

# Vermont Legislative Joint Fiscal Office

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## *FISCAL NOTE*

Date: May 4, 2021

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**~~S.120 An act relating to the Joint Legislative Health Care Affordability Study Committee~~  
An act relating to the Task Force on Affordable, Accessible Health Care and other health care provisions, Draft 3.2**

*As amended by the Senate Committee on Health and Welfare*

<https://legislature.vermont.gov/bill/status/2022/S.120>

### Sec. 2 – Task Force on Affordable, Accessible Health Care

Sec. 2 of the bill would create the Task Force on Affordable, Accessible Health Care to explore opportunities to make health care more affordable for Vermont residents and employers. The task force would be composed of six legislators – three members of the House of Representatives and three members of the Senate.

To the extent that applicable funds are appropriated in the FY 2022 budget, the Task Force, through the Office of Legislative Operations, would hire a consultant to provide technical and research assistance, deliver actuarial analyses as needed, and support the work of the Task Force.

- H.439 – an act relating to making appropriation for the support of government (the “Big Bill”) – as passed by the Senate (on April 30, 2021), includes the same language as in Sec. 2 of S.120 and would appropriate \$175,000.00 to the Legislature to contract for the analytical work needed for the Task Force.<sup>1</sup>

Task Force members would be entitled to per diem compensation and reimbursement of expenses for not more than eight meetings, which could cost as much as \$10,800.00 depending on the number of meetings, attendance by task force members, and whether meetings are virtual or in-person. These costs can be covered within the legislative budget and would not require an additional appropriation.

### Sec. 11 – Primary Care Visits; Cost-sharing

Sec. 11(b) of the bill would require the Green Mountain Care Board (GMCB) in consultation with the Department of Financial Regulation (DFR) to provide an analysis of the likely impacts on patients, providers, health insurance premiums, and population health of requiring large group health insurance plans, including plans offered to State Employees, to provide each insured with at least two primary care visits per year with no cost-sharing requirements. According to

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<sup>1</sup> Sec. E.126.2 and Sec. B.1106(a)(8)

the GMCB, there could be some costs for actuarial work associated with carrying out this provision. The bill provides no appropriation for this section.

### **Fiscal Summary**

There are currently no appropriations in this bill.

- Sec. 2
  - H.439 (Big Bill) as passed by the Senate includes an appropriation of \$175,000.00 for the work of the Task Force including hiring a consultant.
  - Per diems and reimbursements for Task Force members can be covered within the legislative budget. No additional appropriation would be required.
- Sec. 11(b) – According to the GMCB, there could be some costs for contract actuarial work associated with carrying out this section. No appropriation is included in the bill.