



2018 Legislation and Reports Review

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GMCB 2018 Legislative Bills

Bill	Title
H.696	An act relating to establishing a State individual mandate
H.895	An act relating to legislative review of certain report requirements
H.901	An act relating to health information technology and health information exchange
H.908	An act relating to the Administrative Procedure Act
H.910	An act relating to the Open Meeting Law and the Public Records Act
H.912	An act relating to the health care regulatory duties of the Green Mountain Care Board
H.914	An act relating to reporting requirements for the second year of the Vermont Medicaid Next Generation ACO Pilot Project
H.921	An act relating to nursing home oversight
S.19	An act relating to allowing silver-level nonqualified health benefit plans to be offered outside the Vermont Health Benefit Exchange
S.92	An act relating to prescription drug price transparency and cost containment
S.203	An act relating to systemic improvements of the mental health system
S.261	An act relating to ensuring a coordinated public health approach to addressing childhood adversity and promoting resilience
S.262	An act relating to miscellaneous changes to the Medicaid program and the Department of Vermont Health Access

GMCB 2018 Legislative Bills

Bill	Summary	GMCB Role	Current Status
H.696	<ul style="list-style-type: none"> The legislation would require all Vermonters to purchase health insurance as of January 1, 2020. It creates a working group to determine how to administer and enforce the individual mandate with a report due on or before November 1, 2018. 	<ul style="list-style-type: none"> Chair of the Board or designee shall call the first meeting of the group on or before July 1, 2018. GMCB staff is tasked with supporting the group in an administrative, technical, and legal capacity. 	<ul style="list-style-type: none"> Delivered to the Governor on May 22, 2018
H.895	<ul style="list-style-type: none"> Updates Sec. 3. 18 V.S.A § 9375. The statute currently has the Board recommend to the General Assembly and the Governor a three-year Green Mountain Care Budget pursuant to 32 V.S.A chapter 5. This bill strikes the General Assembly from receiving the recommended budget and has the Board report the recommendation solely to the Governor. 	<ul style="list-style-type: none"> Same report, but no longer reporting to the General Assembly. 	<ul style="list-style-type: none"> Signed by the Governor on May 21, 2018

GMCB 2018 Legislative Bills

Bill	Summary	GMCB Role	Current Status
H.901	<ul style="list-style-type: none"> Requires DVHA and VITL to develop a work plan to outline a process for the recommendations of the HIT report of 2017 to be implemented. Requires an independent entity to conduct an evaluation of the work plan to be developed by VITL and DVHA. Requires DVHA and VITL to report progress updates every two months. DVHA shall annually submit a HIT Plan on or before November 1 to the GMCB with the plan subject to the approval, rejection, or request for modification by the Board. Updates the governance structure of the VITL Board of Directors. VITL shall submit a report to the GMCB and others on or before January 15 of each year. The report shall include assessments on progress and recommendations for additional funding and legislation needed. The legislation strikes the requirement that the Board approve VITL's core activities and leaves the approval of the budget as the sole responsibility in that review process. 	<ul style="list-style-type: none"> The Board will receive many new reports from DVHA and VITL, but is not responsible for the creation nor a collaborator in these new reports. The Board will now only review the budget of VITL and not the core activities. 	<ul style="list-style-type: none"> Delivered to the Governor on May 22, 2018

GMCB 2018 Legislative Bills

Bill	Summary	GMCB Role	Current Status
H.912	<ul style="list-style-type: none"> The legislation modifies the scope and function of the HRAP, health care expenditure analysis, and revise the CON. The legislation requires the ACO to minimize payment differentials across all practice settings. The legislation became the vehicle for many of the GMCB legislative priorities. 	<ul style="list-style-type: none"> The Chair of the GMCB and the Sec. of AHS shall be responsible for the creation and adoption of a State Health Improvement Plan (SHIP) that sets forth the health goals and values for the State. The GMCB shall publish the Health Resource Allocation Plan (HRAP) on its website identifying Vermont's critical health needs, goods, services and resources. Updates the dollar amounts associated with triggering the need for a CON, adds nonmedical exclusions, updates the language on the expedited review process, and updates the dollar amounts associated with penalties. Updates the expenditure analysis statute and adds a requirement for the estimate of future health care spending covering a period of at least two years. The legislation clarifies the delegation of duties for GMCB employees and their authority Updates the GMCB billback formula Gives the GMCB ongoing Medicaid Advisory Rate Case authority Includes the GMCB in a working group that shall develop recommendations on freestanding health care facilities. 	<ul style="list-style-type: none"> Signed by the Governor on May 22, 2018

GMCB 2018 Legislative Bills

Bill	Summary	GMCB Role	Current Status
H.914 (Act 124)	<ul style="list-style-type: none"> The legislation updates the reporting requirements for DVHA and the VMNG ACO Pilot Project. Extends the quarterly ACO reporting requirements for the GMCB through 2018. 	<ul style="list-style-type: none"> Extends the quarterly ACO reporting requirements and mandates the GMCB as a receiver of the DVHA VMNG ACO Pilot Project reports. 	<ul style="list-style-type: none"> Signed by the Governor on May 10, 2018
H.921 (Act 125)	<ul style="list-style-type: none"> The legislation creates the Nursing Home Oversight Working Group to examine the oversight of nursing homes, including the financial stability and licensing criteria, in order to provide stable and safe environments for nursing home residents. The Sec. of AHS shall develop a process by which AHS shall accept and review applications for transfers of ownership of nursing homes in lieu of the CON process. The legislation allows for an interim process for nursing home transfers. 	<ul style="list-style-type: none"> The GMCB will no longer have the statutory duty to conduct CON's related to the transfer of nursing homes. The GMCB shall be available as a resource to AHS as they develop the process for nursing home transfers. 	<ul style="list-style-type: none"> Signed by the Governor on May 10, 2018

GMCB 2018 Legislative Bills

Bill	Summary	GMCB Role	Current Status
<p>S.19 (Act 88)</p>	<ul style="list-style-type: none"> The law allows the GMCB to review reflective silver plans in its rate review process. The law requires the GMCB to ensure the submitted reflective silver plan does not include funding to offset the loss of federal cost-sharing reduction payments and the plans comply with the requirements of health plans offered in Vermont except the plan shall not be offered through the Vermont Health Benefit Exchange. 	<ul style="list-style-type: none"> The law allows the GMCB to review reflective silver plans in its rate review process. The law requires the GMCB to ensure the submitted reflective silver plan does not include funding to offset the loss of federal cost-sharing reduction payments and the plans comply with the requirements of health plans offered in Vermont except the plan shall not be offered through the Vermont Health Benefit Exchange. 	<ul style="list-style-type: none"> Signed by the Governor on Feb. 20, 2018
<p>S.92</p>	<ul style="list-style-type: none"> The legislation makes changes to how a pharmacist prescribes certain drugs to ensure the lowest cost available drug is prescribed, while maintaining safe and effective drugs to patients. Updates prescription label and liability language and applies the same cost-sharing requirements to interchangeable biological products as apply to generic drugs. Requires insurers subject to review and approval of the Board to submit a variety of information related to prescription drug information and impact on insurance rates Updates the Pharmaceutical Cost Transparency report language and creates a working group to look into areas of savings in the pharmaceutical supply chain for Vermonters. 	<ul style="list-style-type: none"> The GMCB shall receive reports on the impact of prescription drug costs on health insurance premiums from each health insure with more than 1,000 covered lives in Vermont. The GMCB shall use this information to publish a consumer-friendly report that demonstrates the overall impact of drug costs on premiums. Requires DVHA to take on the work the Board previously had under the Pharmaceutical Cost Transparency Report and the Board will now only be responsible for posting the DVHA website to our website. Includes the Board as a member on the Working Group on Prescription Drug Cost Savings and Price Transparency. The work group will be tasked with investigating and analyzing prescription prices through the supply chain and looking for opportunities for savings. 	<ul style="list-style-type: none"> Delivered to the Governor on May 24, 2018

GMCB 2018 Legislative Bills

Bill	Summary	GMCB Role	Current Status
<p>S.203</p>	<ul style="list-style-type: none"> • The legislation outlines a plan to increase psychiatric beds in Vermont • Updates language around oversight of psychiatric patients • Waives the CON requirement for renovations at the Brattleboro retreat as authorized in the FY19 Capital Bill • Updates the data reporting requirements for mental health care in hospital settings • Instructs AHS to look at updating payment schedules to the designated/specialized service agencies • Updates Vermont’s principles for reforming health care in Vermont to ensure mental health meets the triple aims of quality, access, and affordability. 	<ul style="list-style-type: none"> • The Board shall work in conjunction with AHS to develop and submit a proposal for providing the designated and specialized service agency budgets to the Board for informational purposes for the Board’s work on health care system costs. • The Board shall work with AHS to ensure that the State Health Improvement Plan includes identifying gaps in ensuring equal access to mental health care. • The Board, in its review and certification of ACOs, shall ensure that an ACO ensures equal access to mental health care that meets the triple aims of quality, access, and affordability. • Updates the CON review to include language that a project support access to appropriate mental health care, as appropriate. 	<ul style="list-style-type: none"> • Delivered to the Governor on May 24, 2018

GMCB 2018 Legislative Bills

Bill	Summary	GMCB Role	Current Status
<p>S.261</p>	<ul style="list-style-type: none"> The legislation looks to ensure a consistent family support system by enhancing opportunities to build resilience among families that are experiencing the causes or symptoms of childhood adversity. Creates a Director of Trauma Prevention and Resilience Development Requires AHS to create a Childhood Adversity Response Plan Requires an ACO to provide connections and incentives in existing community services for preventing and addressing the impact of childhood adversity. 	<ul style="list-style-type: none"> The Board must review and make sure an ACO provides connections and incentives in existing community services for preventing and addressing the impact of childhood adversity and an ACO must show this in order to be certified and operate in Vermont. 	<ul style="list-style-type: none"> Delivered to the Governor on May 24, 2018
<p>S.262</p>	<ul style="list-style-type: none"> The legislation makes a wide variety of changes and updates to the Vermont Medicaid program. These changes include updated disclosure information, asset verification, collaboration of government agencies furnishing information to DVHA when applicable, and exceptions to these updates and changes. Updates the hearing and appeals process for Medicaid coverage decisions and an updated rulemaking policy. Outlines the process and requirements for the submission, modification and approval of maximum out-of-pocket limit for prescription drugs in bronze-level plans. 	<ul style="list-style-type: none"> The Board is responsible for the approval of modifications to the out-of-pocket drug limit for one or more bronze-level plans. 	

Other 2018 Legislative Bills

Bill	Summary	GMCB Role	Current Status
<p>H.908</p>	<ul style="list-style-type: none"> • The legislation would make numerous changes to the Administrative Procedure Act. • It would amend the definition of “procedure” and define the term “arbitrary”. The legislation would also define the term “guidance document” • The legislation would clarify that procedures and guidance documents do not have the force of law • The legislation would impose certain requirements regarding the posting of proposed rules on the agency’s website • Finally, the legislation would amend provisions relating to situations where authority for a rule is transferred by to another agency. 	<ul style="list-style-type: none"> • The Board will be subject to many of these updated changes. 	<ul style="list-style-type: none"> • Signed by the Governor on May 21, 2018
<p>H.910</p>	<ul style="list-style-type: none"> • The legislation would define, for purposes of the Open Meetings Law, the phrase “business of a public body” to mean “the public body’s governmental functions, including any matter of which the public body has supervision, control, jurisdiction, or advisory power.” • The legislation would clarify that certain communications are not considered “meetings,”. • The legislation would also make certain amendments to the Public Records Act • The legislation would also require public agencies that receive a public records request to catalogue the request in the Public Records Request System and post on their websites a link to where public records request system information is maintained. 	<ul style="list-style-type: none"> • The Board will be subject to many of these updated changes. 	<ul style="list-style-type: none"> • Signed by the Governor on May 22, 2018

GMCB Required Reports for 2018

Citation	Subject	Summary	Due Date(s)
H.696	State Individual Mandate	<ul style="list-style-type: none"> GMCB Chair or designee to set up working to determine how to administer and enforce the individual mandate 	November 1, 2018
H.895 Sec. 3. 18 V.S.A § 9375	Legislative Review of Certain Report Requirements: GMCB 3-year budget	<ul style="list-style-type: none"> No longer reporting to the General Assembly, only reporting to the Governor 	
H.901	HIT and HIE: Requires DVHA and VITL to develop a work plan to outline a process for the recommendations of the HIT report of 2017 to be implemented	<ul style="list-style-type: none"> DVHA and VITL to report progress updates every 2 months to GMCB. DVHA shall annually submit a HIT plan on or before November 1 VITL shall submit a report to the GMCB and others on or before January 15 each year 	November 1, 2018 and January 15 annually
H.914	Vermont Medicaid Next Generation ACO Pilot Program	<ul style="list-style-type: none"> Mandates the GMCB as a receiver of the DVHA VMNG ACO Pilot Projects and extends the quarterly ACO reporting requirements through 2018 	Due to GMCB on or before June 15, September 15, and December 15, 2018
S.92	Interchangeable Biological Products	<ul style="list-style-type: none"> GMCB shall receive reports on the impact of prescription drug costs and publish a report that demonstrates the overall impact of drug costs on premiums. GMCB is now only responsible for posting the DVHA website to the GMCB website 	Post on or before January 1 annually
S.203	Systematic Improvements of Mental Health System	<ul style="list-style-type: none"> GMCB will work in conjunction with AHS to develop and submit a proposal to the House Committees on Appropriations, Corrections & Institutions, Health Care, and Human Services and the Senate Committees on Appropriations, Health & Welfare and Institutions regarding the agency's progress in evaluations the impact of federal IMD spending 	Due on or before November 15, 2018; and on or before January 15 annually from 2019 to 2025

Ongoing GMCB Reports

Citation	Subject		Due Date
<p>Amended 2013 Act 79 Sec 41. Restart 5-yr clock at 2013</p> <p>18 VSA Sec 9375(d)</p>	<p>Green Mountain Care Board activities for the preceding state calendar year - include prior authorization implementation per 18 VSA Sec 9377a(b). REPORT MAY INCLUDE REQUIREMENT OF 2000 ACT 152 SEC 117b, AS AMENDED BY 2013 ACT 79 SEC 42 AND 2014 H.596 SEC 9. (includes cost shift report)</p>	<p>House Health Care and Senate Health and Welfare Committees</p>	<p>January 15 Annually</p>
<p>18 VSA Sec 9375a(b)(4)</p>	<p>Projection of health care expenditures</p>	<p>General Assembly</p>	<p>January 15 Annually</p>
<p>2013 Act 79 Sec 37c(a)</p>	<p>Total amount of expenses eligible for allocation and actual billed back to regulated entities during preceding fiscal year</p>	<p>Reporting to House Health Care and Human Services; Appropriations; and Senate Health and Welfare; and Appropriations Committees</p>	<p>September 15 Annually</p>
<p>2013 Act 79 Sec 37c(b)</p>	<p>Present information required by bill back report</p>	<p>Joint Fiscal Committee</p>	<p>Annually at September JFC Meeting</p>