

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred Senate Bill No. 255  
3 entitled “An act relating to regulation of hospitals, health insurers, and  
4 managed care organizations” respectfully reports that it has considered the  
5 same and recommends that the House propose to the Senate that the bill be  
6 amended as follows:

7 First: In Sec. 2, 18 V.S.A. § 9405b, in subsection (b), by striking out the  
8 renumbered subdivision (3) in its entirety and inserting in lieu thereof a new  
9 subdivision (3) to read as follows:

10 ~~(1)(3) Information~~ information on membership and governing body  
11 qualifications; a listing of the current governing body members, including  
12 each member’s name, town of residence, occupation, employer, and job title,  
13 and the amount of compensation, if any, for serving on the governing body;  
14 and means of obtaining a schedule of meetings of the hospital’s governing  
15 body, including times scheduled for public participation; and

16 Second: By adding a section to be Sec. 2a to read as follows:  
17 Sec. 2a. 18 V.S.A. § 9456(d) is amended to read:

18 (d)(1) Annually, the Board shall establish a budget for each hospital by on  
19 or before September 15, followed by a written decision by October 1. Each  
20 hospital shall operate within the budget established under this section.

21 \* \* \*

1           (3)(A) The Office of the Health Care Advocate shall have the right to  
2           receive copies of all materials related to the hospital budget review and may:

3                   (i) ask questions of employees of the Green Mountain Care Board  
4                   related to the Board’s hospital budget review;

5                   (ii) submit written questions to the Board that the Board will ask  
6                   of hospitals in advance of any hearing held in conjunction with the Board’s  
7                   hospital review;

8                   (iii) submit written comments for the Board’s consideration; and

9                   (iv) ask questions and provide testimony in any hearing held in  
10                  conjunction with the Board’s hospital budget review.

11                  (B) The Office of the Health Care Advocate shall not further disclose  
12                  any confidential or proprietary information provided to the Office pursuant to  
13                  this subdivision (3).

14                  Third: By striking out Secs. 10, recommendations for potential alignment,  
15                  and 11, effective dates, in their entirety and inserting in lieu thereof the  
16                  following:

17                  Sec. 10. RECOMMENDATIONS FOR POTENTIAL ALIGNMENT

18                  (a) The Director of Health Care Reform in the Agency of Administration,  
19                  in collaboration with the Green Mountain Care Board and the Department of  
20                  Financial Regulation, shall compare the requirements in federal law applicable  
21                  to Vermont’s accountable care organizations and to the Department of

1 Vermont Health Access in its role as a public managed care organization with  
2 the rules adopted in accordance with 18 V.S.A. § 9414(a)(1) as they apply to  
3 managed care organizations to identify opportunities for alignment, including  
4 alignment of mental health standards. The Director of Health Care Reform  
5 shall make recommendations on or before December 15, 2017 to the House  
6 Committee on Health Care and the Senate Committees on Health and Welfare  
7 and on Finance on appropriate ways to improve alignment. In preparing his or  
8 her recommendations, the Director shall take into consideration the financial  
9 and operational implications of alignment and shall consult with interested  
10 stakeholders, including the Department of Health, the Department of Mental  
11 Health, health care providers, accountable care organizations, the Office of the  
12 Health Care Advocate, the Vermont Association of Hospitals and Health  
13 Systems, the Vermont Medical Society, and health insurance and managed  
14 care organizations, as defined in 18 V.S.A. § 9402.

15 (b) In advance of the implementation of any of the recommendations  
16 provided pursuant to subsection (a) of this section and to the extent permitted  
17 under federal law, when making a utilization review determination on or after  
18 January 1, 2017, the Department of Vermont Health Access shall ensure that:

19 (1) a mental health professional licensed in Vermont whose training and  
20 expertise is at least comparable to the treating provider is involved in the  
21 review whenever authorization for mental health or substance abuse services is

1 denied or when payment is stopped for mental health or substance abuse  
2 services already being provided;

3 (2) a physician under the direction of the Department’s Chief Medical  
4 Officer is involved in the review whenever authorization for health care  
5 services other than mental health or substance abuse services is denied or when  
6 payment is stopped for health care services already being provided;

7 (3) adverse action letters delineate the specific clinical criteria upon  
8 which the adverse action was based; and

9 (4) for determinations applicable to patients receiving inpatient care,  
10 Department staff are available by telephone to discuss the individual case with  
11 the clinician requesting the benefit determination.

12 Sec. 11. 18 V.S.A. § 115 is amended to read:

13 § 115. ~~CHRONIC DISEASES; STUDY; PROGRAM~~ PUBLIC HEALTH  
14 SURVEILLANCE ASSESSMENT AND PLANNING

15 (a) The Department of Health may, in the discretion of the Commissioner,  
16 accept for treatment children who have chronic diseases ~~such as cystic fibrosis~~  
17 ~~and severe hemophilia~~ or developmental disabilities.

18 (b) The ~~State Board~~ Commissioner of Health is authorized to:

19 (1) study the prevalence of chronic disease;

20 (2) make such morbidity studies as may be necessary to evaluate the  
21 over-all problem of chronic disease and developmental disabilities;

1           (3) develop an early case-finding program, in cooperation with the  
2 medical profession;

3           (4) develop and carry on an educational program as to the causes,  
4 prevention and alleviation of chronic disease and developmental  
5 disabilities; and

6           (5) ~~integrate this program with that of the State rehabilitation center~~  
7 ~~where possible, by seeking the early referral of persons with chronic disease,~~  
8 ~~who could benefit from the State rehabilitation program~~ adopt rules for the  
9 purpose of screening chronic diseases and developmental disabilities in  
10 newborns.

11           (c) The ~~State Board~~ Department of Health is directed to consult and  
12 cooperate with the medical profession and interested official and voluntary  
13 agencies and societies in the development of this program.

14           (d) The ~~Board~~ Department is authorized to accept contributions or gifts  
15 which are given to the State for any of the purposes as stated in this section,  
16 and the Department is authorized to charge and retain monies to offset the cost  
17 of providing newborn screening program services.

1 Sec. 12. 18 V.S.A. § 115a is amended to read:

2 § 115a. ~~CHRONIC DISEASES OF CHILDREN; TREATMENT~~

3 ~~The Department of Health may, in the discretion of the Commissioner,~~  
4 ~~accept for treatment children who have chronic diseases such as cystic fibrosis.~~

5 [Repealed.]

6 Sec. 13. 18 V.S.A. § 5087 is amended to read:

7 § 5087. ESTABLISHMENT OF BIRTH INFORMATION NETWORK

8 \* \* \*

9 (b) The Department of Health is authorized to collect information for the  
10 birth information network for the purpose of preventing and controlling  
11 disease, injury, and disability. The Commissioner of Health, in collaboration  
12 with appropriate partners, shall coordinate existing data systems and records to  
13 enhance the network's comprehensiveness and effectiveness, including:

14 (1) vital records (birth, death, and fetal death certificates);

15 (2) the children with special health needs database;

16 (3) newborn metabolic screening;

17 (4) a voluntary developmental screening test;

18 (5) universal newborn hearing screening;

19 ~~(5)~~(6) the Hearing Outreach Program;

20 ~~(6)~~(7) the cancer registry;

21 ~~(7)~~(8) the lead screening registry;



1       Sec. 15. EFFECTIVE DATES

2           (a) Secs. 1 (hospital needs assessment) and 2 (hospital community reports)

3       and this section shall take effect on passage.

4           (b) The remaining sections shall take effect on July 1, 2016.

5

6

7       (Committee vote: \_\_\_\_\_)

8

\_\_\_\_\_

9

Representative \_\_\_\_\_

10

FOR THE COMMITTEE