

HHC – Affordability work group language proposals

For inclusion in FY2021 budget:

Sec. A. 33 V.S.A. § 1812 is amended to read:

§ 1812. FINANCIAL ASSISTANCE TO INDIVIDUALS

(a)(1)(A) An individual or family eligible for federal premium tax credits under 26 U.S.C. § 36B with income less than or equal to 300 percent of federal poverty level shall be eligible for premium assistance from the State of Vermont as described in subdivision (B) of this subdivision (1).

~~(2)(B)~~ The Department of Vermont Health Access shall establish a premium schedule on a sliding scale based on modified adjusted gross income for the individuals and families described in subdivision ~~(1) of this subsection (A)~~ (A) of this subdivision (1). The Department shall reduce the premium contribution for these individuals and families by 1.5 percent below the premium amount established in 26 U.S.C. § 36B.

~~(3)(C)~~ Premium assistance under this subdivision (1) shall be available for the same qualified health benefit plans for which federal premium tax credits are available.

(2)(A) An individual or family with income above 400 percent of the federal level but less than or equal to 500 percent of the federal poverty level shall be eligible for premium assistance from the State of Vermont as described in subdivision (B) of this subdivision (2).

(B) The Department of Vermont Health Access shall reduce the premium contribution for the individuals and families described in subdivision (A) of this subdivision (2) who are enrolled in qualified health benefit plans by an amount equal to

10 percent of the premium for the second-lowest cost silver-level qualified health benefit plan offered through the Vermont Health Benefit Exchange.

Sec. B. 400-500 PERCENT FPL PREMIUM ASSISTANCE; FUNDING ESTIMATE

On or before January 15, 2021, the Department of Vermont Health Access shall provide to the House Committees on Health Care, on Appropriations, and on Ways and Means and the Senate Committees on Health and Welfare, on Appropriations, and on Finance an estimate of the annualized cost of providing a premium reduction equal to 10 percent of the premium for the second-lowest cost silver-level qualified health benefit plan for individuals and families enrolled in qualified health benefit plans with income above 400 percent of the federal level but less than or equal to 500 percent of the federal poverty level. In addition, the Department shall provide sustainable options for financing the premium assistance on an ongoing basis, including the rate of tax that would need to be imposed on annual income in excess of \$100,000.00 in order to meet the revenue need.

Stand-alone language for qualified health benefit plan design

Sec. X. ACCESS TO HEALTH CARE SERVICES; 2022 QUALIFIED HEALTH BENEFIT PLAN DESIGN

In designing qualified health benefit plans for the 2022 plan year, the Department of Vermont Health Access, health insurers offering plans through the Vermont Health Benefit Exchange, the Green Mountain Care Board, the Office of the Health Care Advocate, and other interested stakeholders shall prioritize access to primary care services and shall also consider plan designs that increase access to the following health care services:

- (1) fertility preservation for insureds diagnosed with cancer (H.253);
- (2) hearing aids (H.348);
- (3) chromosomal microarray analysis (H.625);
- (4) surgical revision after chest wall reconstruction (H.686);
- (5) physical therapy services (H.724);
- (6) breast cancer screening using magnetic resonance imaging (H.725);
- (7) custom foot orthotics for insureds with spina bifida (H.726); and
- (8) limiting out-of-pocket expenses for prescription insulin drugs (H.822).