

1 S.19

2 Introduced by Senators Ayer, Mullin, Sirotkin, and White

3 Referred to Committee on

4 Date:

5 Subject: Health; health insurance; prescription drugs; out-of-pocket limits

6 Statement of purpose of bill as introduced: This bill proposes to delay for one
7 year a requirement that the Department of Vermont Health Access apply for a
8 federal waiver that would seek to ensure the continued availability of
9 bronze-level Exchange plans that meet Vermont's out-of-pocket prescription
10 drug limit. The bill would also direct an advisory group developing options for
11 bronze-level Exchange plans to report on potential changes to a statute or rule
12 that would ensure the continued availability of these plans.

13 An act relating to preserving the out-of-pocket limit for prescription drugs
14 in bronze-level Exchange plans

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

16 Sec. 1. 2016 Acts and Resolves No. 165, Sec. 6(f)(2) is amended to read:

17 (2) If the Director of Health Care Reform determines that the Secretary
18 has the necessary authority, then on or before March 1, ~~2017~~ 2018, the
19 Commissioner of Vermont Health Access, with the Director's assistance, shall
20 apply for a waiver of the cost-sharing or actuarial value limitations, or both, in

1 order to preserve the availability of bronze-level qualified health benefit plans
2 that meet Vermont's out-of-pocket prescription drug limit established in
3 8 V.S.A. § 4089i.

4 Sec. 2. 2016 Acts and Resolves No. 165, Sec. 6(h) is amended to read:

5 (h) On or before February 1, 2018, the Department of Vermont Health
6 Access shall report to the House Committee on Health Care and the Senate
7 Committees on Health and Welfare and on Finance:

8 (1) enrollment trends in bronze-level qualified health benefit plans
9 offered on the Vermont Health Benefit Exchange; and

10 (2) recommendations from the advisory group established pursuant to
11 subsection (a) of this section regarding:

12 (A) continuation of the out-of-pocket prescription drug limit
13 established in 8 V.S.A. § 4089i;

14 (B) options for statutory or regulatory changes to ensure the
15 continued availability of bronze-level plans on the Vermont Health Benefit
16 Exchange, including:

17 (i) identifying inflation factors as an alternative to the reference to
18 26 U.S.C. § 233(c)(2)(A)(i) in 8 V.S.A. § 4089i;

19 (ii) establishing a special fund to reimburse individuals with
20 exceptionally high out-of-pocket prescription costs instead of imposing an
21 annual out-of-pocket prescription drug limit; and

1 (iii) to the extent permitted under federal law, modifying other
2 cost-sharing limitations applicable to health plans under Vermont law, such as
3 8 V.S.A. § 4088i (early childhood developmental disease cost-sharing parity),
4 8 V.S.A. § 4089 (no cost-sharing for sexual assault examination), 8 V.S.A.
5 § 4089b (co-payment parity for primary mental health care and other primary
6 care and for specialty mental health care and other specialty care), and
7 8 V.S.A. § 4099c (no cost-sharing for vasectomy), in order to preserve the
8 availability of bronze-level qualified health benefit plans that meet Vermont's
9 out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i.

10 Sec. 3. EFFECTIVE DATE

11 This act shall take effect on passage.