

## **Sunset Advisory Commission Board and Commission Review**

The commission reviews every state board and commission and takes testimony regarding whether each board or commission should continue to operate or be eliminated and whether the powers and duties of any board or commission should be revised. Each board and commission has the burden of justifying its continued operation.

The commission also reviews whether members of a board or commission should be entitled to a per diem and, if so, the amount of that per diem.

In testifying before the commission, you should be able to provide the following information.

- 1. In general, how often does the board and commission meet. Provide specific information on how often the board or commission has met in the past two fiscal years. Provide information on where agendas and minutes of meetings can be found.**

*The Board meets at least once a week at a public board meeting in the Pavilion Auditorium. At times, the Board has added or canceled meetings in a certain week as necessary. The Board also holds 2 days of rate review hearings and 4 days of hospital budgets hearings each year. There are also additional public comment meetings relating to rate review and other Board issues if the Board deems it necessary.*

*The Board also meets for quarterly Green Mountain Care Board Advisory Committee meetings that are open to the public. Through October 8, 2018, there have been 42 GMCB and Advisory Committee meetings.*

*All board meeting agendas, minutes and other materials can be found on the GMCB website [here](#). If you go to our website, there is a quick link right on the front page to access the page. Orca also regularly volunteers to video record the meetings and we can provide an audio recording of any meeting if requested.*

- 2. Provide the names of members of the board or commission, their term length and expiration, their appointing authority, and the amount of any per diem they receive.**

*The term lengths and expiration dates are on the GMCB website [here](#), under the "Board" tab on the main page.*

*Kevin Mullin: Appointed May 24, 2017 – September 20, 2018\**

*\*Reappointed August 17, 2018 – February 29, 2024*

*Jessica Holmes: Appointed October 8, 2014 – September 30, 2020*

*Maureen Usifer: Appointed May 24, 2017 – September 30, 2021*

*Robin Lunge: Appointed November 2016 – September 30, 2022*

*Tom Pelham: November 3, 2017 – September 30, 2023*

*As for per diem, the members are reimbursed for travel, meals, and other expenses when appropriate. The board members fall under Administrative Bulletin 3.4, Employee Travel & Expense Policy.*

*Advisory: Members of such advisory groups who are not State employees or whose participation is not supported through their employment or association shall receive per diem compensation and reimbursement of expenses pursuant to 32 V.S.A. § 1010, provided that the total amount expended for such compensation shall not exceed \$5,000.00 per year. No member requested reimbursement for FY2018.*

**3. Provide an overview of the board or commission's purpose.**

*18 V.S.A. § 9372. Purpose: The Legislature's intent in establishing the GMCB was to create an independent board to promote the general good of the State by (1) improving the health of the population; (2) reducing the per-capita rate of growth in expenditures for health services in Vermont across all payers while ensuring that access to care and quality of care are not compromised; (3) enhancing the patient and health care professional experience of care; (4) recruiting and retaining high-quality health care professionals; and (5) achieving administrative simplification in health care financing and delivery.*

*Advisory: 18 V.S.A. § 9374 (e)(1) The Board shall establish a consumer, patient, business, and health care professional advisory group to provide input and recommendations to the Board.*

**4. Is that purpose still needed? What harm would come if the board or commission no longer fulfilled that purpose?**

*The Green Mountain Care Board, a transparent and public board, is needed in order to continue its work on controlling the cost of health care in Vermont, improving the quality of health care for Vermonters, expanding access to care to health care, and the ongoing work towards health care payment reform. If the Board were to be disbanded, there would be no oversight over Vermont hospitals, Vermont Health Connect and other insurance rates, new health care projects, oversight over the Accountable Care Organizations, and would be problematic with the All-Payer ACO Model Agreement, as the Board is one of three signatories. While the Board believes the cost of health care is still unaffordable for many Vermonters, we are seeing the cost of health care skyrocket across the country in cities and states that do not have a regulated health care economy, and the disbanding of the Green Mountain Care Board could lead to uncontrollable growth across the Vermont health care sector.*

*Advisory Committee: The Advisory Committee is a critical voice for the Board to hear from members of the public and different organizations across the health care landscape. The wide variety of organizations and the experiences of the members on the committee provides additional information that the Board may use to conduct its oversight and regulatory work throughout the year. The Advisory Committee meetings are open to the public and participation amongst members and the general public is strongly encouraged and appreciated.*

**5. How well is the board or commission performing in executing that purpose? What evidence can you provide to substantiate that performance?**

*The Board continues to evaluate the best way to provide Vermonters quality health care at affordable costs. Through the Board's work in the regulation of insurance rate review and hospital budget oversight, the Board has saved Vermonters over \$108 million dollars in rate review regulation and kept hospital budget growth at an average 3.5% growth per year (before GMCB regulation hospitals were growing at an average of 7.8% each year). For a more complete picture of the results of the Board's ongoing health care regulation please see the attached Results Based Accountability document.*

*Advisory Committee: The Advisory Committee has offered guidance on topics such as work force development, the All-Payer ACO Model Agreement, mental health, and other critical public health issues. The Advisory Committee is required to review certain projects and duties assigned to the Green Mountain Care Board, one such project, the Health Resources Allocation Plan, is scheduled to be reviewed by the committee in early 2019 per Act 167 of 2018.*

**6. If the purpose is still needed, can State government be more effective and efficient if the purpose was executed in a different manner?**

*The Green Mountain Care Board consists of 5 members and 28 staff regulating a fifth of Vermont's economy. The Board works in partnership with other state agencies and departments towards the goals of improving the quality of care and controlling costs, and importance of this responsibility is not lost on any of the individuals at this small organization. The Board is fortunate to have a small group of dedicated and talented individuals that understand the challenges the state faces and are unyielding in their mission to improve health care for Vermonters.*

*Advisory Committee: The Board evaluates ways to update and make changes to their regulatory work each year, and the Advisory Committee is currently being reviewed with the hopes of further strengthening its critical role. The Board will be meeting with the Advisory Committee on October 10, 2018 and there will be a broad discussion on what the best next steps should be to reimagine how this committee provides guidance to the*

Board.

**7. Do any of your board or commission's functions overlap or duplicate those of another state board or commission or federal or state agency?**

*The Board has a specific set of charges set in statute by the legislature. The Board takes on this work with the assistance of numerous organizations such as the Agency of Human Services, the Department of Financial Regulation, and the Office of the Health Care Advocate. The Board works with these organizations and others to make sure that the work before the Board is diligently addressed and the scope of the work at hand is fully understood. The Board works with our many partners to make sure work is not duplicated, and rather, resources are recognized and used appropriately to execute on the numerous responsibilities before the Board and our state partners.*

*Advisory Committee: No. Some members of the committee serve on other health care committees in the state, but the Advisory Committee is specifically charged with assisting the Board in its work on the oversight, regulation, and innovation of Vermont's health care landscape.*

**8. Does the board or commission's enabling law to continue to correctly reflect the purpose and activities of the board or commission?**

*Since the creation of the Board in 2011, the scope of work has greatly broadened. The legislature has recognized the value of the Board and assigned new responsibilities over the past 7 years. From its inception, the Board has been charged with the regulation and oversight of hospital budgets, certificate of need (CON), the Health Information Plan, reporting and evaluation system (VHCURES), and health care quality measurement. The Board has since been tasked with the oversight and regulation of insurance rate review, the Vermont Information Technology Leaders (VITL), the All-Payer ACO Model Agreement, Accountable Care Organizations (ACOs), and the Primary Care Advisory Group. Projects such as the Prior Authorization Pilot and the State Innovation Model Grant were overseen by the Board, but have since sunset and ceased to operate.*

*Advisory Committee: Yes. The Advisory Committee provides a critical outside perspective to the Board and its employees.*

**9. Provide a list of the board and commission's last fiscal year expenditures including staffing costs. How are these funded?**

*A detailed spreadsheet of The Green Mountain Care Board's budget is attached. For FY2018, the Board had 8,719,527 in total expenditures and 7,312,099 in personal services (staffing costs and including contracts).*

*Advisory Committee: There was zero dollars spent on the Advisory Committee in this past fiscal year.*

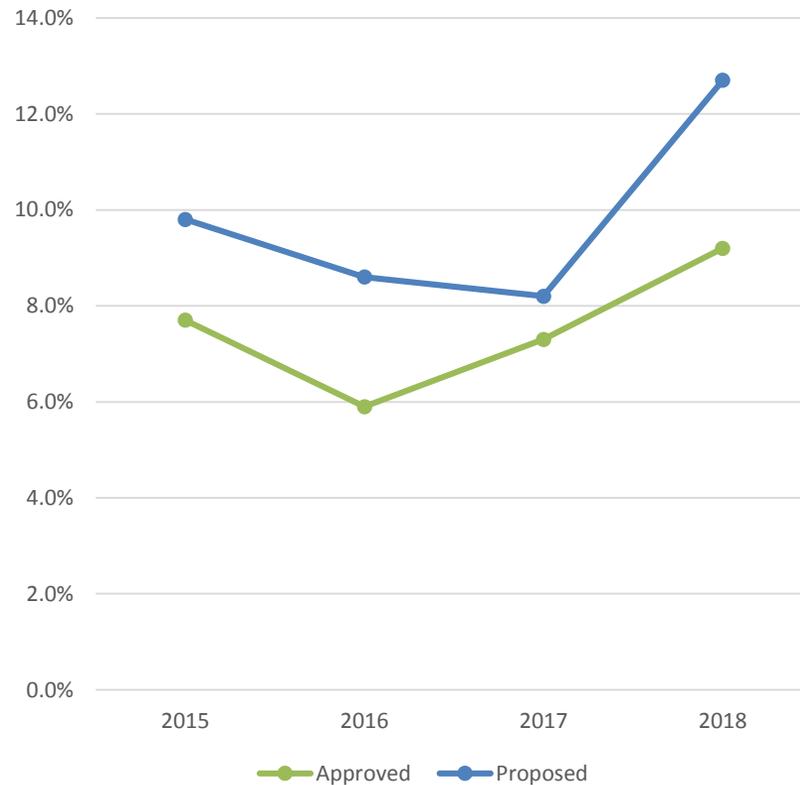
**10. Is the board or commission required by law to prepare any reports or studies for the Legislature, the Governor or any state agency or officer? If so, have those reports or studies been produced? Does the board or commission have ongoing reporting obligations?**

*Currently, the Board is required to submit, collaborate, and receive 32 reports. The Board is the sole author for 8 reports, a collaborator on 9 reports, an interested party on 1 report, and receives and reviews 14 reports. A detailed breakout of these reports is attached.*

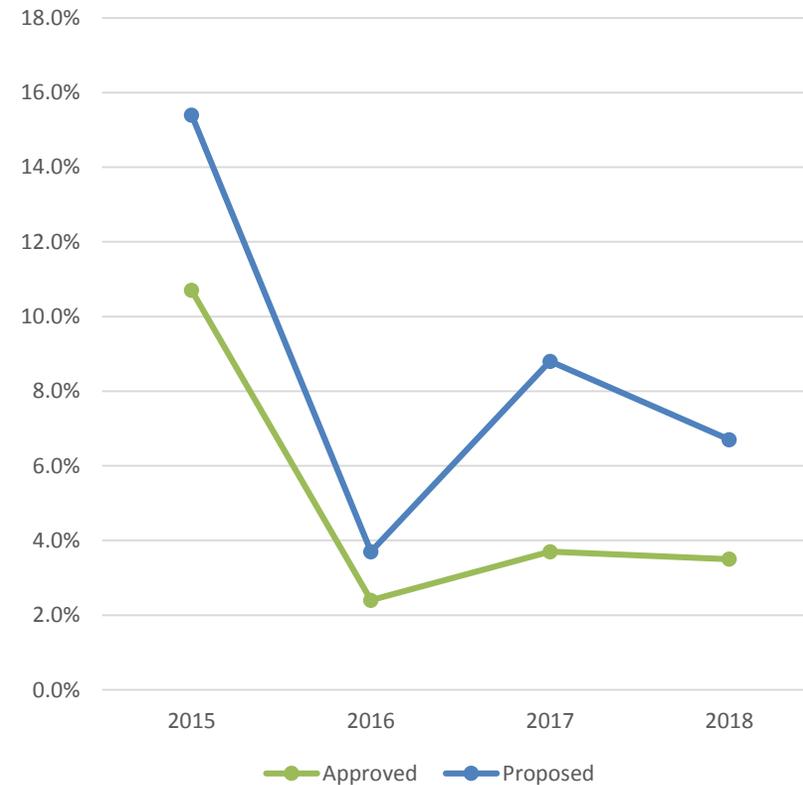
*Advisory Committee: The Advisory Committee is not required to produce, collaborate, or review any reports at this time.*

# RBA: Rates for VT Health Connect Products

BCBS – FY18 \$14.4M savings to VHC insured population



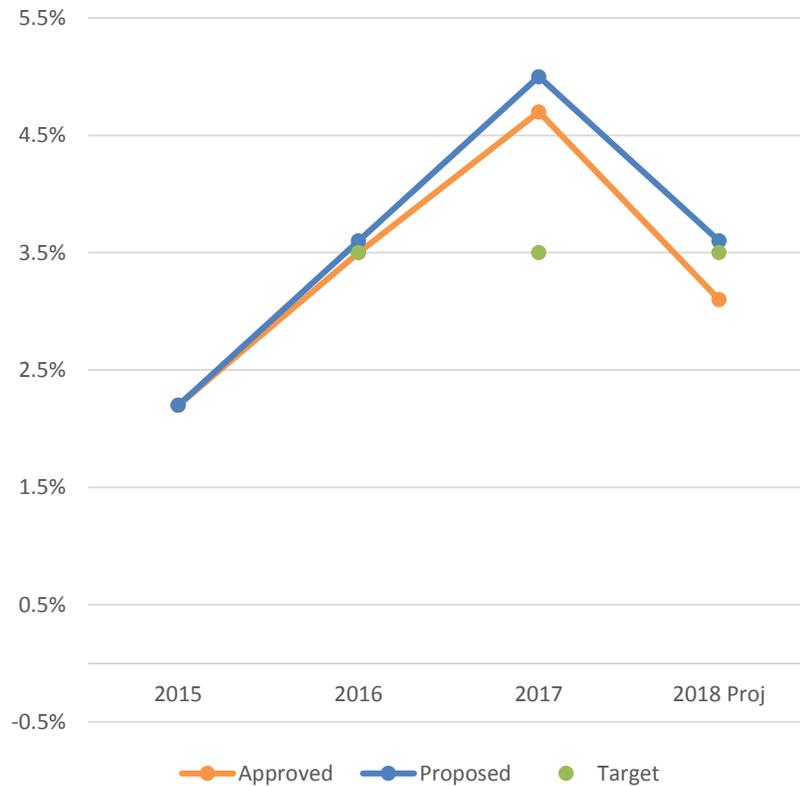
MVP – FY18 \$1.8M savings to VHC insured population



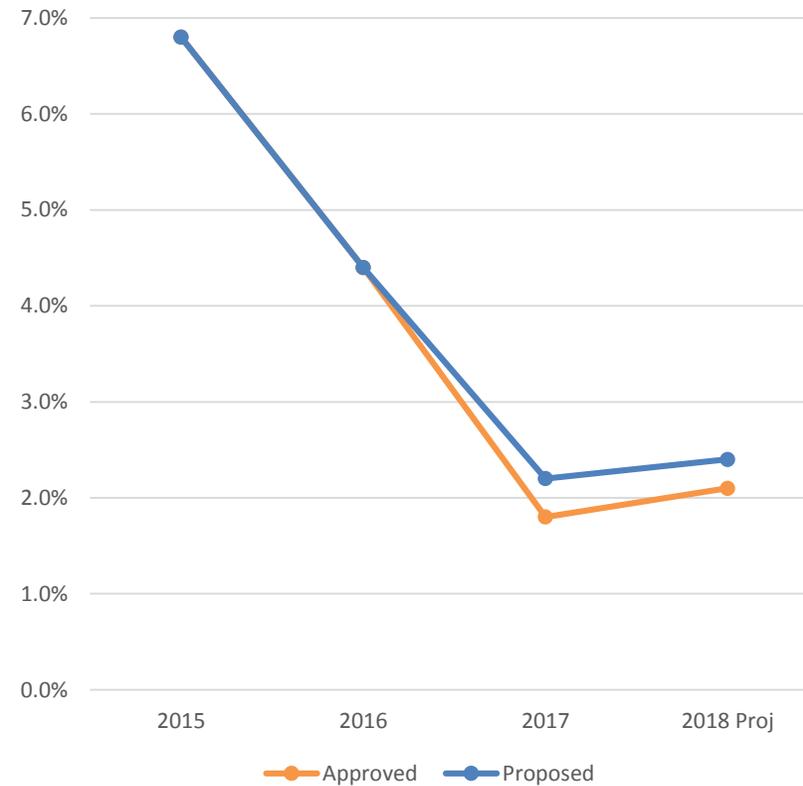
# RBA: Hospital Budget Review

All 14 Hospital Systems in Vermont

## Proposed & Approved Hospital Budget Rate (price & utilization)



## Proposed & Approved Annual Price Increases



GMCB Appropriation

	2016 Act 172	2017 Act 85	2018 Act 11
	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>
Personal Services (inc. contracts)	8,736,409	7,312,099	7,702,068
Operating Expenses	835,995	1,407,428	342,708
	<u>9,572,404</u>	<u>8,719,527</u>	<u>8,044,776</u>
Source of Funds			
General fund	1,243,276	2,119,482	2,032,469
Special fund	2,105,927	3,587,883	3,446,789
Federal fund	448,808	226,574	70,000
Global Commitment fund	4,281,832	2,567,518	2,495,518
Interdepartmental transfers (SIM)	1,492,561	218,070	-
	<u>9,572,404</u>	<u>8,719,527</u>	<u>8,044,776</u>

Reports Due Annually	Act/Bill # / Statute	GMCB Role	Summary	Frequency	Due Date	Statutory Language
Impact of Prescription Drug Costs on Health Insurance Premiums	18 V.S.A. § 4636 (b) Act 193 of 2018, Sec. 8 (S.92)	Report (Sole Author)	Insurers to present data on high cost drugs to the Board, Board will then produce a consumer friendly report	Annual	1/1/2019	(2) The Green Mountain Care Board shall post on its website the report prepared by the Attorney General pursuant to subdivision (1) of this subsection and the public version of each manufacturer's information submitted pursuant to subdivision (c)(1)(B)(ii) of this section, and may inform the public of the availability of the report and the manufacturers' justification information.  § 4636 not yet posted on Vermont Statutes Online. See Act 193 of 2018 for text: <a href="https://legislature.vermont.gov/bill/status/2018/S.92">https://legislature.vermont.gov/bill/status/2018/S.92</a>
Health Resource Allocation Plan	18 V.S.A. § 9375 (b)(4) 18 V.S.A. § 9405 (b) Act 167 of 2018 (H.912)	Report (Sole Author)	GMCB to publish HRAP on the website, identifying Vermont's critical health needs, goods, services, and resources	Every 4 Years	N/A	HRAP isn't assigned with a deadline, but must be updated every four years. Plan to have update for Leg. In January.  Text of Act 167 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.912">https://legislature.vermont.gov/bill/status/2018/H.912</a>
GMCB Annual Report	18 V.S.A. § 9375(d)	Report (Sole Author)	Report on activities for previous calendar year.	Annual	1/15/2019	(d) Annually on or before January 15, the Board shall submit a report of its activities for the preceding calendar year to the House Committee on Health Care and the Senate Committee on Health and Welfare. (1) The report shall include: (A) any changes to the payment rates for health care professionals pursuant to section 9376 of this title; (B) any new developments with respect to health information technology; (C) the evaluation criteria adopted pursuant to subdivision (b)(8) of this section and any related modifications; (D) the results of the systemwide performance and quality evaluations required by subdivision (b)(8) of this section and any resulting recommendations; (E) the process and outcome measures used in the evaluation; (F) any recommendations on mechanisms to ensure that appropriations intended to address the Medicaid cost shift will have the intended result of reducing the premiums imposed on commercial insurance premium payers below the amount they otherwise would have been charged; (G) any recommendations for modifications to Vermont statutes; and (H) any actual or anticipated impacts on the work of the Board as a result of modifications to federal laws, regulations, or programs. (2) The report shall identify how the work of the Board comports with the principles expressed in section 9371 of this title.
Expenditure Analysis	18 V.S.A. § 9375a (b) (repealed) 18 V.S.A. § 9383(a) (added in Act 167 of 2018, H. 912)	Report (Sole Author)	Develop and submit annual Expenditure Analysis. New language requires the Expenditure Analysis to cover a period of at least 2 years.	Annual	1/15/2019	(a) The Board shall develop annually an expenditure analysis and an estimate of future health care spending covering a period of at least two years. These analyses shall contain data and information as set forth in this section that the Board shall consider and incorporate into its work in furtherance of its statutory duties, including using them as tools in the Board's review of health insurance rates and the budgets of hospitals and accountable care organizations. The analyses shall: (1) inform the Board's regulatory processes in order to promote improved health outcomes, health care cost containment, quality of care, access to care, and appropriate resource allocation; and (2) quantify the total amount of money that has been and is estimated to be expended for all health care services provided by health care facilities and providers in Vermont and for health care services provided to residents of this State regardless of the site of service, to the extent data are available.  Text of Act 167 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.912">https://legislature.vermont.gov/bill/status/2018/H.912</a>
GMCB All-Payer ACO Model and ACO Report - Q2 2018	Act 124 of 2018 (H.914)	Report (Sole Author)	GMCB submits updates on APM implementation to Senate; House; HCA	One-Time	6/15/2018	Text of Act 124 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.914">https://legislature.vermont.gov/bill/status/2018/H.914</a>
GMCB All-Payer ACO Model and ACO Report - Q3 2018	Act 124 of 2018 (H.914)	Report (Sole Author)	GMCB submits updates on APM implementation to Senate; House; HCA	One-Time	9/15/2018	Text of Act 124 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.914">https://legislature.vermont.gov/bill/status/2018/H.914</a>
GMCB All-Payer ACO Model and ACO Report - Q4 2018	Act 124 of 2018 (H.914)	Report (Sole Author)	GMCB submits updates on APM implementation to Senate; House; HCA	One-Time	12/15/2018	Text of Act 124 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.914">https://legislature.vermont.gov/bill/status/2018/H.914</a>
Billback Report	Act 79 of 2013, Sec. 37c	Report (Sole Author)	Report shall show the total amount of all expenses eligible for allocation and the total amount actually billed back to the regulated entities	Annual	9/15/2018	(a) Annually on or before September 15, the Green Mountain Care Board and the Department of Financial Regulation shall report to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, and the House and Senate Committees on Appropriations the total amount of all expenses eligible for allocation pursuant to 18 V.S.A. §§ 9374(h) and 9415 during the preceding state fiscal year and the total amount actually billed back to the regulated entities during the same period.  Act 37 available at: <a href="https://legislature.vermont.gov/assets/Documents/2014/Docs/ACTS/ACT079/ACT079%20As%20Enacted.pdf">https://legislature.vermont.gov/assets/Documents/2014/Docs/ACTS/ACT079/ACT079%20As%20Enacted.pdf</a>
State Health Improvement Plan	18 V.S.A. § 9405 (a) Act 167 of 2018 (H.912) Act 200 of 2018 (S. 203)	Report (Collaborate)	AHS Secretary to adopt State Health Improvement Plan (SHIP) in consultation with GMCB.	One-Time (and updates as needed)	N/A	No apparent due date. Statute specifies updates as needed.
Hospital Report Cards	18 V.S.A. § 9405b Act 53 of 2003	Report (Collaborate)	GMCB provides hospitals with financial information to support VDH-led Hospital Report Card Work	Annual	6/1/2019	GMCB involvement not mentioned in statute but is clarified in Hospital Report Card Reporting Manual: <a href="http://www.healthvermont.gov/sites/default/files/documents/2017/03/HRC_Reporting_Manual3.6.2017.pdf">http://www.healthvermont.gov/sites/default/files/documents/2017/03/HRC_Reporting_Manual3.6.2017.pdf</a>
Alternative Forms of Cost Sharing Assistance Report	Act 11 of 2018 Special Session, Sec. E306	Report (Collaborate)	AHS is required to submit a proposal, in consultation with GMCB, for on alternatives to current cost-sharing assistance for individuals enrolled in Exchange plans	One-Time	1/15/2019	Text of Act 11 available at: <a href="https://legislature.vermont.gov/assets/Documents/2018.1/Docs/Acts/ACT011/ACT011%20As%20Enacted.pdf">https://legislature.vermont.gov/assets/Documents/2018.1/Docs/Acts/ACT011/ACT011%20As%20Enacted.pdf</a> (see pg. 167)
Medicaid Pathway	Act 113 of 2016, Sec. 14	Report (Collaborate)	AHS submits a report annually regarding plans for integrating Medicaid providers and services into payment and delivery system reforms. GMCB is listed as consulting.	Annual through 2022	1/15/2019	Text of Act 113 available at: <a href="https://legislature.vermont.gov/bill/status/2016/H.812">https://legislature.vermont.gov/bill/status/2016/H.812</a>
Regulating Freestanding Health Care Facilities - Report	Act 167 of 2018 (H.912), Sec. 19	Report (Collaborate)	Working Group on regulation of freestanding health care facilities shall produce a report with recommendations on licensing, regulation, and link to health care reform participation	One-Time	2/1/2019	Text of Act 167 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.912">https://legislature.vermont.gov/bill/status/2018/H.912</a>
Individual Mandate Report	Act 182 of 2018, Sec. 3e (H. 696)	Report (Collaborate)	Individual Mandate Working Group to produce a report on recommendations for administration and enforcement of individual mandate	One-Time	11/1/2018	Text of Act 182 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.696">https://legislature.vermont.gov/bill/status/2018/H.696</a>
Prescription Drug Cost Savings and Price Transparency Working Group Report	Act 193 of 2018, Sec. 11a (S. 92)	Report (Collaborate)	Prescription Drug Cost Savings and Price Transparency Working Group to produce a report with findings and recommendations	One-Time	11/15/2018	Text of Act 193 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/S.92">https://legislature.vermont.gov/bill/status/2018/S.92</a>
DA/SSA Budget Review	Act 200 of 2018, Sec. 8 (S. 2013)	Report (Collaborate)	AHS is required to submit a proposal, in conjunction with GMCB, for providing DA/SSA budgets to GMCB and will propose a review process	One-Time	1/1/2019	Text of Act 200 available at: <a href="https://legislature.vermont.gov/bill/status/2018/S.203">https://legislature.vermont.gov/bill/status/2018/S.203</a>
Report on DA/SSA Budgets	Act 200 of 2018, Sec. 8 (S. 203)	Report (Collaborate)	AHS, in conjunction with GMCB, submits a proposal for GMCB review of DA and SSA budgets.	One-Time	1/15/2019	Text of Act 200 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/S.203">https://legislature.vermont.gov/bill/status/2018/S.203</a>
HIE Consent Report	Act 187 of 2018, Sec. 7 (H. 901)	Report (Interested Party)	DVHA is required to publish a report on HIE Consent. GMCB is not named in this section but DVHA has requested to present a draft to the Board	One-Time	1/15/2019	Text of Act 187 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.901">https://legislature.vermont.gov/bill/status/2018/H.901</a>
Medicaid Advisory Rate Case	18 V.S.A. § 9573 Act 113 of 2016, Sec. 14	Report (Receive and Review)	GMCB shall review AIPBP arrangement between DVHA and ACO (non-binding)	Annual	12/31/2018	Text of Act 113 available at: <a href="https://legislature.vermont.gov/bill/status/2016/H.812">https://legislature.vermont.gov/bill/status/2016/H.812</a>
VITL Annual Report	18 V.S.A. § 9352 (e) Act 187 of 2018 (H. 901)	Report (Receive)	GMCB to receive annual report from VITL describing progress toward HIE goals.	Annual	1/15/2019	Text of Act 187 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.901">https://legislature.vermont.gov/bill/status/2018/H.901</a>
VMNG Quarterly Report - Q2 2018	Act 124 of 2018 (H.914)	Report (Receive)	DVHA submits reports on VMNG to GMCB	One-Time	6/15/2018	Text of Act 124 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.914">https://legislature.vermont.gov/bill/status/2018/H.914</a>
VMNG Quarterly Report - Q3 2018	Act 124 of 2018 (H.914)	Report (Receive)	DVHA submits reports on VMNG to GMCB	One-Time	9/15/2018	Text of Act 124 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.914">https://legislature.vermont.gov/bill/status/2018/H.914</a>
VMNG Quarterly Report - Q4 2018	Act 124 of 2018 (H.914)	Report (Receive)	DVHA submits reports on VMNG to GMCB	One-Time	12/15/2018	Text of Act 124 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.914">https://legislature.vermont.gov/bill/status/2018/H.914</a>
VITL Work Plan	Act 187 of 2018 (H. 901)	Report (Receive)	GMCB to receive a work plan from VITL and DVHA detailing how VITL will implement the recommendations of the Act 73 of 2017 HTS Evaluation Report	One-Time	5/1/2018	Text of Act 187 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.901">https://legislature.vermont.gov/bill/status/2018/H.901</a>
VITL Contingency Plan	Act 187 of 2018 (H. 901)	Report (Receive)	GMCB to receive an independent evaluation of VITL's ability to implement the Act 73 Report recommendations	One-Time	10/15/2018	Text of Act 187 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.901">https://legislature.vermont.gov/bill/status/2018/H.901</a>
HIE Quarterly Updates	Act 187 of 2018 (H. 901)	Report (Receive)	GMCB to receive bi-monthly progress updates from DVHA and VITL	Bi-Monthly	9/1/2018	Text of Act 187 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.901">https://legislature.vermont.gov/bill/status/2018/H.901</a>
VITL Independent Evaluation	Act 187 of 2018 (H. 901)	Report (Receive)	GMCB to receive a contingency plan from VITL and DVHA to be used if DVHA and VITL don't accomplish tasks in Act 187 Work Plan	One-Time	9/1/2018	Text of Act 187 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.901">https://legislature.vermont.gov/bill/status/2018/H.901</a>
Chiropractic and Physical Therapy Copays	Act 7 of 2018 Special Session, Sec. 4 (a)	Report (Receive)	DVHA and insurers offering QHPs shall report to Committees and GMCB on the projected impact of chiropractic co-pay limit for QHPs and reflective silver plans for Plan Year 2019	One-Time	1/1/2019	Text of Act 7 available at: <a href="https://legislature.vermont.gov/bill/status/2018.1/S.1">https://legislature.vermont.gov/bill/status/2018.1/S.1</a>
Chiropractic and Physical Therapy Copays	Act 7 of 2018 Special Session, Sec. 4 (b)	Report (Receive)	DVHA and insurers offering QHPs shall report to Committees and GMCB on the projected impact of chiropractic and PT co-pay limit for QHPs and reflective silver plans	One-Time	1/1/2020	Text of Act 7 available at: <a href="https://legislature.vermont.gov/bill/status/2018.1/S.1">https://legislature.vermont.gov/bill/status/2018.1/S.1</a>
Chiropractic and Physical Therapy Copays	Act 7 of 2018 Special Session, Sec. 4 (c)	Report (Receive)	DVHA and insurers offering QHPs shall report to Committees and GMCB on the projected impact of chiropractic and PT co-pay limit on chiropractic and PT utilization	One-Time	11/15/2021	Text of Act 7 available at: <a href="https://legislature.vermont.gov/bill/status/2018.1/S.1">https://legislature.vermont.gov/bill/status/2018.1/S.1</a>
HIT Plan (a.k.a. HIE Plan)	18 V.S.A. § 9351 (a)(2) Act 187 of 2018 (H. 901)	Report (Receive/ Approve)	GMCB to receive proposed HIE Plan from DVHA by 11/1/2018, and approve, reject, or request modification within 45 days.	One-Time (and updates as needed)	11/1/2018	Text of Act 187 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/H.901">https://legislature.vermont.gov/bill/status/2018/H.901</a>
Prescription Drug Price Increase List	18 V.S.A. § 4636 (b) Act 193 of 2018, Sec. 9 (S.92)	Report (Receive/ Post)	DVHA provides GMCB and the AG's with a list of prescription drugs as described in Act 193; GMCB is required to post this as well as the AG's report.	Annual		Dates in statutes are problematic; Susan working with Jen Carbee and AG's  Text of Act 193 of 2018 available at: <a href="https://legislature.vermont.gov/bill/status/2018/S.92">https://legislature.vermont.gov/bill/status/2018/S.92</a>