1	H.658
2	Introduced by Representatives Vyhovsky of Essex and Surprenant of Barnard
3	Referred to Committee on
4	Date:
5	Subject: Health; Medicaid; eligibility
6	Statement of purpose of bill as introduced: This bill proposes to provide
7	Medicaid-equivalent coverage to all Vermonters by age bands over time,
8	regardless of household income. It would direct the Agency of Human
9	Services to seek approval for federal financial participation in the expanded
10	coverage, with the State paying the full amount if the federal government does
11	not approve the request. The bill would direct the Agency of Human Services
12	and others to develop cost estimates for the Medicaid-equivalent coverage and
13	a detailed implementation plan. The bill would also require the Department of
14	Taxes to report on potential payroll tax design options to support the State's
15	financial obligation in providing the Medicaid-equivalent coverage, both with
16	and without the federal funding.

An act relating to providing Medicaid-equivalent coverage to allVermonters

1	It is hereby enacted by the General Assembly of the State of Vermont:
2	Sec. 1. 33 V.S.A. chapter 18, subchapter 3 is added to read:
3	Subchapter 3. Medicaid-Equivalent Coverage
4	<u>§ 1851. MEDICAID-EQUIVALENT COVERAGE FOR ALL VERMONT</u>
5	<u>RESIDENTS</u>
6	The Agency of Human Services shall provide hospital, medical, dental, and
7	prescription drug coverage equivalent to coverage in the Vermont Medicaid
8	state plan to all Vermont residents, regardless of their household income, as
9	<u>follows:</u>
10	(1) to individuals up to 26 years of age, for coverage beginning in 2026;
11	(2) to individuals who are not less than 55 years of age and not more
12	than the age of eligibility for the federal Medicare program, for coverage
13	beginning in 2027;
14	(3) to individuals who are not less than 45 years of age and not more
15	than 54 years of age, for coverage beginning in 2028;
16	(4) to individuals who are not less than 35 years of age and not more
17	than 44 years of age, for coverage beginning in 2029; and
18	(5) to individuals who are not less than 26 years of age and not more
19	than 34 years of age, for coverage beginning in 2030, at which time all
20	Vermont residents shall be eligible for coverage.

1	Sec. 2. GLOBAL COMMITMENT WAIVER AMENDMENT
2	(a) On or before September 1, 2022, the Secretary of Human Services shall
3	request approval from the Centers for Medicare and Medicaid Services to
4	amend Vermont's Global Commitment to Health Section 1115 Demonstration
5	Waiver to make all Vermont residents eligible for hospital, medical, dental,
6	and prescription drug coverage equivalent to coverage in the Vermont
7	Medicaid state plan, regardless of income, as set forth in 33 V.S.A. § 1851.
8	(b) In the event that the Centers for Medicare and Medicaid Services does
9	not approve Vermont's request for federal financial participation in providing
10	Medicaid-equivalent coverage to all Vermonters, regardless of income, the
11	coverage shall be funded with State-only dollars.
12	Sec. 3. AGENCY OF HUMAN SERVICES; COST ESTIMATES;
13	IMPLEMENTATION PLAN; REPORT
14	(a) The Agency of Human Services, in consultation with the Green
15	Mountain Care Board and the Department of Financial Regulation, shall:
16	(1) estimate the costs of providing hospital, medical, dental, and
17	prescription drug coverage equivalent to coverage in the Vermont Medicaid
18	state plan to all Vermont residents as set forth in 33 V.S.A. § 1851, including
19	the amount of State funds that would be required to support the program
20	through full implementation in 2030 both with and without federal Medicaid
21	dollars;

1	(2) estimate the potential cost offsets in the health care system and
2	elsewhere in the economy as a result of all Vermont residents having access to
3	Medicaid-equivalent coverage; and
4	(3) develop and propose a detailed implementation plan for providing
5	Medicaid-equivalent coverage to all Vermont residents, beginning with
6	individuals up to 26 years of age in 2026 and continuing through full
7	implementation in 2030.
8	(b) On or before January 15, 2023, the Agency of Human Services shall
9	provide its cost and cost-offset estimates and implementation plan to the House
10	Committees on Health Care, on Appropriations, and on Ways and Means and
11	the Senate Committees on Health and Welfare, on Appropriations, and on
12	Finance.
13	Sec. 4. DEPARTMENT OF TAXES; PAYROLL TAX OPTIONS; REPORT
14	On or before January 15, 2024, the Department of Taxes, in consultation
15	with the Agency of Human Services, shall provide to the House Committees
16	on Health Care and on Ways and Means and the Senate Committees on Health
17	and Welfare and on Finance options for structuring a payroll tax to generate
18	the revenue necessary to support the State portion of the Medicaid and CHIP
19	expansion established in Sec. 1 of this act, both with and without federal
20	Medicaid dollars, based on the Agency's cost estimates developed pursuant to
21	Sec. 3 of this act and any subsequent additional fiscal analysis. The

- 1 Department's report shall set forth at least three payroll tax options and shall
- 2 <u>include the Department's recommendation for which option is the most</u>
- 3 <u>administratively feasible for employers, employees, and the State.</u>
- 4 Sec. 5. EFFECTIVE DATES
- 5 (a) Sec. 1 (33 V.S.A. § 1851; Medicaid-equivalent coverage for all
- 6 <u>Vermont residents) shall take effect on January 1, 2026.</u>
- 7 (b) The remainder of this act shall take effect on passage.