

1 H.728

2 Introduced by Representative Houghton of Essex

3 Referred to Committee on

4 Date:

5 Subject: Health; Department of Vermont Health Access; Vermont Health  
6 Benefit Exchange; Medicaid

7 Statement of purpose of bill as introduced: This bill proposes to eliminate the  
8 duty of the Vermont Health Benefit Exchange to collect Exchange plan  
9 premium payments. It would also consolidate the Department of Vermont  
10 Health Access's prescription drug program reporting requirements, remove a  
11 requirement that the Department report proposed changes to the Medicaid  
12 preferred drug list or the Department's drug utilization review procedures to  
13 the General Assembly prior to implementation, and eliminate a requirement  
14 that the Department submit proposed rules on its pharmaceutical assistance  
15 programs to a legislative committee for review and advice.

16 An act relating to the miscellaneous changes affecting the duties of the  
17 Department of Vermont Health Access

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

2 Sec. 1. EXCHANGE PLAN PREMIUM PROCESSING; PURPOSE

3 The purpose of Sec. 2 of this act, which amends 33 V.S.A. § 1805, is to  
4 transfer the Exchange plan premium processing functions from the Vermont  
5 Health Benefit Exchange to the insurance carriers as contemplated by 2018  
6 (Sp. Sess.) Acts and Resolves No. 11, Sec. C.102(a)(3).

7 Sec. 2. 33 V.S.A. § 1805 is amended to read:

8 § 1805. DUTIES AND RESPONSIBILITIES

9 The Vermont Health Benefit Exchange shall have the following duties and  
10 responsibilities consistent with the Affordable Care Act:

11 \* \* \*

12 ~~(C) collecting premium payments made for qualified health benefit~~  
13 ~~plans from employers and individuals on a pretax basis, including collecting~~  
14 ~~premium payments from multiple employers of one individual for a single plan~~  
15 ~~covering that individual; and~~

16 ~~(D)~~(C) creating a simplified and uniform system for the  
17 administration of health benefits.

18 \* \* \*

19 (6) Determining enrollee ~~premiums and~~ subsidies as required by the  
20 Secretary of the U.S. Department of the Treasury or of the U.S. Department of  
21 Health and Human Services and informing consumers of eligibility for

1 ~~premiums and~~ subsidies, including by providing an electronic calculator to  
2 determine the actual cost of coverage after application of any premium tax  
3 credit under Section 36B of the Internal Revenue Code of 1986 and any cost-  
4 sharing reduction under Section 1402 of the Affordable Care Act.

5 Sec. 3. 33 V.S.A. § 2001 is amended to read:

6 § 2001. LEGISLATIVE OVERSIGHT

7 (a) ~~In connection with the Pharmacy Best Practices and Cost Control~~  
8 ~~Program, the Commissioner of Vermont Health Access shall report for review~~  
9 ~~by the House Committees on Appropriations, on Health Care, and on Human~~  
10 ~~Services and the Senate Committees on Appropriations and on Health and~~  
11 ~~Welfare prior to any modifications:~~

12 (1) ~~the compilation that constitutes the preferred drug list or list of drugs~~  
13 ~~subject to prior authorization or any other utilization review procedures;~~

14 (2) ~~any utilization review procedures, including any prior authorization~~  
15 ~~procedures; and~~

16 (3) ~~the procedures by which drugs will be identified as preferred on the~~  
17 ~~preferred drug list, and the procedures by which drugs will be selected for prior~~  
18 ~~authorization or any other utilization review procedure.~~

19 (b) ~~The Committees shall closely monitor implementation of the preferred~~  
20 ~~drug list and utilization review procedures to ensure that the consumer~~  
21 ~~protection standards enacted pursuant to section 1999 of this title are not~~

1 ~~diminished as a result of implementing the preferred drug list and the~~  
2 ~~utilization review procedures, including any unnecessary delay in access to~~  
3 ~~appropriate medications. The Committees shall ensure that all affected~~  
4 ~~interests, including consumers, health care providers, pharmacists, and others~~  
5 ~~with pharmaceutical expertise have an opportunity to comment on the~~  
6 ~~preferred drug list and procedures reviewed under this subsection.~~

7 (e) The Notwithstanding the provisions of 2 V.S.A. § 20(d), the  
8 Commissioner of Vermont Health Access shall report annually on or before  
9 October 30 to the House Committees on Appropriations, on Health Care, and  
10 on Human Services and the Senate Committees on Appropriations and on  
11 Health and Welfare concerning the Pharmacy Best Practices and Cost Control  
12 Program and the operation of Vermont's pharmaceutical assistance programs  
13 for the most recent State fiscal year. Topics covered in the report shall include;

14 (1) issues related to drug cost and utilization;

15 (2) the effect of national trends on the pharmacy program;

16 (3) comparisons to other states;

17 (4) the Department's administration of Vermont's pharmaceutical  
18 assistance programs;

19 (5) the Department's use of prior authorization requirements for  
20 prescription drugs; and



1 pharmaceuticals and maximum quantities of pharmaceuticals to be dispensed,  
2 and to comply with the requirements of the Medicare Modernization Act. ~~The~~  
3 ~~Agency of Human Services shall submit the proposed rule to the Health Care~~  
4 ~~Oversight Committee. The Health Care Oversight Committee shall review and~~  
5 ~~advise on the Agency rules and policies developed under this subsection and~~  
6 ~~shall submit for consideration any recommendations to the joint Legislative~~  
7 ~~Committee on Administrative Rules.~~

8 ~~(b) DVHA shall report on the status of the pharmaceutical assistance~~  
9 ~~programs established by this subchapter to the Health Care Oversight~~  
10 ~~Committee.~~

11 Sec. 5. EFFECTIVE DATES

12 (a) Secs. 1 (Exchange plan premium processing; purpose) and 2 (33 V.S.A.  
13 § 1805) shall take effect on October 1, 2020.

14 (b) The remaining sections shall take effect on passage.