



SECTION	POSITION	NOTES
Sec. 1. Requires insurers to include the amount of total premium revenue expended on care coordination and management as part of rate review.	Support	As Vermont moves forward with value-based care, this language helps provide information on care coordination and care management efforts.
Sec. 2. Coverage for colorectal screening	Support	Reduces barriers to preventive care.
Sec. 3. Requires payers to participate in payment reform.	Support	The more patients within one hospital with the same payment methodology, the more impact to health care delivery processes.
Sec. 4 & 5. Minor consent for STI treatment	Support	Aligns with the goals of reducing barriers to preventive care.
Sec. 6. Requires insurers to include risk-based capital reports in their annual statement to regulator.	Support	Promotes transparency.
Sec. 7. Increase PC Spending allocations up to 12%	Support with update	Align with AHEAD model.
Sec. 8. reform of GMCB nomination and appointment process and Amends purpose of GMCB	Neutral	
Sec. 8a GMCB Mediation	Opposed	Could add another layer of administrative burden. Would like to understand the benefits.
Sec. 8b GMCB Develop a methodology for establishing hospital global budgets	Opposed	Act 167 has had AHS as lead on global budget development and GMCB has been the lead on hospital transformation
Sec. 9. Requires GMCB to set a budget for each hospital “that meets the acceptable range of comparison to the national, regional, or in-state peer group norms set forth in the indicators, ratios, and statistics pre-established by the Board as required by subdivision (c)(2) of this section, and is affordable; promotes quality care; promotes access to health care; protects solvency; and is not unjust, unfair, inequitable, misleading, or contrary to the laws of this State.” Benchmarks set at hospital level and not at cost center or service line level. Set benchmarks by 3/31	Support	Aligns with commercial insurance standard as hospitals take on more risk and supports Act 167 of 2022 commitment to sustainability. Also improves the budget process by giving a deadline for criteria and benchmarks and upholds GMCB’s many statements that it will not close hospital units while maintaining current regulatory capacity.
Sec. 10. WC Rate increases	Support	



Sec. 11. Medicaid PC rate increase to 100% Medicare	Support with changes	Update language to conform with other efforts to increase primary care rate.
Sec. 11a. Intent for AHEAD Model	Support	Lays out principles for AHEAD. Signals to the federal government that there have been significant federal savings and a need for resources in model. Asks for recommendations on regulatory process prior to signing AHEAD model.
Sec. 12. GMCB to collect and review contracts and report back	Opposed	DFR has authority to review insurer contracts under Rule 09-03. Hospital fee schedule information may be obtained from price transparency files, so this info is already publicly available and should not need to be separately supplied.
Sec. 12b Regulatory Review and Realignment report	Support	Support to the extent the GMCB has the capacity to do this work.