

1 S.53

2 Introduced by Senator Ashe

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, recommend the proportion that
9 should be allocated to primary care going forward, and project the avoided
10 costs that would likely result if that proportion were achieved. It would then
11 direct certain payers to provide a plan for achieving the allocation of primary
12 care recommended for them by the Board.

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

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

16 Sec. 1. PRIMARY CARE; FINDINGS

17 The General Assembly finds that:

18 (1) Primary care, especially care that incorporates mental health and
19 substance use disorder services, is critical for sustaining a productive
20 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 ~~_____~~
17 ~~_____ the past few years, the dollars needed to support primary care have not kept~~
18 ~~_____~~
19 ~~15 _____ pace with the need for these services.~~ In order to maximize the benefits of
20 16 _____ comprehensive primary care, it is essential to maintain consistent, targeted
21 17 _____ investment over time.

1 Sec. 2. GREEN MOUNTAIN CARE BOARD AND DEPARTMENT OF
2 VERMONT HEALTH ACCESS; DEFINITION OF PRIMARY

3 CARE; SPENDING ON PRIMARY CARE; REPORTS

4 (a) The purpose of this section is to determine the percentage of health care

5 spending that is currently allocated to primary care in order to target any

6 appropriate increases to that percentage. and plan for achieving those increases

7

8 over time.

9 (b) The Green Mountain Care Board and the Department of Vermont Health
10 Access shall jointly, in consultation with health insurers, hospitals, federally
11 qualified health centers, Accountable Care Organizations, primary care physicians
12 and other health care professionals,

13 the Department of Vermont Health Access, and other interested stakeholders,

14 shall identify:

15 (1) the categories of health care professionals who should be considered

16 primary care providers when the services they deliver primarily constitute

17 primary care services, as determined pursuant to subdivision (2) of this

18 subsection;

19 (2) the specific procedure codes that should be considered primary care

20 services when billed by a primary care provider, as determined pursuant to

21 subdivision (1) of this subsection; and

22 (3) the categories of non-claims-based payments to primary care

23 providers and practices that should be included when determining the total

24 amount spent on primary care; and

25 (4) how such categories and codes overlap or differ from the categories of

direct and indirect primary care expenses as used in the benchmarks selected in subsection (d)(1)(B) in determining those locations' spending on primary care.

2120 (c)(1) Using the categories and codes determined pursuant to subsection (b)

2221 of this section, the Green Mountain Care Board and Department of Vermont Health Access shall determine the percentage

31 of total spending that was allocated to primary care by each of the following in
42 the most recent complete calendar year for which information is available:

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

75 (B) Vermont Medicaid;

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

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

119 (E) the entire Vermont health care system.

1210 (2)(A) The Green Mountain Care Board shall use information from the
1311 Vermont Health Care Uniform Reporting and Evaluation System (VHCURES)
1412 to the extent available in determining the percentages required in
1513 subdivision (1) of this subsection.

1614 (B) Each entity listed in subdivisions (1)(A)–(D) of this subsection shall
1715 provide to the Green Mountain Board the entity's non-claims-based primary
1816 care expenditures for the most recent complete calendar year for which
1917 information is available.

2018 (C) The entities listed in subdivisions (1)(A)–(D) of this subsection, and
2119 any other entity with relevant data, shall provide pertinent information in
2220 response to all reasonable requests from the Board.

1 (d)(1) On or before October 1, 2019, the Green Mountain Care Board and the
2 Department of Vermont Health Access shall
3 report to the House Committee on Health Care, the Senate Committee on
4 Health and Welfare, and the Senate Committee on Finance:
5 _____ (A) the percentage of total health care spending that the Board and
6 Department
7 _____ determined each entity, and the health care system as a whole, allocated to
8 primary care pursuant to subsection (c) of this section;
9 _____ (B) a comparison between (A) and state and national benchmarks of
10 spending on primary care, including states that have comparable demographics to
11 Vermont;
12 _____ (C) a comparison between (A) and existing projections of increases in
13 primary care spending in Vermont through 2022 under the all-payer model as
14 defined in 18 VSA § 9551;
15 _____ (D) an analysis of impacts on health outcomes; patient satisfaction; patient
16 access to primary, specialty, mental health and tertiary care services; and Vermont's
17 progress to implement the all-payer model of methods to achieve increases in
18 primary care spending in future years, including increasing fee for service rates and
19 increasing value-based payments.
20 _____ (B) the percentage of total health care spending that the Board
21 recommends that each of the entities, and the health care system as a whole,
22 should be allocating to primary care in future years in order to fully realize the
23 benefits of primary care, including improved health outcomes, increased
24 patient satisfaction, and reductions in overall health care spending; and
25 _____ (C) a realistic time frame within which to expect each entity to
26 realize the Board's recommended allocation.
27 (2) On or before the date that the Board reports to the General Assembly
28 pursuant to subdivision (1) of this subsection, the Board and Department shall

~~17~~11 entity listed in subdivisions (c)(1)(A)–(D) of this section the Board and Department’s

~~18~~ calculation of its primary care spending- and the report under (d). ~~the Board’s~~
recommended target

~~19~~ _____

~~20~~12 primary care allocation and time frame.

~~21~~ _____ (e) On or before January 1, 2020, each entity listed in subdivisions

~~22~~ _____ (c)(1)(A)–(D) of this section shall report to the House Committee on Health

~~23~~ _____ Care, the Senate Committee on Health and Welfare, and the Senate Committee

~~1 on Finance its plan for a plan for achieving the percentage that the Board
2 determined, pursuant to subdivision (d)(1) of this section, that the entity should
3 be allocating to primary care within the specified time frame. The plans shall
not include higher health insurance premiums or an increase to the entity's
5 overall health care expenditures.~~

~~6 (f) On or before January 1, 2020, the Green Mountain Care Board shall
7 report to the House Committee on Health Care, the Senate Committee on
7 Health and Welfare, and the Senate Committee on Finance the Board's
8 estimate of the total amount of health care costs that would be avoided if each
9 entity listed in subdivisions (c)(1)(A) (D) of this section increased the
10 percentage of health care spending it allocates to primary care in accordance
10 with the Board's recommendations pursuant to subdivisions (d)(1)(A) and (B)
10 of this section.~~

~~11~~ Sec. 3. EFFECTIVE DATE

~~12~~ This act shall take effect on passage.