January 1, 2022.