

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) 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 (b) On or before November 15, 2020, the Board shall inform the Health
18 Reform Oversight Committee about its consideration to date of ways to
19 increase hospital financial sustainability as set forth in subsection (a) of this
20 section.

1 (c) On or before April 1, 2021, the Board shall provide to the House
2 Committee on Health Care and the Senate Committees on Health and Welfare
3 and on Finance an update on its progress in considering and developing
4 recommendations for increasing hospital financial sustainability as set forth in
5 subsection (a) of this section.

6 (d)(1) On or before September 1, 2021, the Board shall provide to the
7 House Committee on Health Care and the Senate Committees on Health and
8 Welfare and on Finance its final recommendations for increasing the financial
9 sustainability of Vermont hospitals in order to achieve population-based health
10 improvements while maintaining community access to essential services.

11 (2) In the event that the COVID-19 pandemic makes it impracticable for
12 the Board to submit its recommendations by the date specified in subdivision
13 (1) of this subsection, the Board shall provide an update on its progress by
14 September 1, 2021 and shall make best efforts to submit its final
15 recommendations in a timely manner but not later than November 15, 2021.

16 Sec. 5. PROVIDER SUSTAINABILITY AND REIMBURSEMENTS;
17 REPORTS

18 (a) The Green Mountain Care Board, in collaboration with the Department
19 of Financial Regulation, the Department of Vermont Health Access, and the
20 Director of Health Care Reform in the Agency of Human Services, shall
21 identify processes for improving provider sustainability and increasing equity

1 in reimbursement amounts among providers. In evaluating potential processes,
2 the Board’s considerations shall include:

3 (1) care settings;

4 (2) value-based payment methodologies, such as capitation;

5 (3) Medicare payment methodologies;

6 (4) public and private reimbursement amounts; and

7 (5) variations in payer mix among different types of providers.

8 (b) On or before November 15, 2020, the Board shall provide an update to
9 the Health Reform Oversight Committee regarding its progress in identifying
10 processes for improving provider sustainability and increasing equity in
11 reimbursement amounts among providers.

12 (c) On or before March 15, 2021, the Board shall provide to the House
13 Committee on Health Care and the Senate Committees on Health and Welfare
14 and on Finance the options that the Board has identified as demonstrating the
15 greatest potential for improving provider sustainability and increasing equity in
16 reimbursement amounts among providers and shall identify areas that would
17 require further study prior to implementation.

18 Sec. 6. 8 V.S.A. § 4062 is amended to read:

19 § 4062. FILING AND APPROVAL OF POLICY FORMS AND PREMIUMS

20 * * *

1 (b)(1) In conjunction with a rate filing required by subsection (a) of this
2 section, an insurer shall file a plain language summary of the proposed rate.
3 All summaries shall include a brief justification of any rate increase requested,
4 the information that the Secretary of the U.S. Department of Health and
5 Human Services (HHS) requires for rate increases over 10 percent, and any
6 other information required by the Board. The plain language summary shall be
7 in the format required by the Secretary of HHS pursuant to the Patient
8 Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, as amended
9 by the Health Care and Education Reconciliation Act of 2010, Pub. L. No.
10 111-152, and shall include notification of the public comment period
11 established in subsection (c) of this section. In addition, the insurer shall post
12 the summaries on its website.

13 * * *

14 (3)(A) Upon request, in conjunction with a rate filing required by
15 subsection (a) of this section, an insurer shall provide to the Board detailed
16 information about the insurer's payments to specific providers, which may
17 include fee schedules, payment methodologies, and other payment information
18 specified by the Board.

19 (B) Information received from an insurer pursuant to subdivision (A)
20 of this subdivision shall be exempt from public inspection and copying under
21 the Public Records Act and shall be kept confidential, except that the Board

1 may disclose or release information publicly in summary or aggregate form if
2 doing so would not disclose trade secrets, as defined in 1 V.S.A. § 317(c)(9).
3 Notwithstanding 1 V.S.A. § 317(e), the Public Records Act exemption
4 established in this subdivision (B) shall continue in effect and shall not be
5 repealed through operation of 1 V.S.A. § 317(e).

6 (C) Notwithstanding 1 V.S.A. chapter 5, subchapter 2 (Vermont
7 Open Meeting Law), the Board may examine and discuss confidential
8 information outside a public hearing or meeting.

9 * * *

10 Sec. 7. [Deleted.]

11 Sec. 8. [Deleted.]

12 Sec. 9. 18 V.S.A. § 9457 is amended to read:

13 § 9457. INFORMATION AVAILABLE TO THE PUBLIC

14 (a)(1) All information required to be filed under this subchapter shall be
15 made available to the public upon request, ~~provided that~~ in accordance with
16 1 V.S.A. chapter 5, subchapter 3 (Public Records Act), except that the
17 following information shall be exempt from public inspection and copying
18 under the Public Records Act and shall be kept confidential:

19 (A) information that directly or indirectly identifies individual
20 patients or health care practitioners ~~shall not be directly or indirectly~~
21 identifiable;

1 (B) reimbursement information, except that the Board may disclose
2 or release information publicly in summary or aggregate form if doing so
3 would not disclose trade secrets, as defined in 1 V.S.A. § 317(c)(9); and

4 (C) financial information the Board collects to address financial
5 solvency or sustainability issues.

6 (2) Notwithstanding 1 V.S.A. § 317(e), the Public Records Act
7 exemptions created in this subsection shall continue in effect and shall not be
8 repealed through operation of 1 V.S.A. § 317(e).

9 (b) Notwithstanding 1 V.S.A. chapter 5, subchapter 2 (Vermont Open
10 Meeting Law) or any provision of this subchapter to the contrary, the Board
11 may examine and discuss confidential information outside a public hearing or
12 meeting.

13 **Sec. 10.** 2020 Acts and Resolves No. 91, Sec. 8, as amended by 2020 Acts and
14 Resolves No. 140, Sec. 13, is further amended to read:

15 Sec. 8. ACCESS TO HEALTH CARE SERVICES; DEPARTMENT OF
16 FINANCIAL REGULATION; EMERGENCY RULEMAKING

17 It is the intent of the General Assembly to increase Vermonters' access to
18 medically necessary health care services during and after a declared state of
19 emergency in Vermont as a result of COVID-19. Until July 1, 2021, and
20 notwithstanding any provision of 3 V.S.A. § 844 to the contrary, the
21 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, influenza, pneumonia, and other respiratory viruses; and the
6 treatment; and prevention of COVID-19 when it is either the primary or
7 secondary diagnosis;

8 (2) modifying or suspending health insurance plan deductible
9 requirements for all prescription drugs, except to the extent that such an action
10 would disqualify a high-deductible health plan from eligibility for a health
11 savings account pursuant to 26 U.S.C. § 223; and

12 (3) expanding patients' access to and providers' reimbursement for
13 health care services, including preventive services, consultation services, and
14 services to new patients, delivered remotely through telehealth, audio-only
15 telephone, and brief telecommunication services.

16 **Sec. 11.** 2020 Acts and Resolves No. 140, Sec. 4 is amended to read:

17 Sec. 4. MENTAL HEALTH INTEGRATION COUNCIL; REPORT

18 * * *

19 (f) Meetings.

20 (1) The Commissioner of Mental Health shall call the first meeting of
21 the Council.

