

S.53 - An act relating to a universal, publicly financed primary care system

Comparison of the Senate Passed and Senate Health & Welfare Passed Versions

As Passed the Senate (3/22/18)*

	(a) Est. Contract Costs	(B) Est. FTE Costs (Range)	(c) Other	(d) Gross Total (Range)	(e) State Total *** (Range)
GREEN MOUNTAIN CARE BOARD					
FY 2019	\$335,000	\$90,000 - \$180,000		\$425,000 - \$515,000	\$170,000 - \$206,000
FY 2020	\$75,000	\$90,000 - \$180,000		\$165,000 - \$255,000	\$66,000 - \$102,000
TOTAL				\$590,000 - \$770,000	\$236,000 - \$308,000

As passed the Senate Committee and Health & Welfare (3/14/18) **

	(a) Est. Contract Costs	(B) Est. FTE Costs (Range)	(c) Other	(d) Gross Total (Range)	(e) State Total *** (Range)
FY 2019					
GMCB	\$650,000	\$90,000 - \$180,000		\$740,000 - \$830,000	\$296,000 - \$332,000
Legislature (per diems)			\$5,500	\$5,500	\$5,500
DVHA / One Care			See note on DSR Payments ****		
TOTAL				\$745,500 - \$835,500	\$301,500 - \$337,500

NOTES

* The GMCB provided Draft Cost Estimates for the Senate Passed version 4/2/18 and revised estimates 4/17/18

** The GMCB provided Draft Cost Estimates for the version as Passed the Senate Committee on Health & Welfare on 4/17/19

*** State total (e) is based on the assumption the GMCB uses bill back authority - 40% state / 60% industry.

NOTE ON DSR Payments

**** The SH&W version allowed, to the extent permissible by agreements with the federal government, up to \$300,000 in expenses incurred by the ACO to develop a draft operation model to be funded through delivery system reform payments (DSR). This assumed the big bill appropriates \$2.6 million as proposed by the Governor for the DSR payments related to implementation of the all-payer model.