
This act summary is provided for the convenience of the public and members of the General Assembly. It is intended to provide a general summary of the act and may not be exhaustive. It has been prepared by the staff of the Office of Legislative Counsel without input from members of the General Assembly. It is not intended to aid in the interpretation of legislation or to serve as a source of legislative intent.

Act No. 167 (S.285). Health; health care reform; All-Payer Model; hospitals; health care data; Blueprint for Health; home- and community-based services

An act relating to health care reform initiatives, data collection, and access to home- and community-based services

This act requires the Director of Health Care Reform in the Agency of Human Services (AHS), in collaboration with the Green Mountain Care Board (GMCB), to develop a proposal for a subsequent All-Payer Model agreement with the federal government to secure Medicare's continued participation in multipayer alternative payment models in Vermont. The act also directs the GMCB, in collaboration with AHS, to develop value-based payments for hospitals and to develop and conduct a stakeholder engagement process for Vermont's hospitals that will reduce inefficiencies, lower costs, improve population health outcomes, reduce health inequities, and increase access to essential services. The act appropriates \$900,000.00 to AHS and \$4,100,000.00 to the GMCB for these duties and calls on AHS and the GMCB to report to the legislative committees of jurisdiction on their activities and stakeholder engagement processes in January and March 2023.

The act directs the Health Information Exchange (HIE) Steering Committee to include a data integration strategy in its 2023 HIE Strategic Plan and to continue its efforts to create a single, integrated health record for each individual. The act repeals a prohibition on filing information that is required by law to be kept confidential with the GMCB for the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) in a manner that discloses the patient's identity, but the act retains other protections regarding access to and use of the information consistent with the federal Health Insurance Portability and Accountability Act (HIPAA).

The act specifies that Vermont's Blueprint for Health initiatives must include quality improvement facilitation and other means to support quality improvement initiatives. The act requires the Director of Health Care Reform in AHS to recommend to the legislative committees of jurisdiction on or before January 15, 2023, the amounts by which health insurers and Vermont Medicaid should increase their monthly per-person, per-month payments toward the shared costs of the Blueprint's community health teams and quality improvement facilitation and provide an estimate of the necessary State funding for Medicaid's share of the increase.

The act directs the Department of Disabilities, Aging, and Independent Living (DAIL), as part of developing the Vermont Action Plan for Aging Well, to convene a working group of interested stakeholders to make recommendations on extending access to long-term home- and community-based services to a broader cohort of Vermonters and family caregivers. The working group must also provide recommendations on changes to service delivery for individuals who are dually eligible for Medicaid and Medicare. The act directs DAIL to report the working group's findings and recommendations to the legislative committees of jurisdiction on or before January 15, 2024, and, if so directed by the General Assembly, to collaborate with others in AHS to incorporate the relevant recommendations into Vermont's Global Commitment to Health Section 1115 demonstration.

The act requires the GMCB to summarize and synthesize the key findings and recommendations in its reports and post them on its website. The act expresses legislative intent to reimburse Medicaid participating providers at 100 percent of Medicare rates, with first priority for primary care providers, and directs the Department of Vermont Health Access either to include this level of reimbursement for primary care services in its fiscal year 2024 budget proposal or to provide information on the additional sums necessary to achieve reimbursement parity with Medicare's primary care rates. The act also directs the Department of Financial Regulation (DFR) to explore the feasibility of requiring health insurers to access clinical data from the HIE to support prior authorization requests, requires DFR to direct health insurers to provide prior authorization information to DFR in a standardized format so that DFR can look at opportunities for aligning and streamlining prior authorization request processes, and tasks DFR and the GMCB with recommending to the legislative committees of jurisdiction on or before January 15, 2023, the statutory changes needed to align and streamline prior authorization processes and requirements across health insurers.

Multiple effective dates, beginning on June 1, 2022