

S.239

An act relating to enrollment in Medicare supplemental insurance policies.

The House proposes to the Senate to amend the bill as follows:

First: By striking out subsection (a) in its entirety and inserting in lieu thereof a new subsection (a) to read as follows:

(a) The Department of Financial Regulation shall convene a group of interested stakeholders, including Vermonters eligible for Medicare by reason of age, disability status, or end stage renal disease and representatives of health care providers, the Community of Vermont Elders, the area agencies on aging, the Office of the Health Care Advocate, and the Department of Vermont Health Access, to consider issues relating to Medicare Advantage plans and to the availability of, enrollment in, and use of supplemental coverage by individuals enrolled in Medicare. A majority of the stakeholders shall not have a financial stake in any Medicare supplemental coverage or Medicare Advantage product.

Second: In subsection (b), by adding a new subdivision to be subdivision (4) to read as follows:

(4) the costs of Medicare Part B premiums, Medicare Part D plans, Medicare supplement plans, and Medicare Advantage plans; the effect of those costs on access to health care for Vermonters with low income who are not eligible for Medicaid or for a Medicare Savings Program; the income

eligibility thresholds for Medicare Savings Programs in Vermont and in other states; and whether Vermont should consider revising the income eligibility thresholds for its Medicare Savings Programs;

and by renumbering the remaining subdivisions in subsection (b) to be numerically correct