

Rep. Feltus of Lyndon, for the Committee on Ways and Means, recommends that the House propose to the Senate that the bill be amended as recommended by the Committee on Health Care.

(Committee Vote: 11-0-0)

Amendment to be offered by Reps. Donahue of Northfield and Black of Essex to the report of the Committee on Health Care on S. 27

That the report of the Committee on Health Care be amended by adding a new section to be Sec. 3 to read as follows:

Sec. 3. 1 V.S.A. § 151 is added to read:

§ 151. BEHAVIORAL HEALTH

“Behavioral health” means any behavioral condition bearing on health, including stress-linked physical symptoms, patient activation, and health behaviors that can be addressed through support, counseling, change techniques, coaching, and other interventions. As used in the Vermont Statutes Annotated, the term does not include mental health conditions or substance use disorders. The General Assembly recognizes that using the term “behavioral health” to describe mental health conditions or substance use disorders has a stigmatizing impact, which may deter individuals from seeking health care for those conditions, but also recognizes that some jurisdictions interpret the term to incorporate those conditions and that therefore it may be necessary under limited circumstances to include the term in the definition of health care services for the sole reason of avoiding any question about the intended scope of a specific statute.

and by renumbering the remaining sections to be numerically correct

Amendment to be offered by Rep. North of Ferrisburgh to the report of the Committee on Health Care on S. 27

That the report of the Committee on Health Care be amended as follows:

First: In Sec. 1, State Treasurer; medical debt relief; appropriation, in subdivision (b)(4)(C)(ii), by striking out “400 percent” and inserting in lieu thereof “300 percent”

Second: In Sec. 1, State Treasurer; medical debt relief; appropriation, by striking out subsection (c) in its entirety and inserting in lieu thereof a new subsection (c) to read as follows:

(c) In order to be eligible for repayment of medical debt under this section, the following conditions must be met:

(1) the debtor shall be a Vermont resident who either has a household income that is at or below 300 percent of the federal poverty level for the applicable household size or who owes medical debt in an amount that is five percent or more of the debtor's household income;

(2) the debtor has demonstrated a consistent, good faith effort to make payments on the medical debt; and

(3) the debtor's patient account still maintains an outstanding balance despite the debtor's good faith efforts and even after the health care provider has completed its routine efforts to collect the amounts due.

Third: In Sec. 6, 18 V.S.A. chapter 221, subchapter 10, following the first set of ellipses, by inserting the following:

§ 9482. FINANCIAL ASSISTANCE POLICIES FOR LARGE HEALTH
CARE FACILITIES

(a) Each large health care facility in this State shall develop a written financial assistance policy that, at a minimum, complies with the provisions of this subchapter and any applicable federal requirements.

(b) The financial assistance policy shall:

(1) apply, at a minimum, to all emergency and other medically necessary health care services that the large health care facility offers;

(2) provide free or discounted care to Vermont residents and to individuals who live in Vermont at the time the services are delivered but who lack stable permanent housing, as follows:

(A) for an uninsured patient with household income at or below 250 percent of the federal poverty level (FPL), a 100 percent discount from the amount generally billed for the services received, resulting in free care;

(B) for an uninsured patient with household income between 250 and ~~400~~ 300 percent FPL, a minimum of a 40 percent discount from the amount generally billed for the services received;

(C) for a patient with health insurance or other coverage for the services delivered and with household income at or below 250 percent FPL, a waiver of all out-of-pocket costs that would otherwise be due from the patient;

(D) for a patient with health insurance or other coverage for the services delivered and with household income between 250 and ~~400~~ 300 percent FPL, a minimum of a 40 percent discount on the patient's out-of-pocket costs; and