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H.318

Introduced by Representatives Gamache of Swanton, Bancroft of Westford,  
Batchelor of Derby, Beyor of Highgate, Branagan of Georgia,  
Browning of Arlington, Canfield of Fair Haven, Cupoli of  
Rutland City, Dickinson of St. Albans Town, Donahue of  
Northfield, Fagan of Rutland City, Fiske of Enosburgh, Gage of  
Rutland City, Graham of Williamstown, Hebert of Vernon,  
Helm of Fair Haven, Hubert of Milton, Komline of Dorset,  
LaClair of Barre Town, Lewis of Berlin, Morrissey of  
Bennington, Parent of St. Albans City, Quimby of Concord,  
Savage of Swanton, Scheuermann of Stowe, Shaw of Pittsford,  
Strong of Albany, Tate of Mendon, Terenzini of Rutland Town,  
and Viens of Newport City

Referred to Committee on

Date:

Subject: Health; Medicaid; Blueprint for Health; emergency departments;  
walk-in clinics

Statement of purpose of bill as introduced: This bill proposes to discourage the  
non-emergency use of hospital emergency departments by:

- 1           1. increasing Medicaid co-payments for the non-emergency use
- 2           of hospital emergency departments and reducing the Medicaid
- 3           co-payments for primary care services;
- 4           2. providing a 24-hour nurse hotline for Medicaid beneficiaries;
- 5           3. ensuring that all Medicaid beneficiaries have a patient-centered
- 6           medical home through the Blueprint for Health; and
- 7           4. directing the Department of Vermont Health Access to notify
- 8           Medicaid beneficiaries of the non-emergency health care resources in
- 9           their community.

10           An act relating to discouraging the non-emergency use of emergency  
11           departments by Medicaid beneficiaries

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

13           Sec. 1. MEDICAID CO-PAYMENTS; RULEMAKING

14           The Agency of Human Services shall amend its rules effective on  
15           January 1, 2016, to impose an \$8.00 co-payment for the non-emergency use of  
16           an emergency department by a Medicaid beneficiary. By the same date, the  
17           Agency shall amend its rules to impose a \$1.00 co-payment for primary care  
18           services received by a Medicaid beneficiary.

1 Sec. 2. 33 V.S.A. § 1903b is added to read:

2 § 1903b. MEDICAID NURSE ADVICE HOTLINE

3 The Department of Vermont Health Access shall establish a nurse advice  
4 hotline for Medicaid beneficiaries. The hotline shall be staffed by one or more  
5 registered nurses and shall be available 24 hours per day, seven days per week  
6 to answer Medicaid beneficiaries' health care questions, provide self-care  
7 advice, and help beneficiaries to determine if a visit to an emergency  
8 department or walk-in clinic is appropriate.

9 Sec. 3. 33 V.S.A. § 1903c is added to read:

10 § 1903c. AVOIDING NON-EMERGENCY USE OF EMERGENCY

11 DEPARTMENTS

12 (a) The Department of Vermont Health Access shall ensure that all  
13 Medicaid beneficiaries have a patient-centered medical home through the  
14 Blueprint for Health, regardless of whether the beneficiary has a chronic  
15 condition or participates in the care management program established in  
16 section 1903a of this title.

17 (b) Within 30 days of determining or redetermining an individual's  
18 eligibility for Medicaid services, the Department of Vermont Health Access  
19 shall provide each Medicaid beneficiary with a list of the non-emergency  
20 health care resources in his or her community, including the locations of  
21 federally qualified health centers and walk-in clinics.

1       Sec. 4. EFFECTIVE DATE

2       This act shall take effect on passage.