

By electronic mail only

February 9, 2026

House Committee on Health Care  
Vermont State House, Room 42  
115 State Street  
Montpelier, VT 05633

Re: H.583, An act relating to health care financial transactions and clinical decision making

Dear Chair Black and Members of the House Committee on Health Care:

The Delta Dental Plan of Vermont d/b/a Northeast Delta Dental (“Delta Dental”) had prepared this testimony concerning certain provisions of H.583 for submission to the House Health Care Committee. However, we believe that certain reporting provisions of the bill are duplicative of requirements already in place elsewhere in state law.

We recognize that H.583 remains a work in progress, but we believe that it can be streamlined in a manner that preserves requirements within the bill and is consistent with an articulated goal of the bill itself. H.583 recognizes that reducing and avoiding duplicative reporting is a goal of the bill: proposed 18 V.S.A. § 9541(c) allows the Green Mountain Care Board to share reported data “to reduce or avoid duplication in reporting requirements.” Yet proposed 18 V.S.A. § 9541(a) itself duplicates reporting requirements, at least as to insurers. Specifically, there are three provisions of H.583 which duplicate existing reporting requirements for health care entities licensed by the Department of Financial Regulation (DFR).

First, Subchapter 4 of H.583, proposed 18 V.S.A. § 9541(a), would require biennial reporting of ownership and control of health care entities, defined to include insurers, to the Attorney General and to the Green Mountain Care Board. Insurers licensed in Vermont are already required to submit annual corporate governance disclosures to the DFR. These disclosures identify ownership structure, owners, managers, and board members, as well as governing documents. See 8 V.S.A. § 3316.

Second, proposed 18 V.S.A. § 9541(a)(10) would require health care entities, including insurers, to file “comprehensive financial reports . . . including audited financial statements.” All insurers are already required to file comprehensive financial reports, including audited financial statements, with the DFR. See 8 V.S.A. § 3578a and Reg. I-2009-06.

Third, proposed 18 V.S.A. § 9541(a)(7) would require health care entities, including insurers, to identify affiliates, including entities that control or are under common control as the health care entity. Existing 8 V.S.A. Chapter 101,

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Subchapter 013 requires insurance holding company systems to file annual statements with the DFR, which statements must identify the entities within the holding company system and the relationships between them.

In short, as applied to health insurers or benefit administrators regulated by the DFR, the reporting provisions of proposed 18 V.S.A. § 9541 are duplicative of existing law. For this reason, and because health insurers are already subject to extensive regulation by the DFR, “health insurer as defined in section 9402 of this title that offers a health insurance plan in this State” should be removed from the definition of “health care entity” at proposed 18 V.S.A. § 9521(4).

Thank you for your time and consideration,

/s/Brian Duffy

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