

**H.481 - Section by section summary of House Appropriations
and House Ways and Means amendments (*integrated bill*)**
Jennifer Carbee, Legislative Counsel, Office of Legislative Council
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***** Strengthening Affordability and Access to Health Care *****

Secs. 1 and 2. Exchange cost-sharing subsidies

- Increases Exchange cost-sharing subsidies to an 83% actuarial value for individuals between 200% and 250% FPL and to a 79% actuarial value for individuals between 250% and 300% FPL
- Appropriates \$761,308 (State) for base spending for cost-sharing subsidies
- Appropriates \$2 million (State) for increased subsidies beginning January 1, 2016

Secs. 3 and 4. Investing in primary care and professional services

- Appropriates \$14,221,052 (gross) to increase Medicaid reimbursement rates
 - \$7 million for increases to primary care providers beginning July 1, 2015
 - \$1 million for increases to Dartmouth Hitchcock beginning January 1, 2016
 - \$5,221,052 for professional services rate increases beginning July 1, 2015
- Green Mountain Care Board (GMCB) must account for any impact from these investments on the cost shift through regulatory authority over hospital budgets and health insurer rates and include assessment of the impacts in its annual report
- Health insurers must adjust reimbursement rates and premiums to account for reductions in the cost shift

Sec. 5. Rate increases for other Medicaid providers

- Appropriates \$6,794,743 (gross) to increase reimbursement rates for non-medical providers under contract with departments in the Agency of Human Services beginning July 1, 2015
- Appropriates \$200,000 (gross) to implement prospective payments to home health agencies beginning July 1, 2015

Sec. 5a. Household insurance survey

- Appropriates \$150,000 (State) for follow-up household insurance survey to assess the impact of the 2015 Exchange open enrollment period on the uninsured rate

***** Strengthening Primary Care *****

Sec. 6. Blueprint for Health increases

- Appropriates \$5,746,492 (gross) to increase payments to patient-centered medical homes, increase payments to community health teams, and rebalance community health teams
 - Increases payments to community health teams by \$1,171,802 (gross) beginning July 1, 2015

- Adjusts payments for community health teams to reflect revised patient attribution and market share; beginning July 1, 2015, DVHA must increase payments by up to \$935,666
- Increases payments to patient-centered medical homes by \$3,639,024 beginning July 1, 2015
- Requires Blueprint to beginning including family-centered approaches and adverse childhood experience screenings

Sec. 7. Area Health Education Centers (AHEC)

- Appropriates \$700,000.00 (gross) to AHEC for repayment of educational loans for health care providers and health care educators

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

Sec. 8. Office of the Health Care Advocate

- Appropriates \$40,000.00 (State) for the Office of the Health Care Advocate (HCA)
- Expresses legislative intent that Governor's budget proposals include a line item showing the aggregate sum to be appropriated to the HCA from all State sources

Sec. 9. Consumer information and price transparency

- Directs GMCB to evaluate potential models for providing consumers with information and cost and quality of health care services
- Requires GMCB to report findings and proposal by October 1, 2015

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

Sec. 10. All-payer waiver, rate-setting

- Appropriates \$3,025,020 (gross) to the GMCB
 - \$597,020 is for positions and operating expenses related to GMCB's provider rate-setting authority, the all-payer model, and Medicaid cost shift
 - \$2,368,000 is for contracts and third-party services related to provider rate-setting, the all-payer model, and Medicaid cost shift
 - \$60,000.00 is for oversight of VITL's budget and activities

Sec. 11. Green Mountain Care Board positions

- Adds six positions to the GMCB

***** Green Mountain Care Board *****

Sec. 12. Green Mountain Care Board duties

- Requires GMCB to review and approve the criteria for health care providers and facilities to create or maintain connectivity to health information exchange
- Requires GMCB to annually review and approve VITL's budget and its core activities associated with public funding

Sec. 13. DELETED

***** Vermont Information Technology Leaders *****

Sec. 14. Vermont Information Technology Leaders (VITL)

- Specifies makeup of VITL's Board of Directors, including one member of General Assembly
- Allows Department of Information and Innovation to review VITL's technology

***** Referral Registry *****

Sec. 15. Referral registry

- Directs Department of Health and Division of Alcohol and Drug Abuse Programs to develop a registry of mental health and addiction services providers in Vermont

***** Universal Health Care Coverage *****

Sec. 16. Task Force on Universal Coverage

- Creates a Task Force on Universal Coverage to develop a proposal for achieving universal health care coverage in Vermont
- Proposal due December 1, 2015

***** Universal Primary Care *****

Secs. 17–21. Universal Primary Care

- Introduces concept of universal primary care for all Vermonters
- Directs Joint Fiscal Office to estimate costs of providing universal primary care to all Vermont residents, with and without cost-sharing, beginning in 2017
 - Estimate due October 15, 2015
- Appropriates up to \$200,000.00 to Joint Fiscal Office for the estimates

***** Ambulance Reimbursement *****

Sec. 22. Ambulance reimbursement

- Requires DVHA to evaluate the way it calculates ambulance and emergency medical services reimbursements in Medicaid to determine the basis for the current reimbursement amounts and rationale
- DVHA must consider adjustments to change the methodology if they will be budget neutral or of minimal fiscal impact in FY 2016
- Report due December 1, 2015

***** Excise Tax on Sweetened Beverages *****

Secs. 23–24. Excise tax on sweetened beverages

- Imposes an excise tax on distributors of \$0.005 per ounce on naturally and artificially sweetened, including diet, beverages, syrup, and powder sold in Vermont

- Several exemptions, including unsweetened coffee or tea, beverages in which milk is the primary ingredient, infant formula, bottled water, 100% natural fruit or vegetable juice, and maple syrup
- Requires Health Department to develop criteria and components for an evaluation to assess the impact of the tax on consumption of sweetened beverages

***** Cigarette and Tobacco Taxes *****

Secs. 25–25b. Cigarette and tobacco taxes

- Increases the cigarette tax by \$0.25 per pack and the tax on other tobacco products by a corresponding amount

***** Sales Tax *****

Sec. 25c. Dietary supplements; sales tax exemption

- Eliminates sales tax exemption for dietary supplements

***** State Health Care Resources Fund *****

Sec. 26. State Health Care Resources Fund

- Adds revenue from the sweetened beverage tax to the State Health Care Resources Fund

***** Implementation of Taxes *****

Sec. 27. Department of Taxes; appropriation

- Appropriates \$810,000 to the Department of Taxes to implement the sweetened beverage tax

Sec. 28. DELETED

***** Repeals *****

Sec. 29. DELETED

***** Effective Dates *****

Sec. 30. Effective dates