

1 S.89

2 Introduced by Senator Cummings

3 Referred to Committee on Finance

4 Date: February 8, 2019

5 Subject: Health; health insurance; Vermont Health Benefit Exchange;
6 reflective plans

7 Statement of purpose of bill as introduced: This bill proposes to allow health
8 insurers to offer at each metal level health benefit plans similar to, but
9 containing at least one variation from, the qualified health benefit plans
10 offered through the Vermont Health Benefit Exchange. It would also specify
11 that the Green Mountain Care Board must ensure that, to the extent not
12 expressly prohibited under federal law, funding to offset the loss of federal
13 cost-sharing reduction payments is included exclusively in silver-level
14 Exchange plans.

15 An act relating to allowing reflective health benefit plans at all metal levels

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

17 Sec. 1. 8 V.S.A. § 4088a(a)(4) is amended to read:

18 (4) For silver- and bronze-level qualified health benefit plans and any
19 reflective ~~silver~~ health benefit plans offered at the silver or bronze level

1 pursuant to 33 V.S.A. chapter 18, subchapter 1, health care services provided
2 by a chiropractic physician may be subject to a co-payment requirement,
3 provided that any required co-payment amount shall be between 125 and
4 150 percent of the amount of the co-payment applicable to care and services
5 provided by a primary care provider under the plan.

6 Sec. 2. 8 V.S.A. § 4088k is amended to read:

7 § 4088k. PHYSICAL THERAPY CO-PAYMENTS FOR CERTAIN PLANS

8 For silver- and bronze-level qualified health benefit plans and any reflective
9 ~~silver~~ health benefit plans offered at the silver or bronze level pursuant to
10 33 V.S.A. chapter 18, subchapter 1, health care services provided by a licensed
11 physical therapist may be subject to a co-payment requirement, provided that
12 any required co-payment amount shall be between 125 and 150 percent of the
13 amount of the co-payment applicable to care and services provided by a
14 primary care provider under the plan.

15 Sec. 3. 18 V.S.A. § 9375(b) is amended to read:

16 (b) The Board shall have the following duties:

17 * * *

18 (9) Review and approve, with recommendations from the Commissioner
19 of Vermont Health Access, the benefit package or packages for qualified health
20 benefit plans and reflective ~~silver~~ health benefit plans pursuant to 33 V.S.A.
21 chapter 18, subchapter 1. The Board shall report to the House Committee on

1 Health Care and the Senate Committee on Health and Welfare within 15 days
2 following its approval of any substantive changes to the benefit packages.

3 * * *

4 Sec. 4. 33 V.S.A. § 1802 is amended to read:

5 § 1802. DEFINITIONS

6 As used in this subchapter:

7 * * *

8 (10) “Reflective ~~silver~~ health benefit plan” means a health benefit plan
9 that meets the requirements set forth in section 1813 of this title.

10 Sec. 5. 33 V.S.A. § 1811 is amended to read:

11 § 1811. HEALTH BENEFIT PLANS FOR INDIVIDUALS AND SMALL
12 EMPLOYERS

13 (a) As used in this section:

14 (1) “Health benefit plan” means a health insurance policy, a nonprofit
15 hospital or medical service corporation service contract, or a health
16 maintenance organization health benefit plan offered through the Vermont
17 Health Benefit Exchange or a reflective ~~silver~~ health benefit plan offered in
18 accordance with section 1813 of this title that is issued to an individual or to an
19 employee of a small employer. The term does not include coverage only for
20 accident or disability income insurance, liability insurance, coverage issued as
21 a supplement to liability insurance, workers’ compensation or similar
22 insurance, automobile medical payment insurance, credit-only insurance,

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

9 * * *

10 Sec. 6. 33 V.S.A. § 1813 is amended to read:

11 § 1813. REFLECTIVE ~~SILVER~~ HEALTH BENEFIT PLANS

12 (a)(1) In the event that federal cost-sharing reduction payments to insurers
13 are suspended or discontinued, registered carriers may offer to individuals and
14 employees of small employers ~~silver-level~~ nonqualified reflective health
15 benefit plans that do not include funding to offset the loss of the federal cost-
16 sharing reduction payments. These plans shall be similar to, but contain at
17 least one variation from, ~~silver-level~~ qualified health benefit plans offered
18 through the Vermont Health Benefit Exchange that include funding to offset
19 the loss of the federal cost-sharing reduction payments.

20 (2) In its review and approval of premium rates pursuant to 8 V.S.A.
21 § 4062, the Green Mountain Care Board shall ensure that:

1 (A) the rates for ~~the silver-level~~ some or all qualified health benefit
2 plans offered through the Vermont Health Benefit Exchange include funding to
3 offset the loss of the federal cost-sharing reduction payments; and

4 (B) the rates for the reflective ~~silver~~ health benefit plans described in
5 subdivision (1) of this subsection (a) do not include funding to offset the loss
6 of the federal cost-sharing reduction payments.

7 (3) To the extent not expressly prohibited under federal law, the Green
8 Mountain Care Board shall ensure that funding to offset the loss of the federal
9 cost-sharing reduction payments is included exclusively in silver-level
10 qualified health benefit plans offered through the Vermont Health Benefit
11 Exchange.

12 (b) A reflective ~~silver~~ health benefit plan shall comply with the
13 requirements of section 1806 of this title except that the plan shall not be
14 offered through the Vermont Health Benefit Exchange.

15 Sec. 7. EFFECTIVE DATE

16 This act shall take effect on January 1, 2020.