

**Section by section summary of H.487 - An act relating to direct enrollment in Exchange plans and to presuit mediation in medical malpractice claims**

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**Sec. 1. Direct enrollment in Exchange plans**

- Allows individuals to purchase Exchange plans directly from the health insurers beginning with 2016 open enrollment

**Sec. 2. Presuit mediation in medical malpractice claims**

- Reenacts subchapter on presuit mediation, which expired on February 1, 2015, until July 1, 2018
- Allows potential plaintiffs to serve on potential defendants in medical malpractice cases a request to participate in presuit mediation before filing the lawsuit
- Request would name all known potential defendants, contain a brief statement of the facts the plaintiff believes are grounds for relief, and include a certificate of merit
- Sets forth process for potential defendants to accept or reject the request for presuit mediation
- If mediation is unsuccessful, plaintiff can bring the medical malpractice lawsuit
- Presuit mediation is confidential

**Sec. 3. Blueprint for Health**

- Requires 2016 Blueprint for Health annual report to include an analysis of the value-added benefits and return on investment to Medicaid of the new funds appropriated in the fiscal year 2016 budget
- Requires Blueprint to explore and report to General Assembly by January 15, 2016 on potential wellness incentives

**Sec. 4. Payment reform and differential payments to providers**

- In implementing an all-payer model and provider rate-setting, directs the Green Mountain Care Board to consider:
  - benefits of prioritizing and expediting payment reform in primary care that shifts away from fee-for-service
  - impact of hospital acquisitions of independent physicians on health system costs
  - effects of different reimbursements for different types of providers for the same services billed under the same codes