

S.53 - Senator Ayer's language proposals

Sec. _____. REQUEST FOR PRELIMINARY PLANS OF OPERATION

(a) The General Assembly requests that all stakeholders interested in the creation and implementation of a universal primary care system for Vermont, including health insurers, accountable care organizations, and federally qualified health centers, prepare preliminary plans of operation for the universal primary care system for consideration by the General Assembly. The plans should include a description of the process by which the stakeholder proposes that the system should be implemented and provide an estimate of the per-member, per-month costs of providing primary care services to all Vermont residents. Participating stakeholders are requested to submit their proposed plans on or before December 1, 2018 to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, the Department of Human Resources, and the Department of Vermont Health Access.

(b) On or before January 15, 2019, the Departments of Human Resources and of Vermont Health Access, as the administrative departments with expertise and experience in the administration and oversight of health benefit programs in this State, shall provide their assessments of the stakeholder plans, including their evaluations of the merits of each proposal and their recommendations for implementation of the universal primary care system.

Sec. _____. UNIVERSAL PRIMARY CARE; LEGAL ANALYSIS

The Green Mountain Care Board, in consultation with the Office of the Attorney General and the Department of Financial Regulation, shall conduct a legal analysis of any potential legal issues regarding implementation of a universal primary care system in Vermont, including whether there are likely any legal impediments due to federal preemption under the Employee

Retirement Income Security Act (ERISA) and whether the system could be designed in a manner that would permit Vermont residents to continue to be eligible under federal law to use a health savings account established in conjunction with a high-deductible health plan. The Board shall submit its legal analysis on or before December 1, 2018 to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance.

Sec. ____ 18 V.S.A. § 9458 is added to read:

§ 9458. EXCESS HOSPITAL REVENUE; REINVESTMENT CONTRIBUTION

(a) Each hospital that generated revenue in excess of the budget approved by the Green Mountain Care Board pursuant this subchapter and the hospital's actual expenses for the most recently closed hospital fiscal year shall remit a portion of the excess revenue to the Green Mountain Care Board as provided in this section.

(b) On or before January 1 of each year, the Green Mountain Care Board shall certify the amount of excess revenue generated by each hospital, if any, for the most recently closed hospital fiscal year and notify the hospital in writing of the amount of its reinvestment contribution, which shall be not less than 50 percent of the amount of the excess revenue. The Board shall determine the amount of each hospital's reinvestment contribution based on the amount of the hospital's excess revenue, the hospital's budget and projected financial needs for the current fiscal year, the hospital's financial condition, and such other factors as the Board deems appropriate. If no hospital requests reconsideration of the amount of its excess revenue or reinvestment contribution as described in subsection (e) of this section, the contribution amount shall be considered final.

(c) Each hospital shall submit its reinvestment amount to the Board according to a payment schedule adopted by the Board. Any hospital that fails to make a payment to the Board on or

before the date specified in the schedule shall be assessed an administrative penalty of not more than \$5,000.00, provided that the Board may waive this late payment penalty for good cause shown by the hospital. The Board may also take into consideration any failure to make a timely payment pursuant to this section in its review of a hospital's future budgets pursuant to this subchapter.

(d) All payments from hospitals under this section, including late payment penalties, shall be deposited into the Universal Primary Care Fund established by 33 V.S.A. § 1953.

(e) A hospital may appeal the Board's determination of its excess revenue amount or reinvestment amount, or both, pursuant to section 9381 of this title.

In S. 53 - Revise 33 V.S.A. § 1853 to read:

§ 1853. UNIVERSAL PRIMARY CARE FUND

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

(b) Into the Fund shall be deposited:

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

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

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

(4) all revenue from the excess hospital revenue reinvestment contributions remitted pursuant to 18 V.S.A. § 9458; and

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

(c) The Fund shall be administered pursuant to 32 V.S.A. chapter 7, subchapter 5, except that interest earned on the Fund and any remaining balance shall be retained in the Fund. The Agency of Human Services shall maintain records indicating the amount of money in the Fund at any time.

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