H.766

Senator Kitchel moves that the Senate proposal of amendment be amended as follows:

First: In Sec. 3, 18 V.S.A. § 9418b(c) and (d), by striking out subsection (c) in its entirety and inserting in lieu thereof a new subsection (c) to read as follows:

(c) ~~A health plan shall furnish, upon request from a health care provider, a current list of services and supplies requiring prior authorization.~~

(1)(A) It is the intent of the General Assembly to reduce variability in prior authorization requirements by aligning the prior authorization requirements for primary care providers to the greatest extent possible with the prior authorization requirements in Vermont's Medicaid program.

(B) As used in this subsection, "primary care provider" has the same meaning as is used by the Vermont Blueprint for Health.

(2) A health plan shall not impose any prior authorization requirement for any admission, item, service, treatment, or procedure ordered by a primary care provider that is more restrictive than the prior authorization requirements that the Department of Vermont Health Access would apply for the same admission, item, service, treatment, or procedure ordered by any provider under Vermont's Medicaid program.

(3) Each health plan shall review the prior authorization requirements in effect in Vermont's Medicaid program at least once every six months to ensure that the health plan is maintaining the prior authorization alignment required by subdivision (2) of this subsection.

(4) Nothing in this subsection shall be construed to:

(A) require prior authorization alignment with Vermont Medicaid for prescription drugs;

(B) prohibit prior authorization requirements for any admission, item, service, treatment, or procedure that is not covered by Vermont Medicaid;

(C) prohibit prior authorization requirements for an admission, item, service, treatment, or procedure that is provided out-of-network; or

(D) require a health plan to maintain the same provider network as Vermont Medicaid.

Second: By adding a new section to be Sec. 3a to read as follows:

Sec. 3a. 18 V.S.A. § 9456 is amended to read:

§ 9456. BUDGET REVIEW

(a) The Board shall conduct reviews of each hospital's proposed budget based on the information provided pursuant to this subchapter and in accordance with a schedule established by the Board.

(b) In conjunction with budget reviews, the Board shall:

* * *

(12) review the hospital's investments in workforce development initiatives, including nursing workforce pipeline collaborations with nursing schools and compensation and other support for nurse preceptors; ~~and~~

(13) consider the salaries for the hospital's executive and clinical leadership and the hospital's salary spread, including a comparison of median salaries to the medians of northern New England states; and

(14) require each hospital that delivers primary care services to report on the amount of savings or avoided costs that the hospital realized as a result of the limitations on prior authorization requirements for primary care providers pursuant to subsection 9418b(c) of this title.

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