

Senator Ayer - Universal Health Care language

* * * Green Mountain Care Financing Analysis * * *

Sec. X. UNIVERSAL HEALTH CARE SYSTEM; FINANCING ANALYSIS

(a) The Director of Health Care Reform in the Agency of Administration shall conduct the analysis necessary to develop the details of the Equitable Financing Plan for Vermont's Universal Healthcare System, written by the Healthcare is a Human Right Campaign in February 2015 and set forth in H.475 of the 2015 legislative session, An act relating to establishing the financing mechanisms for Green Mountain Care. The Director shall provide the results of that analysis to the Joint Fiscal Office in sufficient detail to enable the Joint Fiscal Office to enter into a contract for macroeconomic analysis to determine the impact of the Plan on Vermont's economy. The Director and the Joint Fiscal Office shall jointly create a timeline for the analysis in order to ensure that the analysis is complete and available to the General Assembly on or before January 15, 2016.

(b)(1) The sum of up to \$250,000.00 is appropriated from the General Fund to the Joint Fiscal Office in fiscal year 2016 for contracts related to the macroeconomic analysis of the Equitable Financing Plan for Vermont's Universal Healthcare System.

(2) The sum of up to \$100,000.00 is appropriated from the General Fund to the Agency of Administration, Secretary's Office in fiscal year 2016 for contracts related to the development of the Plan.

* * * Universal Primary Care * * *

Sec. A. PURPOSE

The purpose of Secs. A through E 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 or, if necessary, with limited cost-sharing.

Sec. B. 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 widespread 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. C. DEFINITION OF PRIMARY CARE

As used in Secs. A through E 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. D. 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, with and 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.

(c) Departments and agencies of State government and the Green Mountain Care Board shall provide such data to the Joint Fiscal Office as needed to permit the Joint Fiscal Office to perform the estimates and analysis required by this section. If necessary, the Joint Fiscal Office may enter into confidentiality agreements with departments, agencies, and the Board to ensure that confidential information provided to the Office is not further disclosed.

Sec. E. APPROPRIATION

Up to \$200,000.00 is appropriated from the General Fund to the Joint Fiscal Office in fiscal year 2016 to be used for assistance in the calculation of the cost estimates required in Sec. D of this act; provided, however, that the appropriation shall be reduced by the amount of any external funds received by the Office to carry out the estimates and analysis required by Sec. D.