

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill  
3 No. 53 entitled “An act relating to a universal, publicly financed primary care  
4 system” respectfully reports that it has considered the same and recommends  
5 that the bill be amended by striking out all after the enacting clause and  
6 inserting in lieu thereof the following:

7 Sec. 1. UNIVERSAL PRIMARY CARE; INTENT

8 (a) It is the intent of the General Assembly to create and implement a  
9 program of universal, publicly financed primary care for all Vermont residents.  
10 The program should ensure that Vermonters have access to primary health care  
11 without facing financial barriers that might otherwise discourage them from  
12 seeking necessary care.

13 (b) The General Assembly continues to support the principles for health  
14 care reform enacted in 2011 Acts and Resolves No. 48, Sec. 1a, and plans to  
15 use universal primary care as a platform for a tiered approach to achieving  
16 universal health care coverage.

17 (c) In order to improve Vermonters’ access to essential health care services,  
18 it is the intent of the General Assembly that universal access to primary care  
19 services should be available without cost-sharing.

20 Sec. 2. UNIVERSAL PRIMARY CARE; FINDINGS

21 The General Assembly finds that:

1           (1) Universal access to primary care will advance the health of  
2           Vermonters **by preventing disease and** by addressing Vermonters' health care  
3           problems before they become more serious and more costly. A large volume  
4           of research from throughout the United States concludes that increased access  
5           to primary care enhances the overall quality of care and improves patient  
6           outcomes.

7           (2) Universal access to primary care will reduce systemwide health care  
8           spending. **This conclusion is well documented.** A study completed in  
9           accordance with 2016 Acts and Resolves No. 172, Sec. E.100.10 and  
10           submitted on November 23, 2016 found significant cost savings in a review of  
11           data from nonuniversal public and private primary care programs in the United  
12           States and around the world. One reason for these savings is that better access  
13           to primary care reduces the need for emergency room visits and hospital  
14           admissions.

15           (3) The best primary care program is one that provides primary care for  
16           all residents without point-of-service patient cost-sharing or insurance  
17           deductibles for primary care services. The study completed in accordance with  
18           2016 Acts and Resolves No. 172, Sec. E.100.10 found that primary care  
19           cost-sharing in many locales decreased health care utilization and affected  
20           individuals with low income disproportionately.

1           (4) A universal primary care program will build on and support existing  
2 health care reform efforts, such as the Blueprint for Health, and the all-payer  
3 model, and accountable care organizations.

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

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

11       Sec. 3. UNIVERSAL PRIMARY CARE; DRAFT OPERATIONAL MODEL;

12           REPORT

13           (a)(1) The Green Mountain Care Board shall convene, facilitate, and  
14 supervise the participation of certified accountable care organizations, Bi-State  
15 Primary Care, and other interested stakeholders with applicable subject matter  
16 expertise to develop a draft operational model for a universal primary care  
17 program.

18           (2)(A) Using as its basis the primary care service categories and primary  
19 care specialty types described in 33 V.S.A. § 1852, the draft operational model  
20 shall address at least the following components:

1                   (i) who would be eligible to receive publicly financed universal  
2 primary care services under the program;

3                   (ii) who would deliver care under the program and in what  
4 settings;

5                   (iii) how funding for the primary care services would move  
6 through the health care system; and

7                   (iv) how to ensure maintenance of records demonstrating quality  
8 of care without increasing the administrative burden on primary care providers.

9                   (B) In addition to the components described in subdivision (A) of this  
10 subdivision (2), the draft operational model may also include recommendations  
11 regarding the specific services that should be included in the universal primary  
12 care program and a methodology or benchmark for determining reimbursement  
13 rates to primary care providers.

14                   (3) The Senate Committee on Health and Welfare may meet up to five  
15 times following the adjournment of the General Assembly in 2018 to provide  
16 guidance and receive updates from the Green Mountain Care Board and  
17 participating stakeholders developing the draft operational model for universal  
18 primary care pursuant to this subsection.

19                   (4) All relevant State agencies shall provide timely responses to requests  
20 for information from the Green Mountain Care Board and participating

1 stakeholders developing the draft operational model for universal primary care  
2 pursuant to this subsection.

3 (5) The Green Mountain Care Board and participating stakeholders shall  
4 submit the draft operational model for universal primary care on or before  
5 January 1, 2019 to the House Committee on Health Care, the Senate  
6 Committees on Health and Welfare and on Finance, the Department of Human  
7 Resources, and the Department of Vermont Health Access.

8 (b) On or before July 1, 2019, the Departments of Human Resources and of  
9 Vermont Health Access, as the administrative departments with expertise and  
10 experience in the administration and oversight of health benefit programs in  
11 this State, shall provide to the House Committee on Health Care and the Senate  
12 Committees on Health and Welfare and on Finance their assessments of the  
13 draft operational model plan for universal primary care and their  
14 recommendations with respect to implementation of the universal primary care  
15 program.

16 (c) On or before July 1, 2019, the Department of Financial Regulation shall  
17 provide to the House Committee on Health Care and the Senate Committees on  
18 Health and Welfare and on Finance its recommendations for appropriate  
19 mechanisms for the State to employ to obtain reinsurance and to guarantee the  
20 solvency of the universal primary care program.

1       Sec. 4. UNIVERSAL PRIMARY CARE; LEGAL ANALYSIS; REPORT

2           The Office of the Attorney General, in consultation with the Green  
3       Mountain Care Board and the Department of Financial Regulation, shall  
4       conduct a legal analysis of any potential legal issues regarding implementation  
5       of a universal primary care program in Vermont, including whether there are  
6       likely any legal impediments due to federal preemption under the Employee  
7       Retirement Income Security Act (ERISA) and whether the program could be  
8       designed in a manner that would permit Vermont residents to continue to be  
9       eligible under federal law to use a health savings account established in  
10       conjunction with a high-deductible health plan. The Office shall submit its  
11       legal analysis on or before January 1, 2019 to the House Committee on Health  
12       Care and the Senate Committees on Health and Welfare and on Finance.

13       Sec. 5. UNIVERSAL PRIMARY CARE; SCOPE OF SERVICES AND  
14           PROVIDERS; REPORT

15           (a) The Green Mountain Care Board shall convene a working group of  
16       interested stakeholders with applicable subject matter expertise to develop:

17           (1) recommendations for the specific services and providers that should  
18       be included in the universal primary care program, including the scope of the  
19       mental health and substance use disorder services, and suggested  
20       modifications to 18 V.S.A. § 1852(a)(1) and (2);

1           (2) methods to resolve coordination of benefits issues in the universal  
2           primary care program; and

3           (3) recommendations for strategies to address other issues associated  
4           with the development and implementation of the universal primary care  
5           program.

6           (b) On or before October 1, 2018, the Green Mountain Care Board shall  
7           provide the working group’s recommendations to the House Committee on  
8           Health Care and the Senate Committees on Health and Welfare and on  
9           Finance.

10       Sec. 6. IMPLEMENTATION TIMELINE; CONDITIONS

11           (a) In addition to the plans, assessments, and analyses required by Secs. 3,  
12           4, and 5 of this act, the General Assembly adopts the following implementation  
13           timeline for the universal primary care program:

14           (1) submission by the Agency of Human Services of a final  
15           implementation plan for universal primary care on or before January 1, 2020;

16           (2) enactment by the General Assembly of the funding mechanism or  
17           mechanisms during the 2020 legislative session;

18           (3) application by the Agency of Human Services to the U.S.  
19           Department of Health and Human Services for all necessary waivers and  
20           approvals for universal primary care on or before January 1, 2021; and

1           (4) coverage of publicly financed primary care services for Vermont  
2           residents under the universal primary care program beginning on or before  
3           January 1, 2022.

4           (b) Implementation of the universal primary care program shall occur only  
5           if the following conditions are met:

6           (1) the program will not increase the administrative burden on primary  
7           care providers;

8           (2) the program will provide reimbursement amounts for primary care  
9           services that are sufficient to attract an adequate number of primary care  
10          providers to participate;

11          (3) the program has appropriate financing in place to support the  
12          covered services while ensuring the continued solvency of the program;

13          (4) the program will include coverage for basic mental health care;

14          (5) the program will not include coverage for dental care services;

15          (6) the program will provide clear information to health care providers  
16          and consumers regarding which services are covered and which services are  
17          not covered under the universal primary care program; and

18          (7) the program adheres to the principles of 2011 Acts and Resolves No.  
19          48, Sec. 1a.

20          **Option #1:** Sec. 7. 18 V.S.A. § 9458 is added to read:

1     § 9458. EXCESS HOSPITAL REVENUE; INVESTMENTS IN

2             UNIVERSAL PRIMARY CARE

3             Each hospital that generated revenue in excess of the budget approved by  
4             the Green Mountain Care Board pursuant to this subchapter and the hospital's  
5             actual expenses for the most recently closed hospital fiscal year may invest,  
6             subject to Green Mountain Care Board approval, a portion of the excess  
7             revenue to support the development and implementation of Vermont's  
8             universal primary care program by contributing the excess revenue to the  
9             Universal Primary Care Fund established by 33 V.S.A. § 1853.

10     **Option #2: Add new Sec. 3(a)(3) and renumber remaining subdivisions:**

11             **(3) To the extent permitted under the All-Payer ACO Agreement**  
12             **with the Centers for Medicare and Medicaid Services, up to \$300,000.00 in**  
13             **expenses incurred by certified accountable care organizations to develop**  
14             **the draft operational model described in this subsection may be funded**  
15             **through delivery system reform payments.**

16     Sec. 8. 33 V.S.A. chapter 18, subchapter 3 is added to read:

17             Subchapter 3. Universal Primary Care

18     § 1851. DEFINITIONS

19             As used in this section:

20             (1) "Health care facility" shall have the same meaning as in

21             18 V.S.A. § 9402.

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

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

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

16           (5) “Vermont resident” means an individual domiciled in Vermont as  
17           evidenced by an intent to maintain a principal dwelling place in Vermont  
18           indefinitely and to return to Vermont if temporarily absent, coupled with an act  
19           or acts consistent with that intent. The Secretary of Human Services shall  
20           establish specific criteria for demonstrating residency.

21           § 1852. UNIVERSAL PRIMARY CARE

1           (a) It is the intent of the General Assembly that all Vermont residents  
2           should receive publicly financed primary care services.

3           (1) The following service categories should be included in a universal  
4           primary care program when provided by a health care provider in one of the  
5           primary care specialty types described in subdivision (2) of this subsection:

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

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

8                   (C) other preventive services;

9                   (D) patient office consultation;

10                  (E) administration of vaccine;

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

12                  (G) prolonged physician service;

13                  (H) initial or subsequent nursing facility visit;

14                  (I) other nursing facility service;

15                  (J) new or established patient home visit;

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

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

18                  (M) alcohol, smoking, or substance use disorder screening or  
19                  counseling;

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

1           (O) mental health.

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

6           (A) family medicine physician;

7           (B) registered nurse;

8           (C) internal medicine physician;

9           (D) pediatrician;

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

11          (F) psychiatrist;

12          (G) obstetrician/gynecologist;

13          (H) naturopathic physician;

14          (I) geriatrician;

15          (J) registered nurse certified in psychiatric or mental health nursing;

16          (K) social worker;

17          (L) psychologist;

18          (M) clinical mental health counselor; and

19          (N) alcohol and drug abuse counselor.

20          (b) For Vermont residents covered under Medicare, Medicare should  
21 continue to be the primary payer for primary care services, but the State of

1 Vermont should cover any co-payment or deductible amounts required from a  
2 Medicare beneficiary for primary care services.

3 § 1853. UNIVERSAL PRIMARY CARE FUND

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

7 (b) Into the Fund shall be deposited:

8 (1) transfers or appropriations from the General Fund, authorized by the  
9 General Assembly;

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

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

15 (4) all contributions by hospitals of their excess hospital revenue  
16 pursuant to 18 V.S.A. § 9458; and

17 (5) 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 Sec. 9. EFFECTIVE DATE

8 This act shall take effect on passage.

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13 (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

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FOR THE COMMITTEE