

(d) Payment Methodology:

(1) On or before March 15, 2015, the Chief of Health Care Reform, Secretary of Human Services, and Commissioners of Health and of Vermont Health Access shall submit to the House and Senate Committees on Appropriations, the House Committee on Human Services, and to the Senate Committee on Health and Welfare a report on designing the payment methodology for substance abuse and mental health services to achieve the objectives in subsection (a) of this section. The report shall include the benefits, drawbacks, and costs of:

- (A) rate setting;
- (B) capitated funding;
- (C) performance-based contracts;
- (D) cost-based reimbursement;
- (E) capacity grants; and
- (F) bundled payments.

Sec. E.306.3 2 V.S.A. chapter 20 is added to read:

CHAPTER 20. HEALTH REFORM OVERSIGHT COMMITTEE

§ 691. COMMITTEE CREATION

There is created a legislative Health Reform Oversight Committee. The Committee shall be composed of the following six members:

- (1) the Chair of the House Committee on Appropriations;

- (2) the Chair of the Senate Committee on Appropriations;
- (3) the Chair of the House Committee on Ways and Means;
- (4) the Chair of the Senate Committee on Finance;
- (5) the Chair of the House Committee on Health Care; and
- (6) the Chair of the Senate Committee on Health and Welfare;

§ 692. POWERS AND DUTIES

(a) When the General Assembly is adjourned, the Committee shall provide legislative oversight and review of revenue collection, expenditures, and planning related to health care reform efforts in Vermont.

(b) When the General Assembly is adjourned during fiscal year 2015, the Commissioner of Vermont Health Access shall provide monthly updates regarding Vermont Health Benefit Exchange operations, enrollment data, coverage status, customer support, and Exchange website functionality.

(c) Effective on January 1, 2015, all reports previously submitted to the Health Care Oversight Committee shall be submitted to the Health Reform Oversight Committee.

§ 693. ASSISTANCE

(a) The Committee shall have the administrative, technical, and legal assistance of the Legislative Council and the Joint Fiscal Office.

(b)(1) The Secretary of Administration and other members of the Executive Branch shall report to the Committee upon request.

(2) If applicable, the Secretary shall submit an electronic report to the Joint Fiscal Office for distribution to members of the Committee that summarizes any plans or actions taken by the Executive Branch to delay health care reform project schedules as a result of:

(A) increased costs exceeding official estimates;

(B) changes in the consensus revenue forecast of the Health Care Resources Fund;

(C) changes in the availability of federal funding; or

(D) any other changes related to the planning for and implementation of health care reform as directed by 2011 Acts and Resolves No. 48.

§ 694. MEETINGS

(a) The Committee shall select a chair from among its members at the first meeting of each biennium.

(b) Meetings shall be convened by the Chair and when practicable shall be held in conjunction with meetings of the Joint Fiscal Committee.

(c)(1) A majority of the members of the Committee shall be physically present at the same location to constitute a quorum.

(2) A member may vote only if physically present at the meeting location.

(3) Action shall be taken only if there is both a quorum and a majority vote of the members physically present and voting.

§ 695. REIMBURSEMENT

For attendance at meetings during adjournment of the General Assembly, members of the Committee shall be entitled to per diem compensation and reimbursement of expenses pursuant to section 406 of this title for no more than six meetings.

Sec. E.306.4 REPEALS

(a) 2 V.S.A. chapter 24 (Health Care Oversight Committee) is repealed on January 1, 2015.

(b) 2004 Acts and Resolves No. 122, Sec. 141c (Mental Health Oversight Committee), as amended by 2006 Acts and Resolves No. 215, Sec. 293a and 2007 Acts and Resolves No. 65, Sec. 124b, is repealed on January 1, 2015.

Sec. E.306.5 MEDICAID PRIMARY CARE RATES

(a) The State shall continue its efforts to bring the Medicaid reimbursement rates for providers of primary care closer to Medicare levels.

Sec. E.306.6 HUMAN SERVICE PROGRAMS OVERSIGHT PROPOSAL

(a) The fiscal year 2015 report required under 2 V.S.A. § 852(c) shall be made on or before December 31, 2014. In the report, the Health Care Oversight Committee shall, in consultation with the Mental Health Oversight Committee, recommend if a single oversight structure is needed to be the successor to the Health Care Oversight Committee and the Mental Health Oversight Committee.