

1 H.311

2 Introduced by Representative Browning of Arlington

3 Referred to Committee on

4 Date:

5 Subject: Health; Green Mountain Care Board; health care professionals; rates

6 Statement of purpose of bill as introduced: This bill proposes to ensure that

7 Vermont residents have the ability to enter into voluntary financial

8 arrangements with their health care providers. It would also prohibit the Green

9 Mountain Care Board from placing restrictions on health care professionals'

10 practice locations.

11 An act relating to health care professionals' rates and practice locations

12 It is hereby enacted by the General Assembly of the State of Vermont:

13 Sec. 1. INTENT

14 It is the intent of the General Assembly to recruit and retain a highly
15 qualified health care workforce to provide high-quality health care services in
16 this State. Every Vermont resident should have the ability to enter into
17 voluntary financial arrangements with the health care professionals of his or
18 her choice. In addition, every Vermont health care professional should have
19 the ability to establish his or her practice where and when he or she chooses.

1 Sec. 2. 18 V.S.A. § 9382 is added to read:

2 § 9382. LIMITATIONS ON AUTHORITY

3 The Green Mountain Care Board shall not:

4 (1) adopt, by rule or any other mechanism, maximum rates that health
5 care professionals may accept that would interfere with the ability of any

6 Vermont resident to enter into a voluntary financial arrangement with the
7 Vermont-licensed health care professional of his or her choice; or

8 (2) place any restrictions on the location in which a health care
9 professional practices, unless the restriction is directly related to an agreement
10 with the professional to practice in a specific region in return for full or partial
11 repayment of his or her educational loans.

12 Sec. 3. 18 V.S.A. § 9375 is amended to read:

13 § 9375. DUTIES

14 (a) The ~~board~~ Board shall execute its duties consistent with the principles
15 expressed in ~~18 V.S.A. §~~ section 9371 of this title.

16 (b) The ~~board~~ Board shall have the following duties:

17 * * *

18 (5) Set rates for health care professionals pursuant to section 9376 of
19 this title, to be implemented over time, and make adjustments to the rules on
20 reimbursement methodologies as needed.

21 * * *

1 Sec. 4. 18 V.S.A. § 9376 is amended to read:

2 § 9376. PAYMENT AMOUNTS; METHODS

3 (a) It is the intent of the ~~general assembly~~ General Assembly to:

4 (1) ensure payments to health care professionals that are consistent with
5 efficiency, economy, and quality of care and will permit them to provide, on a
6 solvent basis, effective and efficient health services that are in the public
7 interest. ~~It is also the intent of the general assembly to;~~

8 (2) eliminate the shift of costs between the payers of health services to
9 ensure that the amount paid to health care professionals is sufficient to enlist
10 enough providers to ensure that health services are available to all Vermonters
11 and are distributed equitably; and

12 (3) protect the ability of each Vermont resident to enter into voluntary
13 financial arrangements with the Vermont-licensed health care professionals of
14 his or her choice.

15 (b)(1) The ~~board~~ Board shall set reasonable rates for health care
16 professionals, health care provider bargaining groups created pursuant to
17 section 9409 of this title, manufacturers of prescribed products, medical supply
18 companies, and other companies providing health services or health supplies
19 based on methodologies pursuant to section 9375 of this title, in order to have a
20 consistent reimbursement amount accepted by these persons. In its discretion,
21 the ~~board~~ Board may implement rate-setting for different groups of health care

1 professionals over time and need not set rates for all types of health care
2 professionals. In establishing rates, the ~~board~~ Board may consider legitimate
3 differences in costs among health care professionals, such as the cost of
4 providing a specific necessary service or services that may not be available
5 elsewhere in the ~~state~~ State, and the need for health care professionals in
6 particular areas of the ~~state~~ State, particularly in underserved geographic or
7 practice shortage areas.

8 (2)(A) Nothing in this subsection shall be construed to limit the ability
9 of a health care professional to accept less than the rate established in
10 subdivision (1) of this subsection from a patient without health insurance or
11 other coverage for the service or services received.

12 (B) Nothing in this subsection shall be construed to limit the ability
13 of a Vermont resident to enter into a voluntary financial arrangement with the
14 Vermont-licensed health care professionals of his or her choice; provided,
15 however, that no such voluntary financial agreement shall be binding on a
16 health insurer, Medicaid, or any other entity paying health care claims on the
17 resident's behalf.

18 * * *

19 Sec. 5. EFFECTIVE DATE

20 This act shall take effect on passage.