

GMCB Legislative Update

Primary Care Advisory Group
September 16, 2020

Current Bills



[H.607](#) – an act relating to increasing the supply of primary care providers in Vermont

[H.795](#) – An act relating to increasing hospital price transparency

H.607 As Passed by House



Health Care Workforce Strategic Plan

- The Director of Health Care Reform shall maintain a current health care workforce development strategic plan, with the help of an advisory group (including a PCAG rep) to continue efforts to ensure that Vermont has the health care workforce necessary to provide care to all Vermont residents.
- A draft of the plan must be submitted for review and approval to the GMCB by December 1, 2020, and the Board shall review and approve the plan within 30 days following receipt.
- On or before January 15, 2021, the Director will provide the workforce strategic plan to the legislature.

H.607 As Passed by House



Primary Care Scholarships

- Department of Health, in collaboration with the Office of Primary Care and the Area Health Education Centers to establish rural primary care physician scholarship program. Scholarships cover the medical school tuition for up to 5 third-year and up to 5 fourth-year medical students annually who commit to practicing primary care in rural, health professional shortage or medically underserved area of Vermont.
- For each year covered, the recipient shall incur an obligation of 2 years full-time service or 4 years of half-time service.
- The amount set at the in-state tuition rate less any other State or federal educational grant assistance the student receives for the same year.
- Recipient who does not fulfill the commitment to practice primary care in accordance with the terms will be liable for repayment of full amount plus interest (in accordance with formula determined by the National Health Service Corps).
- \$811,226 in GC investment funds appropriated to Department of Health

H.607 As Passed by House



Other items

- \$1,381,276 in GC investment funds appropriated to Department of Health for additional scholarships for nursing students.
- \$5,000,000 allocated from the Tobacco Litigation Settlement Fund appropriated to expand Vermont's workforce for substance use disorder treatment and mental health professionals.

H.607 Senate Amendment



[Draft 1.2 of H.607](#)

- Entitle the bill “An act relating to increasing the supply of nurses and primary care providers in Vermont”
- Include one representative of naturopathic physicians and one representative of home health agencies to the advisory group
- Change the effective date to November 1, 2020

H.795 As passed by House



Price Transparency Dashboard

- On or before February 1, 2021, the GMCB shall report its progress to the House Committee on Health Care and the Senate Committees on Health & Welfare and Finance in developing and implementing a public, interactive, web-based price transparency dashboard for use by health care consumers, including the results of the Board's efforts to validate VHCURES data through comparison with hospital discharge data and with information from the health insurers.
- The GMCB shall develop and maintain a public dashboard that allows consumers to compare health care prices for certain services across the State. The dashboard shall be accessible on the statewide comparative hospital quality report published by the Commissioner of Health.
- The Board shall update the information at least annually.
- On or before February 1, 2022, the GMCB shall provide a demonstration of the dashboard to the House Committee on Health Care and the Senate Committees on Health & Welfare and Finance.

H.795 Senate Amendment



[Draft 4.1 of H.795](#) includes:

- Hospital Sustainability Planning
- Provider Sustainability and Reimbursement Report
- Filing and Approval of Policy Forms and Premiums
- Confidentiality Language
- DFR Emergency Rulemaking

The bill would be entitled “An act relating to hospital price transparency, hospital sustainability planning, provider sustainability and reimbursements, and regulators’ access to information”

H.795 Senate Amendment



Hospital Sustainability

- GMCB to consider ways to increase the financial stability of Vermont hospitals to achieve population-based health improvements while maintaining community access to services.
- Shall consult with Director of Health Care Reform, VAHHS, ACO, HCA, and other interested stakeholders.
- Information submitted by the hospitals will be exempt from public inspection and kept confidential except for information relating to aggregate information, HRAP and the hospital budget review.

H.795 Senate Amendment



Hospital Sustainability – Important Dates

- On or before November 15, 2020, the Board shall inform the HROC about its consideration of ways to increase hospital financial stability.
- On or before April 1, 2020, the Board shall provide an update on its progress to HHC, SH&W and Senate Finance
- On or before September 1, 2021, the Board shall provide its final recommendations to HHC, SH&W, and Senate Finance.
- In the event of a resurgence of COVID-19, the Board shall provide an update on its progress September 1, 2021 and make its final recommendations no later than November 15, 2021.

H.795 Senate Amendment



Provider Sustainability and Reimbursement Report

- GMCB to collaborate with DFR, DVHA, and the Director of Health Care Reform to identify processes for improving provider sustainability and increasing equity in reimbursement amounts among providers. In evaluating processes, the Board should consider:
 - Care settings;
 - Value-based payment methodologies, such as capitation;
 - Medicare payment methodologies;
 - Public & private reimbursement amounts; and
 - Variations in payer mix among different types of providers.
- On or before March 15, 2021, the Board shall provide the options identified as demonstrating the greatest potential for improving provider sustainability and increasing equity in reimbursement amounts and identify areas that would require further study to HHC, SH&W, and Senate Finance.

H.795 Senate Amendment



Filing and Approval of Policy Forms and Premiums

- Insurer shall file a plain language summary of the proposed rate and all summaries shall include a brief justification of any rate increase requested, information the Secretary of the US Department of Health and Human Services requires for rate increases over 10%, and any other information required by the Board.
- Insurers shall provide detailed information about the insurer's payments to specific providers, which may include fee schedules, payment methodologies, and other payment information.
- Information would be exempt from public inspection and copying under the Public Records Act.

H.795 Senate Amendment



Information Available to the Public

- The following information shall be exempt from public inspection and copying under the Public Records Act and shall be kept confidential:
 - (A) information that directly or indirectly identifies individual patients or health care practitioners shall not be directly or indirectly identifiable;
 - (B) reimbursement information, except that the Board may disclose or release information publicly in summary or aggregate form if doing so would not disclose trade secrets, as defined in 1 V.S.A. § 317(c)(9); and
 - (C) sensitive financial information the Board collects to address 18 concerns related to financial solvency or to sustainability issues

Also, the Board shall provide guidance on which information it shall keep confidential.

H.795 Senate Amendment



DFR Rulemaking Authority

- Expand health insurance coverage for and waiving or limiting cost-sharing requirements directly related to the diagnosis of COVID-19, including tests for other respiratory viruses performed in connection with making a COVID-19 diagnosis.
- Modify or suspend health insurance plan deductible requirements for all prescription drugs, except to the extent that such an action would disqualify a high-deductible health plan from eligibility for an HSA.
- Expand patients' access to and providers' reimbursement for health care services, including preventative services, consultations, and services to new patients, delivered through telehealth, and audio-only telephone, and brief telecommunication services.