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H.366

Introduced by Representatives Morrissey of Bennington, Austin of Colchester,  
Branagan of Georgia, Casey of Montpelier, Clifford of Rutland  
City, Cordes of Lincoln, Demar of Enosburgh, Emmons of  
Springfield, Galfetti of Barre Town, Headrick of Burlington,  
Higley of Lowell, Hooper of Burlington, Laroche of Franklin,  
Maguire of Rutland City, McFaun of Barre Town, Morgan of  
Milton, Peterson of Clarendon, Roberts of Halifax, Taylor of  
Milton, Troiano of Stannard, and Whitman of Bennington

Referred to Committee on

Date:

Subject: Health; health insurance; Medicare supplemental health insurance  
plans; end-stage renal disease

Statement of purpose of bill as introduced: This bill proposes to require health  
insurers offering Medicare supplemental insurance plans to offer the same  
policies to individuals who are eligible for Medicare by reason of end-stage  
renal disease as the insurer offers to individuals who are eligible for Medicare  
by reason of age or disability.

An act relating to eligibility for Medicare supplement plans for individuals  
who have end-stage renal disease

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

2 Sec. 1. 8 V.S.A. § 4080e is amended to read:

3 § 4080e. MEDICARE SUPPLEMENTAL HEALTH INSURANCE

4 POLICIES; COMMUNITY RATING; DISABILITY; END-STAGE

5 RENAL DISEASE

6 (a) A health insurance company, hospital or medical service corporation, or  
7 health maintenance organization shall use a community rating method  
8 acceptable to the Commissioner for determining premiums for Medicare  
9 supplemental insurance policies.

10 (b) The Commissioner shall adopt rules for standards and procedure for  
11 permitting health insurance companies, hospital or medical service  
12 organizations, or health maintenance organizations that issue Medicare  
13 supplemental insurance policies to use one or more risk classifications in their  
14 community rating method. The premium charged shall not deviate from the  
15 community rate and the rules shall not permit medical underwriting and  
16 screening, except that a health insurance company, hospital or medical service  
17 corporation, or health maintenance organization may set different community  
18 rates for persons eligible for Medicare by reason of age and persons eligible for  
19 Medicare by reason of disability or end-stage renal disease.

20 (c) A health insurance company, hospital or medical service corporation, or  
21 health maintenance organization that issues Medicare supplemental insurance

1 policies or certificates to a person eligible for Medicare by reason of age shall  
2 make available, to persons eligible for Medicare by reason of disability or end-  
3 stage renal disease, the same policies or certificates that are offered and sold to  
4 persons eligible for Medicare by reason of age. ~~This subsection does not apply~~  
5 ~~to persons eligible for Medicare by reason of end stage renal disease.~~ The  
6 initial enrollment period for any such policies or certificates shall be at least six  
7 months following the date the individual becomes eligible for Medicare by  
8 reason of disability or end-stage renal disease. Any additional enrollment  
9 periods as required by law and offered to individuals eligible by reason of age  
10 shall be offered to individuals eligible by reason of disability or end-stage renal  
11 disease.

12 (d) The Department of Financial Regulation shall collaborate with health  
13 insurers, advocates for older Vermonters and for other Medicare-eligible  
14 adults, and the Office of the Health Care Advocate to educate the public about  
15 the benefits and limitations of Medicare supplemental insurance policies and  
16 Medicare Advantage plans, including information to help the public  
17 understand issues relating to coverage, costs, and provider networks.

18 Sec. 2. EFFECTIVE DATE

19 This act shall take effect on January 1, 2024 and shall apply to all Medicare  
20 supplemental health insurance plans issued on and after January 1, 2024 on

- 1 such date as a health insurer offers, issues, or renews the Medicare
- 2 supplemental health insurance plan, but in no event later than January 1, 2025.