

H.439: HHC potential changes to benchmark plan review language

Sec.E.227 DEPARTMENT OF FINANCIAL REGULATION; ESSENTIAL

HEALTH BENEFITS; BENCHMARK PLAN REVIEW

(a) The Department of Financial Regulation, in consultation with the Department of Vermont Health Access; the Director of Health Care Reform in the Agency of Human Services; the Green Mountain Care Board; representatives of health care consumers, health care providers, and health insurers; and other interested stakeholders, shall review Vermont's benchmark plan establishing the State's essential health benefits to determine whether to recommend requesting approval from the Centers for Medicare and Medicaid Services to modify the benchmark plan. As part of its review, the Department shall:

(1) determine the potential impacts of modifying the benchmark plan to include coverage of each of the following:

(A) hearing aids;

(B) dentures;

(C) vision care;

(D) durable medical equipment; and

(E) fertility services; and

~~(6)~~(2) analyze the likely impact on qualified health plan designs, actuarial values, and premium rates of requiring individual and small group health insurance plans to provide each insured with at least two primary care visits per year with no cost-sharing requirement.

(b) On or before January 15, 2022, the Department of Financial Regulation shall provide the results of its benchmark plan review, including the impacts of adding

coverage for each of the items listed in subdivisions (a)(1)(A)–(E) of this section, **the likely impacts of requiring plans to provide at least two primary care visits annually without cost-sharing**, and any recommendations for modifications to Vermont’s benchmark plan, to the House Committees on Health Care and on Human Services and the Senate Committees on Health and Welfare and on Finance.