1	S.216
2	Introduced by Senators Pollina and Perchlik
3	Referred to Committee on
4	Date:
5	Subject: Health; health insurance; Vermont Health Benefit Exchange;
6	municipal employers
7	Statement of purpose of bill as introduced: This bill proposes to allow
8	municipal employers of any size to provide health insurance to their employees
9	through the Vermont Health Benefit Exchange or through a reflective health
10	benefit plan.
11 12	An act relating to allowing large municipal employers to provide Exchange and reflective health benefit plans to their employees
13	It is hereby enacted by the General Assembly of the State of Vermont:
14	Sec. 1. 33 V.S.A. § 1802 is amended to read:
15	§ 1802. DEFINITIONS
16	As used in this subchapter:
17	* * *
18	(5) "Qualified employer":
19	(A) means an entity which employed an average of not more than 50
20	employees on working days during the preceding calendar year and which that:

1	(A)(i) employed an average of not more than 100 employees on
2	working days during the preceding calendar year; or
3	(ii) is a municipal employer of any size with one or more
4	employees; and
5	(B)(i) has its principal place of business in this State and elects to
6	provide coverage for its eligible employees through the Vermont Health
7	Benefit Exchange, regardless of where an employee resides; or
8	(ii) elects to provide coverage through the Vermont Health Benefit
9	Exchange for all of its eligible employees who are principally employed in this
10	State <del>;</del>
11	(B) on and after January 1, 2016, shall include an entity which:
12	(i) employed an average of not more than 100 employees on
13	working days during the preceding calendar year; and
14	(ii) meets the requirements of subdivisions (A)(i) and (A)(ii) of
15	this subdivision (5).
16	(C) [Repealed.].
17	* * *
18	(11) "Municipal employer" has the same meaning as in 21 V.S.A.
19	§ 1722, except that it includes any municipal employer with one or more
20	employees. The term does not include a supervisory union or school district.

1 Sec. 2. 33 V.S.A. § 1804 is amended to read: 2 § 1804. QUALIFIED EMPLOYERS 3 (a)(1) Until January 1, 2016, a qualified employer shall be an entity which 4 employed an average of not more than 50 employees on working days during 5 the preceding calendar year, and the term "qualified employer" includes self-6 employed persons to the extent permitted under the Affordable Care Act. 7 Calculation of the number of employees of a qualified employer shall not 8 include a part-time employee who works fewer than 30 hours per week or a 9 seasonal worker as defined in 26 U.S.C. § 4980H(c)(2)(B). 10 (2) An employer with 50 or fewer employees that offers a qualified 11 health benefit plan to its employees through the Vermont Health Benefit 12 Exchange may continue to participate in the Exchange even if the employer's 13 size grows beyond 50 employees as long as the employer continuously makes 14 qualified health benefit plans in the Vermont Health Benefit Exchange 15 available to its employees. [Repealed.] 16 (b)(1) On and after January 1, 2016, a A qualified employer shall be an 17 entity which that employed an average of not more than 100 employees on 18 working days during the preceding calendar year and the term "qualified 19 employer" includes self-employed persons to the extent permitted under the 20 Affordable Care Act. The number of employees shall be calculated using the

method set forth in 26 U.S.C. § 4980H(c)(2).

1	(2) An employer with 100 or fewer employees that offers a qualified
2	health benefit plan to its employees through the Vermont Health Benefit
3	Exchange may continue to participate in the Exchange even if the employer's
4	size grows beyond 100 employees as long as the employer continuously makes
5	qualified health benefit plans in the Vermont Health Benefit Exchange
6	available to its employees.
7	(c) On and after January 1, 2020, a qualified employer may also be a
8	municipal employer of any size with one or more employees.
9	Sec. 3. 33 V.S.A. § 1811 is amended to read:
10	§ 1811. HEALTH BENEFIT PLANS FOR INDIVIDUALS AND, SMALL
11	EMPLOYERS, AND MUNICIPAL EMPLOYERS
12	(a) As used in this section:
13	(1) "Health benefit plan" means a health insurance policy, a nonprofit
14	hospital or medical service corporation service contract, or a health
15	maintenance organization health benefit plan offered through the Vermont
16	Health Benefit Exchange or a reflective health benefit plan offered in
17	accordance with section 1813 of this title that is issued to an individual or to an
18	employee of a small employer or a municipal employer. The term does not
19	include coverage only for accident or disability income insurance, liability
20	insurance, coverage issued as a supplement to liability insurance, workers'
21	compensation or similar insurance, automobile medical payment insurance,

insurance coverage in which benefits for health services are secondary or incidental to other insurance benefits as provided under the Affordable Care Act. The term also does not include stand-alone dental or vision benefits; long-term care insurance; short-term, limited-duration health insurance; specific disease or other limited benefit coverage; Medicare supplemental health benefits; Medicare Advantage plans; and other similar benefits excluded under the Affordable Care Act.

- (2) "Registered carrier" means any person, except an insurance agent, broker, appraiser, or adjuster, who issues a health benefit plan and who has a registration in effect with the Commissioner of Financial Regulation as required by this section.
- (3)(A) Until January 1, 2016, "small employer" means an entity which employed an average of not more than 50 employees on working days during the preceding calendar year. The term includes self-employed persons to the extent permitted under the Affordable Care Act. Calculation of the number of employees of a small employer shall not include a part-time employee who works fewer than 30 hours per week or a seasonal worker as defined in 26 U.S.C. § 4980H(c)(2)(B). An employer may continue to participate in the Exchange even if the employer's size grows beyond 50 employees as long as

1	the employer continuously makes qualified health benefit plans in the Vermont
2	Health Benefit Exchange available to its employees. [Repealed.]
3	(B) Beginning on January 1, 2016, "small "Small employer" means
4	an entity which that employed an average of not more than 100 employees on
5	working days during the preceding calendar year. The term includes self-
6	employed persons to the extent permitted under the Affordable Care Act. The
7	number of employees shall be calculated using the method set forth in
8	26 U.S.C. § 4980H(c)(2). An employer may continue to participate in the
9	Exchange even if the employer's size grows beyond 100 employees as long as
10	the employer continuously makes qualified health benefit plans in the Vermont
11	Health Benefit Exchange available to its employees.
12	(C) "Municipal employer" has the same meaning as in 21 V.S.A.
13	§ 1722, except that it includes all municipal employers of any size with one or
14	more employees. The term does not include a supervisory union or school
15	district.
16	(b)(1) To the extent permitted by the U.S. Department of Health and
17	Human Services, an individual may purchase a health benefit plan through the
18	Exchange website, through navigators, by telephone, or directly from a
19	registered carrier under contract with the Vermont Health Benefit Exchange, if
20	the carrier elects to make direct enrollment available. A registered carrier

enrolling individuals in health benefit plans directly shall comply with all open

enrollment and special enrollment periods applicable to the Vermont Health

Benefit Exchange.

- (2) To the extent permitted by the U.S. Department of Health and Human Services, a small employer, a municipal employer, or an employee of a small <u>or municipal</u> employer may purchase a health benefit plan through the Exchange website, through navigators, by telephone, or directly from a registered carrier under contract with the Vermont Health Benefit Exchange.
- (3) No person may provide a health benefit plan to an individual, or small employer, or municipal employer unless the plan complies with the provisions of this subchapter.
- (c) No person may provide a health benefit plan to an individual, of small employer, or municipal employer unless such person is a registered carrier. The Commissioner of Financial Regulation shall establish, by rule, the minimum financial, marketing, service, and other requirements for registration. Such registration shall be effective upon approval by the Commissioner of Financial Regulation and shall remain in effect until revoked or suspended by the Commissioner of Financial Regulation for cause or until withdrawn by the carrier. A carrier may withdraw its registration upon at least six months' prior written notice to the Commissioner of Financial Regulation. A registration filed with the Commissioner of Financial Regulation shall be deemed to be

1	approved unless it is disapproved by the Commissioner of Financial
2	Regulation within 30 days of filing.
3	(d)(1) Guaranteed issue. A registered carrier shall guarantee acceptance of
4	all individuals, small employers, municipal employers, and employees of small
5	and municipal employers, and each dependent of such individuals and
6	employees, for any health benefit plan offered by the carrier, regardless of any
7	outstanding premium amount a subscriber may owe to the carrier for coverage
8	provided during the previous plan year.
9	* * *
10	(f)(1) A registered carrier shall use a community rating method acceptable
11	to the Commissioner of Financial Regulation for determining premiums for
12	health benefit plans. Except as provided in subdivision (2) of this subsection,
13	the following risk classification factors are prohibited from use in rating
14	individuals, small employers, municipal employers, or employees of small or
15	municipal employers, or the dependents of such individuals or employees:
16	(A) demographic rating, including age and gender rating;
17	(B) geographic area rating;
18	(C) industry rating;
19	(D) medical underwriting and screening;
20	(E) experience rating;
21	(F) tier rating; or

1	(G) durational rating.
2	* * *
3	(h) A registered carrier shall provide, on forms prescribed by the
4	Commissioner of Financial Regulation, full disclosure to a small or municipal
5	employer of all premium rates and any risk classification formulas or factors
6	prior to acceptance of a plan by the small or municipal employer.
7	(i) A registered carrier shall guarantee the rates on a health benefit plan for
8	a minimum of 12 months.
9	(j) The Commissioner of Financial Regulation or the Green Mountain Care
10	Board established in 18 V.S.A. chapter 220, as appropriate, shall disapprove
11	any rates filed by any registered carrier, whether initial or revised, for
12	insurance policies unless the anticipated medical loss ratios for the entire
13	period for which rates are computed are at least 80 percent, as required by the
14	Affordable Care Act.
15	* * *
16	Sec. 4. 33 V.S.A. § 1813 is amended to read:
17	§ 1813. REFLECTIVE HEALTH BENEFIT PLANS
18	(a)(1) In the event that federal cost-sharing reduction payments to insurers
19	are suspended or discontinued, registered carriers may offer to individuals and
20	employees of small employers and municipal employers nonqualified

reflective health benefit plans that do not include funding to offset the loss of

1	the federal cost-sharing reduction payments. These plans shall be similar to,
2	but contain at least one variation from, qualified health benefit plans offered
3	through the Vermont Health Benefit Exchange that include funding to offset
4	the loss of the federal cost-sharing reduction payments.
5	* * *
6	Sec. 5. EFFECTIVE DATE
7	This act shall take effect on January 1, 2021 and shall apply to all Exchange
8	and reflective health benefit plans issued, offered, or renewed on or after that
9	date.