

1 S.120

2 Introduced by Senators Hooker, Hardy, Balint, Clarkson and Cummings

3 Referred to Committee on

4 Date:

5 Subject: Health; health insurance; Joint Legislative Health Care Affordability

6 Study Committee

7 Statement of purpose of bill as introduced: This bill proposes to create the
8 Joint Legislative Health Care Affordability Study Committee to explore
9 opportunities to make health care more affordable for Vermont residents and
10 employers.

11 An act relating to the Joint Legislative Health Care Affordability Study
12 Committee

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

14 Sec. 1. FINDINGS

15 The General Assembly finds that:

16 (1) The COVID-19 pandemic has caused significant job losses, with
17 women especially impacted, likely causing a significant negative impact on the
18 number of Vermonters without health insurance and placing greater financial
19 strains on those who are underinsured.

1 (2) Many Vermonters who have health insurance are still exposed to
2 high out-of-pocket costs through their plans' co-payment, coinsurance, and
3 deductible requirements, in addition to ever-increasing premium rates.
4 Currently, a family of four earning more than \$105,000.00 per year who are
5 enrolled in a silver plan through the Vermont Health Benefit Exchange may
6 pay as much as \$44,000.00 per year for health care between their health
7 insurance premiums and out-of-pocket costs. In some instances, an individual
8 or family may have health insurance but not be able to afford to receive
9 necessary health care services because of the out-of-pocket costs associated
10 with their plan. Others who lack coverage or who are underinsured and
11 receive necessary health care services find themselves saddled with substantial
12 medical debt.

13 (3) Employers across the State, including local municipalities and
14 school districts, small businesses, and community organizations, face
15 significant and persistent budget pressures due to the increasing cost of health
16 care coverage for their employees.

17 (4) Hundreds of Vermonters lack access to any health insurance
18 coverage due to their citizenship or immigration status, and many younger
19 adults cannot afford to purchase adequate health insurance coverage.

1 (5) Vermont is facing a significant shortage of health care providers,
2 especially primary care physicians and nursing professionals, in many areas of
3 the State.

4 (6) The Biden Administration has indicated interest in using its
5 demonstration and waiver authorities to partner with states to pursue certain
6 reforms that cannot be accomplished through Congress. The Administration
7 has signaled that it may be open to working with interested states to test
8 strategies such as an expanded public option for health coverage.

9 Sec. 2. JOINT LEGISLATIVE HEALTH CARE AFFORDABILITY

10 STUDY COMMITTEE; REPORT

11 (a) Creation. There is created the Joint Legislative Health Care
12 Affordability Study Committee to explore opportunities to make health care
13 more affordable for Vermont residents and employers.

14 (b) Membership. The Committee shall be composed of the following six
15 members:

16 (1) three current members of the House of Representatives, not all from
17 the same political party, who shall be appointed by the Speaker of the House;
18 and

19 (2) three current members of the Senate, not all from the same political
20 party, who shall be appointed by the Committee on Committees.

1 (c) Powers and duties. The Committee shall explore opportunities to make
2 health care more affordable for Vermont residents and employers, including
3 identifying potential opportunities to leverage federal flexibility and financing
4 and to expand existing public health care programs. The Committee shall
5 consider the following:

6 (1) the long-term trends in out-of-pocket costs in Vermont in individual
7 and small group health insurance plans and in large group health insurance
8 plans;

9 (2) the efficacy of Vermont's All-Payer Accountable Care Organization
10 Model and the changes to the Model that would be necessary to make health
11 care more affordable for Vermonters or whether an alternative model may be
12 more effective;

13 (3) the extent to which Vermont's uninsured rate may have increased
14 during the COVID-19 pandemic and the specific causes of any such increase;

15 (4) opportunities to decrease health care disparities, especially those
16 highlighted by the COVID-19 pandemic and those attributable to a lack of
17 access to affordable health care services; and

18 (5) opportunities made available by the Biden Administration to expand
19 access to affordable health care through existing public health care programs or
20 through the creation of new or expanded public option programs, including the
21 potential for expanding Medicare to cover individuals between 50 and 64 years

1 of age and for expanding Vermont's Dr. Dynasaur program to cover
2 individuals up to 26 years of age to align with the young adult coverage under
3 the Affordable Care Act.

4 (d) Public engagement. In order to gain a fuller understanding of the
5 impact of health care affordability issues on Vermont residents, the Committee
6 shall:

7 (1) Solicit input from a wide range of stakeholders, including health care
8 providers; health care administrators; Vermonters who lack health insurance or
9 who have inadequate health coverage; employers; labor unions; members of
10 the New American and Black, Indigenous, and People of Color communities;
11 Vermonters with low income; and older Vermonters.

12 (2) Beginning on or before September 15, 2021, hold not less than eight
13 public hearings, each in a different Vermont county, to gather information
14 from stakeholders and other members of the public. Public hearings may be
15 held in person or by remote means. Each public hearing shall begin with a
16 panel discussion involving Committee members and local stakeholders
17 selected by the Committee and shall include an opportunity for public
18 testimony. A summary of the findings from these field hearings shall be
19 included as an appendix to the Committee's report.

20 (e) Assistance. The Committee, through the Joint Fiscal Office, shall hire a
21 consultant to coordinate the Committee's work. In addition, the Committee

1 shall have the administrative, technical, and legal assistance of the Office of
2 Legislative Operations, the Office of Legislative Counsel, and the Joint Fiscal
3 Office.

4 (f) Report. On or before January 15, 2022, the Committee shall present to
5 the General Assembly its findings and recommendations regarding the most
6 cost-effective ways to expand access to affordable health care for Vermonters
7 without health insurance and those facing high health care costs and the
8 various options available to implement these recommendations.

9 (g) Meetings.

10 (1) The first meeting of the Committee shall occur on or before July 1,
11 2021.

12 (2) The Committee shall select House and Senate co-chairs from among
13 its members at its first meeting. The Co-Chairs shall alternate acting as Chair
14 at Committee meetings.

15 (3) A majority of the Committee's membership shall constitute a
16 quorum.

17 (4) The Committee shall cease to exist on January 15, 2022.

18 (h) Compensation and reimbursement. For attendance at meetings during
19 adjournment of the General Assembly, the members of the Committee shall be
20 entitled to per diem compensation and reimbursement of expenses pursuant to

1 2 V.S.A. § 23 for not more than 12 meetings. These payments shall be made
2 from monies appropriated to the General Assembly.

3 (i) Appropriation. The sum of \$175,000.00 is appropriated to the Joint
4 Fiscal Office from the General Fund in fiscal year 2022 for a consultant to
5 coordinate the activities of the Committee and to cover related costs of
6 actuarial analyses, research meetings, and the per diem compensation and
7 reimbursement of expenses for members of the Committee.

8 Sec. 3. EFFECTIVE DATE

9 This act shall take effect on passage.