
This act summary is provided for the convenience of the public and members of the General Assembly. It is intended to provide a general summary of the act and may not be exhaustive. It has been prepared by the staff of the Office of Legislative Council without input from members of the General Assembly. It is not intended to aid in the interpretation of legislation or to serve as a source of legislative intent.

Act No. 167 (H.912). Health; Green Mountain Care Board; Health Resource Allocation Plan; certificates of need

An act relating to the regulatory duties of the Green Mountain Care Board

This act revises the scope of the Health Resource Allocation Plan to focus it on the identification of Vermont's critical health needs, goods, services, and resources. The act directs the Green Mountain Care Board (GMCB) to use the revised Health Resource Allocation Plan to inform its regulatory processes, cost containment and statewide quality of care efforts, health care payment and delivery system reform initiatives, and any allocation of health care resources in the State. The act updates and revises requirements for the GMCB to develop an annual expenditure analysis and an estimate of future health care spending needs. It updates and modifies certain elements of the certificate of need (CON) process for new health care projects, including:

- Increasing certain monetary thresholds that trigger a CON requirement
- Requiring a hospital to get a CON before offering any home health service, as was already required for non-hospitals
- Allowing the GMCB to adjust the monetary thresholds that trigger a CON requirement periodically by up to the rate of inflation and eliminating a rulemaking requirement
- Excluding from a CON requirement the routine replacement of nonmedical equipment and fixtures
- Modifying the criteria that the GMCB uses in deciding whether to grant a CON
- Making changes to the expedited review process and creating a presumption of expedited review for certain projects
- Replacing a requirement that public notice of an application be published in newspapers with a requirement that notice be provided on the GMCB's website
- Increasing the maximum penalty amounts for entities that violate the CON laws

The act specifies that the GMCB can delegate to its members, officers, and employees any service within the GMCB's jurisdiction except final decisions in

regulatory matters. It requires the GMCB to review and release annually an advisory opinion on any all-inclusive population-based payment arrangement between the Department of Vermont Health Access and an accountable care organization for the following calendar year. The act modifies requirements for annual Medicaid budget estimates and revises the billback formula by which the GMCB assesses regulated entities for costs associated with their regulation. It also directs the Agency of Human Services to convene a working group to make recommendations on the regulation of freestanding health care facilities, including ambulatory surgical centers, freestanding birth centers, urgent care clinics, and retail health clinics, and on the role of these facilities in a coordinated and cohesive health care delivery system. The working group's recommendations are due to the legislative committees of jurisdiction by February 1, 2019.

Multiple effective dates, beginning on May 22, 2018