

Reps. Dakin, Poirier amendments to House Health Care Committee bill

* * * Universal Primary Care; Study * * *

Sec. X. PURPOSE

The purpose of Secs. X through X of this act is to establish the administrative framework and reduce financial barriers as preliminary steps to the implementation of the principles set forth in 2011 Acts and Resolves No. 48 to enable Vermonters to receive necessary health care and examine the cost of providing primary care to all Vermonters without deductibles, coinsurance, or co-payments.

Sec. X. FINDINGS

The General Assembly finds that:

(1) Research has shown that universal access to primary care enhances the quality of care, improves patient outcomes, and reduces overall health care spending.

(2) Universal access to primary care will advance the health of Vermonters by preventing disease and by reducing the need for emergency room visits and hospital admissions.

(3) Vermonters face financial barriers to accessing primary care because of the nearly universal cost-sharing requirements, including deductibles, coinsurance, and co-payments.

(4) The cost of providing universal primary care to Vermonters should be estimated to determine whether universal primary care should be the first

step in implementing the principles and intent set forth in 2011 Acts and Resolves No. 48, Secs. 1 and 1a.

Sec. 3. DEFINITION OF PRIMARY CARE

As used in Secs. X - X of this act, “primary care” means health services provided by health care professionals who are specifically trained for and skilled in first-contact and continuing care for individuals with signs, symptoms, or health concerns, not limited by problem origin, organ system, or diagnosis, and includes pediatrics, internal and family medicine, gynecology, primary mental health services, and other health services commonly provided at federally qualified health centers. Primary care does not include dental services.

Sec. 4. COST ESTIMATES FOR UNIVERSAL PRIMARY CARE

(a) No later than October 15, 2015, the Joint Fiscal Office, in consultation with the Green Mountain Care Board and the Secretary of Administration or designee, shall provide to the Joint Fiscal Committee, the Health Reform Oversight Committee, the House Committees on Appropriations, on Health Care, and on Ways and Means, and the Senate Committees on Appropriations, on Health and Welfare, and on Finance an estimate of the costs of providing primary care to all Vermont residents, without cost-sharing by the patient, beginning on January 1, 2017.

(b) The report shall include an estimate of the cost of primary care to those Vermonters who access it if a universal primary care plan is not implemented, and the sources of funding for that care, including employer-sponsored and

individual private insurance, Medicaid, Medicare, and other government-sponsored programs, and patient cost-sharing such as deductibles, coinsurance, and co-payments.

Sec. X. APPROPRIATION

After satisfying the requirements of 32 V.S.A. § 308, after other reserve requirements have been met, and prior to action under 32 V.S.A. § 308c, the first \$200,000.00 of any surplus General Fund monies in fiscal year 2016 is appropriated to the Joint Fiscal Office to be used for assistance in the calculation of the cost estimates required in Sec. X.

Sec. X. EFFECTIVE DATE

Secs. X through X shall take effect upon receipt of sufficient funds to support the appropriation to the Joint Fiscal Office in Sec. X.