

1 S.27

2 Representative North of Ferrisburgh moves that the report of the Committee
3 on Health Care be amended as follows:

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

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

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

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

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

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

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

3 § 9482. FINANCIAL ASSISTANCE POLICIES FOR LARGE HEALTH
4 CARE FACILITIES

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

8 (b) The financial assistance policy shall:

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

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

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

17 (B) for an uninsured patient with household income between 250 and
18 ~~400~~ 300 percent FPL, a minimum of a 40 percent discount from the amount
19 generally billed for the services received;

(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

VT LEG #382690 v.1