

GMCB 2019 Legislative Overview

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S.31: Price Transparency

Patient Bill of Rights

- Patients have the right to receive an itemized, detailed, and understandable explanation of charges regardless of source of payment and be provided with information about financial assistance and billing collections practices

The Board shall collect and review data from each psychiatric hospital licensed which may include hospital's scope of services, volume, utilization, discharges, payer mix, quality, coordination with other aspects of system, and financial condition, and consider ways psychiatric hospitals can be integrated into systemwide payment and delivery system reform.

Effective Date: July 1, 2019

S.31: Price Transparency

The GMCB, along with interested stakeholders, shall:

1. Examine health care price transparency initiatives in other states to identify possible options for making applicable health care pricing information readily available to consumers in Vermont to help inform their health care decision making.
2. Consider and provide recommendations regarding potential financial procedures for health care services that would coordinate processes between hospitals and payers without requiring the patient's involvement and would provide patients who receive services with a single, comprehensive bill that reflects the patient's entire, actual financial obligation.

S.31 HIE Consent

DVHA in consultation with Department's Health Information Exchange (HIE) Steering Committee is responsible for coordination of VT's statewide HIT Plan.

- The Plan will be revised annually and updated every 5 years to provide a strategic vision for clinical HIT (Effective Date: July 1, 2020).
- The Plan shall include a policy that health information contained in the Vermont Health Information Exchange (VHIE) shall be electronically exchangeable in accordance with federal law unless an individual affirmatively opts out of electronic information sharing.
- DVHA shall submit the proposed Plan to GMCB annually on or before November 1.
- GMCB shall approve, reject, or request modifications within 45 days following submission.

S.31 HIE Consent

- DVHA and Steering Committee will administer a stakeholder process to develop an implementation strategy for the HIE consent policy, which should begin at least one month prior to the date of the policy change (Effective Date: March 1, 2020).
 - DVHA to provide updates on stakeholder engagement process and consent policy implementation strategy August 1 and November 1, 2019.
- DVHA will provide a final report to Legislature and the GMCB by January 15, 2020.

Act 17 (S.53): Primary Care Spend

“An act relating to determining the proportion of health care spending allocated to primary care.”

- GMCB/DVHA and stakeholders to identify & report to committees of jurisdiction:
 - Categories of health professionals who should be considered primary care
 - Procedure codes that should be considered primary care
 - Non-claims-based payments to be included in calculation of primary care spend
 - Ways in which categories and codes are consistent or differ from other states definitions
- Determine the percentage allocated to primary care in most recent calendar year available
- Comparison between existing percentages and projections of spending in 2022

Act 17 (S.53): Primary Care Spend

An analysis of the potential impacts of different methods of achieving increases in primary care spending in future years on:

- Health outcomes;
- Patient satisfaction;
- Patient access to and the availability of primary, specialty, mental health, and tertiary care services; and
- Vermont's progress in implementing the All-Payer Model

S.73 Ambulatory Surgery Center Licensure

“This bill proposes to establish a licensing structure for ambulatory surgical centers.”

- The GMCB shall obtain and review annualized data from ASCs including NPR which may include data on ASC’s scope of services, volume, payer mix, and coordination with other aspects of the health care system
- Board shall also consider ways ASCs can be integrated into statewide payment and delivery system reform
- In GMCB annual reports for 2021 – 2026, the GMCB shall describe its reporting of ASCs
- The Board is not required to report on ASCs in operation as of 1/1/2019 after the 2023 annual report

Takes effect on passage

Act 19 (S.89): Allowing Reflective Health Benefit Plans at All Metal Levels

Allows insurers to offer nonqualified reflective health benefit plans to individuals and small groups at all metal levels in case federal cost-sharing reduction (CSR) payments are suspended or discontinued

The GMCB shall ensure

1. The rates for some or all the QHPs offered through VHC include funding to offset the loss of the federal CSR payments and the rates for the reflective health benefit plans do not include such funding
2. The funding to offset the loss is included exclusively in the silver-level QHP benefits offered in the Exchange (as allowed under federal law)

Effective Date: January 1, 2020

Act 15 (H.204): Misc. Provisions Affecting Navigators, Medicaid Records, & DVHA

Instead of DVHA, the GMCB is responsible for preparing a report on the impact of chiropractic and physical therapy co-pay limits on utilization of services

- This bill also includes cleanup regarding navigator duties and confidentiality of Medicaid records

H.524: Health Insurance and the Individual Mandate

Individual Mandate Amendment (mandate still effective as of 1/1/2020):

- Adds a reporting/documentation of insurance coverage requirement (no penalty)
- Adds an outreach requirement for DVHA/HCA

Adds ACA provisions into State law, including:

- Bans on preexisting condition exclusions and annual/lifetime limits
- Places limits on cost-sharing
- Requires coverage for dependents up to 26 years of age
- Prohibits licensed brokers from accepting payment for enrolling Vermont residents in health expense-sharing arrangements

Adds new legislative reporting requirements:

- GMCB will quantify the impact of Medicaid and Medicare cost shifts and uncompensated care on premiums
- AHS to develop strategies for increasing affordability of health insurance and evaluate options for the future of Vermont's health insurance markets (merged vs not merged)

H.524: Health Insurance and the Individual Mandate

Adds limits on Association Health Plans (AHP):

- An AHP that provided coverage in 2019 plan year may be renewed for existing association employer members, to the extent permitted under federal law but cannot enroll any new employer members for coverage after the 2019 plan year. (new employees of existing association employer members may enroll in the plan in a subsequent plan year)
- No new association health plans shall be offered or issued for coverage for plan years 2020 and after.

Takes effect on passage

H.528: Rural Health Services Task Force

“This bill proposes to create the Rural Health Services Task Force to evaluate the current state of rural health care in Vermont and to explore ways to ensure that the system is sustainable and provides access to affordable, high-quality health care services.”

- The Task Force will consider issues relating to rural health care delivery, including:
 - Role of rural hospitals in the health care continuum
 - Identifying major financial, administrative and workforce barriers
 - Prospective ideas for the sustainability of access to health care services in rural Vermont
 - Ways to encourage and improve care coordination among institutional and community providers; and
 - Potential consequences of the failure of one or more rural Vermont hospitals

No Act # assigned yet, signed on May 16, 2019

Other Bills

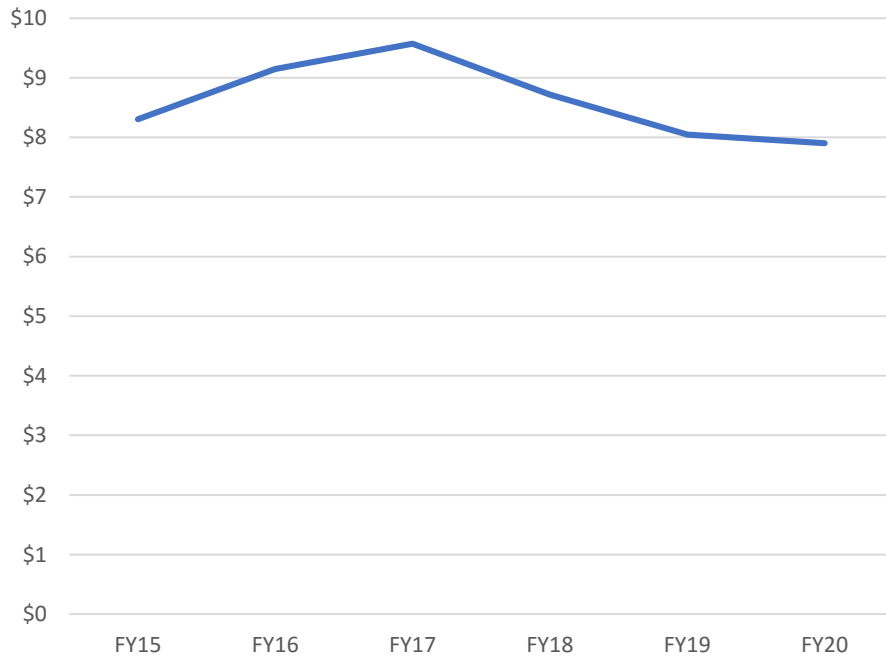
- S.7: Social service integration with Vermont's health care system
"This bill proposes to require the Green Mountain Care Board to conduct an evaluation of the extent to which social services are integrated into accountable care organizations."
- S.42: At least one GMCB member a healthcare professional
- S.140: Allowing the GMCB to modify health insurance premiums
"This bill proposes to provide the GMCB with flexibility to modify health insurance rates before or during a plan year if needed to responds to emergency circumstances or to a change in federal or State law."

GMCB Reports

- S.31: Price transparency and billing processes report (November 15, 2019)
- S.53: Definition of primary care and spending on primary care report (January 15, 2020) in collaboration with DVHA
- S.73: ASCs NPR report annually (January 15)
- H.204: Impact of chiropractic and physical therapy co-pay limits for QHPs and silver plans on utilization (November 15, 2021)
- H.524: GMCB annual report to include info on impact of Medicaid and Medicare cost shifts & uncompensated care on health insurance premiums
- H.528: Report findings of Task Force (December 31, 2019) in collaboration with AHS

GMCB FY20 Budget

Total Appropriation



Appropriation By Fund

