

HROC: Possible amendments to Act 165 to preserve Rx MOOP in bronze plans

Waiver application date

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

(2) If the Director of Health Care Reform determines that the Secretary has the necessary authority, then on or before March 1, ~~2017~~ 2018, the Commissioner of Vermont Health Access, with the Director's assistance, shall apply for a waiver of the cost-sharing or actuarial value limitations, or both, in order to preserve the availability of bronze-level qualified health benefit plans that meet Vermont's out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i.

Alternatives to increasing Rx MOOP

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

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

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

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

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

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

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

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

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