

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Appropriations to which was referred House Bill No.
3 481 entitled “An act relating to supporting health care initiatives and
4 establishing payroll and sugar-sweetened beverage taxes” respectfully reports
5 that it has considered the same and recommends that the bill as amended by the
6 Committee on Ways and Means be further amended as follows:

7 First: By adding Secs. 1–8 to read as follows:

8 * * * Increasing Affordability and Access to Health Care * * *

9 Sec. 1. 33 V.S.A. § 1812(b) is amended to read:

10 (b)(1) An individual or family with income at or below 300 percent of the
11 federal poverty guideline shall be eligible for cost-sharing assistance, including
12 a reduction in the out-of-pocket maximums established under Section 1402 of
13 the Affordable Care Act.

14 (2) The Department of Vermont Health Access shall establish
15 cost-sharing assistance on a sliding scale based on modified adjusted gross
16 income for the individuals and families described in subdivision (1) of this
17 subsection. Cost-sharing assistance shall be established as follows:

18 (A) for households with income at or below 150 percent of the
19 federal poverty level (FPL): 94 percent actuarial value;

20 (B) for households with income above 150 percent FPL and at or
21 below 200 percent FPL: 87 percent actuarial value;

1 (C) for households with income above 200 percent FPL and at or
2 below 250 percent FPL: ~~77~~ 83 percent actuarial value;

3 (D) for households with income above 250 percent FPL and at or
4 below 300 percent FPL: ~~73~~ 79 percent actuarial value.

5 (3) Cost-sharing assistance shall be available for the same qualified
6 health benefit plans for which federal cost-sharing assistance is available and
7 administered using the same methods as set forth in Section 1402 of the
8 Affordable Care Act.

9 Sec. 2. COST-SHARING SUBSIDY; APPROPRIATION

10 (a) Increasing the cost-sharing subsidies available to Vermont residents
11 will not only make it easier for people with incomes below 300 percent of the
12 federal poverty level to access health care services, but it may encourage some
13 residents without insurance to enroll for coverage if they know they will be
14 able to afford to use it.

15 (b) The sum of \$761,308.00 is appropriated from the General Fund to the
16 Department of Vermont Health Access in fiscal year 2016 for the Exchange
17 cost-sharing subsidies for individuals at the actuarial levels in effect on January
18 1, 2015.

19 (c) The sum of \$2,000,000.00 is appropriated from the General Fund to the
20 Department of Vermont Health Access in fiscal year 2016 to increase
21 Exchange cost-sharing subsidies beginning on January 1, 2016 to provide

1 coverage at an 83 percent actuarial value for individuals with incomes between
2 200 and 250 percent of the federal poverty level and at a 79 percent actuarial
3 value for individuals with incomes between 250 and 300 percent of the federal
4 poverty level.

5 Sec. 3. INVESTING IN PRIMARY CARE AND PROFESSIONAL
6 SERVICES

7 (a) The sum of \$13,221,052.00 in Global Commitment funds is
8 appropriated to the Department of Vermont Health Access in fiscal year 2016
9 to increase reimbursement rates to providers for services provided to Medicaid
10 beneficiaries.

11 (b) In allocating the funds appropriated pursuant to this section, the
12 Department of Vermont Health Access shall direct \$7,000,000.00 in Global
13 Commitment funds to rate increases for primary care providers beginning on
14 July 1, 2015. Beginning on January 1, 2016, the Department shall direct
15 \$1,000,000.00 in Global Commitment funds to the providers at Dartmouth
16 Hitchcock Medical Center for services provided to Vermont Medicaid
17 beneficiaries in recognition of their important role in providing health care to
18 Vermont residents. The Department shall use the remaining \$5,221,052.00 for
19 professional services rate increases for services provided to Medicaid
20 beneficiaries beginning on July 1, 2015.

1 Sec. 4. COST SHIFT ACCOUNTABILITY

2 (a) The Green Mountain Care Board shall account for any impact on the
3 cost shift of the investments in Sec. 3 of this act through its regulatory
4 authority over hospital budgets and health insurer rates. The Board shall
5 include its assessment of the impacts in its annual report pursuant to 18 V.S.A.
6 § 9375(d).

7 (b) Each nonprofit hospital service corporation established pursuant to
8 8 V.S.A. chapter 123, nonprofit medical service corporation established
9 pursuant to 8 V.S.A. chapter 125, and any other health insurer licensed to offer
10 major medical health insurance plans in this State shall adjust its
11 reimbursements to health care providers and premiums or administrative fees
12 charged to account for the impact of investing funds in Medicaid provider
13 reimbursement in order to ensure the cost shift is reduced to the fullest extent
14 possible.

15 Sec. 5. RATE INCREASES FOR OTHER MEDICAID PROVIDERS

16 (a) The sum of \$6,794,743.00 in Global Commitment funds is appropriated
17 to the Agency of Human Services in fiscal year 2016 for the purpose of
18 increasing reimbursement rates beginning on July 1, 2015 for providers under
19 contract with the Departments of Disabilities, Aging, and Independent Living,
20 of Mental Health, of Corrections, of Health, and for Children and Families to
21 provide services to Vermont Medicaid beneficiaries.

1 (b) The sum of \$200,000.00 in Global Commitment funds is appropriated
2 to the Department of Vermont Health Access in fiscal year 2016 for the
3 purpose of implementing prospective payments to home health agencies, as
4 defined in 33 V.S.A. § 1951, beginning on July 1, 2015 for medical services
5 provided to Medicaid beneficiaries, including participants in the Choices for
6 Care program.

7 Sec. 5a. HOUSEHOLD INSURANCE SURVEY; CONTRACT

8 AMENDMENT

9 The sum of \$150,000.00 is appropriated from the General Fund to the
10 Agency of Administration in fiscal year 2016 for the purpose of amending, in
11 consultation with the Department of Financial Regulation, the contract with the
12 vendor responsible for the 2014 household health insurance survey to provide
13 for a follow-up survey assessing the impact of the 2015 Exchange open
14 enrollment period on the rate of uninsured in Vermont.

15 * * * Strengthening Primary Care * * *

16 Sec. 6. BLUEPRINT FOR HEALTH INCREASES

17 (a) The sum of \$5,746,492.00 in Global Commitment funds is appropriated
18 to the Department of Vermont Health Access in fiscal year 2016 to increase
19 payments to patient-centered medical homes, increase payments to community
20 health teams, and rebalance community health teams as described in
21 subsection (b) of this section.

1 (b) The Department of Vermont Health Access shall:

2 (1) Increase payments to the Blueprint for Health community health
3 teams under 18 V.S.A. § 705 by \$1,171,802.00 in Global Commitment funds
4 beginning on July 1, 2015.

5 (2) Adjust payments for community health teams under 18 V.S.A. § 705
6 to reflect revised patient attribution and the market share of insurers and
7 Medicaid. Payments may be modified as set forth in 18 V.S.A. § 702(b) and
8 insurers shall participate in the new payment amounts as required by 18 V.S.A.
9 § 706. Beginning on July 1, 2015, the Department shall increase its payments
10 to reflect increased Medicaid enrollment by an amount up to \$935,666.00.

11 (3) Increase payments to patient-centered medical homes under
12 18 V.S.A. § 704 by \$3,639,024.00 in Global Commitment funds beginning on
13 July 1, 2015.

14 (c) In its use of the funds appropriated in this section, the Blueprint for
15 Health shall work collaboratively to begin including family-centered
16 approaches and adverse childhood experience screenings consistent with the
17 report entitled “Integrating ACE-Informed Practice into the Blueprint for
18 Health.” Considerations should include prevention, early identification, and
19 screening, as well as reducing the impact of adverse childhood experiences
20 through trauma-informed treatment and suicide prevention initiatives.

1 Sec. 7. AREA HEALTH EDUCATION CENTERS

2 The sum of \$700,000.00 in Global Commitment funds is appropriated to the
3 Department of Health in fiscal year 2016 for a grant to the Area Health
4 Education Centers for repayment of educational loans for health care providers
5 and health care educators.

6 * * * Consumer Information, Assistance, and Representation * * *

7 Sec. 8. OFFICE OF THE HEALTH CARE ADVOCATE;

8 APPROPRIATION; INTENT

9 (a) The Office of the Health Care Advocate has a critical function in the
10 Vermont's health care system. The Health Care Advocate provides
11 information and assistance to Vermont residents who are navigating the health
12 care system and represents their interests in interactions with health insurers,
13 health care providers, Medicaid, the Green Mountain Care Board, the General
14 Assembly, and others. The continuation of the Office of the Health Care
15 Advocate is necessary to achieve additional health care reform goals.

16 (b) The sum of \$40,000.00 is appropriated from the General Fund to the
17 Agency of Administration in fiscal year 2016 for its contract with the Office of
18 the Health Care Advocate.

19 (c) It is the intent of the General Assembly that, beginning with the 2017
20 fiscal year budget, the Governor's budget proposal developed pursuant to
21 32 V.S.A. chapter 5 should include a separate provision identifying the

1 aggregate sum to be appropriated from all State sources to the Office of the
2 Health Care Advocate.

3 Second: By adding Secs. 10 and 11 to read as follows:

4 * * * Investing in Structural Reform for Long-Term Savings * * *

5 Sec. 10. GREEN MOUNTAIN CARE BOARD; ALL-PAYER WAIVER;

6 RATE-SETTING

7 (a) The sum of \$3,025,020.00 is appropriated to the Green Mountain Care
8 Board in fiscal year 2016, of which \$698,475.00 comes from the General
9 Fund, \$735,346.00 is in Global Commitment funds, \$1,332,475.00 comes from
10 the Board's bill-back authority pursuant to 18 V.S.A. § 9374(h), \$60,000.00
11 comes from the Health IT-Fund, \$155,692.00 comes from an interdepartmental
12 transfer from the Department of Vermont Health Access, and \$43,032.00
13 comes from federal funds.

14 (b) Of the funds appropriated pursuant to this section, the Board shall use:

15 (1) \$597,020.00 for positions and operating expenses related to the
16 Board's provider rate-setting authority, the all-payer model, and the Medicaid
17 cost shift;

18 (2) \$2,368,000.00 for contracts and third-party services related to the
19 all-payer model, provider rate-setting, and the Medicaid cost shift; and

20 (3) \$60,000.00 to provide oversight of the budget and activities of the
21 Vermont Information Technology Leaders, Inc.

