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S.132

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Introduced by Senators White, Clarkson, Gulick, Major and Vyhovsky

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Referred to Committee on

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Date:

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Subject: Health; health coverage; health care sharing plan or arrangement;

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Department of Financial Regulation; reporting

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Statement of purpose of bill as introduced: This bill proposes to require a

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person who is not authorized to offer health insurance in Vermont and who

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offers or intends to offer a health care sharing plan or arrangement to facilitate

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payment or reimbursement of health care costs or services for Vermont

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residents to report certain information annually to the Commissioner of

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Financial Regulation and to certify the accuracy of the information. The bill

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would direct the Commissioner of Financial Regulation to prepare an annual

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report summarizing the information and post it on the Department of Financial

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Regulation's website.

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An act relating to annual reporting on health care sharing plans and

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arrangements

1 It is hereby enacted by the General Assembly of the State of Vermont:

2 Sec. 1. 8 V.S.A. § 4078 is added to read:

3 § 4078. HEALTH CARE SHARING PLAN OR ARRANGEMENT;

4 REPORTING AND CERTIFICATION

5 (a) A person who is not authorized by the Commissioner under chapter
6 101, 123, 125, or 139 of this title to offer insurance in this State and who offers
7 or intends to offer a plan or arrangement to facilitate payment or
8 reimbursement of health care costs or services for residents of this State,
9 regardless of whether the person is domiciled in this State or another state,
10 shall submit to the Commissioner on or after October 1, 2025 and on or after
11 March 1 each year thereafter:

12 (1) the following information:

13 (A) the total number of individuals and households that participated
14 in the plan or arrangement in this State in the immediately preceding calendar
15 year;

16 (B) the total number of employer groups that participated in the plan
17 or arrangement in this State in the immediately preceding calendar year,
18 specifying the total number of participating individuals in each participating
19 employer group;

20 (C) if the person offers a plan or arrangement in other states, the total
21 number of participants in the plan or arrangement nationally;

1 (D) any contracts the person has entered into with providers in this
2 State who provide health care services to plan or arrangement participants;

3 (E) the total amount of fees, dues, or other payments collected by the
4 person in the immediately preceding calendar year from individuals, employer
5 groups, or others who participated in the plan or arrangement, specifying the
6 percentage of fees, dues, or other payments retained by the person for
7 administrative expenses;

8 (F) the total dollar amount of requests for reimbursement of health
9 care costs or services that were submitted in this State in the immediately
10 preceding calendar year by plan or arrangement participants or providers who
11 provided health care services to plan or arrangement participants;

12 (G) the total dollar amount of requests for reimbursement of health
13 care costs or services that were submitted in this State and were determined to
14 qualify for reimbursement under the plan or arrangement in the immediately
15 preceding calendar year;

16 (H) the total dollar amount of payments made to providers in this
17 State in the immediately preceding calendar year for health care services that
18 were provided to or received by plan or arrangement participants;

19 (I) the total dollar amount of reimbursements made to plan or
20 arrangement participants in this State in the immediately preceding calendar

1 year for health care services provided to or received by a plan or arrangement
2 participant;

3 (J) the total number of requests for reimbursement of health care
4 costs or services submitted in this State in the immediately preceding calendar
5 year that were denied, expressed as a percentage of total reimbursement
6 requests submitted in that calendar year, and the total number of
7 reimbursement request denials that were appealed;

8 (K) the total dollar amount of health care expenses submitted in this
9 State by plan or arrangement participants or providers in the immediately
10 preceding calendar year that qualify for reimbursement pursuant to the plan or
11 arrangement criteria but that, as of the end of that calendar year, have not been
12 reimbursed, excluding any amounts that the plan or arrangement participants
13 incurring the health care costs must pay before receiving reimbursement under
14 the plan or arrangement;

15 (L) the estimated number of plan or arrangement participants the
16 person anticipates in this State in the next calendar year, specifying the number
17 of individuals, households, employer groups, and employees;

18 (M) a list of other states in which the person offers a plan or
19 arrangement;

20 (N) a list of any third parties, other than a licensed insurance
21 producer, that are associated with or assist the person in offering or enrolling

1 participants in this State in the plan or arrangement, copies of any training
2 materials provided to a third party, and a detailed accounting of any
3 commissions or other fees or remuneration paid to a third party in the
4 immediately preceding calendar year for:

5 (i) marketing, promoting, or enrolling participants in a plan or
6 arrangement offered by the person in this State; or

7 (ii) operating, managing, or administering a plan or arrangement
8 offered by the person in this State;

9 (O) the total number of licensed insurance producers that are
10 associated with or assist the person in offering or enrolling participants in this
11 State in the plan or arrangement, the total number of participants enrolled in
12 the plan or arrangement through a licensed insurance producer, copies of any
13 training materials provided to a producer, and a detailed accounting of any
14 commissions or other fees or remuneration paid to a producer in the
15 immediately preceding calendar year for marketing, promoting, or enrolling
16 participants in a plan or arrangement offered by the person in this State;

17 (P) copies of any consumer-facing and marketing materials used in
18 this State in promoting the person's plan or arrangement, including plan or
19 arrangement descriptions, benefit descriptions, and other materials that explain
20 the plan or arrangement;

1 (Q) the name, mailing address, email address, and telephone number
2 of an individual serving as a contact for the person in this State;

3 (R) a list of any parent companies, subsidiaries, and other names that
4 the person has operated under at any time within the immediately preceding
5 five calendar years; and

6 (S) an organizational chart of the person and a list of the officers and
7 directors of the person; and

8 (2) a certification by an officer of the person that, to the best of the
9 person's good-faith knowledge and belief, the information submitted is
10 accurate and satisfies the requirements of this subsection.

11 (b)(1) If a person subject to the requirements of subsection (a) of this
12 section fails to submit the information required by that subsection, the
13 submission is incomplete. The Commissioner shall make a determination of
14 completeness not later than 45 days after the submission is received. If the
15 Commissioner has not informed the person of any deficiencies in the
16 submission within 45 days after receiving the submission, the submission is
17 considered complete.

18 (2)(A) If the Commissioner determines that a person has failed to
19 comply with the requirements of subsection (a) of this section, the
20 Commissioner shall:

1 (i) notify the person that the submission is incomplete and
2 enumerate in the notification each deficiency found in the person's submission;
3 and

4 (ii) allow the person 30 days after notice of the incomplete
5 submission to remedy the deficiency found in the submission.

6 (B) If the person does not remedy the deficiency within the 30-day
7 period, the Commissioner may impose an administrative penalty not to exceed
8 \$5,000.00 per day.

9 (C) If the person does not remedy the deficiency or deficiencies
10 within 30 days after the initial administrative penalty is imposed, the
11 Commissioner may issue cease and desist order pursuant to section 2110 of
12 this title.

13 (c) On or before April 1, 2026 and on or before each October 1 thereafter,
14 the Commissioner shall:

15 (1) prepare a written report summarizing the information submitted by
16 persons pursuant to subsection (a) of this section; and

17 (2) post the report on the Department's website, along with accurate and
18 evidence-based information about the persons who submitted information
19 pursuant to subsection (a) of this section, including how consumers may file
20 complaints.

1 (d) The Commissioner may adopt rules as necessary to implement this
2 section.

3 Sec. 2. EFFECTIVE DATE

4 This act shall take effect on passage.