

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred House Bill  
3 No. 206 entitled “An act relating to miscellaneous changes affecting the duties  
4 of the Department of Vermont Health Access” respectfully reports that it has  
5 considered the same and recommends that the Senate propose to the House that  
6 the bill be amended following Sec. 4, federally qualified health centers;  
7 alternative payment methodology; report, by inserting three new sections to be  
8 Secs. 5–7 to read as follows:

9 Sec. 5. BLUEPRINT FOR HEALTH; PILOT PROGRAM

10 (a) The Director of the Blueprint for Health, in conjunction with the  
11 Blueprint Executive Committee, shall develop and implement a two-year pilot  
12 program to expand patient access to mental health and substance use disorder  
13 treatment by increasing the capacity of the community health teams to provide  
14 additional services. The expansion of services pursuant to this section shall  
15 include the provision of screening, intervention, and treatment in patient-  
16 centered medical homes or other means as determined by the Director of the  
17 Blueprint for Health.

18 (b) On or before January 1, 2026, the Director of the Blueprint for Health  
19 shall submit a report to the House Committees on Health Care and on Human  
20 Services and to the Senate Committee on Health and Welfare assessing any  
21 merits and shortcomings of the pilot program, including the number of unique

1 patients served, and provide any recommendations for continuation and  
2 expansion of the program.

3 Sec. 6. BLUEPRINT FOR HEALTH; DEPARTMENT OF VERMONT  
4 HEALTH ACCESS; REPORT

5 (a) On or before December 1, 2023, the Department of Vermont Health  
6 Access shall submit a report to the House and Senate Committees on  
7 Appropriations, the Senate Committee on Health and Welfare, and the House  
8 Committee on Health Care containing a breakdown of Blueprint for Health  
9 per-member per-month payments to patient-centered medical homes and  
10 financial contributions for community health teams made by each payer for  
11 fiscal year 2023. The report shall include monetary totals and the number of  
12 attributed patients for each payer for each of the following types of health care  
13 coverage:

14 (1) individual and small group market health plans;

15 (2) fully insured large group market health plans;

16 (3) employer-sponsored health plans administered by the payer as a  
17 third-party administrator;

18 (4) Medicaid; and

19 (5) Medicare.

20 (b) To the extent the Department did not collect per-member per-month  
21 payments or financial contributions from all third-party administrators for

1 employer-sponsored health plans for fiscal year 2023, the Department shall  
2 include in its report the information required in subsection (a) as if the  
3 Department had collected those payments and contributions, including  
4 information on how many attributed patients fall under employer-sponsored  
5 plans for each payer.

6 Sec. 7. REPEAL OF PROSPECTIVE REPEAL OF 18 V.S.A. § 9473(g)  
7 2021 Acts and Resolves No. 74, Sec. E.227.2 (prospective repeal; pharmacy  
8 benefit managers; 340B entities), as amended by 2022 Acts and Resolves No.  
9 131, Sec. 7, is repealed.  
10 and by renumbering the remaining section to be numerically correct.

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(Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

FOR THE COMMITTEE