

1 H.89

2 Introduced by Representative Conquest of Newbury

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 and to project the avoided costs

9 that would likely result from increasing that proportion to 12 percent by 2025.

10 It would then direct certain payers to increase the percentage of their health

11 care spending that is on primary care to 12 percent or more by 2025.

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

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

15 Sec. 1. PRIMARY CARE; FINDINGS

16 The General Assembly finds that:

17 (1) Primary care, especially care that incorporates mental health and

18 substance use disorder services, is critical for sustaining a productive

19 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 measure  
5               increases to that percentage over time.

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

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

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

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

19              (c)(1) Using the categories and codes determined pursuant to subsection (b)  
20              of this section, the Green Mountain Care Board shall determine the percentage  
21              of total health care spending that was allocated to primary care by each of the

1 following in the most recent complete calendar year for which information is  
2 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;

9 (E) each accountable care organization certified pursuant to 18  
10 V.S.A. § 9382; and

11 (F) the entire Vermont health care system.

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

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

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

4           (d) On or before January 15, 2020, the Green Mountain Care Board shall  
5           report to the House Committee on Health Care, the Senate Committee on  
6           Health and Welfare, and the Senate Committee on Finance the percentage of  
7           total health care spending that the Board determined each entity, and the health  
8           care system as a whole, allocated to primary care pursuant to subsection (c) of  
9           this section. In addition, on or before the date that the Board reports its  
10           determinations to the General Assembly, the Board shall provide to each entity  
11           listed in subdivisions (c)(1)(A)–(E) of this section the Board’s calculation of its  
12           primary care spending.

13           (e) On or before March 15, 2020, the Green Mountain Care Board shall  
14           report to the House Committee on Health Care, the Senate Committee on  
15           Health and Welfare, and the Senate Committee on Finance the Board’s  
16           estimate of the total amount of health care costs that would be avoided if each  
17           entity listed in subdivisions (c)(1)(A)–(D) of this section increased the  
18           percentage of health care spending it allocates to primary care spending to 12  
19           percent by 2025.

1       Sec. 3. INCREASING PRIMARY CARE SPENDING ALLOCATIONS

2           (a)(1) Each of the following entities shall increase the percentage of total  
3       health care spending it allocates to primary care, using the baseline percentages  
4       determined by the Green Mountain Care Board pursuant to Sec. 2 of this act, to  
5       at least 12 percent by 2025:

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

8           (B) Vermont Medicaid;

9           (C) the State Employees' Health Benefit Plan; and

10          (D) health benefit plans offered pursuant to 24 V.S.A. § 4947 to  
11       entities providing educational services.

12          (2) A plan's or payer's increased proportional spending on primary care  
13       shall not result in higher health insurance premiums or increase its overall  
14       health care expenditures.

15          (b)(1) On or before June 1 of each year from 2022–2026, each entity listed  
16       in subdivisions (a)(1)(A)–(D) of this section shall report to the Green Mountain  
17       Care Board the percentage of its total health care spending that was allocated  
18       to primary care during the previous plan year.

19          (2) On or before December 1 of each year from 2022–2026, the Green  
20       Mountain Care Board shall report to the House Committee on Health Care and  
21       the Senate Committees on Health and Welfare and on Finance on progress

1     toward increasing the percentage of health care spending systemwide that is  
2     allocated to primary care.

3     Sec. 4. EFFECTIVE DATE

4     This act shall take effect on passage.