

Rep. Donahue DFR language for HHC FY2021 budget memo*New section requiring DFR to review 2017 Milliman report*

Sec. D. DEPARTMENT OF FINANCIAL REGULATION; REPORT REVIEW;
REPORT

(a) In order to identify and address potential cost shifts from commercial health insurers to Vermont Medicaid, the Department of Financial Regulation shall review the December 2017 Milliman Research Report entitled “Addiction and mental health vs. physical health: Analyzing disparities in network use and provider reimbursement rates,” and the November 2019 update entitled “Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement,” and shall assess whether Vermont’s commercial health insurers are meeting their obligations to ensure equal access to appropriate mental health care in a manner equivalent to other aspects of health care in accordance with 8 V.S.A. § 4062(h)(2) and to provide parity for coverage of mental health and physical health conditions pursuant to 8 V.S.A. § 4089b. If the Department determines that one or more insurers are failing to meet their obligations under 8 V.S.A. § 4062(h)(2) or 8 V.S.A. § 4089b, or both, the Department shall pursue appropriate enforcement actions and shall make recommendations to the Green Mountain Care Board to inform its regulation of accountable care organizations with respect to the provisions of 18 V.S.A. § 9382(a)(2).

(b) On or before January 15, 2021, the Department of Financial Regulation shall report to the House Committees on Health Care and on Appropriations and the Senate Committees on Health and Welfare and on Appropriations with its findings and any recommendations it made to the Green Mountain Care Board as a result of those findings.