Introduced by Senator Lyons

Referred to Committee on

Date:

Subject: Health; health care providers; primary care; health insurance;
       Medicaid; Medicare; Green Mountain Care Board

Statement of purpose of bill as introduced: This bill proposes to require health
insurance plans and Medicaid to reimburse health care providers the same
amounts for care delivered in person and by audio-only telephone. It would
require health insurers, the State Employees’ Health Benefit Plan, and the
health plans offered to school employees to increase the percentage of total
health care spending they allocate to primary care to at least 12 percent and
would require the next All-Payer Model agreement with the federal
government to include a provision requiring annual increases in primary care
spending in Medicare. The bill would direct the Agency of Human Services to
increase primary care reimbursement rates in the Medicaid program to match
Medicare levels and to implement certain Medicare primary care coding
changes. It would also create the position of Chief Clinical Officer for Primary
Care at the Green Mountain Care Board to coordinate efforts to evaluate,
monitor, and implement solutions to strengthen primary care in Vermont.
An act relating to strengthening primary care and primary care providers

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

Sec. 1. 8 V.S.A. § 4100l is amended to read:

§ 4100l. COVERAGE OF HEALTH CARE SERVICES DELIVERED BY AUDIO-ONLY TELEPHONE

(a) As used in this section:

(1) “Health care provider” means a person, partnership, or corporation, other than a facility or institution, that is licensed, certified, or otherwise authorized by law to provide professional health care services in this State to an individual during that individual’s medical care, treatment, or confinement.

(2) “Health insurance plan” means any health insurance policy or health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402; Medicaid, to the extent permitted by the Centers for Medicare and Medicaid Services; and any other public health care assistance program offered or administered by the State or by any subdivision or instrumentality of the State. The term does not include policies or plans providing coverage for a specified disease or other limited benefit coverage.

(b)(1) A health insurance plan shall provide coverage for all medically necessary, clinically appropriate health care services delivered remotely by audio-only telephone to the same extent that the plan would cover the services if they were provided through in-person consultation. Services covered under
this subdivision shall include services that are covered when provided in the
home by home health agencies.

(2) A health insurance plan may charge an otherwise permissible
deductible, co-payment, or coinsurance for a health care service delivered by
audio-only telephone, provided that it does not exceed the deductible, co-
payment, or coinsurance applicable to an in-person consultation.

(3) A health insurance plan shall not require a health care provider to
have an existing relationship with a patient in order to be reimbursed for health
care services delivered by audio-only telephone.

(c)(1) A health insurance plan shall provide the same reimbursement rate
for services billed using equivalent procedure codes and modifiers, subject to
the terms of the health insurance plan and provider contract, regardless of
whether the service was provided through an in-person visit with the health
care provider or by audio-only telephone.

(2) The provisions of subdivision (1) of this subsection shall not apply
in the event that a health insurer and health care provider enter into a value-
based contract for health care services that include care delivered by audio-
only telephone.
Sec. 2. 2021 Acts and Resolves No. 6, Sec. 6 is amended to read:

Sec. 6. AUDIO-ONLY TELEPHONE; MEDICAL BILLING; DATA COLLECTION; REPORT

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(b) On or before December 1, 2023, the Department of Financial Regulation, the Vermont Program for Quality in Health Care, and, to the extent VHCURES data are available, the Green Mountain Care Board shall present information to the House Committee on Health Care and the Senate Committee on Health and Welfare regarding the use of audio-only telephone services in Vermont during calendar year 2022 and the first quarter of calendar year 2023. The Department shall consult with interested stakeholders in order to include in its presentation information on utilization of audio-only telephone services, quality of care, patient satisfaction with receiving health care services by audio-only telephone, the impacts of coverage of audio-only telephone services on health care costs and on access to health care services, and how best to incorporate audio-only telephone services into value-based payments. The Department shall also provide a comparison of the utilization, quality, satisfaction, and impacts on cost and access during calendar year 2022, when health insurers were only required to reimburse providers for services delivered by audio-only telephone at 75 percent of the reimbursement amount for the same services when delivered in person, and the first quarter of
calendar year 2023, when health insurers were reimbursing providers the same
amounts for the same services when delivered in person and by audio-only
telephone.

Sec. 3. 2021 Acts and Resolves No. 6, Sec. 7 is amended to read:

Sec. 7. AUDIO-ONLY TELEPHONE REIMBURSEMENT AMOUNTS
FOR PLAN YEARS YEAR 2022, 2023, AND 2024

The Department of Financial Regulation, in consultation with the
Department of Vermont Health Access, the Green Mountain Care Board,
representatives of health care providers, health insurers, and other interested
stakeholders, shall determine the amounts that health insurance plans shall
reimburse health care providers for delivering health care services by audio-
only telephone during plan years year 2022, 2023, and 2024. In determining
the reimbursement amounts, the Department shall seek to find a reasonable
balance between the costs to patients and the health care system and
reimbursement amounts that do not discourage health care providers from
delivering medically necessary, clinically appropriate health care services by
audio-only telephone. The Department may determine different
reimbursement amounts for different types of services and may modify the
rates that will apply in different plan years as appropriate but shall finalize its
determinations not later than April 1 for plan years after 2022.

Sec. 4. 18 V.S.A. § 9414b is added to read:

§ 9414b. INCREASING PRIMARY CARE SPENDING ALLOCATIONS

(a)(1) Each of the following entities shall increase the percentage of total
health care spending it allocates to primary care, using the baseline percentages
determined by the Green Mountain Care Board in accordance with 2020 Acts
and Resolves No. 17, by at least one percentage point per year until primary
care comprises at least 12 percent of the plan’s or payer’s overall annual health
care spending:

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

(B) the State Employees’ Health Benefit Plan; and

(C) health benefit plans offered pursuant to 24 V.S.A. § 4947 to
entities providing educational services.

(2) Upon achieving the 12 percent primary care spending allocation
required by subdivision (1) of this subsection, each plan or payer shall
maintain or increase the percentage of total health care spending it allocates to
primary care at or above 12 percent.

(3) A plan’s or payer’s increased proportional spending on primary care
shall not:
result in higher health insurance premiums;

(B) be achieved through increased fee-for-service payments to providers; or

(C) increase the plan’s or payer’s overall health care expenditures.

(b)(1) On or before June 1 of each year, each entity listed in subdivisions (a)(1)(A)–(C) of this section shall report to the Green Mountain Care Board the percentage of its total health care spending that was allocated to primary care during the previous plan year.

(2) On or before December 1 of each year from 2023 to 2028, the Green Mountain Care Board shall report to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance on progress toward increasing the percentage of health care spending systemwide that is allocated to primary care.

Sec. 5. ALL-PAYER MODEL; MEDICARE AGREEMENT; INCREASING PRIMARY CARE SPENDING ALLOCATIONS

The Green Mountain Care Board and the Agency of Human Services shall only enter into a new agreement with the Centers for Medicare and Medicaid Services to waive provisions under Title XVIII (Medicare) of the Social Security Act, or into a renewal or extension of an existing agreement, if the agreement includes a provision requiring the Centers for Medicare and Medicaid Services to achieve annual increases in the percentage of total
Medicare spending in Vermont that is allocated to spending on primary care services.

Sec. 6. INCREASING MEDICAID PRIMARY CARE PAYMENTS

To the greatest extent practicable, the Agency of Human Services shall update and maintain its resource-based relative value scale (RBRVS) fee-for-service Medicaid fee schedule for primary care services at 100 percent of the level of the Medicare physician fee schedule in effect for those services and shall implement Medicare’s evaluation and management coding changes in the Medicaid program to achieve increases in the RBRVS fee schedule for primary care clinicians and primary care codes.

Sec. 7. 18 V.S.A. § 9374(d) is amended to read:

(d)(1) The Chair shall have general charge of the offices and employees of the Board but may hire a director to oversee the administration and operation.

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(3) The Board shall establish the position of Chief Clinical Officer for Primary Care, who shall be an individual who currently practices or has recently practiced in primary care and who is licensed to practice medicine under 26 V.S.A. chapter 23 or 33, is licensed as a naturopathic physician under 26 V.S.A. chapter 81, is licensed as a physician assistant under 26 V.S.A. chapter 31, or is licensed as an advanced practice registered nurse under 26 V.S.A. chapter 28. The Chief Clinical Officer for Primary Care shall be
responsible for coordinating efforts to evaluate, monitor, and implement

solutions to strengthen primary care in Vermont.

Sec. 8. GREEN MOUNTAIN CARE BOARD; CHIEF CLINICAL OFFICER

FOR PRIMARY CARE; POSITION

The position of Chief Clinical Officer for Primary Care is created in the

Green Mountain Care Board in fiscal year 2023. This position shall be

transferred and converted from an existing vacant position in the Executive

Branch.

Sec. 9. EFFECTIVE DATES

(a) Sec. 1 (8 V.S.A. § 4100l; reimbursement parity for audio-only

telephone) shall take effect on passage for Medicaid, to the extent

reimbursement parity is permitted under federal law, and on January 1, 2023

for all other health insurance plans.

(b) The remaining sections shall take effect on passage.