

January 23rd, 2018

Reports Due to the Health Care Committee

“The question for each committee is, ‘Have you used and will you need to use these reports in legislative decisions?’” (Memo from House Government Operations Committee)

The House Government Operations Committee requested the input of House Health Care regarding five studies. Each study should be evaluated by three indicators:

- 1) The report is fundamental and therefore should be permanently required.
- 2) The report is useful but not of permanent importance and therefore the requirement should continue until a future reports review in 2022;
- 3) The report is no longer useful and therefore the requirement should be repealed;

Initial Thoughts

- 1) The report is fundamental and should be permanently required
 - Annual Report to the General Assembly from the Health Care Advocate (18 VSA 9603)
 - Summary of work of the Health Care Advocate’s office over the last year, including caseload summary and advocacy work.
- 2) The report is useful but not of permanent importance and therefore the requirement should continue until a future reports review in 2022;
 - Bill-back report (18 V.S.A. 9374(h), and 9415)
 - i. This report requires GMCB to provide a summary of how they’ve used their bill back authority. Provided to JFC September meeting.
 - Fair hearings conducted during prior 3 years by Human Services Board (3 VSA 3090(e))
 - i. Requires the Human Services Board to report on the decisions they made around fair hearings for AHS services (DVHA). No report on record.
- 3) The report is no longer useful and therefore the requirement should be repealed;
 - Health care; Taxation and funding; 3 yr budget (18 VSA 9375)
 - i. This report focuses on Green Mountain Care (single payer). Instructs GMCB to issue ongoing recommendations around tax/revenue of single payer and benefit structure.
 - Exchange Impact report ((2013) Act 79, Sec. 42a) (Due March 15th, 2018)
 - Implemented before rollout of ACA. Instructed Agency of Administration to provide three-year impact reports of insurance coverage rates etc. in order to monitor market and impact of ACA and other policies.
 - Timeline (every three years) hasn’t matched up with appropriate data