

1 S.135

2 Introduced by Senator Ayer

3 Referred to Committee on

4 Date:

5 Subject: Health; health insurance; Department of Financial Regulation; Green

6 Mountain Care Board

7 Statement of purpose of bill as introduced: This bill proposes to transfer
8 certain health care-related responsibilities from the Department of Financial
9 Regulation to the Green Mountain Care Board.

10 An act relating to expanding the responsibilities of the Green Mountain
11 Care Board

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

13 Sec. 1. 8 V.S.A. § 4062(h) is amended to read:

14 (h)(1) The authority of the Board under this section shall apply only to the
15 rate review process for policies for major medical insurance coverage and shall
16 not apply to the policy forms for major medical insurance coverage or to the
17 rate and policy form review process for policies for specific disease, accident,
18 injury, hospital indemnity, dental care, vision care, disability income,
19 long-term care, student health insurance coverage, Medicare supplemental
20 coverage, or other limited benefit coverage, or to benefit plans that are paid

1 directly to an individual insured or to his or her assigns and for which the
2 amount of the benefit is not based on potential medical costs or actual costs
3 incurred. Premium rates and rules for the classification of risk for Medicare
4 supplemental insurance policies shall be governed by sections 4062b and
5 4080e of this title.

6 * * *

7 ~~(3) Medicare supplemental insurance policies shall be exempt only from~~
8 ~~the requirement in subdivisions (a)(1) and (2) of this section for the Green~~
9 ~~Mountain Care Board's approval on rate requests and shall be subject to the~~
10 ~~remaining provisions of this section. [Repealed.]~~

11 Sec. 2. 8 V.S.A. § 4089b(g) is amended to read:

12 (g) ~~On or before July 15 of each year, health insurance companies doing~~
13 ~~business in Vermont whose individual share of the commercially insured~~
14 ~~Vermont market, as measured by covered lives, comprises at least five percent~~
15 ~~of the commercially insured Vermont market, shall file with the~~
16 ~~Commissioner, in accordance with standards, procedures, and forms approved~~
17 ~~by the Commissioner:~~

18 ~~(1) A report card on the health insurance plan's performance in relation~~
19 ~~to quality measures for the care, treatment, and treatment options of mental and~~
20 ~~substance abuse conditions covered under the plan, pursuant to standards and~~
21 ~~procedures adopted by the Commissioner by rule, and without duplicating any~~

1 ~~reporting required of such companies pursuant to Rule H 2009-03 of the~~
2 ~~Division of Health Care Administration and regulation 95-2, "Mental Health~~
3 ~~Review Agents," of the Division of Insurance, as amended, including:~~

4 ~~(A) the discharge rates from inpatient mental health and substance~~
5 ~~abuse care and treatment of insureds;~~

6 ~~(B) the average length of stay and number of treatment sessions for~~
7 ~~insureds receiving inpatient and outpatient mental health and substance abuse~~
8 ~~care and treatment;~~

9 ~~(C) the percentage of insureds receiving inpatient and outpatient~~
10 ~~mental health and substance abuse care and treatment;~~

11 ~~(D) the number of insureds denied mental health and substance abuse~~
12 ~~care and treatment;~~

13 ~~(E) the number of denials appealed by patients reported separately~~
14 ~~from the number of denials appealed by providers;~~

15 ~~(F) the rates of readmission to inpatient mental health and substance~~
16 ~~abuse care and treatment for insureds with a mental condition;~~

17 ~~(G) the level of patient satisfaction with the quality of the mental~~
18 ~~health and substance abuse care and treatment provided to insureds under the~~
19 ~~health insurance plan; and~~

20 ~~(H) any other quality measure established by the Commissioner.~~

1 ~~received by the Department pursuant to such administration shall be credited to~~
2 ~~this Fund. All fines and administrative penalties, however, shall be deposited~~
3 ~~directly into the General Fund.~~

4 ~~(1) All payments from the Health Care Administration Regulatory and~~
5 ~~Supervision Fund for the maintenance of staff and associated expenses,~~
6 ~~including contractual services as necessary, shall be disbursed from the State~~
7 ~~Treasury only upon warrants issued by the Commissioner of Finance and~~
8 ~~Management, after receipt of proper documentation regarding services~~
9 ~~rendered and expenses incurred.~~

10 ~~(2) The Commissioner of Finance and Management may anticipate~~
11 ~~receipts to the Health Care Administration Regulatory and Supervision Fund~~
12 ~~and issue warrants based thereon. [Repealed.]~~

13 Sec. 5. 18 V.S.A. § 9410 is amended to read:

14 § 9410. HEALTH CARE DATABASE

15 (a)(1) The Board shall establish and maintain a unified health care database
16 to enable the ~~Commissioner and the~~ Board to carry out ~~their~~ its duties under
17 this chapter, chapter 220 of this title, and Title 8, including:

- 18 (A) determining the capacity and distribution of existing resources;
- 19 (B) identifying health care needs and informing health care policy;
- 20 (C) evaluating the effectiveness of intervention programs on
- 21 improving patient outcomes;

1 (D) comparing costs between various treatment settings and
2 approaches;

3 (E) providing information to consumers and purchasers of health
4 care; and

5 (F) improving the quality and affordability of patient health care and
6 health care coverage.

7 (2)(A) The program authorized by this section shall include a consumer
8 health care price and quality information system designed to make available to
9 consumers transparent health care price information, quality information, and
10 such other information as the Board determines is necessary to empower
11 individuals, including uninsured individuals, to make economically sound and
12 medically appropriate decisions.

13 (B) ~~The Commissioner may require a health insurer covering at least
14 five percent of the lives covered in the insured market in this State to file with
15 the Commissioner a consumer health care price and quality information plan in
16 accordance with rules adopted by the Commissioner. [Repealed.]~~

17 (C) The Board shall adopt such rules as are necessary to carry out the
18 purposes of this subdivision. The Board's rules may permit the gradual
19 implementation of the consumer health care price and quality information
20 system over time, beginning with health care price and quality information that
21 the Board determines is most needed by consumers or that can be most

1 practically provided to the consumer in an understandable manner. The rules
2 shall permit health insurers to use security measures designed to allow
3 subscribers access to price and other information without disclosing trade
4 secrets to individuals and entities who are not subscribers. The rules shall
5 avoid unnecessary duplication of efforts relating to price and quality reporting
6 by health insurers, health care providers, health care facilities, and others,
7 including activities undertaken by hospitals pursuant to their community report
8 obligations under section 9405b of this title.

9 * * *

10 (i) On or before January 15, ~~2008~~ 2018 and every three years thereafter, the
11 Commissioner of Health shall submit a recommendation to the General
12 Assembly for conducting a survey of the health insurance status of Vermont
13 residents. The provisions of 2 V.S.A. § 20(d) (expiration of required reports)
14 shall not apply to the report to be made under this subsection.

15 * * *

16 Sec. 6. 18 V.S.A. § 9414 is amended to read:

17 § 9414. QUALITY ASSURANCE FOR MANAGED CARE

18 ORGANIZATIONS

19 (a) The ~~commissioner~~ Commissioner shall have the power and
20 responsibility to ensure that each managed care organization provides quality
21 health care to its members, in accordance with the provisions of this section.

1 (2) A managed care organization may evaluate the quality of health and
2 medical care provided to members through an independent accreditation
3 organization, ~~provided that the commissioner has established criteria for such~~
4 ~~independent evaluations.~~

5 ~~(e) The commissioner shall review a managed care organization's~~
6 ~~performance under the requirements of this section at least once every three~~
7 ~~years and more frequently as the commissioner deems proper. If upon review~~
8 ~~the commissioner determines that the organization's performance with respect~~
9 ~~to one or more requirements warrants further examination, the commissioner~~
10 ~~shall conduct a comprehensive or targeted examination of the organization's~~
11 ~~performance. The commissioner may designate another organization to~~
12 ~~conduct any evaluation under this subsection. Any such independent designee~~
13 ~~shall have a confidentiality code acceptable to the commissioner, or shall be~~
14 ~~subject to the confidentiality code adopted by the commissioner under~~
15 ~~subdivision (f)(3) of this section. In conducting an evaluation under this~~
16 ~~subsection, the commissioner or the commissioner's designee shall employ,~~
17 ~~retain, or contract with persons with expertise in medical quality assurance.~~

18 [Repealed.]

19 (f)(1) For the purpose of evaluating a managed care organization's
20 performance under the provisions of this section, the ~~commissioner~~
21 Commissioner may examine and review information protected by the

1 provisions of the patient's privilege under 12 V.S.A. § 1612(a), or otherwise
2 required by law to be held confidential, ~~except that the commissioner's access~~
3 ~~to and use of minutes and records of a peer review committee established~~
4 ~~under subsection (c) of this section shall be governed by subdivision (2) of this~~
5 ~~subsection.~~

6 (2) ~~Notwithstanding the provisions of 26 V.S.A. § 1443, for the sole~~
7 ~~purpose of reviewing a managed care organization's internal quality assurance~~
8 ~~program, and enforcing compliance with the provisions of subsection (c) of~~
9 ~~this section, the commissioner or the commissioner's designee shall have~~
10 ~~reasonable access to the minutes or records of any peer review or comparable~~
11 ~~committee required by subdivision (c)(6) of this section, provided that such~~
12 ~~access shall not disclose the identity of patients, health care providers, or other~~
13 ~~individuals. [Repealed.]~~

14 * * *

15 (i) ~~Upon review of the managed care organization's clinical data, or after~~
16 ~~consideration of claims or other data, the commissioner may:~~

17 (1) ~~identify quality issues in need of improvement; and~~

18 (2) ~~direct the managed care organization to propose quality~~
19 ~~improvement initiatives to remediate those issues. [Repealed.]~~

1 Sec. 7. 18 V.S.A. § 9418(l) is amended to read:

2 (1) Nothing in this section shall be construed to prohibit a health plan from
3 applying payment policies that are consistent with applicable federal or State
4 laws and regulations, or to relieve a health plan from complying with payment
5 standards established by federal or State laws and regulations, ~~including rules~~
6 ~~adopted by the Commissioner pursuant to section 9408 of this title relating to~~
7 ~~claims administration and adjudication standards, and rules adopted by the~~
8 ~~Commissioner pursuant to section 9414 of this title and 8 V.S.A. § 4088h~~
9 ~~relating to pay for performance or other payment methodology standards.~~

10 Sec. 8. 18 V.S.A. § 9418b(f) is amended to read:

11 (f) Nothing in this section shall be construed to prohibit a health plan from
12 applying payment policies that are consistent with applicable federal or State
13 laws and regulations, or to relieve a health plan from complying with payment
14 standards established by federal or State laws and regulations, ~~including rules~~
15 ~~adopted by the Commissioner pursuant to section 9408 of this title, relating to~~
16 ~~claims administration and adjudication standards, and rules adopted by the~~
17 ~~Commissioner pursuant to section 9414 of this title and 8 V.S.A. § 4088h,~~
18 ~~relating to pay for performance or other payment methodology standards.~~

1 (1) Other than subsection (q) of this section and subdivision (2) of this
2 subsection, this section shall not apply to conversions in which the party
3 receiving assets of a nonprofit hospital is a nonprofit corporation.

4 (2) In any conversion that would have required an application under
5 subsection (e) of this section but for the exception set forth in subdivision (1)
6 of this subsection, notice to or written waiver by the ~~attorney general~~ Attorney
7 General shall be given or obtained as if required under 11B V.S.A. § 12.02(g).

8 (e) Application. Prior to consummating any conversion of a qualifying
9 amount of charitable assets, the parties shall submit an application to the
10 ~~attorney general~~ Attorney General and the ~~commissioner~~ Green Mountain Care
11 Board, together with any attachments complying with subsection (f) of this
12 section. If any material change occurs in the proposal set forth in the filed
13 application, an amendment setting forth such change, together with copies of
14 all documents and other material relevant to such change, shall be filed with
15 the ~~attorney general~~ Attorney General and the ~~commissioner~~ Board within two
16 business days, or as soon thereafter as practicable, after any party to the
17 conversion learns of such change. If the conversion involves a hospital
18 system, and one or more of the hospitals in the system desire to convert
19 charitable assets, the ~~attorney general~~ Attorney General, in consultation with
20 the ~~commissioner~~ Board, shall determine whether an application shall be
21 required from the hospital system.

1 (f) Completion and contents of application.

2 (1) Within 30 days of receipt of the application, or within 10 days of
3 receipt of any amendment thereto, whichever is longer, the ~~attorney general~~
4 Attorney General, with the ~~commissioner's~~ Green Mountain Care Board's
5 agreement, shall determine whether the application is complete. The Attorney
6 General shall promptly notify the parties of the date the application is deemed
7 complete, or of the reasons for a determination that the application is
8 incomplete. A complete application shall include the following:

9 * * *

10 (N) any additional information the ~~attorney general~~ Attorney General
11 or ~~commissioner~~ Green Mountain Care Board finds necessary or appropriate
12 for the full consideration of the application.

13 (2) The parties shall make the contents of the application reasonably
14 available to the public prior to any hearing for public comment described in
15 subsection (g) of this section to the extent that they are not otherwise exempt
16 from disclosure under 1 V.S.A. § 317(b).

17 (g) Notice and hearing for public comment on application.

18 (1) The ~~attorney general~~ Attorney General and ~~commissioner~~ the Green
19 Mountain Care Board shall hold one or more public hearings on the transaction
20 or transactions described in the application. A record shall be made of any
21 hearing. The hearing shall commence within 30 days of the determination by

1 the ~~attorney general~~ Attorney General that the application is complete. If a
2 hearing is continued or multiple hearings are held, any hearing shall be
3 completed within 60 days of the ~~attorney general's~~ Attorney General's
4 determination that an application is complete. In determining the number,
5 location, and time of hearings, the ~~attorney general~~ Attorney General, in
6 consultation with the ~~commissioner~~ Board, shall consider the geographic areas
7 and populations served by the nonprofit hospital and most affected by the
8 conversion and the interest of the public in commenting on the application.

9 (2) The ~~attorney general~~ Attorney General shall provide reasonable
10 notice of any hearing to the parties, the ~~commissioner~~ Board, and the public,
11 and may order that the parties bear the cost of notice to the public. Notice to
12 the public shall be provided in newspapers having general circulation in the
13 region affected and shall identify the applicants and the proposed conversion.
14 A copy of the public notice shall be sent to the ~~state~~ State health care and long-
15 term care ombudspersons and to the ~~senators~~ Senators and members of the
16 ~~house of representatives~~ House of Representatives representing the county and
17 district and to the ~~clerk, chief municipal officer~~ Clerk, Chief Municipal
18 Officer, and legislative body, of the municipality in which the nonprofit
19 hospital is principally located. Upon receipt, the ~~clerk~~ Clerk shall post notice
20 in or near the ~~clerk's~~ Clerk's office and in at least two other public places in
21 the municipality. Any person may testify at a hearing under this section and,

1 within such reasonable time as the ~~attorney general~~ Attorney General may
2 prescribe, file written comments with the ~~attorney general~~ Attorney General
3 and ~~commissioner~~ Board concerning the proposed conversion.

4 (h) Determination by ~~commissioner~~ the Green Mountain Care Board.

5 (1) The ~~commissioner~~ Green Mountain Care Board shall consider the
6 application, together with any report and recommendations from the Board's
7 staff ~~of the department~~ requested by the ~~commissioner~~ Board, and any other
8 information submitted into the record, and approve or deny it within 50 days
9 following the last public hearing held pursuant to subsection (g) of this section,
10 unless the ~~commissioner~~ Board extends such time up to an additional 60 days
11 with notice prior to its expiration to the ~~attorney general~~ Attorney General and
12 the parties.

13 (2) The ~~commissioner~~ Board shall approve the proposed transaction if
14 the ~~commissioner~~ Board finds that the application and transaction will satisfy
15 the criteria established in section 9437 of this title. For purposes of applying
16 the criteria established in section 9437, the term "project" shall include a
17 conversion or other transaction subject to the provisions of this subchapter.

18 (3) A denial by the ~~commissioner~~ Board may be appealed to the
19 ~~supreme court~~ Supreme Court pursuant to ~~the procedures and standards set~~
20 ~~forth in 8 V.S.A. § 16~~ section 9381 of this title. If no appeal is taken or if the
21 ~~commissioner's~~ Board's order is affirmed by the ~~supreme court~~ supreme court,

1 the application shall be terminated. A failure of the ~~commissioner~~ Board to
2 approve of an application in a timely manner shall be considered a final order
3 in favor of the applicant.

4 (i) Determination by ~~attorney general~~ Attorney General. The ~~attorney~~
5 ~~general~~ Attorney General shall make a determination as to whether the
6 conversion described in the application meets the standards provided in
7 subsection (j) of this section.

8 (1) If the ~~attorney general~~ Attorney General determines that the
9 conversion described in the application meets the standards set forth in
10 subsection (j) of this section, the ~~attorney general~~ Attorney General shall
11 approve the conversion and so notify the parties in writing.

12 (2) If the ~~attorney general~~ Attorney General determines that the
13 conversion described in the application does not meet such standards, the
14 ~~attorney general~~ Attorney General may not approve the conversion and shall so
15 notify the parties of such disapproval and the basis for it in writing, including
16 identification of the standards listed in subsection (j) of this section that the
17 ~~attorney general~~ Attorney General finds not to have been met by the proposed
18 conversion. Nothing in this subsection shall prevent the parties from amending
19 the application to meet any objections of the ~~attorney general~~ Attorney
20 General.

1 conversion pursuant to the procedures set forth generally in 9 V.S.A. § 2460.

2 The ~~attorney general~~ Attorney General may contract with such experts or
3 consultants the ~~attorney general~~ Attorney General deems appropriate to assist
4 in an investigation of a conversion under this section. The ~~attorney general~~
5 Attorney General may order any party to reimburse the ~~attorney general~~
6 Attorney General for all reasonable and actual costs incurred by the ~~attorney~~
7 ~~general~~ Attorney General in retaining outside professionals to assist with the
8 investigation or review of the conversion.

9 (l) Superior ~~court~~ Court action. If the ~~attorney general~~ Attorney General
10 does not approve the conversion described in the application and any
11 amendments, the parties may commence an action in the ~~superior court~~
12 Superior Court of Washington County, or with the agreement of the ~~attorney~~
13 ~~general~~ Attorney General, of any other county, within 60 days of the ~~attorney~~
14 ~~general's~~ Attorney General's notice of disapproval provided to the parties
15 under subdivision (i)(2) of this section. The parties shall notify the
16 ~~commissioner~~ Green Mountain Care Board of the commencement of an action
17 under this subsection. The ~~commissioner~~ Board shall be permitted to request
18 that the ~~court~~ Court consider the ~~commissioner's~~ Board's determination under
19 subsection (h) of this section in its decision under this subsection.

20 (m) Court determination and order.

21 * * *

1 (4) Nothing herein shall prevent the ~~attorney general~~ Attorney General,
2 while an action brought under subsection (1) of this section is pending, from
3 approving the conversion described in the application, as modified by such
4 terms as are agreed between the parties, the ~~attorney general~~ Attorney General,
5 and the ~~commissioner~~ Green Mountain Care Board to bring the conversion into
6 compliance with the standards set forth in subsection (j) of this section.

7 (n) Use of converted assets or proceeds of a conversion approved pursuant
8 to this section. If at any time following a conversion, the ~~attorney general~~
9 Attorney General has reason to believe that converted assets or the proceeds of
10 a conversion are not being held or used in a manner consistent with
11 information provided to the ~~attorney general~~ Attorney General, the
12 ~~commissioner~~ Board, or a court in connection with any application or
13 proceedings under this section, the ~~attorney general~~ Attorney General may
14 investigate the matter pursuant to procedures set forth generally in 9 V.S.A.
15 § 2460 and may bring an action in Washington ~~superior court~~ Superior Court
16 or in the ~~superior court~~ Superior Court of any county where one of the parties
17 has a principal place of business. The ~~court~~ Court may order appropriate relief
18 in such circumstances, including avoidance of the conversion or transfer of the
19 converted assets or proceeds or the amount of any private inurement to a
20 person or party for use consistent with the purposes for which the assets were
21 held prior to the conversion, and the award of costs of investigation and

1 prosecution under this subsection, including the reasonable value of legal
2 services.

3 (o) Remedies and penalties for violations.

4 (1) The ~~attorney general~~ Attorney General may bring or maintain a civil
5 action in the Washington ~~superior court~~ Superior Court, or any other county in
6 which one of the parties has its principal place of business, to enjoin, restrain,
7 or prevent the consummation of any conversion which has not been approved
8 in accordance with this section or where approval of the conversion was
9 obtained on the basis of materially inaccurate information furnished by any
10 party to the ~~attorney general~~ Attorney General or the ~~commissioner~~ Board.

11 * * *

12 (p) Conversion of less than a qualifying amount of assets.

13 (1) The ~~attorney general~~ Attorney General may conduct an investigation
14 relating to a conversion pursuant to the procedures set forth generally in
15 9 V.S.A. § 2460 if the ~~attorney general~~ Attorney General has reason to believe
16 that a nonprofit hospital has converted or is about to convert less than a
17 qualifying amount of its assets in such a manner that would:

18 (A) if it met the qualifying amount threshold, require an application
19 under subsection (e) of this section; and

20 (B) constitute a conversion that does not meet one or more of the
21 standards set forth in subsection (j) of this section.

1 (2) The ~~attorney general~~ Attorney General, in consultation with the
2 ~~commissioner~~ Green Mountain Care Board, may bring an action with respect
3 to any conversion of less than a qualifying amount of assets, according to the
4 procedures set forth in subsection (n) of this section. The ~~attorney general~~
5 Attorney General shall notify the ~~commissioner~~ Board of any action
6 commenced under this subsection. The ~~commissioner~~ Board shall be permitted
7 to investigate and determine whether the transaction satisfies the criteria
8 established in subdivision (g)(2) of this section, and to request that the ~~court~~
9 Court consider the ~~commissioner's~~ Board's recommendation in its decision
10 under this subsection. In such an action, the ~~superior court~~ Superior Court may
11 enjoin or void any transaction and may award any other relief as provided
12 under subsection (n) of this section.

13 (3) In any action brought by the ~~attorney general~~ Attorney General
14 under this subdivision, the ~~attorney general~~ Attorney General shall have the
15 burden to establish that the conversion:

16 (A) violates one or more of the standards listed in subdivision (j)(1),
17 (3), (4), or (6); or

18 (B) substantially violates one or more of the standards set forth in
19 subdivisions (j)(2) and (5) of this section.

20 (q) Other preexisting authority.

1 (1) Nothing in this section shall be construed to limit the authority of the
2 ~~commissioner~~ Green Mountain Care Board, ~~attorney general~~ Attorney General,
3 ~~department of health~~ Department of Health, or a court of competent
4 jurisdiction under existing law, or the interpretation or administration of a
5 charitable gift under 14 V.S.A. § 2328.

6 (2) This section shall not be construed to limit the regulatory and
7 enforcement authority of the ~~commissioner~~ Board, or exempt any applicant or
8 other person from requirements for licensure or other approvals required
9 by law.

10 Sec. 10. 18 V.S.A. § 9445 is amended to read:

11 § 9445. ENFORCEMENT

12 (a) Any person who offers or develops any new health care project within
13 the meaning of this subchapter without first obtaining a certificate of need as
14 required herein, or who otherwise violates any of the provisions of this
15 subchapter, may be subject to the following administrative sanctions by the
16 Board, after notice and an opportunity to be heard:

17 (1) The Board may order that no license or certificate permitted to be
18 issued by ~~the Department or any other~~ State agency may be issued to any
19 health care facility to operate, offer, or develop any new health care project for
20 a specified period of time, or that remedial conditions be attached to the
21 issuance of such licenses or certificates.

1 Sec. 11. 18 V.S.A. § 9456(h) is amended to read:

2 (h)(1) If a hospital violates a provision of this section, the Board may
3 maintain an action in the Superior Court of the county in which the hospital is
4 located to enjoin, restrain, or prevent such violation.

5 * * *

6 (3)(A) The Board shall require the officers and directors of a hospital to
7 file under oath, on a form and in a manner prescribed by the ~~Commissioner~~
8 Board, any information designated by the Board and required pursuant to this
9 subchapter. The authority granted to the Board under this subsection is in
10 addition to any other authority granted to the Board under law.

11 (B) A person who knowingly makes a false statement under oath or
12 who knowingly submits false information under oath to the Board or to a
13 hearing officer appointed by the Board or who knowingly testifies falsely in
14 any proceeding before the Board or a hearing officer appointed by the Board
15 shall be guilty of perjury and punished as provided in 13 V.S.A. § 2901.

16 Sec. 12. SUSPENSION; PROHIBITION ON MODIFICATION OF
17 UNIFORM FORMS

18 The Department of Financial Regulation shall not modify the existing
19 common forms, procedures, and rules described in 18 V.S.A. §§ 9408,
20 9408a(b), 9408a(e), and 9418(f) prior to January 1, 2017.

1 Sec. 13. UNIFORM FORMS; EVALUATION

2 The Director of Health Care Reform in the Agency of Administration, in
3 collaboration with the Green Mountain Care Board and the Department of
4 Financial Regulation, shall evaluate the necessity of maintaining provisions
5 regarding common claims forms and procedures, uniform provider
6 credentialing, and suspension of interest accrual for failure to pay claims if the
7 failure was not within the insurer's control, as those provisions are codified in
8 18 V.S.A. §§ 9408, 9408a(b), 9408(e), and 9418(f). On or before December
9 15, 2015, the Director shall provide his or her findings and recommendations
10 to the House Committee on Health Care, the Senate Committees on Health and
11 Welfare and on Finance, and the Health Reform Oversight Committee.

12 Sec. 14. REPEALS

13 18 V.S.A. §§ 9411 (other powers and duties of the Commissioner of
14 Financial Regulation) and 9415 (allocation of expenses) are repealed.

15 Sec. 15. EFFECTIVE DATE

16 This act shall take effect on July 1, 2015.