S.70

1 Introduced by Senator Pearson

2 Referred to Committee on

3 Date:

4 Subject: Health; health insurance; primary care; cost sharing

5 Statement of purpose of bill as introduced: This bill proposes to require health insurance plans to provide each insured with at least two primary care visits per year with no cost-sharing requirements.

6 An act relating to requiring health insurance plans to provide two primary care visits per year without cost sharing

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

8 Sec. 1. 8 V.S.A. § 4080(b)(4) is amended to read:

9 (4)(A) No cost sharing for preventive services. A group insurance policy shall not impose any co-payment, coinsurance, or deductible requirements for:

10 * * *

11 (B) No cost sharing for two primary care visits. A group insurance policy shall not impose any co-payment, coinsurance, or deductible requirement for at least two primary care visits per year for each individual insured under the policy.
Sec. 2. 33 V.S.A. § 1811(d)(5) is amended to read:

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

* * *

(B) No cost sharing for two primary care visits. A health benefit plan shall not impose any co-payment, coinsurance, or deductible requirement for at least two primary care visits per year for each individual insured under the plan.

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

Sec. 3. EFFECTIVE DATE

This act shall take effect on January 1, 2022 and shall apply to all health insurance plans issued on or after January 1, 2022 on such date as a health insurer issues, offers, or renews the health insurance plan, but in no event later than January 1, 2022.