

Proposed amendment to H.812 (added to language as passed by House; subsections (b) and (c) 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:

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(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, including 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, the Secretary of Administration shall prepare:

(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 as described in subsection (c) of Sec. C.100 of the Appropriations Act for SFY 2017,

(3) an estimate of savings from the implementation of universal primary care, including the savings described in paragraphs (3) and (4) of subsection (b) and paragraph (2) of subsection (c) of Sec. C.100 of the Appropriations Act for SFY 2017

(4) an assessment of the impacts, as described in paragraph (2) of subsection (c) of Sec. C.100 of the Appropriations Act for SFY 2017, of universal primary care, and a with other health care reforms proposals subject to the same analysis.

(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 the studies 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 to complete the study described in Sec. C.100 of the Appropriations Act for SFY 2017.