

S.73 – Potential ASC oversight and bill back language for HHC discussion
Revised 4/23/19

Sec. __. AMBULATORY SURGICAL CENTERS; OVERSIGHT; BILL BACK; REPORT

On or before November 15, 2019, the Green Mountain Care Board, in consultation with ambulatory surgical centers and other interested stakeholders, shall make recommendations to the House Committees on Health Care and on Ways and Means, the Senate Committees on Health and Welfare and on Finance, and the Joint Fiscal Committee regarding:

(1) the role of the Green Mountain Care Board in providing oversight of ambulatory surgical centers operating in this State that is appropriate to the centers' scale and to their role in Vermont's health care system, which may include requirements regarding submission of data necessary for the Board to evaluate the centers' volume, utilization, payer mix, and financial condition;

(2) ways to appropriately integrate ambulatory surgical centers into Vermont's systemwide payment and delivery system reform initiatives;

(3) how the Green Mountain Care Board shall report annually to the General Assembly, using claims data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES), regarding high-volume outpatient surgeries and procedures performed in ambulatory surgical center and hospital settings in Vermont, any changes in utilization over time, and a comparison of the commercial insurance rates paid for the same surgeries and procedures performed in ambulatory surgical centers and in hospitals in Vermont; and

(4) the percentage, if any, that should be borne by licensed ambulatory surgical centers for:

(A) expenses of the Green Mountain Care Board pursuant to 18 V.S.A. § 9374(h)(2) and the resulting decrease, if any, in the percentage of expenses borne by the other regulated entities;

(B) the expenses of the Vermont Program for Quality in Health Care, Inc. pursuant to 18 V.S.A. § 9416 and the resulting decrease, if any, in the percentage of expenses borne by the other entities; and

(C) the expenses of the Office of the Health Care Advocate pursuant to 18 V.S.A. § 9607 and the resulting decreases, if any, in the percentage of expense borne by the other entities.