1 TO THE HONORABLE SENATE:

2	The Committee on Health and Welfare to which was referred House Bill
3	No. 795 entitled "An act relating to increasing hospital price transparency"
4	respectfully reports that it has considered the same and recommends that the
5	Senate propose to the House that the bill be amended by striking out Sec. 4,
6	effective dates, in its entirety and inserting in lieu thereof Secs. 4-12 to read as
7	follows:
8	Sec. 4. HOSPITAL SUSTAINABILITY PLANNING; REPORTS
9	(a)(1) The Green Mountain Care Board shall consider ways to increase the
10	financial sustainability of Vermont hospitals in order to achieve population-
11	based health improvements while maintaining community access to services.
12	In conducting this work, the Board shall consult with the Director of Health
13	Care Reform in the Agency of Human Services, Vermont hospitals, the
14	Vermont Association of Hospitals and Health Systems, certified accountable
15	care organizations, the Office of the Health Care Advocate, and other
16	interested stakeholders.
17	(2) All information submitted by hospitals for purposes of hospital
18	sustainability planning pursuant to this section shall be exempt from public
19	inspection and copying under the Public Records Act and shall be kept
20	confidential, except for:

1	(A) information compiled by the Board in summary or aggregate
2	<u>form;</u>
3	(B) materials provided to the Board in connection with the health
4	resource allocation plan; and
5	(C) information that is available to the public in connection with a
6	hospital budget review in accordance with 18 V.S.A. § 9457.
7	(3) All materials submitted to the Board pursuant to this section shall be
8	provided to the Office of the Health Care Advocate, which shall not further
9	disclose any confidential information.
10	(b) On or before November 15, 2020, the Board shall inform the Health
11	Reform Oversight Committee about its consideration to date of ways to
12	increase hospital financial sustainability as set forth in subdivision (a)(1) of
13	this section.
14	(c) On or before April 1, 2021, the Board shall provide to the House
15	Committee on Health Care and the Senate Committees on Health and Welfare
16	and on Finance an update on its progress in considering and developing
17	recommendations for increasing hospital financial sustainability as set forth in
18	subdivision (a)(1) of this section.
19	(d)(1) On or before September 1, 2021, the Board shall provide to the
20	House Committee on Health Care and the Senate Committees on Health and
21	Welfare and on Finance its final recommendations for increasing the financial

1	sustainability of Vermont hospitals in order to achieve population-based health
2	improvements while maintaining community access to essential services.
3	(2) In the event that the COVID-19 pandemic makes it impracticable for
4	the Board to submit its recommendations by the date specified in subdivision
5	(1) of this subsection, the Board shall provide an update on its progress by
6	September 1, 2021 and shall make best efforts to submit its final
7	recommendations in a timely manner but not later than November 15, 2021.
8	Sec. 5. PROVIDER SUSTAINABILITY AND REIMBURSEMENTS;
9	REPORTS
10	(a) The Green Mountain Care Board, in collaboration with the Department
11	of Financial Regulation, the Department of Vermont Health Access, and the
12	Director of Health Care Reform in the Agency of Human Services, shall
13	identify processes for improving provider sustainability and increasing equity
14	in reimbursement amounts among providers. In evaluating potential processes,
15	the Board's considerations shall include:
16	(1) care settings;
17	(2) value-based payment methodologies, such as capitation;
18	(3) Medicare payment methodologies;
19	(4) public and private reimbursement amounts; and
20	(5) variations in payer mix among different types of providers.

1	(b) On or before November 15, 2020, the Board shall provide an update to
2	the Health Reform Oversight Committee regarding its progress in identifying
3	processes for improving provider sustainability and increasing equity in
4	reimbursement amounts among providers.
5	(c) On or before March 15, 2021, the Board shall provide to the House
6	Committee on Health Care and the Senate Committees on Health and Welfare
7	and on Finance the options that the Board has identified as demonstrating the
8	greatest potential for improving provider sustainability and increasing equity in
9	reimbursement amounts among providers and shall identify areas that would
10	require further study prior to implementation.
11	Sec. 6. 8 V.S.A. § 4062 is amended to read:
12	§ 4062. FILING AND APPROVAL OF POLICY FORMS AND PREMIUMS
13	* * *
14	(b)(1) In conjunction with a rate filing required by subsection (a) of this
15	section, an insurer shall file a plain language summary of the proposed rate.
16	All summaries shall include a brief justification of any rate increase requested,
17	the information that the Secretary of the U.S. Department of Health and
18	Human Services (HHS) requires for rate increases over 10 percent, and any
19	other information required by the Board. The plain language summary shall be
20	in the format required by the Secretary of HHS pursuant to the Patient
21	Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, as amended

1	by the Health Care and Education Reconciliation Act of 2010, Pub. L. No.
2	111-152, and shall include notification of the public comment period
3	established in subsection (c) of this section. In addition, the insurer shall post
4	the summaries on its website.
5	* * *
6	(3)(A) Upon request, in conjunction with a rate filing required by
7	subsection (a) of this section, an insurer shall provide to the Board detailed
8	information about the insurer's payments to specific providers, which may
9	include fee schedules, payment methodologies, and other payment information
10	specified by the Board.
11	(B) Information received from an insurer pursuant to subdivision (A)
12	of this subdivision shall be exempt from public inspection and copying under
13	the Public Records Act and shall be kept confidential, except that the Board
14	may disclose or release information publicly in summary or aggregate form if
15	doing so would not disclose trade secrets, as defined in 1 V.S.A. § 317(c)(9).
16	Notwithstanding 1 V.S.A. § 317(e), the Public Records Act exemption
17	established in this subdivision (B) shall continue in effect and shall not be
18	repealed through operation of 1 V.S.A. § 317(e).
19	(C) Notwithstanding 1 V.S.A. chapter 5, subchapter 2 (Vermont
20	Open Meeting Law), the Board may examine and discuss confidential
21	information outside a public hearing or meeting.

1	* * *
2	Sec. 7. [Deleted.]
3	Sec. 8. [Deleted.]
4	Sec. 9. 18 V.S.A. § 9457 is amended to read:
5	§ 9457. INFORMATION AVAILABLE TO THE PUBLIC
6	(a)(1) All information required to be filed under this subchapter shall be
7	made available to the public upon request, provided that in accordance with
8	1 V.S.A. chapter 5, subchapter 3 (Public Records Act), except that the
9	following information shall be exempt from public inspection and copying
10	under the Public Records Act and shall be kept confidential:
11	(A) information that directly or indirectly identifies individual
12	patients or health care practitioners shall not be directly or indirectly
13	identifiable;
14	(B) reimbursement information, except that the Board may disclose
15	or release information publicly in summary or aggregate form if doing so
16	would not disclose trade secrets, as defined in 1 V.S.A. § 317(c)(9); and
17	(C) sensitive financial information the Board collects to address
18	concerns related to financial solvency or to sustainability issues.
19	(2) Notwithstanding 1 V.S.A. § 317(e), the Public Records Act
20	exemptions created in this subsection shall continue in effect and shall not be
21	repealed through operation of 1 V.S.A. § 317(e).

1	(3) The Board shall provide guidance regarding which information it
2	shall keep confidential. In developing this guidance, the Board shall seek to
3	balance concerns related to the disclosure of sensitive information with the
4	public's interest in transparency. In addition to the information specified in the
5	guidance, a hospital may request that the Board keep other information
6	confidential, to the extent that doing so would be consistent with this section
7	and the Public Records Act.
8	(b) Notwithstanding 1 V.S.A. chapter 5, subchapter 2 (Vermont Open
9	Meeting Law) or any provision of this subchapter to the contrary, the Board
10	may examine and discuss confidential information outside a public hearing or
11	meeting.
12	Sec. 10. 2020 Acts and Resolves No. 91, Sec. 8, as amended by 2020 Acts and
13	Resolves No. 140, Sec. 13, is further amended to read:
14	Sec. 8. ACCESS TO HEALTH CARE SERVICES; DEPARTMENT OF
15	FINANCIAL REGULATION; EMERGENCY RULEMAKING
16	It is the intent of the General Assembly to increase Vermonters' access to
17	medically necessary health care services during and after a declared state of
18	emergency in Vermont as a result of COVID-19. Until July 1, 2021, and
19	notwithstanding any provision of 3 V.S.A. § 844 to the contrary, the
20	Department of Financial Regulation shall consider adopting, and shall have the

1	authority to adopt, emergency rules to address the following through June 30,
2	2021:
3	(1) expanding health insurance coverage for, and waiving or limiting
4	cost-sharing requirements directly related to, COVID-19 the diagnosis of
5	COVID-19, including tests for influenza, pneumonia, and other respiratory
6	viruses performed in connection with making a COVID-19 diagnosis; the
7	treatment, of COVID-19 when it is the primary or a secondary diagnosis; and
8	the prevention of COVID-19;
9	(2) modifying or suspending health insurance plan deductible
10	requirements for all prescription drugs, except to the extent that such an action
11	would disqualify a high-deductible health plan from eligibility for a health
12	savings account pursuant to 26 U.S.C. § 223; and
13	(3) expanding patients' access to and providers' reimbursement for
14	health care services, including preventive services, consultation services, and
15	services to new patients, delivered remotely through telehealth, audio-only
16	telephone, and brief telecommunication services.
17	Sec. 11. 2020 Acts and Resolves No. 140, Sec. 4 is amended to read:
18	Sec. 4. MENTAL HEALTH INTEGRATION COUNCIL; REPORT
19	* * *
20	(f) Meetings.

1	(1) The Commissioner of Mental Health shall call the first meeting of
2	the Council.
3	(2) The Commissioner of Mental Health shall serve as chair. The
4	Commissioner of Health shall serve as vice chair.
5	(3) The Council shall meet every other month between $\frac{\text{October 1, 2020}}{\text{October 1, 2020}}$
6	January 15, 2021 and January 1, 2023.
7	(4) The Council shall cease to exist on July 30, 2023.
8	* * *
9	Sec. 12. EFFECTIVE DATES
10	(a) Sec. 2 (18 V.S.A. § 9411) shall take effect on November 1, 2020, with
11	the interactive price transparency dashboard becoming available for use by the
12	public as soon as it is operational, but in no event later than February 15, 2022.
13	(b) Secs. 6 (8 V.S.A. § 4062) and 9 (18 V.S.A. § 9457) shall take effect on
14	November 1, 2020.
15	(c) The remaining sections shall take effect on passage.
16	and that after passage the title of the bill be amended to read: "An act relating
17	to hospital price transparency, hospital sustainability planning, provider
18	sustainability and reimbursements, and regulators' access to information"