

Act No. 54 (S.139). Health; health care reform; health insurance; Green Mountain Care Board; Medicaid; Vermont Health Benefit Exchange; Department of Financial Regulation; pharmacy benefit managers; hospitals; medical malpractice

An act relating to health care

This act creates or amends numerous provisions relating to health care and health care reform in Vermont. It directs the Secretary of Administration or designee and the Green Mountain Care Board jointly to explore an all-payer model for health care services. It imposes certain requirements on pharmacy benefit managers and requires hospitals to provide notice to Medicare beneficiaries placed in observation status. It provides the Green Mountain Care Board with oversight over certain aspects of the Vermont Information Technology Leaders, Inc. (VITL) and specifies the composition of VITL's Board of Directors.

The act allows individuals to purchase Exchange plans directly from health insurers beginning with the 2016 open enrollment period and delays the ability of the large group market to purchase Exchange plans until 2018. It directs the Secretary of Administration or designee to estimate the costs of providing universal primary care to all Vermont residents, with and without cost-sharing, beginning in 2017. It requires health insurers to establish online tools to allow members to compare the price of medical care by cost or procedure and directs the Green Mountain Care Board to evaluate potential models for allowing consumers to compare information about the cost and quality of health care services across Vermont. The act creates a study of public employees' health benefits, requires updates on the Vermont Health Care Innovation Project, and requires the Agency of Human Services to identify gaps in services and overlapping or duplicative services. It reenacts provisions pertaining to presuit mediation in medical malpractice claims until July 1, 2020 and requires a report in December 2019 on the impact of certificates of merit and presuit mediation.

The act makes a number of changes affecting the responsibilities of the Department of Financial Regulation as they relate to health care, eliminating some requirements and transferring other duties to the Green Mountain Care Board and others. It requires Medicaid coverage for primary care consultations delivered outside a health care facility and requires the Department of Vermont Health Access to evaluate the way it calculates ambulance and emergency medical services reimbursements for services provided to Medicaid beneficiaries. The act increases cigarette taxes by \$0.33 per pack beginning on July 1, 2015 and makes appropriations to the Area Health Education Centers for repayment of educational loans for health care providers and educators. The act also appropriates funds to the Office of the Health Care Advocate and the Green Mountain Care Board, appropriates funds for cost-sharing subsidies, and appropriates funds for increases to the Blueprint for Health, to Medicaid primary care providers, to other Medicaid providers, and to independent mental health and substance abuse treatment providers.

Multiple effective dates, beginning on June 5, 2015