

1 TO THE HONORABLE SENATE:

2 The Committee on Finance to which was referred House Bill No. 524  
3 entitled “An act relating to health insurance and the individual mandate”  
4 respectfully reports that it has considered the same and recommends that the  
5 Senate propose to the House that the bill be amended as follows:

6 First: By striking out Sec. 6, 33 V.S.A. § 1811, in its entirety and inserting  
7 in lieu thereof a new Sec. 6 to read as follows:

8 Sec. 6. 33 V.S.A. § 1811 is amended to read:

9 § 1811. HEALTH BENEFIT PLANS FOR INDIVIDUALS AND SMALL  
10 EMPLOYERS

11 \* \* \*

12 (d)(1) Guaranteed issue. A registered carrier shall guarantee acceptance of  
13 all individuals, small employers, and employees of small employers, and each  
14 dependent of such individuals and employees, for any health benefit plan  
15 offered by the carrier, regardless of any outstanding premium amount a  
16 subscriber may owe to the carrier for coverage provided during the previous  
17 plan year.

18 (2) Preexisting condition exclusions. A registered carrier shall not  
19 exclude, restrict, or otherwise limit coverage under a health benefit plan for  
20 any preexisting health condition.

21 (3) Annual limitations on cost sharing.

1           (A)(i) The annual limitation on cost sharing for self-only coverage  
2           for any year shall be the same as the dollar limit established by the federal  
3           government for self-only coverage for that year in accordance with 45 C.F.R.  
4           § 156.130.

5           (ii) The annual limitation on cost sharing for other than self-only  
6           coverage for any year shall be twice the dollar limit for self-only coverage  
7           described in subdivision (i) of this subdivision (A).

8           (B)(i) In the event that the federal government does not establish an  
9           annual limitation on cost sharing for any plan year, the annual limitation on  
10           cost sharing for self-only coverage for that year shall be the dollar limit for  
11           self-only coverage in the preceding calendar year, increased by any percentage  
12           by which the average per capita premium for health insurance coverage in  
13           Vermont for the preceding calendar year exceeds the average per capita  
14           premium for the year before that.

15           (ii) The annual limitation on cost-sharing for other than self-only  
16           coverage for any year in which the federal government does not establish an  
17           annual limitation on cost sharing shall be twice the dollar limit for self-only  
18           coverage described in subdivision (i) of this subdivision (B).

19           (4) Ban on annual and lifetime limits. A health benefit plan shall not  
20           establish any annual or lifetime limit on the dollar amount of essential health  
21           benefits, as defined in Section 1302(b) of the Patient Protection and Affordable

1 Care Act of 2010, Pub. L. No. 111-148, as amended by the Health Care and  
2 Education Reconciliation Act of 2010, Pub. L. No. 111-152, and applicable  
3 regulations and federal guidance, for any individual insured under the plan,  
4 regardless of whether the services are provided in-network or out-of-network.

5 (5)(A) No cost sharing for preventive services. A health benefit plan  
6 shall not impose any co-payment, coinsurance, or deductible requirements for:

7 (i) preventive services that have an “A” or “B” rating in the  
8 current recommendations of the U.S. Preventive Services Task Force;

9 (ii) immunizations for routine use in children, adolescents, and  
10 adults that have in effect a recommendation from the Advisory Committee on  
11 Immunization Practices of the Centers for Disease Control and Prevention with  
12 respect to the individual involved;

13 (iii) with respect to infants, children, and adolescents, evidence-  
14 informed preventive care and screenings as set forth in comprehensive  
15 guidelines supported by the federal Health Resources and Services  
16 Administration; and

17 (iv) with respect to women, to the extent not included in  
18 subdivision (i) of this subdivision (5)(A), evidence-informed preventive care  
19 and screenings set forth in binding comprehensive health plan coverage  
20 guidelines supported by the federal Health Resources and Services  
21 Administration.

1           (B) Subdivision (A) of this subdivision (5) shall apply to a high-  
2           deductible health plan only to the extent that it would not disqualify the plan  
3           from eligibility for a health savings account pursuant to 26 U.S.C. § 223.

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5           Second: By striking out Sec. 7, 8 V.S.A. § 4079a, in its entirety and  
6 inserting in lieu thereof the following:

7           Sec. 7. [Deleted.]

8           Third: In Sec. 13, effective dates, by striking out subsection (d) in its  
9 entirety and by relettering subsection (e) to be subsection (d)

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18           (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

FOR THE COMMITTEE