

S.252 - Spengler proposed amendments

Sec. 2. PRINCIPLES FOR HEALTH CARE FINANCING

The General Assembly adopts the following principles to guide the financing of health care in Vermont:

(1) All Vermont residents have the right to high-quality health care through Green Mountain Care, Vermont's universal and unified health system.

(2) ~~Vermont residents shall finance~~ Green Mountain Care shall be financed through taxes that are levied equitably, taking into account an individual's ability to pay and the value of the health benefits provided ensuring that individuals and businesses are taxed in direct proportion to their earned and unearned income, wealth, and business size in order to account fully for their ability to pay.

(3) ~~As provided in 33 V.S.A. § 1827,~~ Green Mountain Care shall be the a secondary payer for Vermont residents who continue to receive health care through plans provided by an employer, by another state, by a foreign government, or as a retirement benefit.

(4) Vermont's system for financing health care shall raise revenue sufficient to provide all medically necessary health care services to all enrolled Vermont residents, including maternity and newborn care, pediatric care, vision and dental care for children, surgery and hospital care, emergency care, outpatient care, treatment for mental health conditions, and prescription drugs diagnostic testing, preventive services,

treatment of a condition, after-care, equipment, and pharmaceuticals that a treating health care professional determines to be appropriate for a patient's diagnosis or condition in terms of type, amount, frequency, level, setting, and duration.

(5) The State shall develop an indexing mechanism for Green Mountain Care financing that adjusts the level of individuals' and businesses' financial contributions to meet population health needs and that ensures the sufficiency of funding in accordance with the principle expressed in 18 V.S.A. § 9371(11).

* * * Green Mountain Care * * *

~~Sec. 6. TREATMENT OF FEDERAL EMPLOYEES~~

~~The Health Care Reform Financing Plan submitted to the General Assembly by the Secretary of Administration and the Director of Health Care Reform on January 24, 2013 assumed that federal employees, including military, will not be integrated into Green Mountain Care for their primary coverage.~~

~~Sec. 7. 33 V.S.A. § 1824(f) is added to read:~~

~~(f)(1) Federal employees who participate in the Federal Employees Health Benefits Program (FEHBP) or TRICARE shall be deemed, by virtue of their participation in those plans, to be covered by Green Mountain Care. The Green Mountain Care benefit package for federal employees shall be the benefit package of their respective FEHBP or TRICARE plan. The premiums paid by federal employees for the FEHBP~~

~~or TRICARE shall be deemed to be their share of contributions to the financing for Green Mountain Care.~~

~~(2) As used in this subsection, “federal employee” means a person employed by the U.S. government who is eligible for the FEHBP, a person retired from employment with the U.S. government who is eligible for the FEHBP, or an active or retired member of the U.S. Armed Forces who is eligible for a TRICARE plan.~~

~~Sec. 7a. SUPPLEMENTAL PLANS FOR TRICARE PARTICIPANTS~~

~~In the event that the Agency of Human Services identifies significant gaps between the coverage available to federal employees participating in TRICARE and the coverage available in Green Mountain Care, the Agency shall propose to the General Assembly a supplemental benefit plan for TRICARE participants and a mechanism for TRICARE participants to pay for the cost of the plan.~~

~~Sec. X. INTEGRATION REPORT~~

~~On or before January 15, 2015, the Secretary of Administration or designee shall report to the House Committees on Health Care and on Ways and Means and the Senate Committees on Health and Welfare and on Finance regarding the options available to the State with respect to the integration and coordination of groups for which Green Mountain Care will be a secondary payer pursuant to 33 V.S.A. § 1827(e) and (f), including federal employees, TRICARE enrollees, and Medicare beneficiaries. The report shall include assessments of possible financing~~

**and coverage options, which may include tax credits for premiums paid
for primary health care coverage.**

Sec. 8. 33 V.S.A. § 1825 is amended to read:

§ 1825. HEALTH BENEFITS

(a)(1) ~~The benefits for~~ Green Mountain Care shall **provide health services that** include primary care, preventive care, chronic care, acute episodic care, and hospital services and shall ~~include at least the same covered services as those included in the benefit package in effect for the lowest cost Catamount Health plan offered on January 1, 2011~~ **consist of the benefits are available in the benchmark plan for the Vermont Health Benefit Exchange be at least as comprehensive as those in the State employees' SelectCare POS offered on January 1, 2014.**

* * *

(4)(A) The Green Mountain Care Board established in 18 V.S.A. chapter 220 shall consider whether to include dental, vision, and hearing benefits in the Green Mountain Care benefit package. **It is the intent of the General Assembly that these benefits shall be included in the Green Mountain Care benefit package within four years following implementation.**

(B) The Green Mountain Care Board shall consider whether to include long-term care benefits in the Green Mountain Care benefit package.

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Sec. 9. CONTRACT FOR ADMINISTRATION OF CERTAIN ELEMENTS
OF GREEN MOUNTAIN CARE

(a) On or before February 1, 2015, the Agency of Human Services shall identify the elements of Green Mountain Care, such as claims administration and provider relations, for which the Agency plans to solicit bids for administration pursuant to 33 V.S.A. § 1827(a). By the same date, the Agency shall also prepare a description of the job or jobs to be performed, design the bid qualifications, and develop the criteria by which bids will be evaluated, **which shall be consistent with 33 V.S.A. § 1827(a)(2). To improve transparency, the Agency shall require each bidder to disclose its financial and other interests in Vermont and in multistate health systems reform.**

(b) On or before July 1, 2015, the Agency of Human Services shall solicit bids for administration of the elements of Green Mountain Care identified pursuant to subsection (a) of this section.

(c) On or before December 15, 2015, the Agency of Human Services shall award one or more contracts to public or private entities for administration of elements of Green Mountain Care pursuant to 33 V.S.A. § 1827(a).

Sec. X. 33 V.S.A. § 1827(a) is amended to read:

(a)(1) The Agency shall, under an open bidding process, solicit bids from and award contracts to public or private entities for administration of certain elements of Green Mountain Care, such as claims administration and provider relations.

(2) The Agency shall ensure that entities awarded contracts pursuant to this subsection do not have a financial incentive to restrict individuals' access to health services. The Agency may establish performance measures that provide incentives for contractors to provide timely, accurate, transparent, and courteous services to individuals enrolled in Green Mountain Care and to health care professionals.

(3) When considering contract bids pursuant to this subsection, the Agency shall:

(A) ~~consider~~ **Consider** the interests of the State relating to the economy, the location of the entity, and the need to maintain and create jobs in Vermont. The ~~agency~~ **Agency** may utilize an econometric model to evaluate the net costs of each contract bid.

(B) Evaluate not only financial costs but the social value that may be created by each contract bid, taking into account improvements to the social and economic well-being of State residents that may occur in addition to the specific benefits produced by the services rendered under the contract.

Sec. X. 18 V.S.A. § 9375(b) is amended to read:

(b) The Board shall have the following duties:

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(4) Review the Health Resource Allocation Plan created in chapter 221 of this title, conduct regular assessments of the range and depth of health

needs among the State's population, and develop a plan for allocating resources over a reasonable period of time to meet those needs.

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Sec. Y. INTEGRATION OF WORKERS' COMPENSATION; REPORT

On or before December 1, 2014, the Secretary of Administration or designee shall report to the General Assembly regarding specific design options for integrating or aligning Vermont's workers' compensation system with Green Mountain Care. The report shall include an examination of case studies of workers' experiences with accessing health care in the current system; an analysis and model of costs and savings offered by integration or alignment, including an analysis of cost-shifting in the current system; and technical design options for integration or alignment.

~~Sec. 16. BENCHMARK-EQUIVALENT HEALTH CARE COVERAGE~~

~~On or before October 1, 2014, the Secretary of Administration or designee shall provide the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, and the Health Care Oversight Committee with a recommendation regarding whether it should be the policy of the State of Vermont that all Vermont residents should have health care coverage in effect prior to implementation of Green Mountain Care that is substantially equivalent to coverage available under the benchmark plan for the Vermont Health Benefit Exchange. If the Secretary or designee reports that substantially equivalent coverage~~

~~for all Vermonters should be the policy of the State, the Secretary or designee shall propose ways to achieve this goal.~~

~~Sec. 22. MEDICARE INTEGRATION; REPORT~~

~~On or before December 1, 2014, the Secretary of Administration or designee shall report to the House Committees on Health Care and on Ways and Means and the Senate Committees on Health and Welfare and on Finance regarding the options available to the State of Vermont with respect to the potential integration and coordination of Medicare with Green Mountain Care. The report shall include assessments of possible financing and coverage options for Vermont's Medicare population within Green Mountain Care and the potential continuation of Medicare supplemental insurance and Medicare Advantage plans.~~