

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill
3 No. 53 entitled “An act relating to increasing the proportion of health care
4 spending allocated to primary care” respectfully reports that it has considered
5 the same and recommends that the bill be amended by striking out all after the
6 enacting clause and inserting in lieu thereof the following:

7 Sec. 1. PRIMARY CARE; FINDINGS

8 The General Assembly finds that:

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

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

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

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

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

3 (6) Primary care helps build bridges between personal health care
4 services and patients’ families and communities that can assist in meeting
5 patients’ health care needs.

6 (7) In order to maximize the benefits of comprehensive primary care, it
7 is essential to maintain consistent, targeted investment over time.

8 Sec. 2. DEFINITION OF PRIMARY CARE; SPENDING ON PRIMARY
9 CARE; REPORTS

10 (a) The purpose of this section is to determine the percentage of health care
11 spending that is currently allocated to primary care in order to target any
12 appropriate increases to that percentage.

13 (b) The Green Mountain Care Board and the Department of Vermont
14 Health Access shall jointly identify, in consultation with health insurers,
15 hospitals, federally qualified health centers, accountable care organizations,
16 primary care providers, other health care professionals, and other interested
17 stakeholders:

18 (1) the categories of health care professionals who should be considered
19 primary care providers when the services they deliver primarily constitute
20 primary care services, as determined pursuant to subdivision (2) of this
21 subsection;

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

4 (3) the categories of non-claims-based payments to primary care
5 providers and practices, such as payments to Blueprint for Health community
6 health teams, bundled payments, and value-based payments, that should be
7 included when determining the total amount spent on primary care; and

8 (4) the ways in which these categories and codes are consistent with or
9 differ from the categories and codes of direct and indirect primary care
10 expenditures used by other states to determine their primary care spending and
11 used to determine any national estimates of primary care spending.

12 (c)(1) Using the categories and codes determined pursuant to subsection (b)
13 of this section, the Green Mountain Care Board and the Department of
14 Vermont Health Access shall determine the percentage of total spending that
15 was allocated to primary care by each of the following in the most recent
16 complete calendar year for which information is available:

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

19 (B) Vermont Medicaid;

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

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

3 (E) the entire Vermont health care system, to the extent data are
4 available.

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

9 (B) Each entity listed in subdivisions (1)(A)–(D) of this subsection shall
10 provide to the Green Mountain Care Board the entity’s non-claims-based
11 primary care expenditures for the most recent complete calendar year for
12 which information is available.

13 (C) The entities listed in subdivisions (1)(A)–(D) of this subsection, and
14 any other entity with relevant data, shall provide pertinent information in
15 response to all reasonable requests from the Green Mountain Care Board and
16 the Department of Vermont Health Access.

17 (d) On or before January 15, 2020, the Green Mountain Care Board and the
18 Department of Vermont Health Access shall report to the House Committee on
19 Health Care, to the Senate Committees on Health and Welfare and on Finance,
20 and to each entity listed in subdivisions (c)(1)(A)–(D) of this section:

1 (1) the percentage of total health care spending that the Board and the
2 Department determined each entity and, to the extent data are available, the
3 health care system as a whole, allocated to primary care pursuant to subsection
4 (c) of this section;

5 (2) a comparison between the percentages described in subdivision (1)
6 of this subsection and available state and national benchmarks of spending on
7 primary care, including states with demographics comparable to Vermont's;

8 (3) a comparison between the percentages described in subdivision (1)
9 of this subsection and existing projections of changes in primary care spending
10 in Vermont through 2022 under the all-payer model, as defined in 18 V.S.A.
11 § 9551; and

12 (4) an analysis of the potential impacts of different methods of achieving
13 increases in primary care spending in future years on:

14 (A) health outcomes;

15 (B) patient satisfaction;

16 (C) patient access to and the availability of primary, specialty,
17 mental health, and tertiary care services; and

18 (D) Vermont's progress in implementing the all-payer model.

19 Sec. 3. EFFECTIVE DATE

20 This act shall take effect on passage.

1 and that after passage the title of the bill be amended to read: “An act
2 relating to determining the proportion of health care spending allocated to
3 primary care”

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10 (Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE