

1 S.244

2 Introduced by Senator Lyons

3 Referred to Committee on

4 Date:

5 Subject: Health; health care providers; primary care; health insurance;

6 Medicaid; Medicare; Green Mountain Care Board

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

1 An act relating to strengthening primary care and primary care providers

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

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

4 § 4100I. COVERAGE OF HEALTH CARE SERVICES DELIVERED BY  
5 AUDIO-ONLY TELEPHONE

6 (a) As used in this section:

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

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

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

1 this subdivision shall include services that are covered when provided in the  
2 home by home health agencies.

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

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

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

15 (2) The provisions of subdivision (1) of this subsection shall not apply  
16 in the event that a health insurer and health care provider enter into a value-  
17 based contract for health care services that include care delivered by audio-  
18 only telephone.

1 Sec. 2. 2021 Acts and Resolves No. 6, Sec. 6 is amended to read:

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

4 \* \* \*

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

1 calendar year 2023, when health insurers were reimbursing providers the same  
2 amounts for the same services when delivered in person and by audio-only  
3 telephone.

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

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

7 The Department of Financial Regulation, in consultation with the  
8 Department of Vermont Health Access, the Green Mountain Care Board,  
9 representatives of health care providers, health insurers, and other interested  
10 stakeholders, shall determine the amounts that health insurance plans shall  
11 reimburse health care providers for delivering health care services by audio-  
12 only telephone during plan ~~years~~ year 2022, ~~2023, and 2024~~. In determining  
13 the reimbursement amounts, the Department shall seek to find a reasonable  
14 balance between the costs to patients and the health care system and  
15 reimbursement amounts that do not discourage health care providers from  
16 delivering medically necessary, clinically appropriate health care services by  
17 audio-only telephone. The Department may determine different  
18 reimbursement amounts for different types of services ~~and may modify the~~

1 ~~rates that will apply in different plan years as appropriate but shall finalize its~~  
2 ~~determinations not later than April 1 for plan years after 2022.~~

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

4 § 9414b. INCREASING PRIMARY CARE SPENDING ALLOCATIONS

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

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

13 (B) the State Employees' Health Benefit Plan; and

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

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

20 (3) A plan's or payer's increased proportional spending on primary care  
21 shall not:

1           (A) result in higher health insurance premiums;

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

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

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

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

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

16           The Green Mountain Care Board and the Agency of Human Services shall  
17 only enter into a new agreement with the Centers for Medicare and Medicaid  
18 Services to waive provisions under Title XVIII (Medicare) of the Social  
19 Security Act, or into a renewal or extension of an existing agreement, if the  
20 agreement includes a provision requiring the Centers for Medicare and  
21 Medicaid Services to achieve annual increases in the percentage of total

1 Medicare spending in Vermont that is allocated to spending on primary care  
2 services.

3 Sec. 6. INCREASING MEDICAID PRIMARY CARE PAYMENTS

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

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

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

14 \* \* \*

15 (3) The Board shall establish the position of Chief Clinical Officer for  
16 Primary Care, who shall be an individual who currently practices or has  
17 recently practiced in primary care and who is licensed to practice medicine  
18 under 26 V.S.A. chapter 23 or 33, is licensed as a naturopathic physician under  
19 26 V.S.A. chapter 81, is licensed as a physician assistant under 26 V.S.A.  
20 chapter 31, or is licensed as an advanced practice registered nurse under  
21 26 V.S.A. chapter 28. The Chief Clinical Officer for Primary Care shall be



1 responsible for coordinating efforts to evaluate, monitor, and implement  
2 solutions to strengthen primary care in Vermont.

3 Sec. 8. GREEN MOUNTAIN CARE BOARD; CHIEF CLINICAL OFFICER  
4 FOR PRIMARY CARE; POSITION

5 The position of Chief Clinical Officer for Primary Care is created in the  
6 Green Mountain Care Board in fiscal year 2023. This position shall be  
7 transferred and converted from an existing vacant position in the Executive  
8 Branch.

9 Sec. 9. EFFECTIVE DATES

10 (a) Sec. 1 (8 V.S.A. § 4100l; reimbursement parity for audio-only  
11 telephone) shall take effect on passage for Medicaid, to the extent  
12 reimbursement parity is permitted under federal law, and on January 1, 2023  
13 for all other health insurance plans.

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