Act No. 173 (S.197). An act relating to reform for primary care

Subjects: Health; primary care; Agency of Human Services; Blueprint for Health

This act expresses legislative intent to invest in primary care and to establish a program of universal primary care. The act requires health insurers to submit information to the Agency of Human Services (AHS) at least quarterly to enable the Blueprint for Health (the Blueprint) to analyze data on the total cost of care and to develop sustainable payment models for the Blueprint that address health care capacity, volume, quality, and clinical outcomes. Beginning in 2027, the act also requires that health insurer make payments to the Blueprint in amounts that are at least equal to the payments from Medicaid. The act requires the Director of the Blueprint to report to the General Assembly by January 15, 2027, on changes to payment amounts or methodologies, or both, that would be needed to transition the Blueprint's payments to primary care practices to include payment for the routine primary care needs of attributed patients. It also directs the AHS, in consultation with the Department of Taxes, to recommend to the General Assembly a process for transitioning to using the health care claims tax as the mechanism for funding the Blueprint.

The act requires AHS, in consultation with the Green Mountain Care Board (GMCB), to report to the General Assembly by January 15, 2027, on current per-person per-month spending on primary care services for Vermonters overall and by payer. It also directs AHS to set a target for the amount of per-person per-month spending on Vermont residents that should be for primary care services, to develop a schedule for increasing the target over time, and to provide the targets and schedule to the General Assembly by January 1, 2028.

The act directs AHS, GMCB, and the Department of Financial Regulation (DFR) to evaluate the roles their organizations play in health care regulation and health care reform in Vermont, to identify where each regulatory and reform function should ideally be housed, and each to provide its recommendations for its preferred distribution of responsibilities to the General Assembly by January 15, 2027. The act requires AHS to report to the General Assembly by January 15, 2027, with recommendations on ways to accelerate the appropriate transition of patients from hospital care to care delivered in a community setting and directs AHS to incorporate these recommendations into the Health Care Delivery Strategic Plan as appropriate. The act directs the Office of the State Treasurer to explore with other Northeastern states the potential to establish a regional universal primary care program and report to the General Assembly by January 15, 2027. Finally, the act requires health insurers to provide at least 60 days' notice to all covered individuals who filled a prescription for a particular drug within the previous year if the insurer plans to eliminate insurance coverage for that drug.

Effective Date: June 18, 2026