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H.248

Introduced by Representatives Cina of Burlington, Christie of Hartford,  
Sharpe of Bristol, Briglin of Thetford, Buckholz of Hartford,  
Burke of Brattleboro, Chesnut-Tangerman of Middletown  
Springs, Colburn of Burlington, Conlon of Cornwall, Donovan  
of Burlington, Dunn of Essex, Fields of Bennington, Gonzalez  
of Winooski, Haas of Rochester, Macaig of Williston,  
McCormack of Burlington, McCullough of Williston, Miller of  
Shaftsbury, Partridge of Windham, Poirier of Barre City,  
Sheldon of Middlebury, Sullivan of Burlington, Weed of  
Enosburgh, and Yantachka of Charlotte

Referred to Committee on

Date:

Subject: Health; primary care; public financing

Statement of purpose of bill as introduced: This bill proposes to establish a  
system of universal, publicly financed primary care for all Vermonters  
beginning in 2019.

An act relating to a universal, publicly financed primary care system

1 It is hereby enacted by the General Assembly of the State of Vermont:

2 Sec. 1. PURPOSE

3 It is the purpose of this act to establish the framework for a system of  
4 universal, publicly financed primary care. The system will ensure that all  
5 Vermonters have access to primary health care without facing financial  
6 barriers that would discourage them from seeking necessary care.

7 Sec. 2. FINDINGS

8 The General Assembly finds that:

9 (1) Universal access to primary care will advance the health of  
10 Vermonters by preventing disease and by addressing Vermonters' health care  
11 problems before they become more serious and more costly. A large volume  
12 of research from throughout the United States concludes that increased access  
13 to primary care enhances the overall quality of care and improves patient  
14 outcomes.

15 (2) Universal access to primary care will reduce systemwide health care  
16 spending. This conclusion is well documented. A study completed in  
17 accordance with 2016 Acts and Resolves No. 172, Sec. E.100.10 and  
18 submitted on November 23, 2016 found significant cost savings in a review of  
19 data from nonuniversal public and private primary care programs in the United  
20 States and around the world. One reason for these savings is that better access

1 to primary care reduces the need for emergency room visits and hospital  
2 admissions.

3 (3) The best primary care program is one that provides primary care for  
4 all residents without point-of-service patient cost-sharing or insurance  
5 deductibles for primary care services. The study completed in accordance with  
6 2016 Acts and Resolves No. 172, Sec. E.100.10 found that primary care  
7 cost-sharing in many locales decreased health care utilization and affected  
8 individuals with low income disproportionately.

9 (4) A universal primary care program will support existing health care  
10 reform efforts, such as the Blueprint for Health and the all-payer model.

11 (5) A universal primary care program can be structured in such a way as  
12 to create model working conditions for primary care physicians, who are  
13 currently overburdened with paperwork and administrative duties, and who are  
14 reimbursed at rates disproportionately lower than those of other specialties.

15 (6) The costs of a universal primary care program for Vermont were  
16 estimated in a study ordered by the General Assembly in 2015 Acts and  
17 Resolves No. 54, Secs. 16–19 and submitted on December 16, 2015.

18 Sec. 3. 33 V.S.A. chapter 18, subchapter 3 is added to read:

19 Subchapter 3. Universal Primary Care

20 § 1851. DEFINITIONS

21 As used in this section:

1           (1) “Health care facility” shall have the same meaning as in  
2           18 V.S.A. § 9402.

3           (2) “Health care provider” means a person, partnership, or corporation,  
4           including a health care facility, that is licensed, certified, or otherwise  
5           authorized by law to provide professional health care services in this State to  
6           an individual during that individual’s medical care, treatment, or confinement.

7           (3) “Health service” means any treatment or procedure delivered by a  
8           health care professional to maintain an individual’s physical or mental health  
9           or to diagnose or treat an individual’s physical or mental condition or  
10           intellectual disability, including services ordered by a health care professional,  
11           chronic care management, preventive care, wellness services, and medically  
12           necessary services to assist in activities of daily living.

13           (4) “Primary care” means health services provided by health care  
14           professionals who are specifically trained for and skilled in first-contact and  
15           continuing care for individuals with signs, symptoms, or health concerns, not  
16           limited by problem origin, organ system, or diagnosis. Primary care does not  
17           include dental services.

18           (5) “Vermont resident” means an individual domiciled in Vermont as  
19           evidenced by an intent to maintain a principal dwelling place in Vermont  
20           indefinitely and to return to Vermont if temporarily absent, coupled with an act

1 or acts consistent with that intent. The Secretary of Human Services shall  
2 establish specific criteria for demonstrating residency.

3 § 1852. UNIVERSAL PRIMARY CARE

4 (a) All Vermont residents shall receive primary care services financed by  
5 the State of Vermont.

6 (1) The following service categories shall be included in universal  
7 primary care when provided by a health care provider in one of the primary  
8 care specialty types described in subdivision (2) of this subsection:

9 (A) new or established patient office or other outpatient visit;

10 (B) initial new or established patient preventive medicine evaluation;

11 (C) other preventive services;

12 (D) patient office consultation;

13 (E) administration of vaccine;

14 (F) prolonged patient service or office or other outpatient service;

15 (G) prolonged physician service;

16 (H) initial or subsequent nursing facility visit;

17 (I) other nursing facility service;

18 (J) new or established patient home visit;

19 (K) new or established patient assisted living visit;

20 (L) other home or assisted living facility service;

21 (M) alcohol, smoking, or substance abuse screening or counseling;

1           (N) all-inclusive clinic visit at a federally qualified health center or  
2 rural health clinic; and

3           (O) behavioral health.

4           (2) Services provided by a licensed health care provider in one of the  
5 following primary care specialty types shall be included in universal primary  
6 care when providing services in one of the primary care service categories  
7 described in subdivision (1) of this subsection:

8           (A) family medicine physician;

9           (B) registered nurse;

10          (C) internal medicine physician;

11          (D) pediatrician;

12          (E) physician assistant or advanced practice registered nurse;

13          (F) psychiatrist;

14          (G) obstetrician/gynecologist;

15          (H) geriatrician;

16          (I) registered nurse certified in psychiatric or mental health nursing;

17          (J) social worker;

18          (K) psychologist;

19          (L) clinical mental health counselor; and

20          (M) alcohol and drug abuse counselor.

1       (b) For Vermont residents covered under Medicare, Medicare shall  
2       continue to be the primary payer for primary care services, but the State of  
3       Vermont shall cover any co-payment or deductible amounts required from a  
4       Medicare beneficiary for primary care services.

5       § 1853. UNIVERSAL PRIMARY CARE FUND

6       (a) The Universal Primary Care Fund is established in the State Treasury as  
7       a special fund to be the single source to finance primary care for Vermont  
8       residents.

9       (b) Into the Fund shall be deposited:

10       (1) transfers or appropriations from the General Fund, authorized by the  
11       General Assembly;

12       (2) revenue from any taxes established for the purpose of funding  
13       universal primary care in Vermont;

14       (3) if authorized by waivers from federal law, federal funds from  
15       Medicaid and from subsidies associated with the Vermont Health Benefit  
16       Exchange established in subchapter 1 of this chapter; and

17       (4) the proceeds from grants, donations, contributions, taxes, and any  
18       other sources of revenue as may be provided by statute or by rule.

19       (c) The Fund shall be administered pursuant to 32 V.S.A. chapter 7,  
20       subchapter 5, except that interest earned on the Fund and any remaining

1 balance shall be retained in the Fund. The Agency of Human Services shall  
2 maintain records indicating the amount of money in the Fund at any time.

3 (d) All monies received by or generated to the Fund shall be used only for  
4 payments to health care providers for primary care health services delivered to  
5 Vermont residents and to cover any co-payment or deductible amounts  
6 required from Medicare beneficiaries for primary care services.

7 § 1854. PAYMENTS TO PROVIDERS

8 (a) The Green Mountain Care Board shall establish, monitor, and oversee  
9 payments to health care providers for providing primary care health services to  
10 Vermont residents pursuant to this subchapter.

11 (b) For patients covered by Medicare, Medicare shall continue to be the  
12 primary payer for the patients' primary care services, but the State shall cover  
13 any co-payment or deductible amounts required from a Medicare beneficiary  
14 for primary care services.

15 Sec. 4. 8 V.S.A. § 4062(a) is amended to read:

16 (a)(1) No policy of health insurance or certificate under a policy filed by an  
17 insurer offering health insurance as defined in subdivision 3301(a)(2) of this  
18 title, a nonprofit hospital or medical service corporation, health maintenance  
19 organization, or a managed care organization and not exempted by subdivision  
20 3368(a)(4) of this title shall be delivered or issued for delivery in this State, nor  
21 shall any endorsement, rider, or application which becomes a part of any such

1 policy be used, until a copy of the form and of the rules for the classification of  
2 risks has been filed with the Department of Financial Regulation and a copy of  
3 the premium rates has been filed with the Green Mountain Care Board; and the  
4 Green Mountain Care Board has issued a decision approving, modifying, or  
5 disapproving the proposed rate.

6 \* \* \*

7 (3) The Board shall determine whether a rate is affordable, promotes  
8 quality care, promotes access to health care, protects insurer solvency, and is  
9 not unjust, unfair, inequitable, misleading, or contrary to the laws of this State.  
10 In making this determination, the Board shall consider the analysis and opinion  
11 provided by the Department of Financial Regulation pursuant to subdivision  
12 (2)(B) of this subsection. The Board shall also consider the impact of the  
13 universal primary care program established in 33 V.S.A. chapter 18,  
14 subchapter 3 on the cost of health insurance.

15 Sec. 5. WAIVER; EXCHANGE SUBSIDIES

16 On or before October 1, 2017, the Secretary of Administration or designee  
17 shall begin negotiations with the U.S. Department of Health and Human  
18 Services for a waiver under the Patient Protection and Affordable Care Act,  
19 Pub. L. No. 111-148, as amended by the Health Care and Education  
20 Reconciliation Act of 2010, Pub. L. No. 111-152, that would allow the State to  
21 fund in part the universal, publicly financed primary care proposal established

1 in this act using federal funds that otherwise would have supported primary  
2 care for eligible Vermonters in health insurance plans offered through the  
3 Vermont Health Benefit Exchange.

4 Sec. 6. REVENUE PROPOSALS; JOINT FISCAL OFFICE

5 On or before October 1, 2017, the Joint Fiscal Office shall propose to the  
6 Joint Fiscal Committee, the Health Reform Oversight Committee, the House  
7 Committees on Appropriations, on Health Care, and on Ways and Means, and  
8 the Senate Committees on Appropriations, on Health and Welfare, and on  
9 Finance three tax financing mechanisms for universal primary care.

10 Sec. 7. OFFICE OF LEGISLATIVE COUNCIL

11 On or before December 1, 2017, the Office of Legislative Council shall  
12 provide to the House Committees on Appropriations, on Health Care, and on  
13 Ways and Means and the Senate Committees on Appropriations, on Health and  
14 Welfare, and on Finance draft legislation necessary to finance universal  
15 primary care, including:

16 (1) language enacting one or more of the tax financing mechanisms  
17 developed by the Joint Fiscal Office pursuant to Sec. 6 of this act and  
18 recommended by the Joint Fiscal Committee; and

19 (2) an appropriation to occur early in fiscal year 2019 to ensure that  
20 funds will be available to pay health care providers for primary care services  
21 delivered on and after January 1, 2019.

1       Sec. 8. EFFECTIVE DATES

2           (a) Secs. 3 (universal primary care) and 4 (insurance rate review) shall take  
3       effect on January 1, 2019.

4           (b) The remaining sections shall take effect on passage.