

## VMS Primary Care Physician Workforce Proposals

### Gold Card Programs

Sec. 2. 18 VSA § 9418b is amended to read:

18 VSA § 9418b Prior authorization

...

(4) (A) No later than July 1, 2020, each health plan in Vermont shall implement a program to automatically exempt all health care providers who over a 12-month period have prior authorization approval rates of 90% or greater from the prior authorization process for medical procedures and medical tests, including imaging.

(B) Health plans shall make electronically available, including on a publicly-available website, details regarding the program, including how health care providers will be informed that they are eligible, the procedures and tests exempted if a provider qualifies, the numbers of health care providers and their specialties qualifying for the exemption through the program, and how to appeal eligibility for the program.

Sec 3. 33 VSA § 1999. Consumer protection rules; prior authorization is amended to read:

33 VSA § 1999

(e)(1) The prior authorization process shall be designed to minimize administrative burdens on prescribers, pharmacists, and consumers. The provisions of this section shall apply to the Program's prior authorization process.

...

(f) (1) The Program's prior authorization process shall require that the prescriber, not the pharmacy, request a prior authorization exemption to the requirements of this section. No later than December 31, 2004, the Commissioner shall create a ~~pilot~~ program designed to exempt a prescriber from the prior authorization requirement of the preferred drug list program if the Program determines that the prescriber has met compliance standards established by the Department in consultation with the Drug Utilization Review Board. This exemption does not apply to drugs that require prior authorization for clinical reasons.

(2) No later than July 1, 2020, the Program shall implement a program to automatically exempt all health care providers who over a 12-month period have prior authorization approval rates of 90% or greater from the prior authorization process for medical procedures and medical tests, including imaging.

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### Student Scholarship

Sec. 1. 18 V.S.A. § 33 is added to read:

#### § 33. MEDICAL STUDENTS; PRIMARY CARE

(a)(1) The Area Health Education Centers Program at the University of Vermont College of Medicine (AHEC) shall establish a rural primary care physician scholarship program. The scholarships shall cover the medical school tuition for up to 5-third year and 5-fourth year medical students annually who commit to practicing primary care in a health professional shortage or medically underserved area of this State, as defined by the federal Health Resources and Services Administration. For each school year tuition covered, the student will incur 2 years full-time or 4 years half-time service obligation.

(2) Approved specialties shall be those recognized by the National Health Service Corp at the time of the scholarship award, including family medicine, general pediatrics, general internal medicine, obstetrics-gynecology and general psychiatry.

(3) A scholarship recipient who does not fulfill the commitment to practice primary care in accordance with the award, shall be liable for repayment of the full amount of the scholarship plus interest calculated in accordance with the formula determined by the National Health Service Corp for failure to complete a service obligation under that program.

(Cost: tuition is currently \$37,070 for in-state students and \$64,170 for out of state students; 10 students per year = \$370,070 to \$640,170, adjusted as tuition changes.)

### Increasing Primary Care Residency Slots

The Health Care Committees shall request in writing that the University of Vermont report back on the opportunities, challenges and feasibility associated with expanding UVM Health Networks' primary care residency slots. As a part of this analysis, please include data regarding the UVM Health Network's current residency program(s), including:

- the total number of residency slots
- the cost associated with and funding for the slots
- the break down of residency slots by specialty, specifically focused on the number of primary care residency slots
- the percentage of primary care residents who stay and practice in Vermont or the region