

H.524 – potential amendments to Sec. 9 reports for HAC consideration*Amend H.524, Sec. 9, health insurance affordability; report, as follows:*

First: In subdivision (a)(1), by adding the word “and” following the semicolon at the end of subdivision (A), by striking out subdivision (B) in its entirety, and by redesignating subdivision (C) to be subdivision (B)

Second: In subsection (a), by adding the word “and” following the semicolon at the end of subdivision (2), by striking out subdivision (3) in its entirety, and by redesignating subdivision (4) to be subdivision (3)

As amended, Sec. 9(a) would read:

(a) The Agency of Human Services, in consultation with interested stakeholders, shall:

(1) develop a strategy for making health insurance affordable for all Vermont residents, including younger Vermonters and Vermonters who are not eligible for financial assistance, which shall include consideration of:

(A) the maximum percentage of an individual’s or family’s income that the individual or family should be required to pay for health insurance premiums; **and**

~~(B) the impact of cost-sharing requirements, including deductibles, co-payments, and coinsurance, on the total cost of care that is borne by individuals with a chronic illness or condition; and~~

~~(C)~~(B) how to link the cost of health insurance to an individual’s or family’s income so that no individual or family pays more than the maximum percentage identified in subdivision (A) of this subdivision (1);

(2) explore requiring individuals enrolled in the Medicaid program with income between 100 and 138 percent of the federal poverty level to pay the maximum co-payment amounts for

their health care services as are allowed under federal law and investing the State funds saved in assisting Vermonters who have lower incomes with obtaining access to affordable health insurance coverage; and

~~**(3) determine the estimated cost and appropriate mechanisms that would be needed to ensure that all Vermont residents have access to primary care services with out-of-pocket exposure that does not exceed \$10.00 per visit without requiring prior satisfaction of any applicable deductible; and**~~

(4)(3) explore the potential for establishing a regional, publicly financed, universal health care program in cooperation with other states, including identifying the opportunities and challenges that would be presented by partnering with other states to create such a program.