

Journal of the Senate

TUESDAY, MARCH 29, 2022

The Senate was called to order by the President *pro tempore*.

Devotional Exercises

A moment of silence was observed in lieu of devotions.

Pledge of Allegiance

The President *pro tempore* then led the members of the Senate in the pledge of allegiance.

Message from the Governor

A message was received from His Excellency, the Governor, by Ms. Brittney L. Wilson, Secretary of Civil and Military Affairs, as follows:

Madam President:

I am directed by the Governor to inform the Senate that on the twenty-fifth day of March 2022 he approved and signed a bill originating in the Senate of the following title:

S. 4. An act relating to procedures involving firearms.

Joint Senate Resolution Adopted on the Part of the Senate

J.R.S. 48.

Joint Senate resolution of the following title was offered, read and adopted on the part of the Senate, and is as follows:

By Senator Balint,

J.R.S. 48. Joint resolution relating to weekend adjournment.

Resolved by the Senate and House of Representatives:

That when the two Houses adjourn on Friday, April 1, 2022, it be to meet again no later than Tuesday, April 5, 2022.

Bills Referred

House bills of the following titles were severally read the first time and referred:

H. 96.

An act relating to creating the Truth and Reconciliation Commission.

To the Committee on Government Operations.

H. 293.

An act relating to creating the State Youth Council.

To the Committee on Government Operations.

H. 410.

An act relating to the use and oversight of artificial intelligence in State government.

To the Committee on Government Operations.

H. 553.

An act relating to eligibility of domestic partners for reimbursement from the Victims Compensation Program.

To the Committee on Judiciary.

H. 661.

An act relating to licensure of mental health professionals.

To the Committee on Government Operations.

Bill Referred

House bill of the following title was read the first time:

H. 718. An act relating to approval of the dissolution of Colchester Fire District No. 1.

And pursuant to Temporary Rule 44A was referred to the Committee on Rules.

Bills Referred

House bills of the following titles were severally read the first time and referred:

H. 729.

An act relating to miscellaneous judiciary procedures.

To the Committee on Judiciary.

H. 730.

An act relating to alcoholic beverages and the Department of Liquor and Lottery.

To the Committee on Economic Development, Housing and General Affairs.

H. 737.

An act relating to setting the homestead property tax yields and the nonhomestead property tax rate.

To the Committee on Finance.

Bill Referred

House bill of the following title was read the first time:

H. 738. An act relating to technical and administrative changes to Vermont's tax laws.

And pursuant to Temporary Rule 44A was referred to the Committee on Rules.

Bill Passed**S. 148.**

Senate bill of the following title:

An act relating to environmental justice in Vermont.

Was read the third time and passed on a roll call, Yeas 28, Nays 1

Senator Ram Hinsdale having demanded the yeas and nays, they were taken and are as follows:

Roll Call

Those Senators who voted in the affirmative were: Baruth, Benning, Bray, Brock, Champion, Chittenden, Clarkson, Collamore, Cummings, Hardy, Hooker, Kitchel, Lyons, MacDonald, Mazza, McCormack, Nitka, Parent, Pearson, Perchlik, Pollina, Ram Hinsdale, Sears, Sirotkin, Starr, Terenzini, Westman, White.

The Senator who voted in the negative was: Ingalls.

The Senator absent or not voting was: Balint (presiding).

Bills Passed

Senate bills of the following titles were severally read the third time and passed:

S. 195. An act relating to the certification of mental health peer support specialists.

S. 239. An act relating to enrollment in Medicare supplemental insurance policies.

Bill Amended; Third Reading Ordered**S. 281.**

Senator Bray, for the Committee on Natural Resources and Energy, to which was referred Senate bill entitled:

An act relating to hunting coyotes with dogs.

Reported recommending that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 10 V.S.A. §§ 5008 and 5009 are added to read:

§ 5008. HUNTING COYOTE WITH AID OF DOGS; PERMIT

(a) No person shall pursue coyote with the aid of dogs, either for training or taking purposes, without a permit issued by the Commissioner.

(1) The Commissioner may deny any permit at the Commissioner's discretion. The Commissioner shall not issue more than 100 permits annually.

(2) The number of permits that the Commissioner issues to nonresidents in any given year shall not exceed 10 percent of the number of permits issued to residents in the preceding year. The Commissioner shall establish a process and standards for determining which nonresidents are to receive a permit, including who will receive a permit if there are more nonresident applicants than nonresident permits.

(3) A nonresident may train dogs to pursue coyote only while the training season is in effect in the nonresident's home state and subject to the requirements of this part and rules adopted under this part.

(b)(1) The Commissioner shall issue permits under this section to a resident for a fee of \$50.00.

(2) The application fee for a nonresident permit issued under this section shall be \$10.00, and the fee for a nonresident permit issued under this section shall be \$200.00 for a successful applicant.

§ 5009. PURSUING COYOTE WITH AID OF DOGS; LANDOWNER PERMISSION

(a) A person shall not release a dog onto land posted in accordance with section 5201 of this title for the purpose of pursuing coyote with the aid of dogs unless the dog owner or handler of the hunting dog has obtained a courtesy permission card from the landowner or landowner's agent allowing the pursuit of coyote with the aid of dogs on the land.

(b) A person shall not release onto land a dog for the purpose of pursuing coyote with the aid of dogs if in the previous 365 days a dog had been previously found on the land, and the dog owner, a handler of the dog, or a person participating in the hunt has been personally informed by law enforcement that hunting dogs are not permitted on the property.

(c)(1) For a first offense, a person who violates this section shall have committed a minor fish and wildlife violation and shall be assessed a five-point violation under subdivision 4502(b)(1) of this title.

(2) For a second or subsequent violation of this section, a person shall be assessed a 10-point violation under subdivision 4502(b)(2) of this title and shall be fined under section 4515 of this title.

Sec. 2. MORATORIUM ON HUNTING COYOTE WITH AID OF DOGS

(a) A person shall not pursue coyote with the aid of dogs, either for the training of dogs or for the taking of coyote, except that a person may pursue coyote with the aid of dogs in defense of a person or property if the person pursuing coyote with the aid of dogs:

(1) is the landowner; or

(2) has obtained a courtesy permission card from the landowner or landowner's agent allowing the release of a dog onto the land for the purpose of pursuing coyote with the aid of dogs.

(b) This section shall be repealed on the effective date of the Fish and Wildlife Board rules required by Sec. 3 of this act.

Sec. 3. FISH AND WILDLIFE BOARD RULES; PURSUING COYOTE WITH THE AID OF DOGS

(a) The General Assembly through the rules required under this section intends to reduce conflicts between landowners and persons pursuing coyote with the aid of dogs by reducing the frequency that dogs or persons pursuing

coyote enter onto land that is posted against hunting or land where pursuit of coyote with dogs is not authorized. In addition, the General Assembly intends that the rules required under this section support the humane taking of coyote, the management of the population in concert with sound ecological principles, and the development of reasonable and effective means of control.

(b) The Fish and Wildlife Board shall adopt a rule regarding the pursuit of coyote with the aid of dogs, either for the training of dogs or for the taking of coyote. The rule shall include at least the following provisions:

(1) a limit on the number of dogs that may be used to pursue coyote;

(2) a prohibition on the substitution of any new dog for another dog during pursuit of a coyote;

(3) the legal method of taking coyote pursued with the aid of dogs, such as rifle, muzzle loader, crossbow, or bow and arrow;

(4) a definition of control to minimize the likelihood that dogs pursuing coyote enter onto land that is posted against hunting or onto land where pursuit of coyote with dogs is not authorized;

(5) provisions to encourage persons pursuing coyote with the aid of dogs to seek landowner permission before entering or releasing dogs onto land that is not posted in accordance with 10 V.S.A. § 5201; and

(6) required reporting of every coyote killed during pursuit with the aid of dogs.

(c) The Board shall consider whether to include within the rule required by this section provisions related to seasonal restrictions and baiting.

Sec. 4. EFFECTIVE DATES

(a) This section and Secs. 2 (moratorium on pursuing coyote with aid of dogs) and 3 (Fish and Wildlife Board Rules) shall take effect on passage.

(b) Sec. 1 (permit requirement and prohibition on pursuing coyote with aid of dogs) shall take effect on the effective date of the Fish and Wildlife Board rules required under Sec. 3 of this act.

And that when so amended the bill ought to pass.

Senator Bray, for the Committee on Finance, to which the bill was referred, reported that the bill ought to pass when so amended.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, the recommendation of amendment was agreed to and third reading of the bill was ordered.

Bill Amended; Third Reading Ordered**S. 285.**

Senator Lyons, for the Committee on Health and Welfare, to which was referred Senate bill entitled:

An act relating to expanding the Blueprint for Health and access to home- and community-based services.

Reported recommending that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

* * * Payment and Delivery System Reform * * *

Sec. 1. HOSPITAL VALUE-BASED PAYMENT DESIGN; DATA
COLLECTION AND ANALYSIS; APPROPRIATIONS; REPORT

(a) The sum of \$1,400,000.00 is appropriated from the General Fund to the Green Mountain Care Board in fiscal year 2023 to engage one or more consultants to assist the Board to:

(1) develop a process, consistent with 18 V.S.A. § 9375(b)(1) and including the meaningful participation of health care providers, payers, and other stakeholders in all stages of the development, for establishing and distributing value-based payments, including global payments, from all payers to Vermont hospitals that will:

(A) help move the hospitals away from a fee-for-service model;

(B) provide hospitals with predictable, sustainable funding that is aligned across multiple payers, consistent with the principles set forth in 18 V.S.A. § 9371, and sufficient to enable the hospitals to deliver high-quality, affordable health care services to patients; and

(C) take into consideration the necessary costs and operating expenses of providing services and not be based on historical charges;

(2) determine how best to incorporate value-based payments, including hospital global payments, into the Board's hospital budget review, accountable care organization certification and budget review, and other regulatory processes, including assessing the impacts of regulatory processes on the financial sustainability of Vermont hospitals and identifying potential opportunities to use regulatory processes to improve hospitals' financial health; and

(3) recommend a methodology for determining the allowable rate of growth in Vermont hospital budgets, which may include the use of national and regional indicators of growth in the health care economy and other

appropriate benchmarks, such as the Hospital Producer Price Index, Medical Consumer Price Index, bond-rating metrics, and labor cost indicators.

(b)(1) On or before November 1, 2022, the Green Mountain Care Board shall provide an update on its use of the funds appropriated in this section to the Health Reform Oversight Committee.

(2) On or before January 15, 2023, the Green Mountain Care Board shall report on its use of the funds appropriated in this section to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance.

Sec. 2. HEALTH CARE DELIVERY SYSTEM TRANSFORMATION;
COMMUNITY ENGAGEMENT; APPROPRIATIONS; REPORT

(a) The sum of \$2,500,000.00 is appropriated from the General Fund to the Green Mountain Care Board in fiscal year 2023 to engage one or more consultants with expertise in community engagement, preferably with experience in working with a diverse, rural population, and one or more consultants with expertise in health system design to assist the Board, in consultation with the Director of Health Care Reform in the Agency of Human Services, to build on successful health care delivery system reform efforts by:

(1) facilitating a patient-focused, community-inclusive plan for Vermont's health care delivery system to reduce inefficiencies, lower costs, improve population health outcomes, and increase access to essential services, including both providing the analytics to support delivery system transformation and leading the broad-based community engagement process; and

(2) providing support and technical assistance to hospitals and communities to facilitate planning for delivery system reform and transformation initiatives.

(b) The community engagement process shall:

(1) include hearing from and sharing information, trends, and insights with communities about the current state of the health care providers in their hospital service area, unmet health care needs in their community, and opportunities to address those needs; and

(2) provide opportunities at all stages of the process for meaningful participation by employers; consumers; health care professionals and health care providers, including those providing primary care services; Vermonters who have direct experience with all aspects of Vermont's health care system; and Vermonters who are diverse with respect to race, income, age, and disability status.

(c) The Green Mountain Care Board shall use a portion of the funds appropriated in subsection (a) of this section to contract with a current or recently retired primary care provider to assist the Board in assessing and strengthening the role of primary care in its regulatory processes and to inform the Board's efforts in payment reform and delivery system transformation from a primary care perspective.

(d)(1) In developing a plan for delivery system transformation pursuant to this section, the Green Mountain Care Board and the Director of Health Care Reform in the Agency of Human Services shall consider the capacity of Vermont's community-based health care and social service providers to effectively implement the plan as it relates to community providers while providing the appropriate level of services to consumers.

(2) For purposes of this section, "community-based health care and social service providers" includes federally qualified health centers, designated and specialized service agencies, home health agencies, area agencies on aging, adult day providers, residential care homes, nursing homes, providers of services addressing homelessness, and community action agencies.

(e)(1) On or before November 1, 2022, the Green Mountain Care Board shall provide an update on its use of the funds appropriated in this section to the Health Reform Oversight Committee.

(2) On or before January 15, 2023, the Green Mountain Care Board shall report on its use of the funds appropriated in this section to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance.

Sec. 3. DEVELOPMENT OF PROPOSAL FOR SUBSEQUENT ALL-PAYER MODEL AGREEMENT; APPROPRIATION

(a)(1) The Director of Health Care Reform in the Agency of Human Services, in collaboration with the Green Mountain Care Board, shall design and develop a proposal for a subsequent agreement with the Centers for Medicare and Medicaid Innovation to secure Medicare's continued participation in multi-payer alternative payment models in Vermont. The proposal shall be informed by the community- and provider-inclusive process set forth in Sec. 2 of this act and designed to reduce inefficiencies, lower costs, improve population health outcomes, and increase access to essential services.

(2) The design and development of the proposal shall include consideration of alternative payment and delivery system approaches for hospital services and community-based providers such as primary care providers, mental health providers, substance use disorder treatment providers, skilled nursing facilities, home health agencies, and providers of long-term

services and supports.

(3)(A) The alternative payment models to be explored shall include, at a minimum:

(i) global payments for hospitals;

(ii) geographically or regionally based global budgets for health care services;

(iii) existing federal value-based payment models; and

(iv) broader total cost of care and risk-sharing models to address patient migration patterns across systems of care.

(B) The alternative payment models shall:

(i) include appropriate mechanisms to convert fee-for-service reimbursements to predictable payments for multiple provider types, including those described in subdivision (2) of this subsection (a);

(ii) include a process to ensure reasonable and adequate rates of payment and a reasonable and predictable schedule for rate updates; and

(iii) meaningfully impact health equity and address inequities in terms of access, quality, and health outcomes.

(b) To support the design and development of a proposed agreement with the Centers for Medicare and Medicaid Innovation for Medicare's participation in multi-payer initiatives, which may include engaging consulting and analytic support, the following sums are appropriated from the General Fund in fiscal year 2023:

(1) \$550,000.00 to the Agency of Human Services; and

(2) \$550,000.00 to the Green Mountain Care Board.

Sec. 4. HEALTH INFORMATION EXCHANGE STEERING COMMITTEE; DATA STRATEGY

The Health Information Exchange (HIE) Steering Committee shall continue its work to create one health record for each person that integrates data types to include health care claims data; clinical, mental health, and substance use disorder services data; and social determinants of health data. In furtherance of these goals, the HIE Steering Committee shall include a data integration strategy in its 2023 HIE Strategic Plan to merge and consolidate claims data in the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) with the clinical data in the HIE.

Sec. 5. 18 V.S.A. § 9410 is amended to read:

§ 9410. HEALTH CARE DATABASE

(a)(1) The Board shall establish and maintain a unified health care database to enable the Board to carry out its duties under this chapter, chapter 220 of this title, and Title 8, including:

- (A) determining the capacity and distribution of existing resources;
- (B) identifying health care needs and informing health care policy;
- (C) evaluating the effectiveness of intervention programs on improving patient outcomes;
- (D) comparing costs between various treatment settings and approaches;
- (E) providing information to consumers and purchasers of health care; and
- (F) improving the quality and affordability of patient health care and health care coverage.

(2) [Repealed.]

(b) The database shall contain unique patient and provider identifiers and a uniform coding system, and shall reflect all health care utilization, costs, and resources in this State, and health care utilization and costs for services provided to Vermont residents in another state.

* * *

~~(e) Records or information protected by the provisions of the physician-patient privilege under 12 V.S.A. § 1612(a), or otherwise required by law to be held confidential, shall be filed in a manner that does not disclose the identity of the protected person. [Repealed.]~~

(f) The Board shall adopt a confidentiality code to ensure that information obtained under this section is handled in an ethical manner.

* * *

(h)(1) All health insurers shall electronically provide to the Board in accordance with standards and procedures adopted by the Board by rule:

(A) their health insurance claims data, provided that the Board may exempt from all or a portion of the filing requirements of this subsection data reflecting utilization and costs for services provided in this State to residents of other states;

(B) cross-matched claims data on requested members, subscribers, or policyholders; and

(C) member, subscriber, or policyholder information necessary to determine ~~third party~~ third-party liability for benefits provided.

(2) The collection, storage, and release of health care data and statistical information that are subject to the federal requirements of the Health Insurance Portability and Accountability Act (HIPAA) shall be governed exclusively by the regulations adopted thereunder in 45 C.F.R. Parts 160 and 164.

* * *

(3)(A) The Board shall collaborate with the Agency of Human Services and participants in the Agency's initiatives in the development of a comprehensive health care information system. The collaboration is intended to address the formulation of a description of the data sets that will be included in the comprehensive health care information system, the criteria and procedures for the development of limited-use data sets, the criteria and procedures to ensure that HIPAA compliant limited-use data sets are accessible, and a proposed time frame for the creation of a comprehensive health care information system.

(B) To the extent allowed by HIPAA, the data shall be available as a resource for insurers, employers, providers, purchasers of health care, and State agencies to continuously review health care utilization, expenditures, and performance in Vermont. In presenting data for public access, comparative considerations shall be made regarding geography, demographics, general economic factors, and institutional size.

(C) Consistent with the dictates of HIPAA, and subject to such terms and conditions as the Board may prescribe by rule, the Vermont Program for Quality in Health Care shall have access to the unified health care database for use in improving the quality of health care services in Vermont. In using the database, the Vermont Program for Quality in Health Care shall agree to abide by the rules and procedures established by the Board for access to the data. The Board's rules may limit access to the database to limited-use sets of data as necessary to carry out the purposes of this section.

(D) Notwithstanding HIPAA or any other provision of law, the comprehensive health care information system shall not publicly disclose any data that contain direct personal identifiers. For the purposes of this section, "direct personal identifiers" include information relating to an individual that contains primary or obvious identifiers, such as the individual's name, street address, e-mail address, telephone number, and Social Security number.

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* * * Blueprint for Health * * *

Sec. 6. 18 V.S.A. § 702(d) is amended to read:

(d) The Blueprint for Health shall include the following initiatives:

* * *

(8) The use of quality improvement facilitators and other means to support quality improvement activities, including using clinical and claims data to evaluate patient outcomes and promoting best practices regarding patient referrals and care distribution between primary and specialty care.

Sec. 7. BLUEPRINT FOR HEALTH; COMMUNITY HEALTH TEAMS;
QUALITY IMPROVEMENT FACILITATORS; REPORT

On or before September 1, 2022, the Director of Health Care Reform in the Agency of Human Services shall recommend to the Health Reform Oversight Committee the amounts by which health insurers and Vermont Medicaid should increase the amount of the per-person, per month payments they make toward the shared costs of operating the Blueprint for Health community health teams and quality improvement facilitators in furtherance of the goal of providing additional resources necessary for delivery of comprehensive primary care services to Vermonters and to sustain access to primary care services in Vermont. Such increases shall be reflected in health insurers' plan year 2024 rate filings if the increases cannot be implemented in a rate-neutral manner. The Agency shall also provide an estimate of the State funding that would be needed to support the increase for Medicaid, both with and without federal financial participation.

* * * Options for Extending Moderate Needs Supports * * *

Sec. 8. OPTIONS FOR EXTENDING MODERATE NEEDS SUPPORTS;
WORKING GROUP; GLOBAL COMMITMENT WAIVER;
REPORT

(a) The Department of Disabilities, Aging, and Independent Living shall convene a working group comprising representatives of older Vermonters, home- and community-based service providers, the Office of the Long-Term Care Ombudsman, the Agency of Human Services, and other interested stakeholders to consider extending access to long-term home- and community-based services and supports to a broader cohort of Vermonters who would benefit from them, and their family caregivers, including:

(1) the types of services, such as those addressing activities of daily living, falls prevention, social isolation, medication management, and case management that many older Vermonters need but for which many older Vermonters may not be financially eligible or that are not covered under many

standard health insurance plans;

(2) the most promising opportunities to extend supports to additional Vermonters, such as expanding the use of flexible funding options that enable beneficiaries and their families to manage their own services and caregivers within a defined budget and allowing case management to be provided to beneficiaries who do not require other services;

(3) how to set clinical and financial eligibility criteria for the extended supports, including ways to avoid requiring applicants to spend down their assets in order to qualify;

(4) how to fund the extended supports, including identifying the options with the greatest potential for federal financial participation;

(5) how to proactively identify Vermonters across all payers who have the greatest need for extended supports;

(6) how best to support family caregivers, such as through training, respite, home modifications, payments for services, and other methods; and

(7) the feasibility of extending access to long-term home- and community-based services and supports and the impact on existing services.

(b) The working group shall also make recommendations regarding changes to service delivery for persons who are dually eligible for Medicaid and Medicare in order to improve care, expand options, and reduce unnecessary cost shifting and duplication.

(c) The Department shall collaborate with others in the Agency of Human Services as needed in order to incorporate the working group's recommendations on extending access to long-term home- and community-based services and supports into the Agency's proposals to and negotiations with the Centers for Medicare and Medicaid Services for the iteration of Vermont's Global Commitment to Health Section 1115 demonstration that will take effect following the expiration of the demonstration currently under negotiation.

(d) On or before January 15, 2023, the Department shall report to the House Committees on Human Services, on Health Care, and on Appropriations and the Senate Committees on Health and Welfare and on Appropriations regarding the working group's findings and recommendations, including its recommendations regarding service delivery for dually eligible individuals, and an estimate of any funding that would be needed to implement the working group's recommendations.

* * * Summaries of Green Mountain Care Board Reports * * *

Sec. 9. 18 V.S.A. § 9375 is amended to read:

§ 9375. DUTIES

* * *

(e) The Board shall summarize and synthesize the key findings and recommendations from reports prepared by and for the Board, including its expenditure analyses and focused studies. All reports and summaries prepared by the Board shall be available to and understandable by the public and shall be posted on the Board's website.

* * * Effective Date * * *

Sec. 10. EFFECTIVE DATE

This act shall take effect on passage.

And that after passage the title of the bill be amended to read:

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

And that when so amended the bill ought to pass.

Senator Kitchel, for the Committee on Appropriations, to which the bill was referred, reported that the bill be amended as recommended by the Committee on Health and Welfare with the following amendments thereto:

First: In Sec. 1, hospital value-based payment design; data collection and analysis; appropriations; report, by striking out the lead-in language in subsection (a) and inserting in lieu thereof the following:

(a) It is the intent of the General Assembly that, to the extent funds are allocated for this purpose, the Green Mountain Care Board shall:

Second: In Sec. 1, hospital value-based payment design; data collection and analysis; appropriations; report, by striking out subsection (b) in its entirety and inserting in lieu thereof the following:

(b)(1) On or before November 1, 2022, the Green Mountain Care Board shall provide an update on its progress in completing the responsibilities set forth in subsection (a) of this section to the Health Reform Oversight Committee.

(2) On or before January 15, 2023, the Green Mountain Care Board shall report on its activities pursuant to subsection (a) of this section to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance.

Third: In Sec. 2, health care delivery system transformation; community engagement; appropriations; report, by striking out the lead-in language in subsection (a) and inserting in lieu thereof the following:

(a) It is the intent of the General Assembly that the Green Mountain Care Board, in consultation with the Director of Health Care Reform in the Agency of Human Services and to the extent funds are allocated for this purpose, shall build on successful health care delivery system reform efforts by:

Fourth: In Sec. 2, health care delivery system transformation; community engagement; appropriations; report, by striking out subsection (c) in its entirety and inserting in lieu thereof the following:

(c) It is the intent of the General Assembly that, to the extent funds are allocated for this purpose, Green Mountain Care Board shall contract with a current or recently retired primary care provider to assist the Board in assessing and strengthening the role of primary care in its regulatory processes and to inform the Board's efforts in payment reform and delivery system transformation from a primary care perspective.

Fifth: In Sec. 2, health care delivery system transformation; community engagement; appropriations; report, by striking out subsection (e) in its entirety and inserting in lieu thereof the following:

(e)(1) On or before November 1, 2022, the Green Mountain Care Board shall provide an update on its progress in completing the duties set forth in this section to the Health Reform Oversight Committee.

(2) On or before January 15, 2023, the Green Mountain Care Board shall report on its activities pursuant to this section to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance.

Sixth: By striking out Sec. 3, development of proposal for subsequent all-payer model agreement; appropriation, in its entirety and inserting in lieu thereof a new Sec. 3 to read as follows:

Sec. 3. DEVELOPMENT OF PROPOSAL FOR SUBSEQUENT
ALL-PAYER MODEL AGREEMENT

(a) The Director of Health Care Reform in the Agency of Human Services, in collaboration with the Green Mountain Care Board, shall design and develop a proposal for a subsequent agreement with the Centers for Medicare and Medicaid Innovation to secure Medicare's continued participation in multi-payer alternative payment models in Vermont. The proposal shall be informed by the community- and provider-inclusive process set forth in Sec. 2

of this act and designed to reduce inefficiencies, lower costs, improve population health outcomes, and increase access to essential services.

(b) The design and development of the proposal shall include consideration of alternative payment and delivery system approaches for hospital services and community-based providers such as primary care providers, mental health providers, substance use disorder treatment providers, skilled nursing facilities, home health agencies, and providers of long-term services and supports.

(c)(1) The alternative payment models to be explored shall include, at a minimum:

(A) global payments for hospitals;

(B) geographically or regionally based global budgets for health care services;

(C) existing federal value-based payment models; and

(D) broader total cost of care and risk-sharing models to address patient migration patterns across systems of care.

(2) The alternative payment models shall:

(A) include appropriate mechanisms to convert fee-for-service reimbursements to predictable payments for multiple provider types, including those described in subsection (b) of this section;

(B) include a process to ensure reasonable and adequate rates of payment and a reasonable and predictable schedule for rate updates; and

(C) meaningfully impact health equity and address inequities in terms of access, quality, and health outcomes.

Seventh: By striking out Sec. 10, effective date, and its reader assistance heading in their entirety and inserting in lieu thereof the following:

* * * Appropriations * * *

Sec. 10. PAYMENT AND DELIVERY SYTEM REFORM;
APPROPRIATIONS

(a) The sum of \$1,000,000.00 is appropriated from the General Fund to the Green Mountain Care Board in fiscal year 2023 to begin the work described in Secs. 1–3 of this act.

(b) The sum of \$550,000.00 is appropriated from the General Fund to the Agency of Human Services in fiscal year 2023 to support the work of the Director of Health Care Reform in designing and developing a proposed agreement with the Centers for Medicare and Medicaid Innovation as set forth in Sec. 3 of this act.

(c) The sum of \$3,450,000.00 is appropriated from the General Fund to the Green Mountain Care Board in fiscal year 2023 to further execute the initiatives set forth in Secs. 1–3 of this act; provided, however, that the Board shall not expend the funds until the Health Reform Oversight Committee has reviewed and approved the Board’s proposed plan and timeline in accordance with subdivision (3) of this subsection.

(1) In order to provide the greatest likelihood of achieving meaningful results from the initiatives set forth in Secs. 1–3 of this act, the work of the Green Mountain Care Board will require sequencing coordination and collaboration with the Director of Health Care Reform in the Agency of Human Services. This is especially true in light of the potential changes to the State’s Global Commitment to Health Section 1115 demonstration; the All-Payer Model agreement requirement for accountability for total cost of care; the scale of Medicare participation in the All-Payer Model agreement; the need for collaboration across the continuum of services in the health care and human services systems to enable the delivery of high-quality care and services in the most appropriate settings; and the short-, mid-, and longer-term strategies to address significant workforce challenges in the health care and human services systems.

(2) The Green Mountain Care Board shall develop a plan and timeline for pursuing hospital valued-based payment design in accordance with Sec. 1 of this act, for developing a patient-focused, community-inclusive plan for health care delivery system transformation as set forth in Sec. 2 of this act, and for the Board’s role in designing and developing a proposal for a subsequent agreement with the federal government as set forth in Sec. 3 of this act. The Board shall collaborate with the Director of Health Care Reform in developing its plan and timeline to ensure appropriate alignment with the State’s health care reform goals and with the timing of waiver negotiations with the federal government.

(3) On or before October 1, 2022, the Green Mountain Care Board shall provide its plan and timeline to the Health Reform Oversight Committee. If the Committee is satisfied that the plan and timeline are achievable and are appropriately aligned with the work of the Director of Health Care Reform, the Committee shall, by majority vote of the members present, authorize the Board to expend the funds appropriated by this subsection. If the Committee determines that the plan and timeline are not achievable or are not appropriately aligned with the work of the Director of Health Care Reform, or both, the Committee shall recommend appropriate modifications and, when satisfied with the plan and timeline, shall authorize the Board to expend the funds.

* * * Effective Dates * * *

Sec. 11. EFFECTIVE DATES

(a) Sec. 10 (appropriations) shall take effect on July 1, 2022.

(b) The remainder of this act shall take effect on passage.

And that when so amended the bill ought to pass.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, and the recommendation of the Committee on Health and Welfare was amended as recommended by the Committee on Appropriations.

Thereupon, the pending question, Shall the bill be amended as recommended by the Committee on Health and Welfare, as amended? was agreed to and third reading of the bill was ordered on a roll call, Yeas 27, Nays 2.

Senator Lyons having demanded the yeas and nays, they were taken and are as follows:

Roll Call

Those Senators who voted in the affirmative were: Baruth, Benning, Bray, Brock, Campion, Chittenden, Clarkson, Collamore, Cummings, Hardy, Hooker, Ingalls, Kitchel, Lyons, MacDonald, Mazza, McCormack, Nitka, Pearson, Perchlik, Ram Hinsdale, Sears, Sirotkin, Starr, Terenzini, Westman, White.

Those Senators who voted in the negative were: Parent, Pollina.

The Senator absent or not voting was: Balint (presiding).

Proposals of Amendment; Third Reading Ordered

H. 447.

Senator Clarkson, for the Committee on Government Operations, to which was referred House bill entitled:

An act relating to approval of amendments to the charter of the Town of Springfield.

Reported recommending that the Senate propose to the House to amend the bill as follows:

First: In Sec. 2, 24 App. V.S.A. chapter 149, section 3, subdivision (b)(1), by striking out subdivision (B) in its entirety and inserting in lieu thereof a new subdivision (B) to read as follows:

(B) is injurious to other property in the vicinity; or

Second: In Sec. 2, 24 App. V.S.A. chapter 149, section 3, subsection (b), by striking out subdivision (3) in its entirety and inserting in lieu thereof a new subdivision (3) to read as follows:

(3) Not less than 30 days before any action taken under this subsection, the Town shall provide to the property owner and any recorded lienholders a notice of the Town's intent to issue civil penalties; clean or repair the premises; or remove rubbish, waste, or objectionable material. The Town shall provide to the property owner and any recorded lienholders reasonable opportunity and information to appeal the proposed action or to clean or repair the premises before the Town takes any final action.

Third: In Sec. 2, 24 App. V.S.A. chapter 149, in section 11, in subsection (c), in the last sentence, immediately following the words "may not be petitioned again for a period of", by striking out the words "one year" and inserting in lieu thereof the words three years

And that the bill ought to pass in concurrence with such proposals of amendment.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, the proposals of amendment were collectively agreed to, and third reading of the bill was ordered.

Message from the House No. 39

A message was received from the House of Representatives by Ms. Alona Tate, its Second Assistant Clerk, as follows:

Madam President:

I am directed to inform the Senate that:

The House has passed House bills of the following titles:

H. 703. An act relating to promoting workforce development.

H. 728. An act relating to opioid overdose response services.

H. 736. An act relating to the Transportation Program and miscellaneous changes to laws related to transportation.

H. 740. An act relating to making appropriations for the support of government.

In the passage of which the concurrence of the Senate is requested.

The Governor has informed the House that on March 25, 2022, he approved and signed a bill originating in the House of the following title:

H. 701. An act relating to cannabis license fees and the regulation of the medical cannabis registry.

Adjournment

On motion of Senator Mazza, the Senate adjourned until one o'clock in the afternoon on Wednesday, March 30, 2022.