

**Proposed amendment to H.812**

(added to language as passed by House; subsections (b)-(d) are all new)

Sec. 1. ALL-PAYER MODEL; UNIVERSAL PRIMARY CARE

In the implementation of an all-payer model of health care reimbursement the Green Mountain Care Board and the Agency of Administration shall base the provision and reimbursement of health care services on the following provisions:

(a) 18 V.S.A. chapter 227 is added to read:

CHAPTER 227. ALL-PAYER MODEL

§ 9551. ALL-PAYER MODEL

In order to implement a value-based payment model allowing participating health care providers to be paid by Medicaid, Medicare, other state-funded health care programs, and commercial insurance using a common methodology that may include population-based payments, the Green Mountain Care Board and Agency of Administration shall ensure that the model:

\* \* \* \* \*

(3) maximizes alignment between Medicare, Medicaid, other state-funded health care programs, and commercial payers to the extent permitted under federal law and waivers from federal law, including:

(A) what is included in the calculation of the total cost of care;

(B) attribution and payment mechanisms;

(C) patient protections;

(D) care management mechanisms; and

(E) provider reimbursement processes;

(4) strengthens and invests in primary care, which may include the provision of universal primary care, as defined in Secs. 16 through 19 of Act 54 of 2015, to all residents of Vermont;

(5) incorporates social determinants of health;

(6) adheres to federal and State laws on parity of mental health and substance abuse treatment, integrates mental health and substance abuse treatment systems into the overall health care system, and does not manage mental health or substance abuse care separately from other health care;

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(b) In order to complete the analyses needed as the basis for providing universal primary care to all Vermont residents begun in Act 54 of 2015, Secs. 16 through 19, on or before January 15, 2017, the Secretary of Administration shall prepare and submit to the House Committees on Health Care, on Appropriations, and on Ways and Means and the Senate Committees on Health and Welfare, on Appropriations, and on Finance, the following:

(1) a provider reimbursement plan for universal primary care services for all residents of Vermont to be developed in conjunction with the payment model set out in subsection (a) using a risk based capitation model,

(2) a financing plan consistent with the principles of equity expressed in 18 V.S.A. § 9371(11), which states that financing of health care in Vermont must be sufficient, fair, predictable, transparent, sustainable, and shared equitably. In developing the financing plans, the Secretary shall consider all sources of funding whether existing or new from State, federal, or other governmental sources, and

(3) an estimate the savings from the implementation of universal primary care for governmental and private entities, individuals and households currently incurring costs for primary care, and a comparison of these savings with any other health care reforms proposals being considered by the state.

(c) To optimize the use of state and private resources needed for the preparation of the analyses required in subsection (b), the Secretary of Administration shall perform these analyses and report to the same committees and on the same time table and, as far as possible, make use of the data, analytical tools, and other resources used in conjunction with other health care studies to be carried out in state fiscal year 2017.

(d) The Secretary shall complete the analyses and plans, set out in subsection (b), that require no additional appropriations. To the extent that there are insufficient funds to complete all the studies listed, the Secretary may pursue and accept grants, gifts, donations, or other funding from any public or private source for their completion.