

1 S.53

2 Introduced by Senator Ashe

3 Referred to Committee on

4 Date:

5 Subject: Health; Green Mountain Care Board; health care reform; primary care

6 Statement of purpose of bill as introduced: This bill proposes to require the
7 Green Mountain Care Board to determine the proportion of health care
8 spending currently allocated to primary care, recommend the proportion that
9 should be allocated to primary care going forward, and project the avoided
10 costs that would likely result if that proportion were achieved. It would then
11 direct certain payers to provide a plan for achieving the allocation of primary
12 care recommended for them by the Board.

13 An act relating to increasing the proportion of health care spending
14 allocated to primary care

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

16 Sec. 1. PRIMARY CARE; FINDINGS

17 The General Assembly finds that:

18 (1) Primary care, especially care that incorporates mental health and
19 substance use disorder services, is critical for sustaining a productive
20 community.

1 (2) Primary care provides a setting in which patients can present a wide
2 range of health problems for appropriate attention and, in most cases, can
3 expect that their problems will be resolved without referral.

4 (3) Primary care providers and practices assist patients in navigating the
5 health care system, including by providing referrals to other health care
6 providers for appropriate services.

7 (4) Primary care providers and practices facilitate an ongoing
8 relationship between patients and clinicians and foster participation by patients
9 in shared decision-making about their health and their care.

10 (5) Primary care provides opportunities for disease prevention, health
11 promotion, and early detection of health conditions.

12 (6) Primary care helps build bridges between personal health care
13 services and patients' families and communities that can assist in meeting
14 patients' health care needs.

15 (7) Despite significant emphasis on the importance of primary care over
16 the past few years, the dollars needed to support primary care have not kept
17 pace with the need for these services. In order to maximize the benefits of
18 comprehensive primary care, it is essential to maintain consistent, targeted
19 investment over time.

1 Sec. 2. GREEN MOUNTAIN CARE BOARD; DEFINITION OF PRIMARY
2 CARE; SPENDING ON PRIMARY CARE; REPORTS

3 (a) The purpose of this section is to determine the percentage of health care
4 spending that is currently allocated to primary care in order to target
5 appropriate increases to that percentage and plan for achieving those increases
6 over time.

7 (b) The Green Mountain Care Board, in consultation with health insurers,
8 the Department of Vermont Health Access, and other interested stakeholders,
9 shall identify:

10 (1) the categories of health care professionals who should be considered
11 primary care providers when the services they deliver primarily constitute
12 primary care services, as determined pursuant to subdivision (2) of this
13 subsection;

14 (2) the specific procedure codes that should be considered primary care
15 services when billed by a primary care provider, as determined pursuant to
16 subdivision (1) of this subsection; and

17 (3) the categories of non-claims-based payments to primary care
18 providers and practices that should be included when determining the total
19 amount spent on primary care.

20 (c)(1) Using the categories and codes determined pursuant to subsection (b)
21 of this section, the Green Mountain Care Board shall determine the percentage

1 of total spending that was allocated to primary care by each of the following in
2 the most recent complete calendar year for which information is available:

3 (A) each health insurer with 500 or more covered lives for
4 comprehensive, major medical health insurance in this State;

5 (B) Vermont Medicaid;

6 (C) the State Employees' Health Benefit Plan;

7 (D) health benefit plans offered pursuant to 24 V.S.A. § 4947 to
8 entities providing educational services; and

9 (E) the entire Vermont health care system.

10 (2)(A) The Green Mountain Care Board shall use information from the
11 Vermont Health Care Uniform Reporting and Evaluation System (VHCURES)
12 to the extent available in determining the percentages required in
13 subdivision (1) of this subsection.

14 (B) Each entity listed in subdivisions (1)(A)–(D) of this subsection shall
15 provide to the Green Mountain Board the entity's non-claims-based primary
16 care expenditures for the most recent complete calendar year for which
17 information is available.

18 (C) The entities listed in subdivisions (1)(A)–(D) of this subsection, and
19 any other entity with relevant data, shall provide pertinent information in
20 response to all reasonable requests from the Board.

1 (d)(1) On or before October 1, 2019, the Green Mountain Care Board shall
2 report to the House Committee on Health Care, the Senate Committee on
3 Health and Welfare, and the Senate Committee on Finance:

4 (A) the percentage of total health care spending that the Board
5 determined each entity, and the health care system as a whole, allocated to
6 primary care pursuant to subsection (c) of this section;

7 (B) the percentage of total health care spending that the Board
8 recommends that each of the entities, and the health care system as a whole,
9 should be allocating to primary care in future years in order to fully realize the
10 benefits of primary care, including improved health outcomes, increased
11 patient satisfaction, and reductions in overall health care spending; and

12 (C) a realistic time frame within which to expect each entity to
13 realize the Board's recommended allocation.

14 (2) On or before the date that the Board reports to the General Assembly
15 pursuant to subdivision (1) of this subsection, the Board shall provide to each
16 entity listed in subdivisions (c)(1)(A)–(D) of this section the Board's
17 calculation of its primary care spending and the Board's recommended target
18 primary care allocation and time frame.

19 (e) On or before January 1, 2020, each entity listed in subdivisions
20 (c)(1)(A)–(D) of this section shall report to the House Committee on Health
21 Care, the Senate Committee on Health and Welfare, and the Senate Committee

1 on Finance its plan for a plan for achieving the percentage that the Board
2 determined, pursuant to subdivision (d)(1) of this section, that the entity should
3 be allocating to primary care within the specified time frame. The plans shall
4 not include higher health insurance premiums or an increase to the entity's
5 overall health care expenditures.

6 (f) On or before January 1, 2020, the Green Mountain Care Board shall
7 report to the House Committee on Health Care, the Senate Committee on
8 Health and Welfare, and the Senate Committee on Finance the Board's
9 estimate of the total amount of health care costs that would be avoided if each
10 entity listed in subdivisions (c)(1)(A)–(D) of this section increased the
11 percentage of health care spending it allocates to primary care in accordance
12 with the Board's recommendations pursuant to subdivisions (d)(1)(A) and (B)
13 of this section.

14 Sec. 3. EFFECTIVE DATE

15 This act shall take effect on passage.