

H.795

An act relating to hospital price transparency, hospital sustainability planning, provider sustainability and reimbursements, and regulators' access to information

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

Sec. 1. GREEN MOUNTAIN CARE BOARD; PRICE TRANSPARENCY
DASHBOARD; PRIVATE PAY PRICING; REPORT

On or before February 1, 2021, the Green Mountain Care Board shall report to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance regarding its progress in developing and implementing a public, interactive, Internet-based price transparency dashboard for use by health care consumers, including the results of the Board's efforts to validate VHCURES data through comparison with hospital discharge data and with information from the health insurers and the status of the Board's work with the various payers to incorporate location information into VHCURES data. The Board shall also include in the report any information ascertained from the validation process regarding payments for services by patients without health insurance coverage, as well as the information the hospitals track relating to self-pay patients and the means by which hospitals may provide information to the Board in the future regarding actual amounts paid for services by patients without health insurance coverage.

Sec. 2. 18 V.S.A. § 9411 is added to read:

§ 9411. INTERACTIVE PRICE TRANSPARENCY DASHBOARD

(a) The Green Mountain Care Board shall develop and maintain a public, interactive, Internet-based price transparency dashboard that allows consumers to compare health care prices for certain health care services across the State. Using data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES) established pursuant to section 9410 of this title, the dashboard shall provide the range of actual allowed amounts for selected health care services, showing both the amount paid by the health insurer or other payer and the amount of the member's responsibility, and shall allow the consumer to sort the information by geographic location, by health care provider, by payer type, and by the specific health care procedure or health care service. The Board shall provide a link on the dashboard to the statewide comparative hospital quality report published by the Commissioner of Health pursuant to section 9405b of this title.

(b) The Board shall update the information in the interactive price transparency dashboard at least annually.

Sec. 3. INTERACTIVE PRICE TRANSPARENCY DASHBOARD;

DEMONSTRATION; RECOMMENDATIONS; REPORT

(a) On or before February 1, 2022, the Green Mountain Care Board shall provide a demonstration of the interactive price transparency dashboard

developed pursuant to 18 V.S.A. § 9411 to the House Committees on Health Care and the Senate Committees on Health and Welfare and on Finance.

(b) In addition to the demonstration required by subsection (a) of this section, on or before February 1, 2022, the Green Mountain Care Board shall provide recommendations to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance regarding ways in which the price transparency dashboard may be expanded to provide information on health care quality, on actual amounts charged to patients without health insurance coverage after the application of any relevant charity care policies or other discounts, and on other claims and payment data not currently collected by VHCURES.

Sec. 4. HOSPITAL SUSTAINABILITY PLANNING; REPORTS

(a)(1) The Green Mountain Care Board shall consider ways to increase the financial sustainability of Vermont hospitals in order to achieve population-based health improvements while maintaining community access to services. In conducting this work, the Board shall consult with the Director of Health Care Reform in the Agency of Human Services, Vermont hospitals, the Vermont Association of Hospitals and Health Systems, certified accountable care organizations, the Office of the Health Care Advocate, and other interested stakeholders.

(2) All materials submitted to the Board pursuant to this section shall be provided to the Office of the Health Care Advocate, which shall not further disclose any confidential information.

(b) On or before November 15, 2020, the Board shall inform the Health Reform Oversight Committee about its consideration to date of ways to increase hospital financial sustainability as set forth in subdivision (a)(1) of this section.

(c) On or before April 1, 2021, the Board shall provide to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance an update on its progress in considering and developing recommendations for increasing hospital financial sustainability as set forth in subdivision (a)(1) of this section.

(d)(1) On or before September 1, 2021, the Board shall provide to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance its final recommendations for increasing the financial sustainability of Vermont hospitals in order to achieve population-based health improvements while maintaining community access to services.

(2) In the event that the COVID-19 pandemic makes it impracticable for the Board to submit its recommendations by the date specified in subdivision (1) of this subsection, the Board shall provide an update on its progress by

September 1, 2021 and shall make best efforts to submit its final recommendations in a timely manner but not later than November 15, 2021.

Sec. 5. PROVIDER SUSTAINABILITY AND REIMBURSEMENTS;
REPORTS

(a) The Green Mountain Care Board, in collaboration with the Department of Financial Regulation, the Department of Vermont Health Access, and the Director of Health Care Reform in the Agency of Human Services, shall identify processes for improving provider sustainability and increasing equity in reimbursement amounts among providers. In evaluating potential processes, the Board's considerations shall include:

- (1) care settings;
- (2) value-based payment methodologies, such as capitation;
- (3) Medicare payment methodologies;
- (4) public and private reimbursement amounts; and
- (5) variations in payer mix among different types of providers.

(b) On or before November 15, 2020, the Board shall provide an update to the Health Reform Oversight Committee regarding its progress in identifying processes for improving provider sustainability and increasing equity in reimbursement amounts among providers.

(c) On or before March 15, 2021, the Board shall provide to the House Committee on Health Care and the Senate Committees on Health and Welfare

and on Finance the options that the Board has identified as demonstrating the greatest potential for improving provider sustainability and increasing equity in reimbursement amounts among providers and shall identify areas that would require further study prior to implementation.

Sec. 6. 8 V.S.A. § 4062 is amended to read:

§ 4062. FILING AND APPROVAL OF POLICY FORMS AND PREMIUMS

* * *

(b)(1) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall file a plain language summary of the proposed rate. All summaries shall include a brief justification of any rate increase requested, the information that the Secretary of the U.S. Department of Health and Human Services (HHS) requires for rate increases over 10 percent, and any other information required by the Board. The plain language summary shall be in the format required by the Secretary of HHS pursuant to the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, and shall include notification of the public comment period established in subsection (c) of this section. In addition, the insurer shall post the summaries on its website.

* * *

(3)(A) Upon request, in conjunction with a rate filing required by subsection (a) of this section, an insurer shall provide to the Board detailed information about the insurer's payments to specific providers, which may include fee schedules, payment methodologies, and other payment information specified by the Board.

(B) Confidential business information and trade secrets received from an insurer pursuant to subdivision (A) of this subdivision (3) shall be exempt from public inspection and copying under 1 V.S.A. § 317(c)(9) and shall be kept confidential, except that the Board may disclose or release information publicly in summary or aggregate form if doing so would not disclose confidential business information or trade secrets.

(C) Notwithstanding 1 V.S.A. chapter 5, subchapter 2 (Vermont Open Meeting Law), the Board may examine and discuss confidential information outside a public hearing or meeting.

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Sec. 7. [Deleted.]

Sec. 8. [Deleted.]

Sec. 9. 18 V.S.A. § 9457 is amended to read:

§ 9457. INFORMATION AVAILABLE TO THE PUBLIC

(a) ~~All information~~ Information required to be filed under this subchapter shall be made available to the public upon request, ~~provided that~~ in accordance

with 1 V.S.A. chapter 5, subchapter 3 (Public Records Act), except that information that directly or indirectly identifies individual patients or health care practitioners shall ~~not be directly or indirectly identifiable~~ be kept confidential.

(b) Notwithstanding 1 V.S.A. chapter 5, subchapter 2 (Vermont Open Meeting Law) or any provision of this subchapter to the contrary, the Board may examine and discuss confidential information outside a public hearing or meeting.

Sec. 10. 2020 Acts and Resolves No. 91, Sec. 8, as amended by 2020 Acts and Resolves No. 140, Sec. 13, is further amended to read:

Sec. 8. ACCESS TO HEALTH CARE SERVICES; DEPARTMENT OF
FINANCIAL REGULATION; EMERGENCY RULEMAKING

It is the intent of the General Assembly to increase Vermonters' access to medically necessary health care services during and after a declared state of emergency in Vermont as a result of COVID-19. Until July 1, 2021, and notwithstanding any provision of 3 V.S.A. § 844 to the contrary, the Department of Financial Regulation shall consider adopting, and shall have the authority to adopt, emergency rules to address the following through June 30, 2021:

(1) expanding health insurance coverage for, and waiving or limiting cost-sharing requirements directly related to, ~~COVID-19~~ the diagnosis of

COVID-19, including tests for influenza, pneumonia, and other respiratory viruses performed in connection with making a COVID-19 diagnosis; the treatment; of COVID-19 when it is the primary or a secondary diagnosis; and the prevention of COVID-19;

(2) modifying or suspending health insurance plan deductible requirements for all prescription drugs, except to the extent that such an action would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223; and

(3) expanding patients' access to and providers' reimbursement for health care services, including preventive services, consultation services, and services to new patients, delivered remotely through telehealth, audio-only telephone, and brief telecommunication services.

Sec. 11. 2020 Acts and Resolves No. 140, Sec. 4 is amended to read:

Sec. 4. MENTAL HEALTH INTEGRATION COUNCIL; REPORT

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(f) Meetings.

(1) The Commissioner of Mental Health shall call the first meeting of the Council.

(2) The Commissioner of Mental Health shall serve as chair. The Commissioner of Health shall serve as vice chair.

(3) The Council shall meet every other month between ~~October 1, 2020~~
January 15, 2021 and January 1, 2023.

(4) The Council shall cease to exist on July 30, 2023.

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Sec. 12. EFFECTIVE DATES

(a) Sec. 2 (18 V.S.A. § 9411) shall take effect on November 1, 2020, with the interactive price transparency dashboard becoming available for use by the public as soon as it is operational, but in no event later than February 15, 2022.

(b) Secs. 6 (8 V.S.A. § 4062) and 9 (18 V.S.A. § 9457) shall take effect on November 1, 2020.

(c) The remaining sections shall take effect on passage.