



LEGISLATIVE REPORT

For the Week Ending May 1, 2009

House and Senate committees scrambled last week to meet a Thursday deadline to vote priority bills out of committee to ensure legislative action this year. Activity also increased in full sessions in each chamber as bills moved from committees to House and Senate action calendars.

Several of the session's major health care proposals passed critical hurdles on their way to passage. The Senate Health and Welfare Committee gave its final approval to the House omnibus proposal (H.444) and a colorectal cancer screening bill (H.24) after amending both. The House Health Care Committee approved a pharmaceutical marketing bill (S.48), also after amending the Senate's version. And the full House assembly gave its approval to the Health Care Committee's amended version of S.129, a bill calling for studies of hospital variations, administrative costs, shared decision-making, and modifications to the state's certificate of need process.

The Senate Health and Welfare Committee attached provisions from three other bills to the House omnibus health care bill, H.444. The House-passed version of the bill contained provisions related to health information technology, Catamount Health, workers compensation dispute resolution, provider-insurer relationships, and a vaccine purchasing pool. The Senate made minor clarifying amendments to those provisions but then added additional provisions taken from S.81 related to oral cancer medications. And, in a purely political move intended to ensure House action, the committee added provisions related to brominated flame retardants contained in a bill (S.109) previously passed by the Senate but not considered in the House. The committee also attached provisions intended to increase access to health care for agricultural workers.

The committee decided to approve a provision requiring health insurers to provide coverage for oral cancer medications that is no less financially burdensome than coverage for intravenous cancer medications beginning April 1, 2010. However, in response to insurer questions about the impact of the requirement, the committee opted to instruct BISHCA to study the issue and report to the legislature by January 1, 2010. The timing of the study would give the legislature time to overturn implementation of the provision if significant negative consequences such as premium increases are discovered.

The Senate committee also approved a limitation on out-of-pocket costs for colorectal cancer screenings. The committee amended the bill (H.24) to increase the co-pay limit from \$25 contained in the House-passed bill to \$100, and the committee removed sections of the House version of the bill requiring BISHCA to post the cost of the 10 most commonly performed preventive services on its website and study ways to align those prices with actual cost.

The House this week will consider a bill intended to increase transparency for consumers by requiring disclosure of allowable expenditures and gifts to health care providers and facilities from pharmaceutical manufacturers. The bill (S.48) also would establish a “therapeutic equivalent work group” to study whether to allow pharmacists to substitute a therapeutically equivalent generic drug from a specified list when a physician prescribes a more expensive name brand drug in the same class.

And finally, as House and Senate budget conferees grapple with declining state revenues and the need for more budget cuts in the proposed FY2010 appropriations bill, reductions under consideration include Medicaid reimbursements for hospitals which, if approved, would increase the so-called “cost shift” and add to private insurance premiums.

Legislative leaders hope to reach agreement on difficult but necessary spending and revenue bills this week, in time for scheduled adjournment. This may prove to be a difficult task this year because of the economic problems and key philosophical differences between Democratic majorities in the legislature and Republican Governor Jim Douglas, and many other conference committees on other legislative priorities on health care and energy must also settle their differences.

If you are interested in this week’s Legislative Committee Meeting schedules, agendas, and a listing of other meetings and activities, please visit the Vermont Legislature’s website at <http://www.leg.state.vt.us/schedule/schedule2.cfm> Committee meetings are normally updated daily, and are subject to change without notice. If you plan on attending, you may want to call ahead to verify the agenda.

For more information on legislative proposals, visit the Blue Cross and Blue Shield of Vermont website at www.bcbsvt.com or call Leigh Tofferi at (802) 223-6131 or Kathy Parry at (802) 371-3205. If you wish to discontinue receiving these updates or know of anyone else who would like to receive it, please call Kathy Parry or send an e-mail to webmail@bcbsvt.com