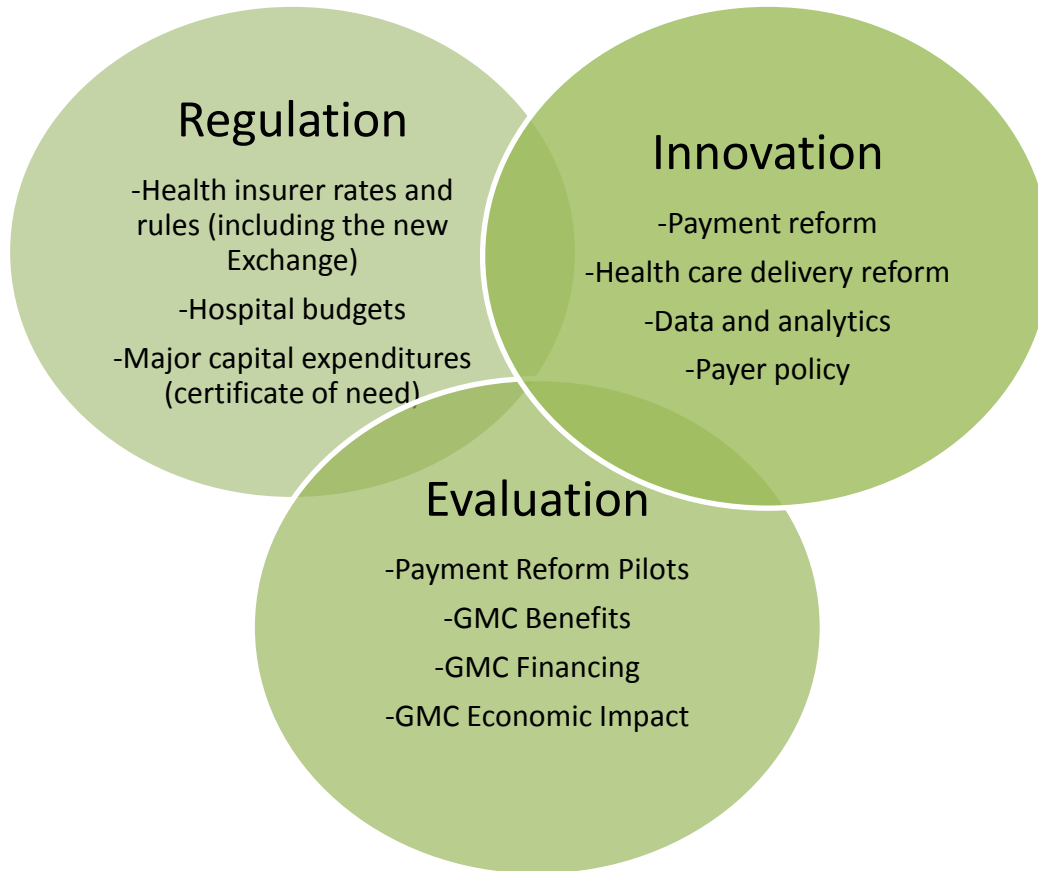
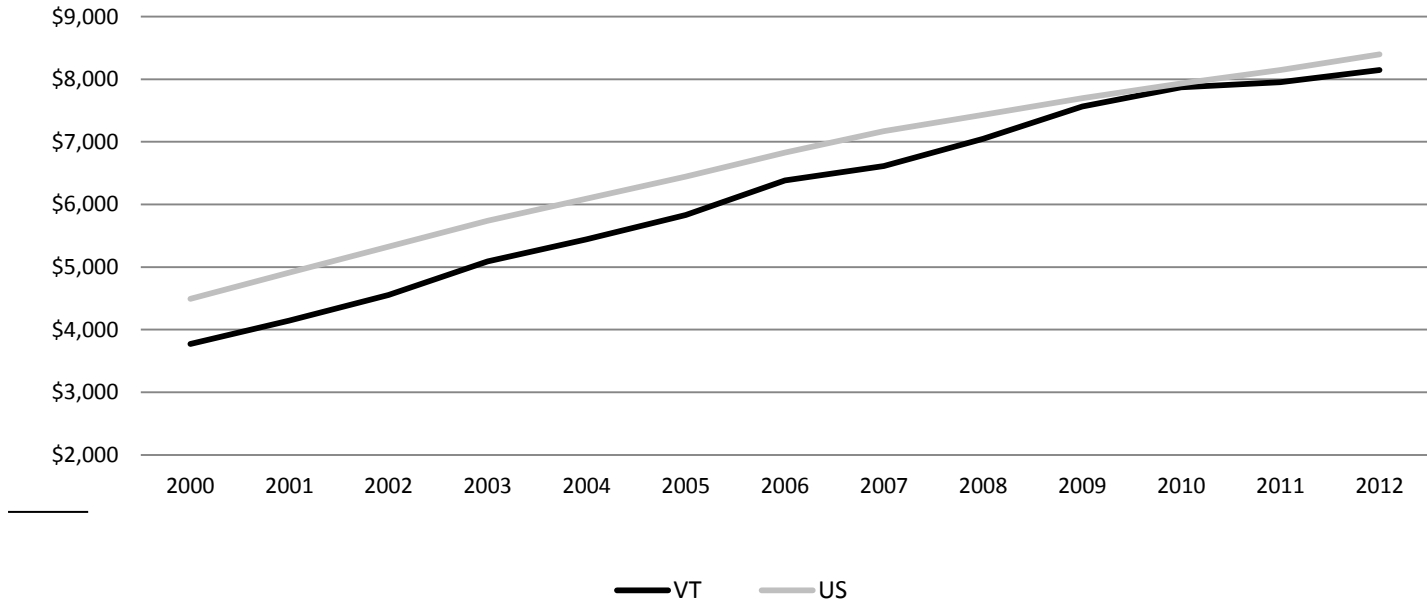


# The Green Mountain Care Board: Act 48 Implementation

Al Gobeille  
Chair, Green Mountain Care Board  
Senate Committee on Economic Development,  
Housing and General Affairs  
3/20/14



## Per Capita Health Spending Growth

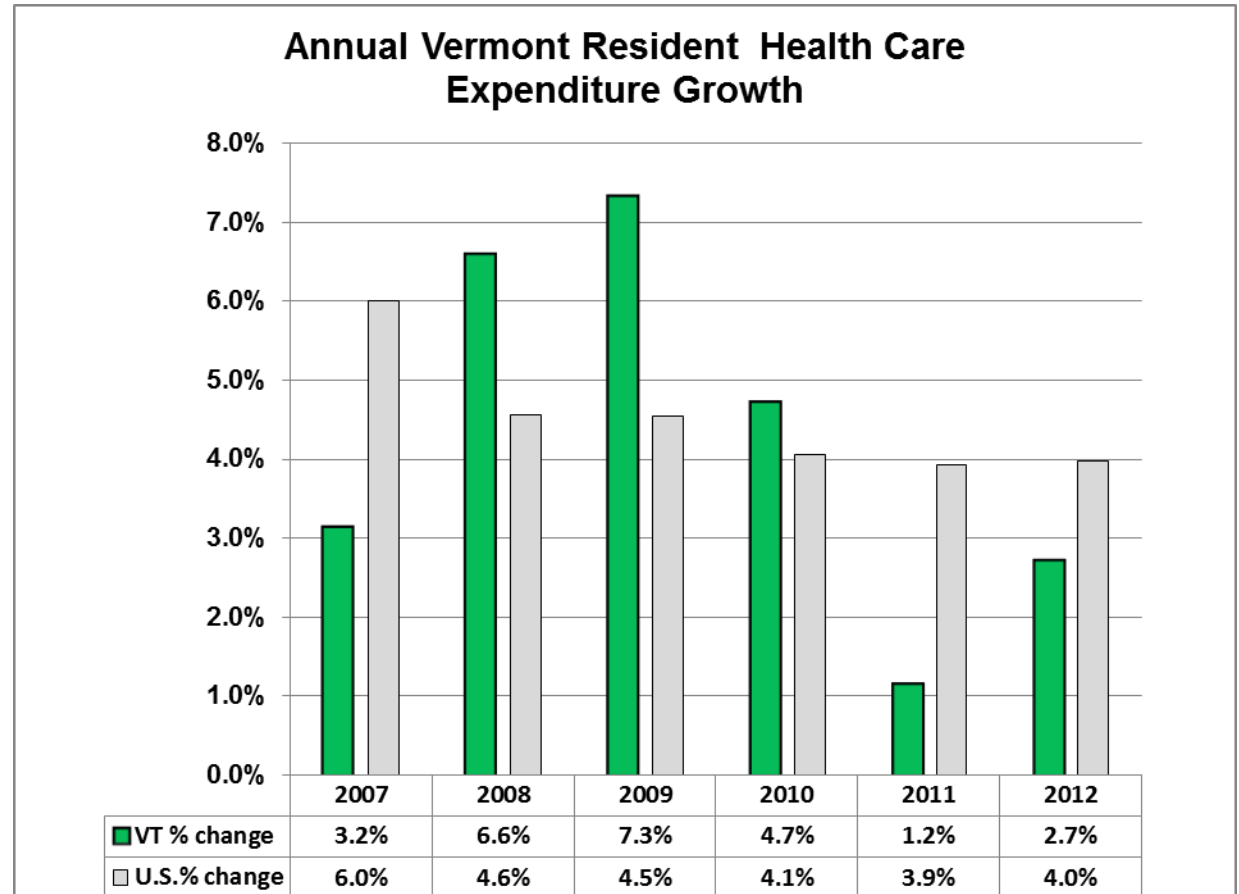


Source: US data from CMS Health Consumption Expenditures  
VT data from VT Healthcare Expenditure Analysis

# What is the rate of growth in Vermont compared with the U.S.?

Expenditures for health care services received by Vermonters grew an average of 4.5% per year (2007-2012) while the U.S. grew an average of 4.2% per year.

Note: U.S. - Health Consumption Expenditures with projected 2012



# Act 48 says, in order for Green Mountain Care to be Implemented 5 Things Need to Happen...

- 1) Receipt of a waiver under Section 1332 of the Affordable Care Act pursuant to subsection (b) of this section.
- 2) Enactment of a law establishing the financing for Green Mountain Care.
- 3) Approval by the Green Mountain Care Board of the initial Green Mountain Care benefit package pursuant to 18 V.S.A. § 9375.
- 4) Enactment of the appropriations for the initial Green Mountain Care benefit package proposed by the Green Mountain Care Board pursuant to 18 V.S.A. § 9375.

5) A determination by the Green Mountain Care Board, as the result of a detailed and transparent analysis, that each of the following conditions will be met...

- A) Each Vermont resident covered by GMC will receive benefits with an actuarial value of 80 percent or greater.
- B) GMC will not have a negative aggregate impact on Vermont's economy- this determination will include an analysis of the impact of implementation on economic growth.
- C) Financing for GMC is sustainable. This analysis will consider at least a five-year revenue forecast using the consensus process established in 32 V.S.A. § 305a, projections of federal and other funds available to support GMC, and estimated expenses for GMC for an equivalent time period.

D) Administrative expenses in Vermont's health care system for which data are available will be reduced below 2011 levels, adjusted for inflation and other factors as necessary to reflect the present value of 2011 dollars at the time of the analysis.

E) Cost-containment efforts will result in a reduction in the rate of growth in Vermont's per-capita health care spending without reducing access to necessary care or resulting in excessive wait times for services.

F) Health care professionals will be reimbursed at levels sufficient to allow Vermont to recruit and retain high-quality health care professionals.