

# **Summary of Recommendations from 2011 Health Access Oversight Committee Report and 2012 Health Care Oversight Committee Report**

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## **2011 Recommendations**

### **Workforce development**

- Department of Labor and UVM College of Medicine should pursue five-year, \$5 million federal grant for comprehensive medical personnel database
- Office of Professional Regulation and Board of Medical Practice, in collaborating with Vermont professional associations, should require health care professionals to respond to licensing board surveys as a condition of relicensure

### **Adult protective services (APS)**

- APS must eliminate its backlog through full resolution of complaints
- DAIL should give greater attention to cases involving financial abuse
- General Assembly should continue its work on H.290, An act relating to adult protective services, which would require AHS to adopt rules governing DAIL's APS processes

### **Blueprint for Health and NCQA scoring**

- Standing committees should take testimony to determine impact of changing to 2011 NCQA scoring standards statewide

### **Hospital-owned medical practice fees**

- Standing committees should look into issue of additional fees arising as the result of a medical practice changing to hospital ownership

### **Pain management and controlled substances**

- Expand access to treatment for substance abuse throughout the state and regardless of patients' financial resources
- Concerns about wait lists for treatment for opiate addiction
- Standing committees should look at distribution and continuum of services throughout system

### **Changes to hospital budgets by Green Mountain Care Board (GMCB)**

- Standing committees should review Administration's hospital budget process proposal and receive regular updates from the GMCB regarding its restructuring of the hospital budget process

### **Dual eligibles project**

- Standing committees should monitor AHS's efforts to measure the amount of money saved by the dual eligibles project and to account for reinvestments in state programs

### **Health information technology**

- Standing committees should take testimony and provide oversight of health information technology (HIT), the health information exchange (HIE), and VITL, including VITL's and DVHA's annual HIT and HIE budgets, activities, and funding streams
- VITL and DVHA should provide committees of jurisdiction with quarterly updates on HIT and HIE expenditures, deviations from budgets, and updated lists of completed deliverables

### **HAOC statutory charge**

- Recommended changes to Health Access Oversight Committee's charge

### **2012 Recommendations**

#### **Choices for Care**

- Standing committees should clarify and codify what is meant by "savings": how to determine amounts to be reinvested; permissible uses of savings; and process for determining how to reinvest savings and unspent appropriations
- Standing committees should request quarterly, monthly, or other periodic reports from DAIL about Choices for Care
- Standing committees should look at wages paid to direct care workers in Vermont to determine whether these workers are receiving a livable wage

#### **Adult protective services**

- Standing committees should reiterate requests to DAIL for APS information
- Standing committees should require DAIL to report APS data to standing committees during legislative session and to HCOC during legislative interim
- Standing committees should direct DAIL to provide information using language requested by General Assembly
- DAIL should collect manually any information it cannot get from Harmony and consider using random case sampling to provide detailed information
- DAIL should consider conducting its own supervisory-level audit to review outcomes and other information not available through Harmony
- DAIL should provide information from July 2010 forward to allow for comparison over time

#### **Health information technology**

- Standing committees should continue to monitor HIT implementation and benefit delays
- Standing committees should meet with VITL President and CEO John Evans
- Standing committees should hear frequent updates from AHS about IT initiatives

**Public benefits**

- Standing committees should pursue legislative remedies to reduce or eliminate benefit cliffs
- Standing committees should follow up with Senator Bernie Sanders' office on the Medicare Savings Program COLA issue
- Standing committees should monitor the 3SquaresVT error rates

**Health care reform**

- Standing committees should monitor Health Benefit Exchange development, including state premium and cost-sharing assistance and possible federal match
- Standing committees should request updates on negotiations for a renewed Global Commitment waiver
- Standing committees should seek a deeper understanding of the role of ACOs in Vermont's health care reform efforts, including the state's role in regulating ACOs and the impact of OneCare Vermont on the Dual Eligibles Project
- Standing committees should explore potential impact of Vermont Health CO-OP on the Exchange market

**Adverse event reporting**

- Standing committees should engage with AHS and stakeholders to determine appropriate release of adverse event information, including the extent to which members of the General Assembly should be briefed when adverse events occur