

GMCB Advisory Committee Legislative Update

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House Bills

Key House Bills

- H.266 – Health insurance coverage for hearing aids
 - Passed by House March 17th
- H.287 – Patient financial assistance and medical debt protection
 - Passed by House March 18th
- H.353 – Pharmacy benefit management
 - House action postponed until March 22nd
- H.703 – Promoting workforce development
 - Passed out of House Appropriations March 18th

Health Insurance Coverage for Hearing Aids

Health insurance coverage for hearing aids



- Background
 - Act 74 of 2021 directed the Department of Financial Regulation (DFR) and other interested stakeholders to review VT's benchmark plan establishing the State's essential health benefits for qualified health plans (QHP) through Vermont's Exchange and recommend whether to request federal approval to modify the plan to provide certain benefits, including hearing aids.
 - March 2, 2022, the GMCB voted to approve a recommendation from the Dept. of Vermont Health Access (DVHA) to add coverage to the benchmark plan for up to one hearing aid per ear every 3 years and an annual exam. DVHA is currently pursuing this change with the federal government.

Health insurance coverage for hearing aids



- Purpose of Bill

1. Ensure continued coverage of hearing aids & related services in Vermont Medicaid;
2. Affirm ongoing efforts to make hearing aids and related services part of Vermont's benchmark plan; and
3. Make hearing aids & related services more accessible to residents by requiring coverage in large group health insurance plans.

Health insurance coverage for hearing aids



- On November 1, 2022, DVHA shall provide an update to the Health Reform Oversight Committee (HROC) regarding the status of modifying the essential health benefits in Vermont's benchmark plan to include hearing aids and related services beginning in plan year 2024.
- Medicaid shall provide coverage for medically necessary hearing aids and audiology services when delivered by appropriate health care professional.
- Defines coverage for hearing aid, services, and health care professionals.

Patient Financial Assistance Policies and Medical Debt Protection

Patient financial assistance policies and medical debt protection

- Requires each large health care facility in Vermont to develop a written financial assistance policy that complies with all provisions below and federal requirements:
 - Apply to all emergency and other medically necessary health care services that the facility offers; and
 - Provide free or discounted care to VT residents and to those who live in VT at the time services are delivered but lack stable housing,
- Outlines minimum percent discount for uninsured patients and insured patients based on FPL

Patient financial assistance policies and medical debt protection

- Policy must also include:
 - Eligibility criteria for financial assistance;
 - Basis for calculating amounts charges to patients;
 - Method and process for applying for financial assistance;
 - Steps the facility will take to determine eligibility;
 - Facility's billing and collection policy;
 - Appeals process for those who are denied assistance or believe the granted amount is inconsistent with policy; and
 - Plain language summary of policy.

Patient financial assistance policies and medical debt protection

- Outlines actions a large health care facility must take before seeking payment for any emergency or medically necessary health care services, in addition to applicable State or federal law.
- Requires facilities to publicize its financial assistance policy widely.
- Prohibits sale of medical debt.
- Office of Attorney General has authority to make rules, conduct civil investigations, and bring civil actions for violations.

Pharmacy Benefit Management

Pharmacy benefit management

- Creates a fiduciary duty from PBM to its health plan client to act in good faith and in the insurer's best interest.
- Attempts to not have patient paying higher copay than they must under a health plan, and the amount paid shall go towards the patient's deductible.
- More robust gag clause.

Pharmacy benefit management

- PBM cannot reimburse 340B covered entity for prescription drug at rate lower than they paid for same drugs to non-340B pharmacies and cannot put additional charges.
- PBM cannot reimburse pharmacies less than the amount it'd reimburse a PBM-affiliate for the same pharmacy services.
- PBM cannot put limitations on licensed pharmacy that's greater than the Board of Pharmacy or other state or federal law would do, or withhold payment because pharmacy would not comply with certain PBM requirements.
- Amends existing statute on retail pharmacies and filling prescriptions
 - Adds language requiring health insurers and PBMs to allow beneficiary's plan to fill script at the pharmacy of beneficiary's choice, and in respect to pharmacies owned, operated, or both by a health care facility, not impose differentiating cost.

Promoting Workforce Development

Promoting workforce development

- Emergency Grants to Support Nurse Educators
 - Appropriates funds to the Department of Health to provide emergency interim grants to Vermont nursing schools over 3 years to increase the compensation for their nurse faculty and staff.
 - Portion of funds to be distributed to increase compensation for each FTE member of the clinical and didactic nurse faculty and staff.
 - Funds to be distributed among nursing schools in Vermont equitably based on each schools' proportion of nursing faculty and staff to the total number of FTE across all nursing schools statewide.

Promoting workforce development

- Nurse Preceptor Incentive Grants
 - Appropriates funds to the Agency of Human Services (AHS) to provide incentive grants to hospital-employed nurses in Vermont to serve as preceptors for nursing students enrolled in VT schools.
 - Director of Health Care Reform or designee to convene a working group of stakeholders representing nursing schools, long-term care facilities, designated and specialized service agencies, FQHCs, home health agencies, primary care practices, and other facilities to:
 - Identify ways to increase clinical placement opportunities across health care settings for nursing students enrolled in VT schools;
 - Establish sustainable funding models for compensating nurses serving as preceptors or for hiring additional nurses; and
 - Develop an action plan for implementing the clinical placement expansion and sustainable funding models.

Promoting workforce development

- Nursing Workforce Pipeline
 - Appropriates funds to provide grants to health care employers to establish or expand partnerships with Vermont nursing schools to create nursing pipeline or apprentice programs, or both, to train members of existing staff.
 - Priority goes to health care employer proposals based on certain criteria, including:
 - Employer's demonstrated ability to retain nursing students in Vermont's workforce;
 - Geographic location in order to ensure access to pipeline and apprenticeship programs for nursing staff across VT;
 - Employer's commitment to advancing professional development of individuals from marginalized communities.

Promoting workforce development



- Creates Vermont Nursing Forgivable Loan Incentive Program
 - Administered by the Dept. of Health with the Vermont Student Assistance Corporation (VSAC).
 - Appropriates money for scholarships for nursing students and loan repayment for nurses.
- Creates Nurse Educator Scholarship and Loan Repayment Program
 - Administered by the Dept. of Health with VSAC.
 - Scholarships to students enrolled in an eligible school who commit to working as a nurse educator at a nursing school in Vermont.
 - Outlines eligibility requirements and service commitment.

Promoting workforce development

- GMCB Hospital Budget Process
 - Amends 18 V.S.A. § 9456 to include that the Board reviews a hospital's investments in workforce development initiatives and consider the salaries for hospital's executive and clinical leadership and hospital's salary spread.
 - For FY 2023, the Board may exclude all or portion of a hospital's investments in nursing workforce development initiatives from any otherwise applicable financial limitations on the hospital's budget or budget growth.

Promoting workforce development

- Mental Health
 - Appropriates money to AHS to expand the supply of high-quality mental health, substance use disorder treatment, and developmental disability services professionals by distributing funds to the designated and specialized service agencies.
 - Funds shall be used for loan repayment and tuition assistance to promote the recruitment and retention.
- AHS Workforce Coordinator
 - For FY23, funds a 3-year limited-services Health Care Workforce Coordinator position in AHS to support the health care workforce initiatives set forth in this bill and in the Health Care Workforce Development Strategic Plan.

Promoting workforce development

- Health Care Data Hub
 - As recommended by House Commerce:
 - Appropriates funds to Department of Labor (DOL) to enable the Department to services as the State's health care workforce data hub. DOL shall collect health care workforce data and identify & propose solutions to address data gaps and share data with the GMCB to help inform HRAP.
 - As recommended by House Appropriations:
 - Changes appropriation and moves statewide data hub to the Office of Health Care Reform in AHS to establish and operate.

Promoting workforce development

- Supply & Demand Modeling
 - DOL, in collaboration with the GMCB, shall explore and recommend to related Committees a process, methodology, and necessary funding amounts to establish and maintain the capacity to perform health care supply and demand modeling based on the workforce data hub, for use by health care employers, educators, and policymakers.
- Prior Authorizations
 - DFR to explore feasibility of requiring health insurers and their prior authorization vendors to access clinical data from the Vermont Health Information Exchange whenever possible to support prior auth requests when a request cannot be automatically approved;
 - DFR to direct health insurers to provide prior authorization info in order to enable DFR to analyze opportunities to align and streamline prior authorization request processes.

Other Bills to Note

- H.279 – Miscellaneous changes affecting the duties of the Department of Vermont Health Access
 - Passed House, now in Senate Health & Welfare
- H.654 – Extending COVID-19 flexibilities
 - Delivered to Governor March 17th
- H.655 – Establishing a telehealth licensure and registration system
 - Passed House, not in Senate Health & Welfare

Senate Bills

Senate Bills

- S.204 – licensure of freestanding birth centers
 - Passed out of Senate Finance, moving to Senate Floor
- S.285 – expanding Blueprint for Health and access to home- and community-based services
 - Passed out of Senate Appropriations with amendment, moving to Senate Floor

Licensure of Freestanding Birth Centers

Licensure of freestanding birth centers

- Licensure: Creates licensing process for freestanding birth centers with a fee.
- Coverage: Requires health insurance plan or health benefit plan providing maternity benefits to also provide coverage for services rendered by a midwife in a birth center, and related services provided at a licensed birth center.
- Certificate of Need: Amends 18 V.S.A. to include freestanding birth centers

Licensure of freestanding birth centers

- GMCB Needs Assessment
 - Related to HRAP, the GMCB, in consultation with the Department of Health's Maternal and Child Health Division and Blueprint for Health's Women's Health Initiative, shall conduct an assessment of the need in Vermont for obstetric and midwifery services offered by freestanding birth centers.
 - Findings and recommendations due to the health care committees on or before April 1, 2023.
- Medicaid Coverage
 - AHS to seek approval from CMS to allow Vermont Medicaid to cover prenatal, maternity, postpartum, and newborn services provided at a licensed birth center to allow Medicaid to reimburse separately for birth center services and for professional services.

Expanding Blueprint for Health and Access to Home- and Community-based Services

Expanding Blueprint for Health and access to home- and community-based services



- Hospital Value-Based Payment Design
 - Board to work with providers, payers, and other stakeholders to design a process for establishing and distributing value-based payments, including global payments, from all payers to Vermont hospitals that will
 - A. Help move the hospitals away from a fee-for-service model;
 - B. Provide hospitals with predictable, sustainable funding that is aligned across multiple payers and sufficient to enable the hospitals to deliver high-quality, affordable health care services to patients; and
 - C. Take into consideration the necessary costs and operating expenses, and not be based on historical charges. This design work will inform whether statutory changes are necessary in the next legislative session and any additional resources would be required to implement the payment model.

Expanding Blueprint for Health and access to home- and community-based services

- Health Care Delivery System Transformation
 - Supports hiring health systems experts and community engagement experts to engage communities in a series of data-informed discussions to identify opportunities for delivery system transformation that will reduce inefficiencies, lower costs, increase access to essential services, and improve health outcomes.
 - Includes contract with a primary care provider to assist the Board with assessing and strengthening the regulatory process and inform payment/delivery reform efforts.
 - Community engagement will look to understand current state, future state, and opportunities and will require conversations with community leaders and stakeholders with expert help.

Expanding Blueprint for Health and access to home- and community-based services



- Design and Development of Potential, Subsequent Federal Agreement with CMMI
 - Director of Health Care Reform in AHS in collaboration with GMCB to design and develop a proposal for a subsequent agreement with CMMI to secure Medicare's continued participation in payment models in Vermont.
 - Proposal shall consider approaches for a broad spectrum of providers and explore a number of payment model options.
- Health Care Database (VHCURES)
 - Existing law limits ability to analyze clinical data and claims together, resulting in potentially duplicative data collection and limiting use for delivery system reform. This change allows GMCB to bring the data together at a patient level to better carry out the purposes of the statute.
 - Patient protections remain and personal information would not be disclosed consistent with current law. This proposed change allows for the process used by many states with newer all-payer claims databases, and this is how the GMCB currently collects Medicare data.

Expanding Blueprint for Health and access to home- and community-based services

- Blueprint for Health
 - Director of Health Care Reform shall recommend to HROC the amounts by which health insurers and Vermont Medicaid should increase the amount of the per-person, per-month payments made toward shared costs of operating Blueprint for Health.
 - Goal of providing additional resources necessary for delivery of comprehensive primary care services to Vermonters to sustain access to primary care.
- GMCB Report Summaries
 - Board to summarize and synthesize key findings and recommendations from reports prepared by and for GMCB

Questions/Discussion