

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred House Bill No. 489
3 entitled “An act relating to miscellaneous provisions affecting health insurance
4 regulation” respectfully reports that it has considered the same and
5 recommends that the bill be amended by adding a section to be Sec. 7 to read
6 as follows:

7 Sec. 7. HEALTH INSURANCE PARITY IN RESIDENTIAL CARE FOR
8 CHILDREN AND YOUTH WORKING GROUP; REPORT

9 (a) Creation. There is created the Insurance Parity in Residential Care for
10 Children and Youth Working Group to increase access to appropriate
11 residential treatment for children and youth who are enrolled in commercial
12 health insurance.

13 (b) Membership. The Working Group shall be composed of the following
14 members:

15 (1) one or more representatives from the Department of Mental Health;

16 (2) one or more representatives from the Department for Children and
17 Families;

18 (3) one or more representatives from the Department of Financial
19 Regulation;

20 (4) one or more representatives from the Agency of Education;

1 (5) one or more representatives from the Department of Vermont Health

2 Access;

3 (6) two or more representatives from residential treatment programs,
4 including one funded as a private nonmedical institution for residential child
5 care and one funded through a designated or specialized service agency
6 bundled rate, selected by the Department of Mental Health in consultation with
7 the Department for Children and Families;

8 (7) two or more representatives from commercial health insurance
9 carriers, selected by the Department of Financial Regulation; and

10 (8) the Chief Health Advocate from the Office of the Health Care
11 Advocate or designee.

12 (c) Powers and duties. The Working Group shall:

13 (1) examine the barriers that make it difficult for children and youth to
14 access medically necessary residential treatment;

15 (2) identify the reasons that Vermont residential treatment programs are
16 resistant to becoming approved providers for private insurance;

17 (3) propose solutions to overcome the barriers and reasons identified
18 pursuant to subdivisions (1) and (2) of this subsection, including the possibility
19 of creating a common set of quality and utilization management criteria and
20 processes for private insurance and Medicaid-funded residential treatment; and

1 (4) explore solutions to streamline funding options for State-placed
2 private pay students by considering the provisions of 16 V.S.A. §§ 11 and
3 2950.

4 (d) Assistance. The Working Group shall have the administrative,
5 technical, and legal assistance of the Department of Financial Regulation.

6 (e) Report. On or before October 15, 2023, the Working Group shall
7 provide its findings and any recommendations for legislative action to the
8 House Committees on Health Care, on Human Services, and on Education and
9 the Senate Committees on Health and Welfare and on Education.

10 (f) Meetings.

11 (1) The Commissioner of Financial Regulation or designee shall be the
12 Chair and shall call the first meeting of the Working Group to occur on or
13 before August 15, 2022.

14 (2) A majority of the membership shall constitute a quorum.

15 (3) The Working Group shall cease to exist on October 15, 2023.

16 and by renumbering the remaining section, effective date, to be numerically
17 correct.

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21 (Committee vote: _____)

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Representative _____

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FOR THE COMMITTEE